

BEING - BLIND - IN - THE - WORLD

A PHENOMENOLOGICAL ANALYSIS OF BLINDNESS AND A
FORMULATION OF NEW OBJECTIVES IN REHABILITATION

by

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A B S T R A C T

This work contains a phenomenological analysis of blindness, providing a basis for the evaluation of rehabilitation practice in South Africa and the formulation of future objectives in the field.

Stereotypes of blindness associated with the perspectives of consumerism, scientific research, and social casework are analysed. Theories of blindness proposed by Braverman, Carroll, Monbeck, Foulke, Jernigan, and Scott are critically examined. The findings give substance to the claim that professional workers with the blind are guided in their attitudes and actions by images and meanings originating from these sources. All such preconceptions are rejected in favour of a description of blindness in terms of actual experience. An in-depth study of experience reveals how the nature of perception determines the blind person's relationship with the physical environment, with other people, and with the welfare system. In each sphere limitations arise which are overcome by specific responses and appropriate techniques.

These observations lead to the formulation of a set of basic principles of rehabilitation, stressing the importance of individualization, self-reliance, assertiveness, versatility, and a personal interpretation of blindness. The relevance of traditional modalities is explained, while the need to expand rehabilitation teaching to include assertive skills training and various types of vocational instruction is emphasized.

Current rehabilitation practice in South Africa is evaluated, comparisons being drawn with programmes offered by Beit Halochem in Tel Aviv, Arkansas Enterprises for the Blind, and the Center for Independent Living of the New York Infirmary. South African training is characterized as fostering the independence of the individual. Negative features are the lack of an effective delivery system and failure to meet the priority needs of certain groups.

This prepares the way for a case study in which the redevelopment of rehabilitation services for the blind in South Africa is discussed, beginning with the establishment of a new national rehabilitation centre. Amongst other matters, the study deals with negotiations to circumvent restrictive legislation, funding through a system of corporate sponsorship, and purposeful architectural design. The rehabilitation centre is viewed as the first component of a broader strategy to provide rehabilitation training to all blind people in South Africa, incorporating national, urban, rural, and specialized services. The successful implementation of any action plan will require the participation of blind people themselves by way of a disability rights movement.

Finally, attention is focused on the effect of South African racial policies on welfare work. The principle of equal opportunity cannot be practised under present legislation.

TO MY FAMILY

A C K N O W L E D G E M E N T S

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P R E F A C E

A blind person in reading about blindness cannot help gauging what is said by personal experience. Sighted persons reading about blindness will gauge what is said by the notions of blindness they already have, and these will have been variously achieved.

Over the years I have undertaken formal studies in philosophy, beginning with epistemology, progressing to perception and then spatial perception, and culminating in a Masters' dissertation on SPACE AND BLINDNESS. I have also been preoccupied with theories about blindness, giving rise to a series of occasional papers in this field. These two sets of experience have brought me to the conclusion that none of the prevailing interpretations of blindness expresses what I myself would have to say about my life as a blind person. Why this difference?

First, there is the question of allegiances. Almost without exception, writers either subscribe in advance to some intellectual hypothesis which they are determined to have confirmed or they have a fixed resolve to improve the image of blindness. Whichever position is adopted, even if intentions be noble and findings seem valid, the enquiry must be suspect because it lacks impartiality.

Then there is the question of methodology. At one extreme are to be found free speculations about all kinds of hidden meanings and at the other solid empirical reports not necessarily associated with a broader conceptual framework. The resultant choice is between statements which are unverifiable and a perspective which may appear narrow and limited.

My own alternative to these unsatisfactory approaches emerged as I began to value the work of certain writers in other fields - Merleau-Ponty's *Analysis of Perception*, Binswanger's *Case Studies of Schizophrenics*, and Manganyi's *Description of Black Experience in Southern Africa* (see bibliographic listings). Would it not be possible, I wondered, by in similar fashion systematically analysing situations in real life, to come to a clearer understanding of blindness?

My appointment in 1976 as Director of the South African National Council for the Blind had created another type of involvement. Through my schooling and training I was myself a product of the system of blind welfare in South Africa, so that in a sense my roles became reversed. To put the matter simply, now I was a provider of services rather than a recipient. On the one hand I associated with professional workers belonging to a wide variety of disciplines, while on the other I was able to exchange ideas with blind people from every background, added to which my travels abroad allowed me to make meaningful comparisons and gain fresh insights.

Predictably, I began to perceive the need for change. Programmes had to be restructured and expanded and in particular all blind people had to be given equal access to services. Be it said that I was not alone in my thinking. Be it also said that progress requires many contributors. And so it was that, through the traditional processes of consultation and negotiation, a number of specific projects were conceived, chief among them a plan to establish a new national rehabilitation centre for the blind.

Such were my interests and commitments when, during a conference to mark the International Year for Disabled Persons (Johannesburg, November 1981), a chance conversation with Professor Brunhilde Helm of the Department of Applied Sociology at the University of Cape Town defined for me the challenge of unifying my theoretical work and practical experience in a single thesis concerning work with the blind. My response to this challenge is contained in the following pages.

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I N T R O D U C T I O N

What is it like to be blind?

This is a question which has been answered in various ways according to different points of view. In the present study our aim is to examine in depth the views of one particular group, but a group whose members, because of their occupational pursuits, their interaction with blind people, and their involvement in the cause of the blind, might reasonably be expected to possess a special understanding of what it means to be blind. These are the professional workers with the blind - educators, social workers, rehabilitation teachers, administrators, and others engaged in similar fields of service. What image do these specialists have of blindness? How do they gain their impressions? Are their views valid?

In addressing these issues, we begin by investigating the sources of knowledge upon which professional workers base their assumptions. We contend that in the main there are two such sources, namely personal contact within a professional setting and the authoritative utterances of acknowledged experts. The first of these gives rise to the process of stereotyping discussed in Chapter 1, while the second results in a process we call theoreotyping, that is, the tendency to typify blind people according to some theoretical interpretation, which is the substance of Chapter 2.

But our analysis of stereotypes and theories is merely a preparatory phase to our own enquiry in Chapter 3 into the nature of blindness. It serves to negate existing preconceptions, that is, to eliminate them from our thinking, in order that we may be uninfluenced by them as we proceed with the positive phase of the analysis. Here the aim is to describe blindness as pure experience - not what it appears to be to the outside observer, but what it subjectively is in terms of lived-through situations.

An in-depth study of examples is an essential part of our method at this stage, constituting a phenomenological analysis - a description of the what-it-is-likeness of the blind person's encounter with objects and people - from which emerges a new understanding of this particular mode of being-in-the-world. (1)

In the conviction that our findings provide a legitimate basis for professional work with the blind, we in Chapter 4 formulate a set of basic principles for rehabilitation counselling and teaching. Although many of the existing forms of training are judged to be appropriate, our changed perspective enables us to discern the need for additional types of instruction and revised approaches.

Against this theoretical background, we turn to practical issues in Chapter 5, with a description and evaluation of current rehabilitation work in South Africa, including relevant comparisons with equivalent services elsewhere in the world. This prepares the way for Chapter 6, which is devoted to a case study. In the study procedures and techniques pertinent to the

development of a new national rehabilitation centre in South Africa are examined and an historical record set down. Finally, the integration of multiple components into a co-ordinated national plan for rehabilitation services to the blind is attempted.

If, indeed, rehabilitation practice stands in need of a theoretical foundation, we need make no apology for the scope of

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the material included in this book. The connecting thread is the professional worker with the blind and the insights and orientations, knowledge and information he requires to fulfil his role effectively. While rehabilitation is the focus of our attention in Part II, the significance of the analysis in Part I for other professional fields should not escape notice.

Two further points are of importance. Firstly, our analysis of experience presumes total blindness. This is not to say that meaningful references to partial sight are completely lacking, but the phenomena reported belong to the realm of the other senses. Secondly, not only does the analysis presume total blindness, but blindness from birth or from an early age. Again, there are facts and findings which equally pertain, even specially apply, to the adventitiously blind, but between these two groups there remain differences which essentially are unbridgeable.

P A R T I

A PHENOMENOLOGICAL ANALYSIS OF BLINDNESS

CHAPTER 1

STEREOTYPING

Stereotyping is a way in which one group views another by selecting a limited number of characteristics and attributing them to the other group as if they were typical of it. Such stereotyping, which may be positive as well as negative, occurs between racial groups, religious communities, and social classes, to name only a few of the most obvious examples. Any particular stereotype may have some basis in fact or none at all and may be adopted deliberately or unconsciously. It may also be applied with such conviction that it even has persuasive force in influencing the manner in which the group so viewed perceives itself.

Blind people, too, are subject to stereotyping. What blind person is there who cannot call to mind some incident in which an uninformed stranger treated him as though he were helpless and pitiable, or, on the positive side, as if he were in possession of some remarkable faculty, say, of hearing or touch? Of course, in analysing the views of those who stand in a professional relationship to the blind community we are not likely to encounter such ignorance, but the relationship nevertheless by its very

nature does delineate a number of perspectives, and eliminate others, giving rise to a special point of view.

To be more explicit: day in and day out, year after year, services are rendered to the blind, research is done to gather knowledge about their abilities and circumstances, and efforts are made to resolve their problems. A whole system has come into existence to organize these services, conduct the research, and cope with the needs of the blind. Those who run this system receive their information via prescribed channels and equally direct all action via prescribed channels. In a sense they and the blind people with whom they have dealings inhabit a sort of microcosm - a world of the blind - with its own hierarchy, rules of procedure, and so on. The roles that might be assumed within the system in relation to blind people are limited - counsellor, instructor, investigator, administrator. Certainly, there are those who try to progress beyond this relationship of giver and receiver to a mode of participation in which blind people have the opportunity of defining their needs for themselves, but in either case the experiences of workers with the blind are, as will be shown, circumscribed. For the purposes of discussion, we shall consider these experiences in terms of three main perspectives.

1. CONSUMER PERSPECTIVE

In the first instance, workers with the blind come into contact with blind people as clients making use of certain services, that is, in the identity of consumers. This presents the professional

worker with a small number of activities which appear to be typical of the blind. The situations in which the worker meets his clients naturally tend to be connected with these activities. What is the profile that emerges?

The blind person reads by means of braille or tape recordings. He travels with the assistance of a white cane or a guide-dog. He enters jobs which have become traditional, especially canework in a sheltered workshop or telephony on an "adapted" switchboard. He has available to him over 500 different technical aids to help him in his work and play, in his home, and as he moves about.

These are the typical activities associated with the blind and we would be hard put to find a single report about blind people or any meetings dealing with their needs that does not include some reference to one or more of these activities.

And now a similar lack of variety is evident as we list the settings in which the professional worker meets his blind clients - as inmates in a hostel or employees in a workshop; as groups attending social functions or individuals taking courses; as clients visiting a welfare agency or stating their wants by means of letters or telephone calls to that agency. Always there is this uniformity of behaviour and homogeneity of environment merging in a narrow perspective of blindness, the blind being a group of consumers having their requirements satisfied in certain ways at specific venues.

Inevitably, these impressions give rise to a number of conclusions: the blind person leads a life without variety; the aids and institutions of which he makes use are "special" in nature; his life is a drawn-out struggle to achieve modest goals. If we consider specific examples, our impressions are strengthened. Take the case of braille: by laboriously feeling the tiny embossed dots on the thick pages of a bulky volume the blind person is able to read at a slow rate. If we press our investigation a little further by paging through the magazines available to him, we discover that seemingly he particularly enjoys reading about himself, or about blind affairs in general. If we look at his library books, we deduce a passion for the classics and the spiritually uplifting. Everything points to a life that is inward-looking and cut off from the hustle and bustle of the workaday world.

But is this system we have been describing truly the product of the blind person's needs and wishes, or is it, on the contrary, the expression of the time-honoured views of those placed in authority over him? Do we not detect the signs of a system subtly but irresistibly ensuring its own survival through the conditioning of those dependent upon it?

The first objection that will be raised to our depiction of blind people seen through the eyes of the professionals is that it does not take into account the important developments which have taken place recently and with which workers in the field are undoubtedly acquainted. New training courses have been devised and new

occupations have been developed, while the electronic revolution of our age has enhanced the blind person's skills in ways hitherto unimagined.

This is true, but what the objection does not take into account is the fact that these changes do not benefit the masses and cannot ever do so in the case of blind people already resigned to their fate in the present generation. For the foreseeable future this group will continue to constitute the majority, its needs being definitive in the patterning of services.

Even if we concede that general changes are taking place, the stereotype cannot be expected to alter very rapidly, if social scientists are to be believed. It has been shown that two of the main attributes of stereotypes are persistence, that is, their continuation across generations, and rigidity, by which is meant a

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lack of flexibility in their application. There is no reason why the stereotype of the blind should differ from other stereotypes with regard to these two attributes.

The second objection that might be advanced is that the emergence of consumer groups vociferous in their criticism of the system is causing attitudes to change. The problem here is that the debates initiated by such groups mainly relate to gaps in existing services, shortcomings in the operation of these services, and the

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need for new facilities. Pressures exerted by consumer groups, therefore, actually tend to reinforce the image of service dependency upon which the stereotype is based. Let it be

understood that we are not arguing that services should not exist, nor that consumer criticism is undesirable. Rather, our purpose is to emphasize that other perspectives have to be included before the blind person can be perceived as a whole person.

2. RESEARCH PERSPECTIVE

Throughout the world research is being carried out on blind people to determine their attitudes and behaviour, their abilities and circumstances, as well as to develop a relevant technology. The information obtained is being disseminated by means of public lectures, journal articles, official reports, and a variety of authoritative communications. But what is the emphasis in this research? What is revealed to us and what is left unstated?

The list of research projects being conducted today is impressively long, but analysis shows that the majority of the research projects connected with the blind fall into three main categories. These are:

- a. Technological research to develop and evaluate devices useful to the blind
- b. Technical research to develop and evaluate materials, programmes, and tests for the assessment or instruction of the blind
- c. Perceptual research, particularly in the fields of reading and of orientation and mobility.

From this, our first point of criticism becomes apparent, which is that research effort is being concentrated in too few areas. An analysis of the projects listed in the International Register of

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Research on Blindness and Visual Impairment yields the following breakdown, shown in Table 1.

Table 1

Analysis of Current Non-Medical Research Projects

Type	Number	Percentage
Technological research	176	44,2
Technical research	120	30,1
Perceptual research	41	10,3
Other	61	15,4
Total	398	100,0

This means that virtually 85% of non-medical research projects currently underway internationally fall into just three main categories. In opposition to this point of criticism it might be argued that the specified categories are, in fact, very broad in scope and actually encompass all the major areas of interest in work with the blind. But the inadequacy of present-day research might be amply demonstrated by a sample listing of the fields which in the writer's opinion are being neglected by science:

- a. Socio-economic research to collect demographic data and learn more about the living conditions and life styles of

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blind people

- b. Attitudinal research to study reactions to blindness and blind people
- c. Developmental research to determine the rate, the stages, and the nature of the development of various faculties and capacities in blind people
- d. Conceptual research to determine how blind people conceptualize space, colour, movement, and other intangible terms and to discover how such information might be communicated to them
- e. Research to determine the complex effects on personality and performance of residual vision, failing vision, and fluctuating vision
- f. Occupational research to open up new avenues of employment for the blind
- g. Ergonomic research to adapt devices, information systems, and work stations to the needs of the blind
- h. Research to develop the social skills of the blind
- i. Research into tactile aesthetics
- j. Research to optimize the use of services for the blind

- k. Research to design new service systems to benefit neglected groups, such as blind diabetics, the aged blind, and the partially sighted
- l. Research to develop various means of enhancing environmental information
- m. Research to develop various means of access to fields of knowledge hitherto mainly closed to the blind, such as fashion, art, chemistry, biology, and astronomy
- n. Research to develop various means of ready access to stores of information hitherto mainly closed to the blind, such as newspapers, weather charts, maps, bank statements, shopping guides, and many more
- o. Research to establish priorities in research.

When research findings are presented in a statistical form - as they often are in research related to people as opposed to technology - another difficulty arises. This is what we might call the masking effect of statistics. In using this term we wish to identify two independent phenomena.

The first is that every statistical statement conceals a second statistical statement which is its converse, thereby de-emphasizing information which may be equally significant. Three examples taken from a socio-economic survey of blind men of

working age, conducted by the Human Sciences Research Council, together with inferences drawn by the writer from the given statistics, serve to illustrate the point.

STATEMENT 1 - 72,9% of the respondents reported having no blind brothers or sisters.

CONVERSE STATEMENT - 27,1% of the respondents reported having blind brothers and/or sisters. (This formulation draws attention to an alarming level of hereditary blindness, whereas the original statement has the opposite effect.)

STATEMENT 2 - More than half of the respondents (50,1%) are apparently so satisfied with the occupational training they received that they would choose the same training again.

CONVERSE STATEMENT - Nearly half of the respondents (49,9%) are so dissatisfied with the training they received that they would not choose the same training again. (The effect of the original statement is to suppress a serious indictment.)

STATEMENT 3 - Nearly three-quarters of the respondents (72,7%) declared that they were not often lonely.

CONVERSE STATEMENT - More than a quarter of the respondents (27,3%) declared that they were often lonely. (Surely, a sufficient measure of human unhappiness to warrant attention.)

Statistics also have a masking effect in the sense that they

deprive us of our insight into individual circumstances. Numbers and percentages provide information and suggest trends, but it requires the unfolding of a personal history or the analysis of situations in which blind people are involved to reveal to us the nature and quality of the experience of being blind. This is a major issue to which much attention will be devoted later on.

Having pointed out how scientific statements sometimes conceal important truths, unpalatable as they might be, we now have to warn against another procedure in scientific practice which gives rise to an unfavourable image of blindness. If the yardstick against which the performance of the blind person is always to be measured is the ability of the sighted person - the norm being to be like a sighted person - it follows axiomatically that findings must be negative. This sort of approach is a regular occurrence in everyday life where the blind person is frequently regarded purely as a sighted person deprived of sight, but this does not mean that we can condone such a view, least of all in the scientific community.

This approach typically manifests itself in the form of an experiment in which a direct comparison is made between the performances of blind and sighted people. An example would be an experiment comparing the reading rates of blind and sighted subjects, certainly a common enough experiment. Without fail braille turns out to be the slower medium, but what does this signify? Admittedly, such an experiment teaches us something about braille and possibly about the sense of touch, but the

danger lies in the ready assumptions which are made about blindness. In essence, what we have is a tortoise and hare race in which the outcome is obvious from the start, but where the implications of the outcome are far from obvious. We do not dispute the need to test the effectiveness of braille as a method of reading, but the problem lies in the fact that repeated experiments of this type, covering many fields, always showing blind people to be the poorer performers, have a cumulative effect in building a negative image of blindness and, worse still, in shaping the attitudes of workers with the blind who are continually being subjected to this kind of information.

What we would call for is not a cessation of scientific research, but a change of method and a reframing of experiments according to criteria dictated by blindness and not by sight. There is also a need to direct effort towards applied research which aims at overcoming definite obstacles, rather than at producing more empirical data.

But scientists do not stop at this point. Frequently, they go further and make the assumption that whatever they have found is directly attributable to blindness. So strong is the acceptance that blindness is the cause of all ills that all other factors are likely to be left out of account. Take as an example the finding that marriages between blind and sighted people are not very
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successful. Immediately the inference is drawn that the blindness of one of the partners is the cause. But such reasoning is unscientific, there being many other causes that might be

blamed. Admittedly, the causes might be connected with the peculiar circumstances imposed upon blind people, but this is a totally different matter to a necessary connection with blindness itself. For example, sexual ignorance, social ineptitude, or emotional immaturity - any of which may cause marital problems - have no necessary link with blindness as such, and may equally be the result of the overprotective, exaggeratedly conservative educational environment to which blind people tend to be subjected. Another familiar cause of marital problems is financial hardship. Again, the reason for this need not be blindness of itself, but rather the failure of the system to provide the blind person with adequate earning skills.

To conclude: science readily characterizes blind people as inferior and maladjusted, but blind people wage an unequal struggle against science because of the method of comparative research and because of the failure of science to distinguish between blindness and the conditions of blindness, between lack of sight and lack of opportunity. The scientist studies that which is given, therefore, the realm of the possible is seldom explored.

3. CASEWORK PERSPECTIVE

Help begins early, in fact, soon after birth. The shocked parents, realizing that their child cannot see, contact a school for the blind. There a counsellor advises them how to stimulate normal development so that their infant can learn how to walk, how

to dress, how to eat, and even how to play. Time passes and the child goes to school where teachers qualified in special education give him lessons in braille and other subjects. There is also an extramural programme to develop his physical and social skills, his sense of religion, and his respect for authority.

The next stage begins when he enters adult life. Now the rehabilitation teachers take over, providing further forms of instruction, and the placement officer appears upon the scene to assist him to find a job, in the open labour market or in sheltered employment. But there are yet other types of help available to him - the librarian, the guide-dog trainer, and the sports coach each having something to offer to meet a need. Finally, old age comes - enter now the social workers, the home visitors, and the club organizers to provide essential human contact.

Help begins early, we said, and continues throughout life, each stage and every type of activity attracting the support of a specialist ready to dispense the right sort of aid. The blind individual is seen as a person with many needs. Counselling is given, training is provided, and facilities are established and his needs are satisfied. At first the blind individual is, as it were, incomplete as a person. Something is added by the specialist and he becomes whole. Every service presupposes a need. Everyone who uses a service admits his need. Without services there is hardship. Therefore, blind people are service-dependent.

Many would respond to this description with the claim that the system cannot be otherwise, given the circumstances with which we are dealing. The worst charge that we might be permitted to lay at the door of workers with the blind would be that a certain inflexibility in attitude, or lack of imagination, causes them constantly to view blind people as though a restricted life patterned by these services is their necessary condition (which was the theme of our discussion in section 1 of this chapter). But this reinforces, rather than mitigates, what we have just said. In fact, our aim in the present section is to develop this very argument further and to describe the effects produced by the intensification of this limited viewpoint in the form of individual professional viewpoints appropriate to particular disciplines. If we visit a research library we are confronted with a complete literature devoted to the psychological, social, and employment problems of the blind. If we open the casework files we are faced with the intractable psychological, social, and economic problems of blind people and their families. If we talk to the professional workers themselves, we are presented with sets of practical problems generic to each discipline, for example, the problems of mobility, the problems of braille, and the problems of technology. Each problem, or set of problems, will to the practitioner be stereotypical of blind people. In point of fact, blind people appear to be beset by "problems" and this is evidently why the State and private enterprise join forces to provide the requisite "special" services which make up the "welfare" system.

But see how this use of words exposes an attitude of mind and how a vocabulary of dependency arises to parallel the system. Whereas the sighted person experiences a need, the blind person is said to have a "problem". Whereas a library for sighted readers is no more than a library, a library for the blind is said to be a "welfare organization". Whereas sighted children go to school simply to receive ordinary education, the education of blind children is called "special" (and even "exceptional"). Why is it that sighted people are entitled to a certain infrastructure in society, whereas blind people with their needs are reckoned as caseloads?

We shall return to the issue of generic viewpoints in due course, but first we wish to render our description of the system a little more accurate by dispelling two impressions that will have been gained from the initial paragraphs to this section. The first of these impressions is that movement through the system, from infancy to old age, is along a straight path, with various relays of workers taking over at different points. No doubt, the biographies of some people will read exactly so, but in actuality the system might be entered at any point, temporarily or permanently, and far from forming a carefully co-ordinated team, single workers, or small bands of them, tend to carry out their duties without much reference to each other, that is, in relative isolation.

The second impression is of the intimate involvement of workers with their clients. Obviously, displays of empathy are not universally absent from the system, but typically, and far too often, as a result of casual attitudes or because of the rigid procedures that are adopted, service takes on an impersonal character and is marked by unconcern. Nowhere have these features been described more vividly than in an account given by the blind Black South African, Harry Mohale, an account transparently expressing his own
(11)
experience.

The account begins as the blind pupil leaves school, full of excitement at the prospect of his freedom from supervision and routine. But his exhilaration is short-lived. Those around him - father, mother, brother, and sisters - have busy lives to lead, while he sits bored and frustrated, "alone with the crowing of the cock, the singing of the birds, the droning of trucks and motor cars and the chattering of children outside."

He decides to apply for a job at the nearest institution for the blind. The institution responds by sending him a set of application forms. Filling in these forms is difficult because he is required to visit the commissioner's office and the district surgeon, and to do so he has to find an escort and pay both their fares. Nevertheless, the forms are completed and sent off. In response the institution notifies him that his name has been added to a long waiting list.

The process has to be repeated all over again to apply for a blind persons pension - difficulties of mobility and finance, visits to officials, sometimes only to be sent away with the command to return another day. "What a joy it is to our blind friend the day he receives his first disability grant."

Thinking that a radio will brighten his loneliness, he plans to buy one. A friend tells him about the free radio scheme of the South African National Council for the Blind and with the help of his sister he writes a letter. The Council replies by requesting his registration number. There is a delay, but eventually the set is received.

There is a note of bitter irony in Mohale's summing up of the situation:

All these happy events are not enough for our blind comrade. Although the radio, books and magazines help to relieve the loneliness and boredom, our friend is still worried and frustrated. At school it was said that blind people work, have families and live normal lives. Is our friend just unlucky?

This unhappy state of affairs is at last brought to an end through the intervention of a local school teacher, a friend of the family, who pleads the blind person's case with the institution. As a result the blind person receives a letter bearing the news that he will be admitted to the institution when it reopens the following year. Three years after leaving school he is able to escape from his seclusion and begin to work.

At the institution his training in basketry and telephony progresses well and he is soon recognized as a candidate for the open labour market. Again, it is the intervention of an independent agent that brings change. Having impressed a visiting clergyman, this blind worker suddenly finds himself thrust into outside employment at a mission station. Although his fellow workers at first treat him with ridicule and disdain, perseverance wins through and criticism turns to praise.

Mohale goes on to make some pertinent remarks about the position of blind people in the Black community, but his story has been recounted here for other purposes. The two accounts we have given - that with which the section began and Mohale's - are not incompatible. Mohale's blind man is, in fact, progressing through the system in a typical fashion, from childhood through adulthood, even though his progress is haphazard. Personal exertion and sheer chance play as big a part in this progress, as does the help of service professionals. To put a fine point on it: services seem to be available rather than extended.

And there are, of course, very many of these services. Mohale randomly names some five kinds of help that are given - schooling, the granting of a pension, the granting of a radio, sheltered employment, open employment - but each time a service is rendered it is as though it were totally unrelated to other services, which is a reflection of the fragmentary nature of the system.

This, then, is the setting in which the worker with the blind practises his profession. He may be aware of the services being used by consumers and he may be familiar with the scientific work being done, but it is the standpoint of his own discipline or

project that will form the strongest ingredient in the blend of experience and information determining his attitude. The mobility instructor will emphasize the travel problems of the blind and will regard the skill he teaches as the key to their independence. The braille teacher will consider every blind person who cannot read by touch to be illiterate. One worker will stress the vocational importance of technological aids, another the rehabilitative value of sport, and so on, and in each case other contributions will somehow seem secondary by comparison.

Over-specialization raises the risk of depersonalization, particularly where the teaching of a technique is set as the primary goal, and this danger is increased when rigorous procedures are

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enforced before people can qualify for a service. In addition, we have seen how the approach of the super-professional has been instrumental in establishing a welfare subculture where blind people and their problems create the need for a range of services and where the continuance of these services depends upon blind people and their problems. What has to be remembered is that each service is only a means to an end and not an end in itself, the end being the development of the blind person to his fullest potential.

Charitable appeals best illustrate the exaggerated claims that are made on behalf of particular disciplines or services. A supreme example is provided by an undated appeal letter mailed to the general public some years ago by Tape Aids for the Blind:

Dear Friend

This tape is a life-line!

Hold one end; at the other are South Africa's blind.

To them this narrow strip of recording tape is a link with life and purpose. It offers the next best thing to sight - the magic of word pictures ... sometimes to amuse, sometimes to instruct, always to engage.

This is the hour to hour problem of the blind; how to occupy themselves, how to escape from the sterile tedium of life without light.

When one of our members was asked how she was enjoying our tape recorded books, she replied, "Enjoying them? Why, they are my life!"

CHAPTER 2

THEOREOTYPING

The stereotyping of blind people by workers with the blind, which was discussed in Chapter 1, is based upon the limited nature of the practical experience of these workers. This practical experience, we saw, may be reinforced by a generic body of knowledge, partly scientific in character.

But there are other views of which the worker in the field takes cognisance. These are the theories propounded by experts to interpret blindness. Such theories in the main do not rely upon empirical research directly, but generally draw upon current psychological, sociological, and anthropological insights to analyse the meaning of blindness as a personal experience and cultural phenomenon. Our next task is to give an account of these theories and examine them critically.

The significance of such theories is by no means purely academic. Any theory in particular might be used to typify blind people in general, which is what we choose to call "theoreotyping". The tentative statements of the theorist in the course of time come to be tendered as the factual statements of the practitioner. The speculative reasoning of the social scientist may be accepted as rigid dogma by one generation of workers and passed on to the next generation as if it were established truth, even when the original school of thought has been eclipsed by newer trends scientifically. The

stultifying effect of such theories is especially evident when they provide the rationale for practical programmes of rehabilitation. There is as well a tendency to elevate the formulators of such theories to the status of official spokesmen on blindness and to accept whatever they might have to say about blindness as authoritative.

In the face of these tendencies and practices it is hard to adopt a pragmatic approach to rehabilitation or to implement a policy of diversified training. There have undoubtedly been cases where such theories have given positive direction to professional work, but, whatever the merits or demerits of particular theories may be, they always obscure the facts about blindness by imposing on them one interpretation exclusive of all others.

1. BLINDNESS UNDER SEXUAL INNUENDO

Freud termed sight a partial instinct in sexual development, by which he meant that at an early stage the child seeks gratification through looking. In normal development the partial instinct becomes just one of many factors in sexual stimulation, while subsequent gratification is achieved in the normal way. Where parental restraints block the infant from obtaining adequate gratification through looking, a degree of fixation occurs at this stage of development and looking assumes a more important role in adult life. In those in whom parental taboos are strong enough to force serious fixation at this stage, later sexual stimulation predominantly depends upon looking. It is in this group that we find the scopophilic and the Peeping Tom, that is, people whom we regard as perverted.

This theory of personality development provides the basis for an hypothesis presented by Braverman in her paper The Psychological

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Roots of Attitudes Toward the Blind (1951). According to

Braverman:

Sighted man's attitudes toward the blind arise from the fact that blindness, or the thought of blindness, mobilizes sighted man's castration fears.⁽¹⁴⁾

Castration anxiety is aroused to the degree to which looking is a vital part of the sighted man's sexual make-up. In the extreme case of the scopophiliac, blindness will mean nothing less than the removal of the genitals.

Braverman draws upon two sources in support of her hypothesis, namely mythology and psychopathology. First, Braverman cites two of the best-known Greek myths to show that the equating of blindness and castration is not simply a product of our modern culture. In the familiar Oedipus legend the hero blinded himself as punishment for incestuous relations with his mother, even though he had been ignorant of their kinship at the time. Likewise, a variety of legends accounting for the blinding of the Greek seer Tiresias all

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connect his blindness with some sexual taboo. Braverman sees a link between these myths and the custom in many societies of punishing sexual sin by the blinding of the transgressor (symbolic castration).

In psychopathology we also find evidence of the tendency to equate blindness with castration. The most striking examples are to be found in schizophrenics who seek to pluck out their eyes for imagin-

ary sexual transgressions. Equally conclusive, in Braverman's view, is the neurotic symptomology involving the eye or its function of sight in people who cannot accept their sexual impulses and fantasies, or who continue to feel the need for punishment for infantile transgressions. Braverman associates this with the tendency in literature to portray the castrated man as a sinister character, with thoughts and impulses that the potent man would never entertain. She also reminds us of the physical revulsion said to be experienced by people coming into contact with eunuchs. Drawing a parallel between responses to the eunuch and the blind person, Braverman says:

The potent man has long felt that interpersonal relations with the eunuch must be different from normal interpersonal relations because there is no commonality of feeling between them. This is a different variety of human being, a man who cannot experience things the way others do, who has been deprived of all joy in living, whose emotional reactions are so different from those of normal men that one does not quite know how to treat him even in the most casual conversation. How different is this from relations between the sighted and the blind?⁽¹⁶⁾

The question is rhetorical because Braverman believes there is no difference. Contact with a blind man, she asserts, triggers a whole train of emotions in the sighted man. Blindness evokes the castration fear which gives rise to a feeling of revulsion towards the blind man. The impulse accompanying this feeling of revulsion is that of wanting to banish from sight the object causing the reaction. Because such a desire is unacceptable in our society, the sighted man experiences guilt. The guilt is accompanied by anxiety. The sighted man hides from himself the cause of this anxiety and seeks to free himself of it by turning the initial

feeling of revulsion into the acceptable feeling of pity. This amounts to a sort of magical gesture whereby a "good" emotion is made to pay for the experiencing of a "bad" emotion. This first gesture is often supplemented by a second, that of giving alms in the form of money, food, or entertainment.

Braverman contrasts kindness with pity. Kindness, she claims, is almost the exact opposite of pity in that it is a response to the real situation. It leads to the sort of help actually required, whereas pity, which is a response to the inner needs of the sighted man, results in help being given which satisfies the giver rather than the receiver. Pity is degrading to the blind person because it implies his inferiority, a position made worse by his being expected to display gratitude. His failure to do so arouses fury because the sighted man's anxiety cannot be allayed until his pity receives expression and recognition.

This explains why public appeals for funds are carefully designed to rouse pity. They seek to make the reader feel so sorry for the blind that he responds by making a large donation. Braverman warns against this practice:

Perhaps this end justifies the means. But is the immediate goal of raising funds more important than the long-term goal of integration of the blind into society? If so, then let pity be aroused. If there is any hope of approaching the long-term goal, however, invoking pity as a means of collecting funds is defeating the purpose.⁽¹⁷⁾

2. BLINDNESS AS DEATH AND REBIRTH

Thomas J. Carroll, a priest of the Catholic faith who dedicated his life to the rehabilitation of the blind, invoked the religious teaching of death and rebirth to interpret the meaning of blindness

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which occurs in adult life. The theme of his theory is introduced in the opening paragraph of his definitive work Blindness:

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What It Is, What It Does, and How to Live with It (1961), which remains one of the most influential books ever written about blindness.

When, in the full current of his sighted life, blindness comes on a man, it is the end, the death, of that sighted life.⁽²⁰⁾

It is the end of acquired methods of doing things and of established relationships with people and with the environment. The devastating

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effect is manifested in two stages. The first is that of shock, characterized by a numbed inability to function. The second is that of grief, or mourning, for the life that is lost. These two stages of bereavement must be experienced before rehabilitation can begin, for "with the death of the sighted man, the blind man will be

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born."

Blindness is a multiple handicap, says Carroll, consisting in twenty fundamental losses in six major areas. A restoration, or substitution, has to take place in respect of each of these losses in order to achieve the total rehabilitation of the blinded person. A brief review of these twenty losses of blindness and the relevant substitutions is now given.

BASIC LOSSES TO PSYCHOLOGICAL SECURITY

(1) The loss of physical integrity

The first loss is that of physical integrity, of wholeness. There arises from this a feeling of being different from other people and of exclusion from the group. The person now feels for himself what he has always felt for others who were blind - rejection, pity, and even revulsion.

An adult builds up an image of himself over many years. Body image is an important part of this self-concept which is dealt a devastating blow. Insecurity about one's very manhood can result.

The whole rehabilitation programme plays a part in restoring the sense of physical integrity, particularly the regaining of mobility and the skills of daily living. Prevention, or overcoming, of peculiarities of posture, gait, and expression (blindisms) is helpful, as well as cosmetic aid. Direct attention to the feelings involved is the task of trained experts.

(2) Loss of confidence in the remaining senses

The popular belief that the blind person is compensated for his loss of sight by the greater acuteness of his other senses is contrary to fact. Conditions causing blindness sometimes cause additional sen-

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sory losses, while empirical data suggest poorer sensory performance in general among blind people. Carroll draws a distinction

between "sense acuteness" and "sense efficiency". Where blind people show heightened efficiency, it is because of their greater concentration, or the result of training and experience.

The loss of confidence in the remaining senses is explained by the validatory role of sight. We use each of our senses to test the information supplied by the other senses, but sight is dominant. This is why the person losing his sight naturally tends to doubt the information of his other senses.

Confidence is restored as the work of testing is taken over by the other senses, a process which tends to take place naturally over a period of time. Paradoxically, the initial lack of confidence hastens matters because the person is driven by doubt to test his information. Skills training aids progress, but crafts should be used only selectively because of their strong association with a negative stereotype.

(3) Loss of reality contact with environment

It is sight, above all, which orientates a person to his environment. This severing of a major bond with reality is a kind of dying to the things around us and adds to the initial state of shock accompanying the onset of blindness. Sight not only identifies objects, but enters us among them. To the person who knows contact with reality to be a measure of sanity, this may seem to suggest that the blinded person loses sanity. Rather, we should say that it is more difficult to hold on to sanity.

It is necessary to forge a bond of consciously received and correctly interpreted information between the blinded person and his environment. Reality contact is restored as confidence in the remaining senses grows, while the emotional reorganisation brought about by the total rehabilitation programme helps to rebuild the complementary emotional security.

(4) Loss of visual background

The previous loss was that of an object. Now we have to deal with the loss of the background in which the object exists. The shadows and highlights, forms and textures, colours and movements, received as visual background to the world in which we live, prevent monotony. The blinded person easily loses his awareness of the living, three-dimensional world and foregoes the continuous screening of information which takes place below the level of consciousness. He finds himself in a visual vacuum, or void, that is immune to change.

Of course, visual background cannot be restored. There has to be a substitution of an auditory, and thereafter of an omnisensory, background. In the process of training the remaining senses, the development of the power of visualization is crucial. Sounds, smells, tastes, and "feels" coming from the environment have to elicit the appropriate visual images. When properly cultivated and practised, these events will take place somewhere below the level of consciousness.

(5) Loss of light security

It is common to apply analogies of light and darkness to sight and blindness. Light - the medium of sight - is not sight itself, and blind people - if we consider objective criteria - do not live in perpetual darkness. But the connection between blindness and darkness is so powerful that the newly blinded person, pitied for his plight, may accept the belief without re-evaluating the situation for himself. His position is made worse if, perhaps because of childhood associations, night has for him the meaning of separation from love. Such an individual may acutely feel the loss of light security.

The restoration of light security begins as the blind person is helped to re-examine the situation and to discover that he actually does not live in darkness. Judicious use of group psychotherapy may allay deeper fears. There is, too, a task of public education to destroy the darkness concept of blindness.

LOSSES IN BASIC SKILLS

(6) Loss of mobility

The person who loses his sight becomes immobilized and dependent. Mobility means more than walking. It means getting from place to place by every normal method. But to the blind person travel is fraught with hazards - unexpected obstacles, impervious pedestrians, careless drivers. Loss of mobility also carries implications with regard to career, recreation, and social adequacy, not to mention exposure to embarrassment and public pity.

The problem of restoring mobility is primarily that of training the blinded person to use his remaining senses and the travel aids which extend the reach of his senses. Various travel aids are discussed by Carroll, a dog guide and the Hoover cane being classified as "tools of independent travel". Whatever method is preferred, every rehabilitated blind person should know the Hoover cane technique.

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nique.

(7) Loss of techniques of daily living

This loss is made up of the thousand repeated frustrations in the daily life of the blinded person which remind him that he is blind. It is the simple basic functions that are lost - eating and drinking, bowel and bladder activities, keeping oneself clean and neat, undressing and particularly dressing, shaving, make-up. The loss is a major one because of its multiplication of thousands of inconveniences. It is a dying to the self-sufficiency of adult responsibility.

An early beginning can be made in helping the person to eat normally again and in showing him how to arrange his clothes for easy dressing. Four formal courses are recommended by Carroll, namely house-keeping, home repair, personal hygiene, and general techniques, including the use of special devices.

(8) Loss of ease of written communication

This loss is not merely that of the power to read books, but also other materials which to some people are far more important, for example, magazines and newspapers. Reading and writing may be essential to the person's work, part of his recreation, or just a convenience, but the loss of these skills means illiteracy. The inability to correspond privately is sometimes acutely felt, as is the humiliation of not having a signature.

Many tools are available to restore various aspects of written communication. The task of a rehabilitation centre is to teach whatever skills are necessary to use these tools, to acquaint the trainee with the existing resources regarding both devices and materials, and to give him a realistic appraisal of current progress in research.

(9) Loss of ease of spoken communication

Carroll criticizes the glib distinction which claims that deafness cuts its victims off from the world of people, whereas blindness cuts them off from the world of things. The degree to which lip reading plays a part in ordinary listening is not generally realized, nor is the vital role of gesture and facial expression in clarifying or modifying the meaning of speech. In addition to these problems, the blind person suffers many uncertainties - how loud to speak; whether he is being addressed; where the other person is; whether his companion has left him.

Unlike the loss of written communication, restoration of spoken communication is not primarily a matter of skills and devices. The whole rehabilitation programme is of value, but Carroll also advocates a specific course in spoken communication. The art of gathering and interpreting information in company has to be learned. Disturbing mannerisms (blindisms) have to be eliminated, while those mannerisms which are normal to sighted people must be cultivated. The need for family seminars and public education is stressed.

(10) Loss of informational progress

Being unable to read or observe people and things directly, the blinded person is severely hampered in his means of obtaining information. In the circle of his friends, neighbours, and associates he lags behind. The information may relate to his work, his environment, his hobby, or just be gossip. Whatever the case may be, his knowledge suffers cumulatively and this has an effect on the way people view him.

The training of the senses and the mastering of mobility and of written and spoken communication provide the means for regaining informational progress. The ability to make inferences and judgments based upon the available information has to be sharpened and the person must plan to have his needs met in terms of braille books, talking books, personal correspondence, human readers, and the radio. Making the best use of the eyes of others is important.

LOSSES IN APPRECIATION

(11) Loss of the visual perception of the pleasurable

The loss is that of the visual perception of objects which the blinded person formerly found pleasing. These objects may range from the familiar to the unfamiliar, from the "God-reflecting object" to the sex object. The fact that this loss is seldom mentioned does not mean that it is a minor one, but rather suggests that the loss is so great that it is impossible to speak of it.

Carroll says that it is not so much the visual qualities of things that please us, but their mere presence. As the blinded person learns to perceive the presence of things through his own sense activities, including visualization, the same pleasure is substantially restored. A list of types of objects and reasons why they are "good to perceive" serves to guide the rehabilitee.

(12) Loss of the visual perception of the beautiful

The graveness of this loss is proportionate to the individual's appreciation of visual beauty prior to blindness. Sighted people almost invariably mention this loss, but blind people rarely do. Perhaps it is outweighed by other losses, perhaps it is too keenly felt. The reason is uncertain.

Beauty in the true sense, Carroll seems to believe, can be perceived only by sight and hearing. Auditory perception of the beautiful - in the form of music, for example - has to be substituted for visual appreciation, but sight retains a role in the form of visualization which is served by other people's descriptions and by the remaining senses.

(13) Loss of recreation

Recreation varies from individual to individual to the extent that it is impossible to catalogue all its forms. It may be either intellectual or physical, or a combination of the two. It may have served as an escape from drabness and drudgery, or as a means for working off feelings, or as an opportunity for competition. Whatever the type of recreation and the purpose it might have served, sudden blindness nearly always puts an end to it.

Rehabilitation has to help the blinded person develop the attitudes and skills that will make recreation possible. A wide choice of potential forms of recreation has to be opened up and the person must be actively encouraged actually to participate. Carroll opposes the segregation of the blind for purposes of recreation and warns against passive forms of recreation which only have an emotional value. It is best to avoid arts and crafts that evoke a stereotype.

LOSSES CONCERNING OCCUPATION AND FINANCIAL STATUS

(14) Loss of career, vocational goal, job opportunity

There is the need to earn an income and the need to keep busy, but a person's career, vocational goal, and job opportunity have a meaning, extending beyond these necessities. We have to consider the dignity of the individual, the dignity of the position he held, and the dignity of work itself.

Many blind people are probably unaffected by this loss, but to those in their productive years placement in suitable and dignified employment is the keystone of the rehabilitation process. The aim is to provide the person with the skills and attitudes to return to his former work or to adjust to a new occupation. Carroll argues that it is not the task of the centre to give training in actual occupations, but to prepare the way. A broader responsibility is that of public education to diminish prejudice in the employment of blind people.

(15) Loss of financial security

Loss of a job usually means loss of income. The resulting drop to a position of financial need and dependency may be rapid. At the same time blindness increases expenses in two important areas: there are medical expenses to try and preserve sight and treat pathology and expenses incidental to blindness arising from the loss of mobility, the loss of written communication, and the loss of techniques of daily living. Buying sight - for example, sighted help to do one's work - may mean an additional expense which is very considerable.

Of all the losses resulting from blindness, this is one which society could completely eliminate if it so desired. Counselling helps the blinded person to avoid unnecessary expenses, particularly in a fruitless search for a cure, while aid takes the form of relief grants. Adequate social security benefits could remove the threat of financial disaster which blindness now holds. The fear that too much aid is demotivating is dispelled by the outstanding record of war veterans who are a favoured group under the Social Security System.

RESULTING LOSSES TO THE WHOLE PERSONALITY

(16) Loss of personal independence

Every loss we have considered involves a loss of independence. Throughout life two forces are at work: the desire for independence and its freedom, and the desire for dependence and its protection. The blinded person who is emotionally mature will recognize the dependence forced on him, will wish that it were different, and will accept it when necessary, while not seeking it when it is not. Of course, few people possess such a degree of maturity.

The training of the senses and the various skills courses are of primary importance in restoring maximal independence. Rehabilitation also must be a process of inner growth to which the whole atmosphere within a rehabilitation centre has to contribute. The initial support of the staff is gradually withdrawn, while they continue to give their understanding. The blinded person is alerted to the tendency in others to try and make him dependent and families have to be counselled about overprotection.

(17) Loss of social adequacy

Perhaps the most severe loss in the multiple handicap of blindness is that of social adequacy, of personal acceptance, of individuality. In the first place this loss is inflicted by the public because of its fear of blindness. Feelings of revulsion are covered over with reactions of pity and the blind are stereotyped in various ways. If the blind person adds to this his own negative feelings, he will, in fact, truly be socially inadequate.

The blinded person must be aided to recognize the fact that his loss of social adequacy is not entirely the fault of sighted society but is due in part to himself. He has to realize that to this extent he can do a great deal about it. Helping him to these realizations is part of the work of total adjustment to blindness or total personality reorganization.

(18) Loss of obscurity

The blinded person loses his anonymity and privacy, and becomes a public figure. Besides being conspicuous wherever he goes, he is expected to conform to a degree not demanded of the average person. This loss of obscurity, interwoven with the loss of individuality, is the cause of continuing trauma.

The blinded person must be helped to see how futile and even self-harming it may be to try and hide what cannot but be obvious. What rehabilitation can do here is to change the self-concept of the

blind person so that he will not think of himself as a helpless being, but as a strong person able to overcome the problems of blindness. His inner attitude has to be made to show in his outer attitude.

(19) Loss of self-esteem

Self-esteem is the total opinion a person has of himself. The loss of self-esteem has two phases: loss in objective self-esteem and loss in subjective self-esteem (or self-image). The first is an intellectual devaluation which takes place as the person finds that in one area after another he has been crippled by his new blindness. The subjective self-image, which reflects the thoughts and feelings the person had about himself as a child and whatever growth has occurred since, is placed under a new burden, the weight of which may be too heavy to bear.

The restoring of objective self-esteem begins with a realistic appraisal by the person of his situation - what his prospects are and what difficulties lie ahead. As he makes progress he finds himself competent in one area after another. Experience also indicates that the process of total rehabilitation helps to build a new self-image which is far stronger than the one which existed just after the onset of blindness. The re-formed self-image may be stronger than the one the person had before he became blind.

(20) Loss of total personality organization

Blindness has the power to upset and undermine lifelong personality organization. Anxiety, denial, resentment, hostility, and many other reactions to blindness are described by Carroll. In most cases no new personality structure is established, but the old one becomes more set in its basic channels so that traits long held in check may emerge.

Carroll tells us that the restoration of total personality organization is, in a sense, the whole goal of rehabilitation and how to bring it about is the whole problem. Personality loss is the effect of all the other losses, but restoration does not come about simply as the effect of rehabilitation in other areas. By the regaining of abilities and skills, much of the strain on the personality is removed, but help is also needed to repair the damage done to the emotional structure itself. Carroll's discussion of the twenty losses is concluded with an outline of the programme offered at St. Paul's Rehabilitation Centre in Newton, Massachusetts, where Carroll was the head and was able to put his ideas about blindness into

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practice.

3. BLINDNESS AS THE LOSS OF CONSCIOUSNESS.

Michael E. Monbeck, in his book The Meaning of Blindness

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(1973), introduces some of the mystical ideas of Carl Jung and his Analytical Psychology to interpret the meaning of blindness. Individual attitudes towards blindness and blind people are commonly

thought to have their origin in our cultural heritage and in a variety of psychological factors, that is to say, they are learned from the previous generation in the process of socialization and are gained through actual encounters with blind people where the sighted person acts as an observer or a participant. But when these causes of attitudes towards blindness have been admitted, there remains a fundamental element for which we have not accounted.

To explain this deeper significance, or hidden meaning, of blindness, Monbeck turns to the Jungian concept of the archetypes, described as symbols of the unconscious mind collectively inherited by mankind. According to Jung, the way in which these symbols of the collective unconscious might be revealed to us is through a study of myth and folklore. It is upon the basis of this hypothesis that Monbeck constructs his theory that reactions to blindness are grounded in the instincts and that people respond to the symbolic content of blindness.

To discover the symbolic meaning of blindness, therefore, we will take the key ideas underlying attitudes toward blindness and investigate their mythological, or archetypal, significance.⁽²⁸⁾

More specifically, Monbeck explores the symbolism of light and darkness, the eye, and the loss of the eye or sight in order to determine the unconscious factors constituting the meaning of blindness.

One of the primary aspects of the world, says Monbeck, is the diurnal alternation of light and dark. Night is a time of sleep, when dangers lurk, and the mind is plunged into a realm of dream experience. At dawn the light from above dispels fear and gives

guidance and orientation. There arises in the very structure of our thought, therefore, a polarity of associations - light and dark, above and below, guidance and loss of bearings, confidence and fears. Light is associated with consciousness and orderliness, while darkness represents the unconscious, non-differentiated state archetypally symbolized by the uroboros (the serpent with its tail in its mouth; a closed unitary system). The universality of the symbolism of light and darkness is demonstrated by Monbeck through allusion to the creation myths, Egyptian and Norse mythology, Chinese philosophy, and the Bible.

The eye itself is associated with the benefits of vision, that is, discernment, intelligence, and awareness, but myth, folklore, language, and art also abound in allusions to the magic, the mystery, and the power of the eye. In both Eastern and Western cultures - with Egypt and Greece as particularly rich sources - symbolism expressing fertility and creative power constantly inter-relates the eye and the sun. Other recurring symbols represent perpetual attention, universal consciousness, or inner and outer vision. An interesting distinction is occasionally made between the meanings of the two eyes, the left eye corresponding to the eros side of man, to his passive, feminine, unconscious aspects and the right eye to the logos side, to his active, masculine, conscious aspects. Primitive belief in the evil eye stresses a malevolent power, sometimes making of the eye an organ of destruction.

Loss of the eye or of sight has a further significance. It is often portrayed as divine punishment for some sin of the individual, such as having seen that which is forbidden, as in the case of Lot's wife, or having trespassed against the natural order, as exemplified by the Oedipus legend. Sometimes an eye serves as payment from one god to another, whereby a new natural order is established. Self-blinding may be the price for virginity, constituting a reaffirmation of the spiritual value of chastity. Monbeck points out that similar sexual meanings have received special emphasis in modern studies on attitudes, as evidenced by our earlier discussion of castration anxiety and the sinister character imputed to the castrated man.

Monbeck quotes extensively from myth and folklore in support of his account of the unconscious factors determining the meaning of blindness. Ultimately, this meaning is embodied in a number of archetypes which Monbeck goes on to discuss.

To the sighted person, an encounter with blindness, whether it is a personal experience with his own vision, a face-to-face meeting with one who is blind, or a somewhat abstract consideration in his thoughts or in conversation, touches him personally or profoundly. He is touched because the threat to him that is symbolized by blindness is the loss of his own identity, of his sense of who and what he is; in short, the death of his consciousness. Blindness is, therefore, a thing in itself, not an absence of sight, but the grip of darkness, the maw of the chasm, the obliteration of consciousness by the overpowering seduction of the unconscious. ⁽²⁹⁾

This extreme statement, which is by way of a conclusion from the foregoing, seems to go beyond the given data and requires explanation. After the long struggle of the ego to establish its independence from the unconscious, blindness threatens the collapse of consciousness. The fear of castration is part of the situation because it represents a loss of a part of the individual that he most closely identifies with his sense of self, but in a wider sense a loss of power and control is feared. Consciousness is the "organ" in man through which he organizes his perceptions of the inner and outer worlds. Blindness means the threat of consciousness being overwhelmed by the unconscious, by the undifferentiated state from which it emerged, a state evoked in the archetype of the maternal uroboros.

The blind person is also the victim of emotionally toned valuations which are unrelated to the actual traits and qualities he possesses. There is a dark counterpart to every individual's conscious personality, referred to by Jung as the shadow. It arises through the repression of our negative qualities and undesirable traits. But the repression does not eliminate the negative side, it only removes it from consciousness. Subsequently, the unconscious reminds the conscious of what it has denied by projecting these qualities onto another person. The specific projection encountered in a blind person depends upon the sighted person's psychological make-up. Often, the projection seems to consist in a reminder to the individual that his consciousness is not impregnable, that it is susceptible to blinding. Each of us have a blind spot, find ourselves in the dark, are exposed to danger from an unknown direction. We have

looked at what is forbidden and are subject to punishment relative to our sin. These are the instinctual fears present in the shadow and which are presented to consciousness in the projection onto the blind person.

A somewhat more uncommon archetypal pattern that might be encountered as a projection carried by a blind person is that of the stranger. The stranger stands for the possibility of unseen change. Simply by appearing, the stranger challenges the status quo. Understandably, the ordinary individual reacts to him with suspicion. The archetype may also assume the more powerful form of the wise old man, a figure associated with times of spiritual crisis. There are two sides to the figure. Positively, he is regarded as possessing knowledge, wisdom, insight, and intuition, as embodied in the sage or the magician. Negatively, he is seen as the mischievous gnome or the black magician who has evil intentions. Naturally, the blind person is not the wise old man, nor does he necessarily display any of his characteristics. As in the case of the shadow, he is merely the hook upon which the projection is hung. The wise old man appears at a time of spiritual stasis to make severe demands and exact painful sacrifices. He is associated on the archetypal level with many of the situations associated with blindness, such as consciousness (or sight) placed in jeopardy, or sacrifice to attain higher consciousness. In other words, the archetype evokes once more the dark possibilities which blindness symbolically represents.

4. BLINDNESS AS THE REPROGRAMMING OF THE SYSTEM

Emerson Foulke, in an article entitled The Personality of the Blind:

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A Non-Valid Concept (1972), asserts that there is no "personality of the blind". Blindness, he argues, is "a situational variable" (or "a complex of situational variables"). The blind person is deprived of the richest source of information and cannot maintain behavioural sequences dependent upon visual feedback. The blind person also experiences a different social environment to the person who is not blind. Indisputably, therefore, blindness refers to a significant complex of situational variables. Nevertheless, it is only one complex amongst many others, and, because personality is too complexly determined to be accounted for in terms of a single complex of situational variables, the term "personality of the blind" is a non-valid concept.

Whatever personality may be, says Foulke, the evidence for it has to be present in observable behaviour. All theories of personality must ultimately account for the various forms of behaviour that constitute the evidence for personality. Any general theory of personality has to account for situational variables such as those subsumed under the term "blindness" and it is in terms of a general Theory that we should try to understand blindness, rather than by means of a special theory.

The "human animal", Foulke claims, is a system that processes information. It has apparatus - the organs of sense - to detect the flux of energy in the environment. It has machinery - bones, tendons, and muscles - to manipulate objects in the environment. Between the

sensing apparatus and the behavioural machinery there is a nervous system that acquires information and directs activity. The human animal is able to process and store information and it can, therefore, be "programmed" by experience. It can also assess the likely outcomes of alternative behavioural sequences at an implicit level and to do so it has to gather information. This means that the human organism is an active, and not a passive, system.

All of the components in the system we have been describing show variability from individual to individual. It is this variability that accounts for differences in personality.

Human animals have different personalities because they have different sensory, motor, processing, and storage capacities, because they interact with different social and physical environments, and because the experience that programmes the central nervous system is different and unique for each individual.⁽³¹⁾

The question is how the event of blindness, either congenital or adventitious, is to be taken into account under this model. Blindness, Foulke explains, reduces the capacity for gathering information, but there are perceptual alternatives to vision, even though they may be less adequate. Blindness eliminates the visual monitoring of movement, but the person may be able to depend on proprioceptive, cutaneous, and auditory stimulation, even though the results are less precise. Beliefs about blindness, acquired through experience and communication, influence behaviour towards blind people, creating a social environment different from that of a person who can see. Furthermore, the central nervous system acquires and stores concepts regarding the functional capacities of the organism of which it is a part.

In congenital blindness the central nervous system is programmed non-visually from the very outset. The external world is specified in terms of the information contained in non-visual stimulation and behavioural sequences have to be monitored non-visually.

When blindness is adventitious a nervous system programmed by visual experience has to be reprogrammed. New information is acquired by interpreting formerly unused stimulation and new sources for regulating behavioural sequences have to be discovered. Blindness, therefore, necessitates an extensive reorganization of the system.

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It means, to quote Foulke's phrase, "Reprogramming the system".

5. BLINDNESS AS PERSONAL CHARACTERISTIC

Kenneth Jernigan, who is blind himself, argues a personal point of view in his paper Blindness - Handicap or Characteristic?

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(1974):

No one is likely to disagree with me if I say that blindness, first of all, is a characteristic. But a great many people will disagree when I go on to say that blindness is only a characteristic. It is nothing more or less than that. It is nothing more special, or more peculiar, or more terrible than that suggests.⁽³⁴⁾

Every characteristic, claims Jernigan, is by definition a limitation. A white house cannot be green or blue or red. Each characteristic freezes us into a mould. It restricts the range of possibility, of flexibility, and very often of opportunity as well.

Blindness is such a limitation. But are blind people more limited than others?

To answer this question Jernigan cites the hypothetical case of two people equal in all characteristics, excepting that one is sighted and possesses average intelligence, whereas the other is blind and possesses superior intelligence. Which one is more limited depends entirely upon what they have to do. In a game of baseball the blind man is more limited (or handicapped), but in performing such tasks as teaching history or science, or calculating income tax, the sighted man is more limited (or handicapped).

Some limitations seem apparent: for example, poverty (the lack of material means), ignorance (the lack of knowledge or education), and old age (the lack of youth and vigour). Blindness (the lack of eyesight) is one of these characteristics. Other characteristics do not seem limiting, but turn out to be so on careful consideration. For instance, youth, which is the very opposite of old age, may be limited in the sense that a person who is twenty years of age will not be employed in a position of responsibility, even if he shows maturity or is qualified. Similarly, superior intelligence may prevent a person from being given a particular job because the employer believes he will be bored. The point is that each characteristic is limiting, blindness simply being one more such characteristic.

In response to this point of view some people indulge in wishful thinking: "Just consider what you might have done if you had been sighted and still had all the other capacities you now possess."

Jernigan replies that we do not compete against what we might have been, but only against other people as they are, with their combinations of strengths and weaknesses, handicaps and limitations. If we are to bemoan our fate, we might equally regret not having Rockefeller's money, or the brain of Einstein, and so on.

Another type of response is heard when people say "But I formerly had my sight, so I know what I am missing."

To this Jernigan retorts: "And I was formerly twenty, so I know what I am missing." Our characteristics are constantly changing and we are forever acquiring new experiences, limitations, and assets. To repeat, we do not compete against what we formerly were, but against other people as they now are. The assertion that blindness is a unique limitation and that its effects are more severe than others is also rejected. This idea is built into our very language and psychology, says Jernigan, and is reinforced by the conspicuousness of blindness. To this is added the problem that blind people tend to see themselves as others see them, helping to make their limitation a reality. Actually, the situation of the blind person is that of having to devise alternative techniques to do many things which he would have done with sight if he had normal vision. Jernigan stresses that these are alternative techniques, and not substitute ones, for the word substitute connotes inferiority, whereas the alternative techniques employed by the blind person need not be inferior.

Once we understand the nature of blindness as a characteristic - a normal characteristic like hundreds of others with which each of us must live - we are better able to understand the real need to be met by services to the blind. In his subsequent analysis of services, Jernigan draws a fundamental distinction between those services which are based upon the theory that blindness is uniquely different from other characteristics and that it carries with it permanent

inferiority and severe limitations upon activity, and those services aimed at teaching alternative techniques and skills related to blindness. As result his philosophy of blindness has important practical implications in the field of work with the blind.

6. BLINDNESS AS LEARNED SOCIAL ROLE

Robert A. Scott, a social scientist famous for his book The Making

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of Blind Men (1969), has applied the theories of George Herbert

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Mead in formulating a proposition which remains profoundly disturbing to any open-minded worker with the blind.

The disability of blindness is a learned social role. The various attitudes and patterns of behavior that characterize people who are blind are not inherent in their condition but, rather, are acquired through ordinary processes of social learning. Thus, there is nothing inherent in the condition of blindness that requires a person to be docile, dependent, melancholy, or helpless; nor is there anything about it that should lead him to become independent or assertive. Blind men are made, and by the same processes of socialization that made us all.⁽³⁷⁾

Basic to Scott's analysis is the idea of the self-concept, that is, an individual's perception of himself. Every individual has certain attitudes, feelings, and beliefs about the kind of person he is - his strengths and weaknesses, his potentials and limitations, his characteristic qualities, and so forth. This personal identity of a man is at the heart of his experience as a socialized human being and determines his behaviour in most situations.

A self-concept is not given to a person when he is born, but is acquired as he is socialized. During this process the self is made the object of its own perception and for this to be the case a person has to learn how to regard himself from the point of view of other people. The substance of a person's self-image, therefore, largely consists of his perceptions of the evaluations that others make of him, and particularly those others whose opinions he values most highly. He internalizes these evaluations that are made by other people and thereby fulfils their expectations. These expectations tend to be uniform, and to the extent that this is so, there exist putative social identities for various groups in our culture, such as men, women, young people, old people, Blacks, Whites, doctors, and so on. Socialization is the process of learning such roles.

Scott's contention is that at the core of any blind man's experience of blindness are the attitudes, beliefs, and feelings he has about the kind of person he is - what he is capable of doing, how he differs from others, how he is like others, and so forth. These things, which make up his self-concept, are acquired through ordinary processes of socialization in which he is rewarded for behaving in ways that conform to the putative social identity reserved for the blind and censured for behaving in ways that do not conform. Scott says that the attitudes and behaviour patterns that blind people are supposed to have are learned in two contexts, namely in their personal relationships with those who have normal vision and in the organizations that exist to serve the blind.

The relationships between the sighted and the blind contribute to the socialization of blind people in a number of ways. The misconceptions of the sighted about the nature of blindness and its impact upon personality and performance are expressed as expectations of the blind person's behaviour. Blind people tend to act according to these stereotypic beliefs and to internalize them. Some even come to believe in them. It would appear that only the rich, the famous, and the talented amongst the blind are able to resist these pressures.

Blindness also stigmatizes an individual. In all his encounters with sighted people the blind person finds himself regarded as a different and a lesser person. As a consequence he constantly has to defend himself against imputations of moral, psychological, and social inferiority.

Another set of socializing factors relates to the mechanics of dealing with someone who is blind. The norms operative in relationships between people depend upon vision, but when one of the persons is blind the situation is infused with ambiguity and uncertainty. How to do things, how to project one's self-image, how to interpret the other's self-image, are some of the questions that arise and the idiosyncratic responses of sighted people in such situations serve to reinforce the blind person's conviction that he is different.

Finally, the blind person frequently has to rely on sighted people for help, while being restricted in his ability to reciprocate.

Such encounters inevitably become relationships of social dependency. From all of this it is apparent how difficult it is for the blind person to establish secure social relationships with those whom he considers to be his intellectual and social equals.

But the most disconcerting aspect of Scott's thesis is what follows. It is that the same process of socialization that has been described for the community at large also is encountered in organizations set up to help blind people. Actually, as Scott points out, only a highly selective element of the blind population is involved because existing services are mainly designed for children who can be educated and adults who can be employed (the elderly, the unemployable, the ineducable, and the multiply handicapped being screened out in advance). The blind person who nevertheless does succeed in entering the system will find himself rewarded for adopting the views of his rehabilitators and punished for clinging to other self-conceptions. Passage through the system in part depends upon a person's willingness to adopt the views of the experts and in this way his behaviour eventually comes to correspond with the assumptions and beliefs that blindness workers hold about blindness.

Scott identifies two main approaches to rehabilitation to be found in the blindness system. The restorative approach assumes that blind people can live independent and fulfilled lives in the outside world, but only if they first accept as final the fact that they are blind. The accommodative approach regards such objectives as noble but unrealistic. The realistic objective is to provide environments

to which blind people can accommodate with a minimum of effort. Many agencies and workshops have in fact created such environments in which blind people function very well, but Scott finds that these blind people have become seriously maladjusted to the outside world.

Why agencies should adopt the approach of making blind people dependent is readily explained by Scott. It happens, he declares, in response to the community's desire to hide blind people from view, or under conditions of fierce competition between agencies seeking clients, or from a need in some workers with the blind to safeguard their positions of influence. The practical results of these two very different approaches to rehabilitation are vividly contrasted by Scott:

These data indicate in a very striking way how alternative approaches to rehabilitation can produce radically different socialization outcomes among blind people. Organizational systems that are constructed so as to discourage dependence in fact produce independent blind people; systems that foster dependency by creating accommodated environments produce blind people who cannot function outside of them. There is no more dramatic way than this to demonstrate just how important a factor in the making of blind men are the organized efforts of blindness workers and blindness agencies.³⁸

7. CRITIQUE OF THEORIES OF BLINDNESS

7.1 Introductory critique

Each of the theories that has been expounded represents a unique interpretation of the meaning of blindness and is established within its independent frame of reference. No two theories assume a common point of view or reach a similar conclusion. One writer applies a

religious metaphor (Carroll), another relies on the principles of empirical science (Foulke). Monbeck invokes certain mystical ideas, whereas Jernigan adheres to logical reasoning. Braverman emphasizes a single explanatory concept and Scott attempts a general diagnosis. Each author provides his own striking insights, but the question remains which theory is appropriate and how is such an issue to be decided?

In addition to these dissimilarities between theories, we have to note the different, and often complex, motives of their originators. On the one hand certain theorists have sought to extend to the situation of blindness the explanations of particular schools of psychology (Braverman, Monbeck, Foulke). On the other hand there are those who have preferred to draw upon personal observation and common sense in their analyses (Jernigan). Some have sought to attack attitudes (Jernigan, Scott), others to provide a basis for a practical programme of training (Carroll, Foulke). Sometimes there is the patent desire to refute alternative theories (Foulke, Jernigan), and sometimes no more than the aim of bringing to bear an individual radical insight (Scott).

Of special interest is how the views of blind and sighted authors differ. Among sighted writers there seems to be an urge, almost a compulsion, to apply some general theory (Carroll, Monbeck) or to adopt some point of view conferring special significance on blind-

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ness (Braverman, Carroll, Monbeck). Blind writer Jernigan, on the contrary, admits no essential difference between blind and sighted people and regards the ostensible differences as of

questionable validity. Whatever the objective state of affairs may be, this fundamental difference in approach towards the interpretation of blindness suggests an extra motive in the case of the blind writer, namely to free blind people from theoretical imputations, while many sighted writers are open to the accusation of being over-zealous in the application of grandiose explanations.

In the light of all these types of explanation, straight comparisons between theories would probably be of limited value. Rather, the critical examination of each theory in terms of its own frame of reference would seem to be a better approach, at least initially. But before turning our attention to specific theories, there are two points of general criticism to consider. The first is that, while being put forward with conviction and authority, various theories on closer examination are found to be highly speculative. The evidence that blindness evokes castration anxiety is only inferential, and yet Braverman elevates the idea to the dominant factor in the theory of attitudes towards blindness. The existence of the archetypes is conjectural, but Monbeck bases his entire interpretation of blindness upon these concepts. Undoubtedly, the religious theme of death and rebirth has poetic appeal, but the responses to blindness enunciated by Cholden upon which Carroll bases his model are far from being universally recognized by rehabilitators. In contrast to such speculative efforts, Foulke defends his theory on the ground that it suggests observations relevant to the determination of its

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adequacy. Scott, in support of his view, actually refers us to research, substantiating what he says about the socializing efforts

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of different approaches to rehabilitation. Jernigan stands

somewhat apart from all of these positions because his view does not depend upon science - nor upon its opposite which is pseudo-science or religion - but takes the form of logical argument which has to be evaluated on its own terms. But whatever the merits or demerits of particular theories may be, the first group of theories continues to hold sway, possibly because of the emotive quality of the writing used to express them and because of their association with major schools of psychology or with religion.

The partial nature of the explanations is a second point of general criticism of the theories, and their emphasizing of a special potent element in the meaning of blindness to the exclusion of all others. Carroll comes closest to a complete theory of blindness, dealing as he does with both the practical and psychological aspects, as well as with a host of relevant issues. Exactly the opposite is true of Braverman and Monbeck who altogether ignore practical matters, giving to the meaning of blindness a single psychological accent. Braverman's Freudian explanation imparts to personality a taint which, once present, can never again be put out of mind in dealing with blind people. Monbeck's mystification of blindness through the invocation of vague concepts of darkness and strangeness has an effect which is equally alienating. In Scott, Foulke, and Jernigan, in contrast to Braverman and Monbeck, it is precisely the practical issues that receive the attention, but to the neglect in their case of the other aspects of blindness - the emotional impact, the social disruption, the economic deprivation, and so on. Here we are not

arguing for the reinstatement of the psychological theories we have been criticizing. Rather, we are stressing the need for insights that reveal to us the manifold dimensions of the experience of being blind.7.2 Braverman's theory

Considering the theories individually now, we find that Braverman's interpretation raises similar difficulties to all psychoanalytic interpretations. Psychoanalytic theories - in their quest to explain clinical phenomena in terms of unconscious factors - postulate unobservable entities and are, therefore, in principle untestable. In scientific theory, though, this becomes permissible if the theorist derives testable general hypotheses. That blindness evokes castration anxiety is precisely such an hypothesis, but how is it to be tested?

Braverman claims that blindness triggers a whole train of emotions in the sighted man which are causally connected, or connected by association one with another, or through substitution one for another. The total response to blindness involves castration fear, revulsion, rejection, guilt, anxiety, and pity. The occurrence of such a train of emotions being unobservable, evidence clearly depends upon subjective reporting. But such a complex emotional experience could hardly be articulated without the aid of psychoanalytic insight which carries with it the risk of the contamination of the data through the analyst unconsciously tipping the subject off about his interpretation, thereby inviting the subject to produce statements in support of the interpretation.

Actually, Braverman does not quote clinical findings, or empirical data of any kind, in support of her interpretation. Instead she draws upon the sources of mythology and psychopathology to provide examples that have a common theme of sexual aberration. In myth, she points out, sexual transgression is frequently punished with blindness, while the schizophrenic, it is said, sometimes seeks to allay sexual guilt through self-blinding. But even if we were to agree that the breaking of sexual taboos leads to retribution in the form of blindness, to argue further that blindness - under ordinary circumstances free of sexual suggestion - evokes castration anxiety is to go beyond the sighted evidence.

And these are not the only difficulties. More serious is the charge that Braverman has given a retrospective explanation, taking advantage of knowledge already available. To be of scientific value, an hypothesis has to have predictive power, that is, we should be able to specify what will happen when certain sufficient conditions prevail. To seek support for the current hypothesis from popular myths and previously recorded cases is, in fact, to take the opposite course and reason backwards, laying oneself open to the criticism of fitting the hypothesis to selected instances.

It remains to say that in the presence of so much speculation, and in the absence of scientific proof, it would seem to be an act of utter irresponsibility to burden blind people with the implications of this particular psychoanalytic theory.

7.3 Carroll's theory

Harm of a different kind results from Carroll's theory which prescribes that adventitious blindness be accompanied by a sense of personal bereavement and leads us to believe that, psychologically, the onset of blindness should take a certain fixed course. The key idea that adjustment to the loss of sight entails a dying of a sighted person and a rebirth of a blind person tends to confer on the event of blindness a crushing finality which simply does not agree with the facts. The main difficulty is that such a view assumes a discontinuity of the personality, thereby giving substance

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to a theory of the personality of the blind. This is to say that blindness is associated with certain common factors of personality arising from the condition of blindness itself. In opposition to this it might be argued that after blindness we find the same person coping with life as was observed to be doing so before. Possibly, certain traits, less obvious before, become more evident now, but it is unnecessary to adopt the model of death and rebirth to explain the phenomenon. One might equally say that what takes place is a reorganization of the personality to accommodate new circumstances and the better to achieve certain goals.

The nature of Carroll's analysis is another point of criticism because in the course of the analysis bare facts are transmuted into value judgements unfavourable to the blind. Carroll conducts a debit-and-credit analysis in which he specifies twenty losses incurred in becoming blind, each of which might be restored by the process of rehabilitation. The starting-point of such an analysis

is the sighted man in possession of all his faculties. Blindness then represents certain deductions and rehabilitation certain additions, but additions falling short of the original norm. (43)

Any blind person accepting this analysis could, to his own advantage, identify the compensations alleviating his condition, but would find in the sum total of his life a debit balance amounting to a status of inferiority. The alternative to this, as will be argued in the next chapter, is a situational analysis in which blindness is understood in terms of what it is like to lead the life of a blind person.

To these major criticisms of Carroll's theory may be added some minor ones. All losses are, for example, treated as equal, whereas losses in basic skills, say, ought surely to be considered more disruptive than, for instance, losses in appreciation. Again, the loss of light security can hardly be compared in effect to the loss of social adequacy, even allowing for different individual needs and sensibilities. There is also the shortcoming that in the area of losses to the whole personality no restorative techniques are advocated. Carroll does little more than point out the psychological gains from the practical programme. That techniques specifically relevant to this area do exist is a matter to which we shall return in future chapters.

It must finally be said that Carroll's work suffers through his undervaluation of the sense of touch. Nowhere is this more evident than in his discussion of the loss of the sense of the beautiful. He gives no recognition to the existence of a tactile aesthetic and

limits aesthetic appreciation entirely to the realms of sight and hearing. Possibly, the role he assigns to visualization in the mental life of blind people accounts for this, but in practice it would seem that visualization becomes a diminishing asset as memory, and the currency of memory, begin to fail, whereas the sense of touch might be developed to the point where a tactile aesthetic is indeed comprehensible. In fact, a rich and varied tactile vocabulary has been shown to exist for the so-called visual arts.

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7.4 Monbeck's theory

Monbeck's theory places us in the realm of Jung and his Analytical Psychology which, as an offshoot of Freud's psychoanalytical school, faces similar objections. Some of these objections were discussed in dealing with Braverman's theory, but must be considered in turn in their application to Monbeck's case.

The meaning of blindness, in Monbeck's view, inheres in recurrent patterns of symbolism as embodied in a number of archetypal images. These archetypal images reside (or subsist even) in the collective unconscious of mankind.

Clearly, the problem is that the question of the existence of the archetypes and of the collective unconscious cannot be settled by any observation or experiment. This fundamental theoretical difficulty may be overcome - in the way explained earlier - by treating the existence of the archetypes and the collective unconscious as a working hypothesis and testing its predictive power. On the basis of such an hypothesis we may now predict that the same symbols will

recur in dreams, mythologies, and works of art. But the reason why the hypothesis was introduced in the first place was to explain this recurrence of symbols in dreams, mythologies, and works of art, so that we are caught in a circular argument from which there is no escape. Jung himself treated the archetypes and the collective unconscious not as theoretical entities to which reference is made in an as yet untested hypothesis, but as entities whose existence is

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an established fact. The assumption is unwarranted, in Monbeck as in Jung.

The equating of blindness with the collapse or loss of consciousness - which is Monbeck's inference from his study of archetypes - raises a further difficulty, already encountered with Carroll. It is that in this kind of interpretation of the meaning of blindness the continuity and even the viability of life after the onset of

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blindness is questioned. It is true that Monbeck's is a theoretical interest and that he draws no conclusions as to practical rehabilitation. Nevertheless, it is clear that the implications are serious. Extrapolating from the theory, it might be suggested that the goal of rehabilitation is to restore to the blind individual his consciousness of the environment, but surely this is a notion far too vague to serve as the foundation for a programme of training?

7.5 Foulke's theory

Foulke's theory of blindness has been received with acclamation because, particularly in contrast to the theories of Carroll and Monbeck, it asserts the continuity of the personality and denies any

concept of a personality of the blind. Blindness, says Foulke, is one amongst many situational variables which we should try to understand in terms of a general theory of personality. Whatever personality may be, he argues, the evidence for it has to be present in observable behaviour.

It is the latter statement that reveals to us the behaviourist character of Foulke's theory. Behaviourism - simply stated and admitting the existence of many variations - represents a revolt against the subjectivism of introspectionist psychology. It holds that a truly scientific enterprise must seek to predict and control. Objective methods alone will allow the attainment of such goals and objectivity requires that different scientists be able to observe the same objects and events. States of consciousness being private, it is only the observation of behaviour that can provide

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the data for a scientific psychology.

In beginning the definitive statement of his theory with an attack

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on Carroll, Foulke shares in the behaviourist revolt against theories devolving upon inner mental experience. The human organism is regarded as a system that processes information. In between its sensing apparatus and manipulating machinery is a nervous system receiving information and directing operations. The human organism is able to process and store information and can, therefore, be "programmed" by experience. The difference between blind and sighted people is a difference in programming.

There is no reference here to private mental states, but this ostensible gain for behaviourism is coupled with a loss. The point is

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usually made by considering descriptions of "sensations".

There seems to be no difficulty in providing a criterion to validate third-person psychological statements of the sort "he is in pain".

They depend upon such observations as a person writhing, crying out, and so on, in certain types of situations. But the criterion does

not hold for first-person psychological utterances of the sort "I am in pain". Whatever the validity of third-person psychological

statements may be, the elucidation of first-person psychological statements remains a formidable challenge to behaviourism. In the

context of the present discussion this means that the scientist adopting the objective methods of behaviourism sacrifices a large

quantity of material normally considered to be of enormous interest

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in a study of blindness, such as dreams, and fantasies, to name but two examples.

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Any theory of perception has, of course, to give an account of those occasions when we are aware of things without revealing the fact in behaviour. Here the behaviourist argues that what it is to be aware

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of something has to be understood dispositionally. An analysis of "A is aware of (or observes) the table" will take the following form: "If a table is present, and given such and such other conditions, A will behave in such and such ways".

Foulke himself does not deal with such theoretical niceties, but an equivalent analysis in terms of his theory would have to relate the potential conduct of a blind person to stimuli and capacities appropriate to blindness.

Descriptions of the kind we have been discussing make the required reference to external objects and events, but we are left with a difficulty that only things not external to the body to which the dispositional statements refer are behavioural processes. There is no way of getting inside experience, so to speak, which is the recognized price to be paid for the objective methodology of behaviourism.

7.6 Jernigan's theory

Jernigan's view that blindness is a characteristic which carries with it a limitation, that limitation being but one of many limitations characteristic of human beings, depends upon reasoning and not upon observation. But the force of the argument depends less on any line of reasoning than on the implication that if blindness is only a characteristic it cannot be very terrible. Of course, the question we have to ask is whether calling blindness a characteristic cancels the negative connotations of the concept, and the answer to this depends upon what is meant by the term "characteristic", as well as by the associated term "limitation".

The term "characteristic" is nowhere defined by Jernigan, but sufficient examples are given to draw some conclusions. We are told that poverty, ignorance, old age, like blindness, all count as characteristics in the sense that they indicate the lack of something (money, knowledge, youth, eyesight), or a limitation. Their opposites, too, count as characteristics in the sense that under certain conditions they limit opportunity. For instance, youth is a

limitation where a person is thought to be too young to bear a particular responsibility. Clearly, therefore, when Jernigan speaks of characteristics, and includes blindness as a characteristic, the involvement of a limitation under certain sorts of circumstances is part of his meaning.

But if concepts as widely differing as poverty, ignorance, old age, and blindness all count as characteristics, what have we learned about blindness specifically? After all, to say of a man that he lacks eyesight is a very different thing from saying that he does not have any money to spend, or that he has no education, or that he is unable to do the things he did when he was young. Surely, it is only possible to include such widely differing terms - economic, intellectual, chronological, sensory - in a single class of concepts under the broadest of criteria, for example, that all are bits of information about a person, which is a statement of such generality as to signify nothing of value in a study of blindness.

Furthermore, to explain the term "limitation" simply by saying that it eliminates certain possibilities - for example, a white house cannot be a green house - is to make a statement that is self-evident and tells us nothing about blindness. A discussion of types and degrees of limitation, and of the possibility of complexes of limitations, might have rendered the term more useful, but Jernigan himself takes the matter no further, thinking that to define blindness as a lack of eyesight is sufficient. That blindness has other meanings not to be ignored in a theory might be gauged from the issues generally raised in any informed discussion about blindness;

for example, the whole question of attitudes and stigmatization, or the question of body image and self-esteem, or various problems covered by Carroll in describing his twenty losses.

7.7 Scott's theory

In a sense Scott's view does not constitute a theory, but an anti-theory, because it denies any commonality between blind people, asserting that stereotypic attitudes and patterns of behaviour are the result of socialization, that is, they are learned in the process of fulfilling the expectations of others. The view is liberating in its assurance of individuality and in giving escape from group isolation imposed by a sighted establishment, but has it the power also to free the blind person from himself and the actuality of his situation?

Blindness, as a major element in any life, or as a formative element in that life, affects all experience. While Scott's work assists in the resistance to social pressure, it does not eliminate the impact of blindness in the real situation. Scott's arguments serve the purpose of clearing the field of discussion of certain theoretical prejudices, but in progressing beyond this point we have to avoid the pitfall of reintroducing stereotypes, derived this time not from social pressure but from blindness itself. In the next chapter we shall explicitly reject all ideas of uniformity in confronting blindness as a conditioning factor in perception, social relations,

and engagement in life generally. The value of Scott is the reinstatement of the principle of the freedom of action of blind people. Blindness, we realize, is not deterministic.

7.8 Concluding criteria

We began this critical review by saying that each theory represents a unique interpretation of the meaning of blindness and is established within an independent frame of reference. No two theories assume a common point of view or reach a similar conclusion. Each author produces his own striking insights, but the question remains which of the theories is appropriate and how such a question is to be decided.

So far we have provided some points of general criticism and examined the various theories individually, but in the final analysis it is necessary to apply certain overall criteria in order to assess the validity and value of particular theories. At least three such

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criteria might be proposed:

1. Does the theory encompass, and organize into a coherent whole, all existing information about blindness?
2. Does the theory provide a basis for research to obtain further information about blindness?
3. Does the theory offer a basis for a practical programme of rehabilitation?

The distinction is made between the validity and the value of a theory for the reason that a theory may encompass and organize information and yet serve no purpose in research or rehabilitation. Now a number of theories have the appearance of validity in taking their point of departure from some popular hypothesis, say, in contemporary psychology, but have been shown to be biased in their interpretations in emphasizing selected data to the exclusion of other relevant information. The selected data typically belong to a source external to empirical science, while the theory, in the method that is adopted, ostensibly stands in no need of verification from observation or experiment. Furthermore, no directive is forthcoming concerning what is to be done in a practical way to solve the plight of blind people. The theories of Braverman and Monbeck, with their Freudian and Jungian models, fall into this category.

Unquestionably, Carroll's theory offers both a broad basis for research and a firm foundation for a comprehensive programme of rehabilitation, but the validity of his theory is likewise open to challenge on account of the speculative nature of his system and the fact that it is religiously inspired, rather than being based upon repeatable observation. Jernigan and Scott arm us with the attitudes necessary to objective research, but they themselves do not attempt to systematize existing knowledge. Jernigan has in his writings at times attacked the results of scientific enquiry, while the pervading spirit in Scott's work is contrary to any research which investigates blind people as a group having separate identity.

Possibly, Foulke alone comes close to meeting in any real sense the overall criteria we have set. He takes cognizance of existing knowledge and proposes a viable model for research and rehabilitation. He cannot avoid, however, the perennial problem of the partial interpretation which, in the case of behaviourism, has the added disadvantage of a statistical bias at the cost of human insight.

Whatever the benefit of empirical research may be, the analysis of individual situations has the special value of bringing the direct experience of the blind person into focus. It is at this point that we need to find a way to pass beyond what the expert "sees" to discover what the blind person "senses", "feels", and lives through.

CHAPTER 3

BEING--BLIND--IN--THE--WORLD

We have recognized how a typical image of blindness is created among workers with the blind and how blindness is invested with peculiar meanings through theoretical interpretations. Truly to understand the nature of blindness and grasp the implications, it is necessary to eliminate from consideration all such contingent conceptions and extraneous explanations and to attend to the situation of blindness purely as it is in itself. But although we have identified various of these viewpoints to be rejected, the rest of the project is fraught with difficulty. To begin with, what in the life of a blind person is to be regarded as the result of blindness as such, and what, to the contrary, as the effect of nurture or circumstance?

Sometimes a single factor, more than any other, determines the course of existence and the quality of experience of an individual human being. This may be so because of what that factor is, or because of the reaction it engenders, or because of the features of the encounter with the environment. For example, schizophrenia sets a person apart and produces a fundamental disrelationship with the

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world. Being Black in a Society of White supremacy means being

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exposed to conditions reserved for a subjugated group. To be blind likewise means to have experiences of a certain kind and to be engaged in, or disengaged from, the world in a certain way.

There are, of course, differences and similarities between all of these situations, but our limited intention is to establish the essential elements of the particular situation of being-blind-in-the-world and to leave the description of the general characteristics of stigmatization to other writers. ⁽⁵⁶⁾ In any case, a comparative study is likely to obscure rather than clarify the analysis by suggesting a variety of analogies, whereas what is really needed is a direct approach.

1. THE KEY QUESTION

What is it like to be blind?

The answer to this question requires a description of the situation of the blind person, or of the world of his experience. ⁽⁵⁷⁾ But we have seen that such a description is hindered at the outset by prior interpretations. How to overcome this difficulty is a matter of method and the starting-point of our discussion. In fact, in elucidating our method and considering paradigms of what it is to be blind we initiate the description that is to form the basis of our interpretation of blindness.

1.1 In search of the meaning of blindness

Whether it be a worker with the blind or anyone else, it is personal impressions and theoretical viewpoints that determine the interpretation of the meaning of blindness. Obviously, there is no

guarantee that the findings of individuals, arising under the circumstances we have specified, are accurate and objective, and, even if they were, the first step in any serious attempt to understand the nature of blindness has to be the summary suspension

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of prevalent interpretations. It is possible that at a later stage these interpretations might be reintroduced and found to be enlightening, or that, in the final analysis, a full account of what it is to be blind has to incorporate these viewpoints for the simple reason that they are an actual element in the total situation of blindness, but this is not where the analysis begins.

The first chapter of the present work was devoted to identifying the personal perspectives of workers with the blind - the group whose attitudes are our particular concern - while the second chapter dealt with a number of official theories influencing professional practice. We have critically examined these perspectives and theories in their own right, but here the merits or demerits of those positions are irrelevant. It is their radical elimination from the analysis that is required because only once this has been

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done through a deliberate act of negation can we progress to the next step in our method.

The suspension of previous interpretations means that we have before us the world of experience of the blind person, without any preconceived notions being applied. The task that follows is to describe this situation of blindness. As will become evident, there are various dimensions to this world of blind experience. The description begins with consciousness itself and the sensory relationship

with the environment. It extends to the social sphere because people are part of this environment. Broader still than the social realm is the organized community. Here the behaviour of the blind person is inhibited or stimulated by a variety of factors, and so the position of the blind individual in society receives attention. Each of these spheres or dimensions - sensory, social, and political - has to be described in turn.

Our method, it must be stressed at this point, is strictly descriptive and must not be confused with an empirical procedure. Certainly, blind people are frequently the subject of observation and inductive science, but in the present instance the insight has to come from a consideration of the individual situation and the illuminating example taken from personal experience. There is, accordingly, no attempt to collect data about the group or to establish a scientific series because the individual case will

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suffice.

The cases chosen will typically be of people who are totally blind and predominantly of people who were born blind. This means that the given sensory basis of experience has no visual ingredient. A great deal of what will be said might be applied with equal force to the person who is adventitiously blind, but always recognizing the fact that he has the capacity to draw upon a store of visual memory and is capable of interpreting sensory information in visual terms. The dynamics of social interaction of such a person will also have many features in common with the position of a person who is congenitally blind, but again the person who once could see has the

ability to give experience a visual reference, thereby qualitatively changing his consciousness of people and the situation.

The descriptive nature of our method has been emphasized, but there is a further prospect that emerges. The description of the sensory, social, and communal life of a blind person raises the possibility of discovering certain clues pointing to hidden elements in

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experience - for example, of an intellectual or emotional kind - the knowledge of which may enhance our understanding of blindness. Thinkers have not hesitated to speculate about such

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questions, but the tendency is normally associated with an attempt to prove the correctness of some favoured theory or other.

The quest for hidden meanings brings another matter to the fore, that is, the special significance of the autobiographical account. If our findings are to be of use they have to apply universally, even while being derived from the individual example. Where the example is of a general nature, it still has to have episodic force. Clearly, the blind person himself has a distinct advantage in the whole process we have been explaining, first, in the negating of preconceived ideas, and, second, in the describing of actual experience. It is necessary, therefore, that the blind writer in particular be apprised of his responsibility.

At this juncture it would appear that we are ready to proceed with a

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description of what we might call the "life-world" of the blind person. This step has, however, to be delayed yet a little longer, while we draw attention to two overriding patterns pertinent to our analysis.

1.2 Blindness as the unfolding of a personal history

The method to be applied in our search for the meaning of blindness is the description of the situation of the blind person, after the elimination of preconceptions. But the capturing of the moment, or the insight into the given condition, will not fully reveal the meaning of blindness, unless we realize that blindness is also the unfolding of a personal history.

The force of this statement is that, at any point in his life, the situation of the individual might be influenced by two factors arising from the very process of his existence. The first is the cumulative effect of experience, which in the case of the blind person frequently means the cumulative effect of disappointment. The second is the uncertainty in the present about the course of events in the future, taking into account the circumstances and social dynamics of blindness.

These factors, as well as other common contingencies involved in being blind, will become apparent as we consider the five selected

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cases below.

Case 1

A blind son is born into a family with a conservative background. The brothers and sisters are sent to school and grow up to enter commerce, to marry and raise their own children. But the life of the blind child takes a different course. He is

kept in the security of his parents' home. Radio listening and family visiting are his only pastimes. In his late teens his life takes an unexpected turn. He is discovered by a welfare worker who teaches him braille and extends his social activities. Reluctantly, his parents agree to allow some formal education. He makes a little progress in school subjects, learns an occupation, and returns home with high hopes. But his repeated efforts to get a job fail, as do his efforts to find a girl-friend. He continues to live in the confinement of his parents' home.

Case 2

A clever young man, personable and good-looking, completes his university studies and begins a career suited to his visual disability. Competition is tough and the professional support for which he had hoped fails to materialize. Somewhat disillusioned, and feeling the urge to do work of human value, he abandons his career and goes in search of a new occupation. Initial interviews prove very encouraging and an appointment to a good position seems imminent. But time passes and he is compelled to seek further interviews, which are equally promising, but indefinite. Eventually, to his utter dismay, he finds himself unable to pay the rent and with just a few Rands left for food. In desperation he appeals to the South African National Council for the Blind for help. He accepts the only immediate remedy and becomes a blind pensioner.

Case 3

A blind daughter is born into an affluent family. Her school years are marked by achievement and the possession of a special talent enables her to enter a rewarding profession. She earns well, travels widely, and makes many friends. Usually, at this point in a girl's life, marriage ensues, bringing final fulfilment. In this case, although she wishes it, the offer never comes. The girl, now a woman, continues to live alone and devote herself to her work.

Case 4

Here we have a man happily living with his family and doing interesting work appreciated by the community. His blindness, and the nature of his work, lead him to accept the offers of help of a sighted friend in matters of transport and reading. It pleases him that his wife approves of his friend. But one day he comes home to find his life overturned. His wife has eloped with his friend. Shattered, he gives up his profession and moves to another town, where he is compelled to seek psychiatric help.

Case 5

"I realized I had lost everything - and I mean everything. I had lost my job, my status, and the respect of my family. Even with the children I didn't quite get the same respect I once got, and with the wife too. She's a wonderful girl, but sometimes she can be quite off-hand and you really feel it much more than you did before. But I realized I had a bit of money coming to me, and we had saved a bit, and so I thought to myself there is only one gentlemanly thing to do and that is to leave her. After all she is only twenty-nine. She's a very attractive girl. She could easily get married again.."

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Each of these case histories represents an individual human predicament, but there are common elements to be observed.

(a) Each story is only partly told. The outcome is uncertain. The teenager living with his parents, the young man drawing a pension, the young girl seeking a marriage partner, the man whose wife has left him, and the man who is about to leave his wife may all yet find happiness and fulfilment. Their lives still have potential.

(b) We encounter in these cases some of the most intractable problems evident in the lives of blind people. The over-protectiveness of parents, the unrealistic appraisal of personal ability, the unwillingness of sighted people to be frank with blind people, marital disadvantage, and the prejudice of

employers are among these problems. The areas of work and marriage are crucial.

(c) In the first three cases we meet people leading lives of diminishing expectation. The possession of personal ability and the encouragement they receive define for these persons their future prospects. But with the passage of time and the absence of progress these prospects are reduced, even become false. The person unable to work or to marry does not immediately despair of his life. His actions continue to be directed towards those ends. As hope fails he may despair of his life in the sense of it being truly meaningful, but he does not yet despair of himself. He may accept the limitations of his existence. But if he comes to despair of himself he will fall into dejection. Such a person is consumed by

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the thought of not being what he might have been, given sight.

(d) In contrast to the first three cases, cases 4 and 5 are marked by a dramatic reversal of fortune. The plight is one of the loss of everything attained. The cause is blindness - in case 4 because it allowed of exploitation, in case 5 because of a failure of attitude. But even when the reversal of fortune is so complete, profoundly affecting both function and prestige, the pitiable aspect lies in the loss of self-esteem. Should this be involved, it is the hardest blow of all, and the most difficult to redress.

1.3 Blindness as humdrum existence and intense experience

Most of life is very ordinary and altogether unexciting. The individual does his work, sleeps in his bed, eats his meals, talks to his wife, plays with his children, visits friends, and takes up various pastime pursuits. For the blind person, too, this is the pattern of existence. But the blind person's life is also punctuated by incidents in which his blindness is acutely felt. If the incident is a minor one, it makes little difference and is soon forgotten, but sometimes the effects are harsh.

Example 1: When blindness is announced

"The doctor succeeded at last in finding a vein to insert the 'butterfly'. 'Joe,' she said, 'I don't think you are going to have 25 per cent of your vision.' That was her way of telling me that I was going to be totally blind. I was shocked. The doctors had told me that I would be able to see again. My body jerked with shock, jerked the 'butterfly' right out of the vein. Having stated the prognosis, she left almost immediately. She didn't stay with me very long. Slowly the reality of the words penetrated my stunned mind. 'I have lost everything. It is all meaningless.' My contact with the nurses was a cord with a button on the end. Ring for service. I ripped it out of the wall and wrapped it around my neck."

Example 2: When assistance is withheld

One Sunday a blind man dresses to go out and play bowls. He attends regularly each week and relies on a friend to fetch him, but today his friend cannot make it and he has to depend on his wife. Over lunch a domestic quarrel develops unexpectedly, not very serious, but his wife is angered. She now flatly refuses to give him transport and he is stranded at home.

Example 3: When there is discrimination

A certain factory at last agrees to take a blind worker. For the blind person concerned it is the chance of a lifetime and he works eagerly and well. But his co-workers, bored by their repetitive jobs, begin to find amusement in teasing him and placing things in his way to fall over. They like to see him get cross and find it funny. But eventually, one of them goes too far and raps him on the head with a piece of board. Flying into a rage, he snatches up an object from his work-bench and hurls it at his tormentor. He is instantly dismissed for dangerous conduct.

These examples vividly illustrate the forgotten hardships of blindness. The rhythm of life of the blind person is of events taking their course, but interrupted by episodes emphasizing the uniqueness of the situation. More often than not the incidents in question are mere pin-pricks, but sometimes salt is rubbed into the wound.

Intensely experiencing one's blindness, it is important to point out, need not, however, always take a negative form. When a blind student, after many years at university, finally mounts the platform to be capped in front of his applauding fellow students, he is proud of his achievement as a blind man, and justifiably so, because it has cost him infinitely more than the sighted student in terms of self-discipline and long hours of study. Or take the case of the blind person appointed, against all odds, to a position of influence. His feeling of attainment is of overcoming an obstacle as a blind person, in spite of his blindness.

2. THE SENSORY DIMENSION

In explaining our method we have already gone beyond the immediate data to identify certain patterns present in experience. Now we have to describe the given situation of blindness in its various dimensions, beginning with the very foundation of experience which is sensory perception.

Aristotle taught that man has five senses and, traditionally, this view has formed the basis of all perceptual discussion. Today we

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know that a human being has at least eight or ten senses, but in stressing the separate nature and function of each of these senses we tend to obscure the unitary character of experience. While a number of senses can contribute to the perception of an object, this does not change the essential oneness of the object or render our knowledge of it ambiguous. The precise quality of the

experience must, however, depend on the type of information we receive.

2.1 Appearance and perceptual dominance

The nature of the appearance of an object depends upon perceptual dominance, that is, which sensory channel is primarily involved in the perception. In the case of the average individual, sight is the dominant, or controlling, sense because of its characteristics of directness and comprehensiveness. This means that the individual is able to see something at a distance and in detail. It also means that the other senses play only a supplementary, or secondary, role in contributing information to the total impression. In the unusual event of a sighted person having to rely, say, on touch or hearing for information, the result is insufficiency. The person is able to make gross determinations, for example, to tell the difference between a cube and a sphere, but the ability to make finer discriminations, as in recognizing specific materials or intricate shapes, or identifying personal belongings, is altogether rudimentary, as is the ability to locate the source of a sound, to tell voices, and so on. Sight is to such a person the basis both of

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knowledge and of activity.

In contrast to perception with sight, the perception of the blind person is characterized by fluctuating dominance, the primary interplay being between touch and hearing. In a situation where one sense predominates, the other senses play a supplementary role, but the relative contribution of each sense alters as the situation

changes. Occasionally, even the senses of smell, balance, and so forth, become dominant in a particular situation.

The main consideration arising from this state of fluctuating dominance is that each sense provides its own generic information and tells us something about the object that is different from that which is learned through the other senses. Therefore, one blind person's impression of an object may differ from that of another blind person according to the mode of perception, or the blind person's impression of an object in one situation may differ from that in another situation according to perception, while in all instances the impression stands in contrast to sighted perception. The matter is probably best expressed in terms of an example.

There is a dog and two people perceive it. One of them is sighted and for him the animal has a visual presence. The other senses may add information, but essentially the dog is something out there, having a certain appearance and acting in a particular fashion. The colour of the coat, the line of the body, the floppy ears, the pointed face, the straggly tail, the playful behaviour, are taken in at a glance and there is no difficulty in describing the breed of the dog, its condition, and even its temperament.

The second person perceiving the dog is blind and for him the appearance of the animal depends upon the mode of perception. If he is able to touch the dog, it becomes something tangible, as he feels the bulk of the body, the texture of the hair, the outline of the face, the drooping ears, and the wagging tail. When the dog licks

his hand he knows it is friendly. But, alternatively, the same dog may only be something vague, should he be unable to examine it by touch. My neighbour's dog may be nothing more to me than a barking in the distance. A full acquaintanceship has to include touching the dog, hearing it pant and bark, smelling its odour, and observing examples of behaviour such as the dog's scratching at the door,

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chasing after cars, and so forth.

This variable or partial awareness of things, as we shall see, is characteristic of the perception of blind people. Some things are known by touch, others by sound, and which form of perception is dominant is mainly a matter of accident, but also a result of the situation. For example, some objects are silent and typically have a tactile identity, while others, some of them illusive or remote, may make a noise or reflect sound, thereby establishing a sonic identity. Of course, taste and smell, and combinations of all of these, introduce further possibilities. The unitary object may, therefore, be experienced in any one of a number of ways, or in sensory concert.

From the fact that the perception of the blind person is often partial in nature, it follows that he faces the threat of perceptual poverty. How is this threat to be overcome?

It is overcome through imaginative enrichment of the sensory information. The blind person is able to supplement that which he hears, feels, or perceives in any other way by drawing upon descriptions given by sighted people. If he himself once had sight,

the selected descriptive information will be rich in visual content, but even the individual born blind will translate visual descriptions into familiar terms or extract from the descriptive information references of a tactile or auditory nature. Such sighted descriptions are not usually furnished in a thorough manner and certainly cannot be applied without audit. Should he find it necessary, the blind person will seek alternative descriptions in verification or pose probing questions to elicit the exact information required.

There is another source, too, from which sensory information is supplemented and that is from the blind person's own store of knowledge built up from past experience; for example, of similar situations. Again, there is no systematic process at work, but rather a gradual falling into position of the pieces of a puzzle, the whole often remaining incomplete, which after all is equally true of sighted perception. And while this composing of the world continues, pieces of the puzzle are also being lost in the process we call forgetting.

2.2 Encounterability and sensory horizons

The encounterability of things, in fact, our ability to know that they are there at all, depends upon differing sensory horizons. Each of the senses has a specific reach and relays its own type of information.

The sense of touch requires physical contact. Such contact occurs either accidentally or deliberately and is limited to the reach of the hands. Hearing and sight do not depend upon contact, but operate from a distance, requiring the mediacy of sound and light respectively. When objects are perceived from a distance, sight announces size, shape, and topography, whereas hearing does not, but

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hearing can detect the presence of an object and identify it from characteristic sounds. All three senses - touch, hearing, and sight - are able to detect the presence of an object, but only touch and sight can determine the appearance.

The different sensory horizons of sight and touch result in a difference in the content and quality of the environment as experienced by sighted and blind people. Sight provides a direct knowledge of the presence and appearance of objects at a distance and in fine detail. Touch, given contact, provides a grosser type of information. This means that while the sighted person lives in perceptual comfort, the blind person has to engage in perceptual toil to attain an awareness of the environment. The effort is expressed in movement, both of the body and of the hands, as will be seen from appropriate examples.

Body movement - that is, movement of the body and its limbs - is the means whereby the blind person explores the space round him. To understand how this takes place, let us observe what happens when a blind person enters a strange room.

In the more limited assignment of examining a single object, where mainly the hands are involved and not the body as a whole, we find two further procedures being applied. They become obvious as we watch a blind person studying some object, for example, a piece of

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sculpture. At one moment the fingers are seen to be examining a particular part of the work in minute detail. At another the hands are seen to be moving to and fro as the size and overall structure are gauged. These two procedures or approaches - fragmentation and construction, analysis and synthesis - alternate constantly, and upon their effective integration depends the blind person's conception of the object, in this case the work of art.

In the synthetic phase of touching there may occur the superimposition of one of the procedures identified in the blind person's exploration of his environment (the examining of the strange room). If the first of those procedures is adopted, the hands will follow a prescribed course, circular or sequential, moving from point to point in an orderly fashion. For example, if the sculpture being felt represents the crucifixion, the hands may seek out, sequentially, the head, then the arms and hands, then the torso, then the legs and feet. Alternatively, a particular starting-point may be chosen. The hands then move out from there, to keep returning as various parts of the object are related to the initial point of reference. In a sculpted landscape, for instance, all parts may be related to some central prominence or to some other outstanding feature somewhere on the surface.

In summary, then, we may say that the perception of sight is panoramic, although the gaze may become analytic through the focusing of attention. By contrast tactile experience is characterized by a series or pattern of sensations combined in the imagination to produce the total perception. Again, it has to be emphasized that if the blind person is actually to encounter the things that surround him and become acquainted with the features they exhibit, and if he is not to be restricted in his awareness by the nature of the tactile horizon, he will have to engage in the active pursuit of sensory information.

2.3 The meaning of language

What we perceive, and how we perceive it, are two of the fundamental factors that determine the meaning of our language. The sensory information upon which the blind persons builds a substantial part of his language differs in nature from that of the sighted person and it is this information, generic to the condition of blindness, that is invoked by the blind person in linguistic interpretation and expression. Blind and sighted people use words that sound the same to refer to similar objects and events and, therefore, in ordinary communication the utterances of blind people are not questioned, but when a study is made of blind people's use of language the existence of alternative experiential data is often ignored and the conclusion readily drawn that because the blind person cannot see certain things he cannot have any conception of them, so that the words he uses in reference to them must be meaningless. The phenomenon is known as verbalism and a consideration of it would seem to follow

necessarily from our analysis of the perception of blind people. The discussion will further serve to illustrate some of the distinctions we have been making.

Generally, we propose to distinguish between two forms of

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verbalism:

- a. Empty usage, where the blind person cannot have any direct sensory awareness of the objects or phenomena in question; and
- b. Vague usage, where, because of a lack of opportunity or personal initiative, the blind person has only a vague or a modified conception of the objects and phenomena in question.

As long as language is founded on actual sensory information, valid affective associations, or a proper intellectual understanding, we shall deny the existence of verbalism.

a. Empty usage

The first and most obvious category of words of which blind people can have no conception is of colours, as well as their hues, shades, and tints. Colours cannot be perceived through any of the senses except sight, and so must forever be mysterious to the blind, it is reasoned. Not having any conception of colour, blind people must also find the ways in which colours are applied hard to imagine - stripes, patches, checks, and so on. There are, too, many colour words reserved for special purposes: words like blonde and brunette to describe hair, words like bay and dappled to describe horses.

Of course, it has to be conceded that colour cannot be defined in other than visual terms, but it is also a fact that colour words have affective meanings and strong associations with certain things and that such meanings and associations can be learned by the

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blind. Yellow, for example, is a colour of gaiety and energy. It stimulates and attracts the attention. Sunlight is yellow, and so are bananas, butter, and mustard. Red is the colour of love, passion, anger, and danger. Blood is red, and tomatoes, bricks, and stop signs. To the extent that such meanings and associations are learned and intended in linguistic usage, the blind are not verbalistic.

*THE IMAGE WILL BE WHEN ONE
CLOSES A MUSTARD, SO ON*

A second category of possible empty usage comprises visual effects. Included among these are reflections and shadows, transparency, translucence, and opaqueness. There is a host of words describing the lustre or brightness of things, or the lack thereof - shiny/dull, glossy/matt, sheen, patina and the rest. There are words expressing an effect on vision, such as dazzlement or blurring, and words expressing the brevity or intermittance of an effect, such as flash, twinkle, and glimpse. Finally, there is the concept of perspective. The list is long and varied, yet it cannot be said that such words are beyond intellectual understanding. Nearly all of them can be explained in terms of the behaviour of light, conceptualized as energy in the form of particles and waves. Perspective can be conceptualized in terms of relative sizes and distances. The understanding attainable by a blind person is that of knowledge without experience, something like the sighted person's understanding of X-rays and cosmic rays, which he has not seen but knows about.

A third category of possible empty usage includes objects that are intangible or inaccessible. Some of these objects cannot be handled because they are insubstantial, such as clouds and smoke. Some are too small, fragile, or remote, such as tiny insects, a spider's web, or the stars. Others exist solely in two-dimensional form, for example, print on a page and pictures. Again, an intellectual portrayal of what sighted people see is possible by drawing analogies or by using models of manageable size and structure. Print and pictures might be represented in relief.

A fourth category of questionable usage is of products and processes related to vision. Here we refer to things such as windows, mirrors, and spectacles; telescopes, microscopes, and prisms; cameras, television, and motion pictures. Once more, each of these objects or devices is based upon certain physical and chemical principles, describable in ordinary language. The blind person who draws a curtain across a window, or poses for a photograph, or listens to TV, is not engaging in some senseless act. Rather, he has been able to translate into terms of his own living the nature and purpose of such things. They have a personal significance.

We do not deny that in many instances the words we have listed and the objects we have named have no accountable meaning for blind people. Nevertheless, what we are claiming is that - given the necessary interpretive powers - alternative sensory information, affective meanings, and intellectual presentations add substance to the language employed by the blind. The meanings are not the same as those of sighted people, but there is no question of empty usage.

b. Vague usage

There are, of course, numerous objects that are accessible to blind people, and words referring to them do indeed have tangible meaning. Even so, many of these accessible objects may have been examined only cursorily or the blind person may never have had the opportunity or taken the trouble to obtain concrete information. In such cases he may use very ordinary words - table, car, flower, cat - without having direct or accurate knowledge of the particular object in question. Certainly, the words he uses suffice to communicate in the sense that the single word "table" serves to refer to all objects classed as tables, but in talking about a specific table he might not actually know whether it is round or square because he has never sat next to it. Such vague usage is a form of verbalism not generally recognized. There are instances, too, where words invoke sensory information of a less obvious kind which substitutes for the concrete information that is lacking. An example will make this clear.

Let us accompany a blind person going for a walk. As he strolls along the footpath he casually remarks: "Here we are passing a tree." It is possible that he has never touched the tree and that he cannot give any accurate description of it. Are we to deduce from this that his remark is purely verbalistic?

First, we have to inquire how he knew we were passing a tree. His answer is that he felt the shade of the branches across his face and heard the leaves rustling above his head. Strictly, in such a

situation the tree to him is nothing but shade and rustling.

Verbalism applies only if we insist on tactile contact as the basis for knowing about the tree, but according to such a standard the whole of mankind is at times verbalistic, never having seen many of the things that are talked about. If, on the contrary, we accept the perceptual phenomenon as such, whatever its nature may be, as a valid foundation for language, then the charge of verbalism lapses.

But the vague usage of words is not confined to descriptions of objects. There are countless systems operating in our society that cannot be understood by a blind person without experience or explanation. A random example would be the use of various lines to control driving and parking. Similarly, the world of fashion and design is remote from the blind person's experience, unless the information is imparted to him or he makes an effort to find out.

Any blind woman who is clothes-conscious could testify to the problems encountered. The point is that the language of driving and the language of fashion remain vague to the blind man or woman, until words are associated with the ways things are done or the ways things appear.

The behaviour of people and their multifarious activities present another area of uncertainty. Facial expressions, sporting actions, and styles of dancing are examples. Here learning cannot occur through observation and imitation, but requires the labour of inquiry and investigation.

We conclude that verbalism does exist among blind people, but that it need not occur. Alternative powers of perception and methods of acquiring knowledge may mean differences in the information upon which language is based, but the meaning of words is not thereby rendered invalid.

2.4 Interacting with the system

Given the differences that exist between the perception of blind and sighted people, how is it that blind people are often able to act so independently, even in strange surroundings?

The obvious answer is that blind people develop for themselves, or are taught, skills appropriate to their needs in various environments. Blind people attend to the cues they receive through hearing, touch, and the other senses and then adapt their techniques as the situation demands. It is certainly more difficult to act independently in an unfamiliar place - to make a cup of tea in someone else's home or to travel in another town - but much of the sensory information will be recognizable and most of the techniques will be adequate to cope, allowing for a few errors and mishaps.

While such an explanation cannot be faulted, it is incomplete. Further analysis shows that there are also other reasons for the successful independence of blind people, far less obvious, but important to identify as the knowledge may add to independence theory.

The first of these reasons is that the blind person becomes accustomed to standardized environments. He is able to assume a certain layout and structure in a given context and be responsive to cues confirming his expectations. In particular, there are two features of the environment that help him.

The first of these features becomes apparent as we watch a blind man setting out from his home to catch a bus. At the front gate he turns left and, scanning ahead with his cane and listening for sound cues from the wall beside him, traces a straight path along the sidewalk to the corner of the street. He squares himself with the kerb and crosses to then follow a similar course along the next block, and several more thereafter, before reaching a busy intersection. Here he listens to the traffic flow in front of him and next to him as the lights change, choosing a good moment to cross. He turns left again, and having passed a number of lamp posts, arrives at the bus stop. When the bus pulls up he finds the door near the front, pays his fare to the driver, and picks an empty seat a little way down the aisle. He is safely on his way.

Seeing these things, we may admire the travel skills of the blind man, as well as his initiative. That is altogether in order, but we should also notice that the type of course he has followed, with minor variations, has a layout that is virtually universal to our cities. Square or rectangular blocks are interspersed with streets. Beside each street is a sidewalk running parallel with the buildings. At regular intervals along the edge of the kerb are lamp posts. At intersections typically there are two streams of traffic flowing at right angles to each other.

A second of the less obvious reasons for the successful independence of blind people is their reliance on certain conventions of behaviour in sighted people. Where people live together in the same home, for example, there comes into being among them a tacit agreement about where things are put - personal belongings, toothbrush and toothpaste, coffee and sugar, the cheque book, and an endless list of such articles. While sometimes a member of the household may fail to keep to the system, thereby causing inconvenience, generally speaking the system will prove reliable enough to provide a basis of independence to a blind family member.

Outside the home innumerable other examples of such customary behaviour are to be found. On seating himself at a table in a restaurant, the blind visitor will know from the rules of etiquette where the utensils are laid. More than this, butter, salt and pepper will be ready to hand in the middle of the table. Should wine be served, the glass will be set at one o'clock to the plate and if the blind person is host he will be ready to sample the wine when the cue comes. His actions throughout the meal may seem marvellously independent to any sighted companion, which indeed they are, but we should remember that part of the explanation is simply intelligent behaviour based upon a knowledge of certain conventions in society.

What we have been saying is highly relevant to our broader discussion in the section about the sensory dimension to blind experience. The existence of standardized environments (possessing symmetry and displaying fixed relationships between components) and the occurrence of habitual behaviour among people come to be

presupposed in the blind person's interpretation of sensory information. Furthermore, his skills are reciprocal to these conditions and are enhanced by his ability to anticipate, or be expectant of, obstacles and actions. The process is one we call interacting with the system.

There are, it is necessary to point out, situations where blind people do not possess these advantages. The things we have been describing are to a large extent characteristic of manmade environments and urban society. In rural areas the structuring of living conditions, and therefore of behaviour emanating from those living conditions, is less rigid, while in nature itself there can be no question of predicting the whereabouts of trees, rocks, and other natural objects. The blind person is still able to interpret sensory messages and ply his skills, but under tremendous demands of

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adaptability. In such circumstances self-sufficiency is difficult to achieve.

3. THE SOCIAL DIMENSION

Social intercourse has a perceptual foundation. Therefore, the sparseness of information and the lack of givenness that characterize the perception of blind people have a profound effect in the formation of their human relationships. When a blind and a sighted person meet, the presence and the appearance of the blind person are directly known to the person with sight. In contrast to this, the blind person has to employ indirect means to form an impression, for example, by asking questions or by making deductions

from what he hears. If the blind person is passive in his behaviour, there will be uncertainty and tension. If he is active in his approach, there will be communication and rapport.

But social intercourse goes further than meeting another person. People do things together - visit each other, share a meal, attend a show, throw a party, gather for a meeting, congregate for a church service. The larger the grouping, the more difficult it is for the blind individual to overcome his limitations and participate. If he does not gain acceptance, he may withdraw or become aggressive. If he senses avoidance, he may begin to feel aggrieved. Moroseness or hostility are the severer symptoms of poor social relations.

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But group acceptance requires social initiative on the part of the blind individual and usually takes time to accomplish. Possessing good social skills is important, but especially the ability to translate these skills into a style of sociability.

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These preliminary remarks, by way of introduction to our description of the social dimension of experience of blind people, refer to first encounters and efforts to enter social groups. They offer, simply, some generalizations as background to the main theme of the ensuing discussion, which is personal relationships and social situations in which, because of blindness, there occurs an intensification, or modification, of experience.

3.1 Relational stress

In our analysis of the social effects of blindness we aim to examine four vital spheres in people's lives, namely marriage, friendship, work, and recreation. Healthy relationships in these areas are crucial to happiness and fulfilment. Many of the elements in such relationships are common to all - mutual attraction, shared interests, joint enterprises - but our attention will particularly be directed towards those aspects that are changed or different.

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Our discussion of marriage, which is the subject of the first section, will commence with a very brief description of the effects

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in a family of the onset of blindness in the man. This will bring to our notice the types of changes involved. The rest of the section will be devoted to a discussion of the continuous state of affairs in a marriage where the husband is blind.

Sudden blindness causes a disrelationship with family, friends, and colleagues. The family will serve as our example as we describe one of the possible scenarios. Dramatically, the breadwinner becomes jobless, the man who drove the car becomes a passenger, and the figure who dominated family activities and social gatherings becomes passive and subdued. These changes produce a disrelationship with the wife, romantically and practically. The altered behaviour and diminished status of her husband draw from her pity rather than admiration, solicitude rather than affection, help rather than support. The relationship with the children is equally disrupted. Discipline becomes a problem, the checking of schoolwork, the playing of games. The children's respect for their father is

threatened. The situation can, of course, be remedied, but the redefining of relationships and renewal of roles takes time. Not every person, not every family, survives the dislocation.

Such are some of the eventualities of sudden blindness. When blindness of one of the marriage partners is the normal state of affairs, other issues come to the fore and it is them that we now wish to describe, taking the case of a marriage where the man is

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blind and the woman sighted.

The first issue is that of the division of labour. If the man in the house is blind, there are tasks he cannot undertake, such as driving the car. There are other tasks he will find difficult to perform, for reasons of safety and precision, such as repairs and maintenance work. There are also tasks he can perform perfectly well, but which take him longer and demand extra effort, such as domestic chores. The tendency is for the woman to take over all of these tasks, some of them because there is no option, but others simply because she is quicker and better at the job. The trouble is that in the course of time there develops an overburden of responsibility and work for one person which may result in less efficiency and certainly in emotional stress.

The policy to be adopted in such a family is for the man to take on those tasks he can manage, even though they are to him more onerous and time-consuming. Ease and speed will develop soon enough. He should also seek to take over certain tasks that normally may not be thought to be his part, for instance, bathing the children and

getting them to bed. The division of labour has to be fair. Tasks must be allotted according to ability and interest, but always without violating the need in each partner to assume traditional roles as understood within the culture or interpreted according to personal upbringing.

The second issue is that of the quality of intimacy. In the average marriage awareness of each other has a vital visual aspect. The initial signals of mutual attraction are often given in a visual form in eye play, responsive gestures, and the wearing of clothes and cosmetics to please. The man being blind, the woman cannot send these signals and he cannot receive them. Every woman also has features which best express her beauty and femininity - eyes, hair, her smile, her figure - but some of these features apparently have to remain unrevealed and, therefore, unappreciated. The man, for his part, being denied visual initiatives, will adopt alternative approaches that to the woman may seem too direct or abrupt. According to her sensibilities there may be a loss of subtlety.

In the most intimate act of all there is the sense of experiencing each other in separate ways. Assuredly, the essence of the experience is unchanged, but part of the woman's delight is in seeing and being seen, while in the man the experience occurs concentratedly in bodily communion.

But the difficulty in dealing with these matters is that to state them is already to over-emphasize them. What we have been discussing have been aspects of the relationship that are incidental to, rather than a fundamental part of, experienced affection. Where

visual contact is impossible, people use other means of communication that can be equally eloquent. A tone of voice, a laugh, something said, a touch of the hand, a caress, a kiss - each of these may affirm all that is necessary. The need in the woman to be admired and appreciated does not have to be unsatisfied. That in her which is appealing will come to her man's attention through unguarded statements, observed indulgences, and the honesties of children. When she smiles, he will hear it in her voice. When she wears something special, she can invite him to touch. Also, let us not forget the many simple acts that cement a relationship - doing something for the other, taking an interest in the other's activities, the unexpected gift, the timely compliment, the anniversary remembered. At least some of these things are to be found in every relationship and they are unrelated to sight, and possibly appreciated the more for its absence as a sign of particular trouble taken. And then in the most private moments of intimacy, the sensations of sight, hearing, and touch represent an ascending order of pleasure, all of them surpassed in the ecstasy of fulfilment.

We turn now to issues that may seem to be of a lesser nature, but which to some are of considerable importance. The first of these we shall refer to as the channelling of experience. By this we mean that, in the home and away from it, much of the experience of life of the man is indirect, as seen through the eyes of his partner. She passes on to him her impressions of scenery, pictures, incidents, behaviour, and whatever is happening, and much of what she says is arbitrarily selected and bears the stamp of personal opinion. Of course, in telling him things, she may be making a

valuable contribution to his store of information and giving enjoyment that would otherwise be missed, but certainly he will wish at times, as she will, that his experience could be firsthand. To prevent too much dependency of this kind, the man must take every opportunity to share experiences with other members of the family, with friends, and even with strangers. It is vital to him to have adventures of his own.

A related issue is that of the delegation of taste, where the woman chooses the man's clothes, decides on his haircut, and settles his style as a man. This delegation of taste easily extends beyond personal appearance to the decoration of the home, the planting of the garden, and any number of matters where decisions are usually taken jointly, or independently by the man. As a result he relinquishes much of the satisfaction to be gained from the carrying out of these projects, which might be interpreted as a sign of indifference from his side, encouraging the woman even more to act on her own. Often, it is less a matter of her invading his territory than of him abdicating his responsibilities. In so doing he loses the sense of achievement in building a home and the pride of property natural to family life. Let it be said that the whole process can be avoided through the commonsense approach of mutual consultation about matters affecting the home, while in matters of dress and style options might be discussed, but decisions left to the man himself.

The final issue to be raised is the sacrificing of privacy. There is a need in every individual, even the possession of a right, to

hold certain things private. It is not a question of secrecy between partners, but rather the need to be master of a personal domain, however limited it might be. Now when a man is blind, there is a tendency for his companion to be involved to a marked extent in his affairs, so that the contents of his personal documents, his every appointment, and all of his movements are exposed to observation. There is a fine line here between giving help which is necessary and committing the error of interference. If privacy is felt to be violated, the consequences might be unexpectedly severe. But nothing of the sort ought to happen if the partner understands the relationship which exists between the need for privacy and the desire for independence. Independence, after all, is a quality to be prized in a partner, but especially in a partner who is blind, remembering that for a blind person independence may represent a value that ranks supreme.

To put the matters we have been discussing into perspective, we have to remind ourselves that they apply, each of them separately, in varying degrees at different times to some relationships. It is not as if all problems were constantly conjoined to make a relationship joyless and burdensome. Where some of the issues cause problems, they merge with other factors, such as incompatibilities of personality, financial worries, and family cares, to produce domestic strife, a curtailment of activities, and, with the failure of intimacy, an urge to infidelity. But the most important thing of all to say is that, when people are unselfish and adaptable, all difficulties are transcended by the bonds of family - the mutual fulfilment of physical and emotional needs, and caring for

children. Strangely, perhaps, a positive factor in the relationship may even be a pride in the uniqueness of the situation.

3.2 Beholdenness

Blind people frequently find themselves in situations where some form of assistance is required, for instance in matters of reading, transport, and shopping. Even in fields where skills of independence have been mastered, it is occasionally necessary to accept help. The white cane traveller may, for example, need a lift to reach a distant address or the braille user may need a sighted person to deal with correspondence.

Now it might be said that every human being sometimes requires help in tackling a tricky problem or facing a ticklish situation. This is true, but the blind person is justifiably sensitive about the help he receives because of the variety of his needs and, particularly, because he has no choice. Aside from any consideration of self-respect, it is necessary for the blind person to be on his guard against ulterior motives and insincerity in sighted people, for example, where someone seeks demeaning expressions of gratitude, or where a person is possessive and shows signs of jealousy when others give help, or where a person volunteers assistance but quickly loses enthusiasm.

The relationship based upon help needed and help given can, and often does, develop into a relationship of permanent friendship, but regularly receiving a specific form of help from a particular person

may lead to a type of over-commitment on both sides that is undesirable. The dangers inherent in the dependency that results might be illustrated by a situation that is familiar to every blind person who takes part in sport. For our purposes we shall take the case of a blind bowler and his coach.

A blind bowler, being selected to play in a tournament, is provided with a sighted coach. They practise together regularly and the player finds that the information he is given and the instructions he receives are reliable and give him confidence, while the coach discovers the limitations and capabilities of the player and learns how to adjust his directions accordingly.

At last the practice sessions end and coach and player depart for the tournament. The coach assists the player on the bowling green and in the hotel and socially they enjoy themselves together and become good companions. Because of his sight, the coach has a wider choice of company and entertainment than does the blind person in this unfamiliar environment and, therefore, there is a tendency for his suggestions to prove decisive in determining their social engagements. At times the player might have preferred other company or alternative activities, but he appreciates what is being done for him and avoids giving offence by falling in with all arrangements.

To the outsider such a situation might appear to be characterized by trivial considerations, but if the two individuals concerned are repeatedly paired together in club competitions week after week and at tournaments year after year, the fact that the preferences of one

too often prevail over those of the other can become irksome.

If so, the blind person has two options open to him, either resentfully to continue to be accommodating to secure the service he desires or to terminate the partnership. The eventual outcome is almost always the latter, which is an experience painful to both, to the coach because he interprets the action as ingratitude and to the player because of feelings of self-reproach. This is a pattern repeated, with minor variations, time and again in blind sport.

We have described the progress of this relationship in some detail in order that all the stages in its development might be noted. It proceeds as follows:

Stage 1 A needs help. B. gives help.

Stage 2 A places his confidence in B. B places his confidence in A.

Stage 3 A and B become friends.

Stage 4 B is overbearing in his relationship towards A. A feels beholden to B.

Stage 5 A initiates the termination of the relationship.

In the movement from need to trust, from trust to friendship, from friendship to beholdenness, the critical transition in the experience of the blind person is that from friendship to beholdenness. We see again the type of incursion into the personal domain that was identified as a serious problem in the previous section.

Early initiatives on the part of the blind person may prevent such an outcome, but the longer his efforts are delayed, the more difficult it will be to retrieve the situation. It might be convenient to apportion blame by saying that the coach is "domineering" and the blind person "weak-willed", but such condemnations take no account of a certain impetus in the relationship directed by circumstances. The very structure of the situation is conducive to inequality.

Beholdenness, we must further stress, is not a feature solely to be found in relationships between individuals. A blind person may also feel himself to be beholden to a group or organization. A need is met through the rendering of a service for which he makes some commitment in return. That commitment can become burdensome, but has to be maintained to be assured of service. The ambivalence arising out of such a situation is highly relevant to the next phase of our analysis.

3.3 Collectivization

There exists a powerful tendency for the grouping together of blind people. The children attend schools for the blind, the adults enter into fixed occupations, and everyone is encouraged to join certain social clubs and sporting activities.

While each institution, occupation, and pastime may be worthy in itself, having a collective destiny means having a stereotyped image and suffering a restriction of options. It is as if there were a system manufacturing personal histories according to a set design.

Let us relate one such personal history that might be regarded as representative. A blind child is born into a family with sighted brothers and sisters. During his early years he is reared at home and receives his proper share of attention and affection. The children are encouraged to play games that include their blind brother, but there is a realm of experience and activity, dependent upon sight, which is closed to him but which cannot be denied to the others.

When it is time for his formal education to begin, he is sent away to a school for the blind, while his brothers and sisters enter local schools which they attend from home. At school he grows up with other blind children and follows the basic curriculum of school subjects, being able to exercise some options in high school. There

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is a choice of extramural activities.

As the end of his school years approaches, the pupil is counselled on his career prospects. He consults his parents on the question, but they, too, have to rely on the advice of the school counsellor. The pupil also speaks to his schoolmates, but their opinions are derived from exactly the same source. Being an average pupil, he is advised against university studies and a professional career, while sheltered employment is thought to be equally inappropriate. It is necessary to find something in between these two levels. Eventually, he "chooses" switchboard operating, an occupation for which he is trained before leaving the school to enter employment in one of the major cities.

This biography, with some variation in detail, applies perhaps to a quarter of the blind people working in the open labour market in South Africa. If we take up the history at a later point, for those losing their sight in adult life, or allow certain options at each stage - there are, for example, some alternative occupations - then we include the majority of blind people who are economically and socially active today.

What we are saying is that throughout their lives blind people belong to certain groups in terms of services received, occupations followed, and pastimes pursued. The blind child of our example begins his life among sighted children. He cannot do everything they can do, but he belongs to a family and is integrated with his brothers and sisters. His life starts to take a separate course from the moment he enters school. Thereafter he is repeatedly typecast, as "a blind pupil", "a blind telephonist", "a blind bowler". These and similar groupings are not simply nominal creations, but exist in physical reality and as a form of consciousness in group members.

For better or for worse, such is the pattern of life of many blind people. They belong to two communities simultaneously: on the one hand is the sighted community, offering or withholding acceptance in varying degrees in different situations. On the other hand is the blind community, a nebulous grouping, but attaining solidarity through numerous subgroupings, which are not nebulous, but possess actual membership and real cohesion. It is evident that there is a system in operation and it is of interest to explain some of the reasons for its viability as the substructure of a life style.

The first reason is that the system is self-perpetuating. For instance, the child entering a school for the blind, or the adult gaining admission to a rehabilitation centre, sets in motion a train of events that carries him along in its own momentum. In making decisions about himself he is guided by the counselling he receives and by the example of his peers, but both counsellors and peers are products of the system and must, therefore, reinforce its principles and values.

The second reason, allied to the first, is that the system is buttressed by State and society. The State sanctions "welfare" enterprises and provides funding for them in response to proposals emanating from the system itself. In like manner the public gives donations in response to successes proclaimed and needs laid bare from within the system. It also follows that when proposals and appeals fail to bring needs to the attention of the State and the public, they in all probability will remain neglected. The chosen commitments of the system do not automatically coincide with real priorities, not because the pertinent information is deliberately suppressed, but because self-appraisal is not typically the way of the system.

The third reason for the viability of the system is that blind people will support it by seeking the rewards it has to offer. It cannot be argued that the blind person ought to refrain from entering the system and being absorbed into its groups because if he did so he would forfeit essential benefits, such as education and

training, and forego desired social relationships. It can also not be argued that the system ought to be undermined or dismantled, unless the assurance can be given that any alternatives proposed

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have superior merit.

But at present we are not concerned with the fact that the system exists, but with the fact that blind people participate in it and thereby become collectivized. The situation reflects an enormous contradiction in that the blind person enters the system to reap certain benefits, but in so doing becomes the instrument of his own isolation. Some of the effects of this isolation now have to be

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described.

The first of the effects of isolation is a sense of being different. The child's initial awareness of himself is developed in the home. The perceptual differences that exist between him and the other members of the family are gradually translated into personal characteristics and assigned roles. The parents stress certain aspects of the child's behaviour, adapt domestic arrangements to suit him, and act supportively. The brothers and sisters do the same, and further induce the awareness that he cannot do everything that they can do. These differences in the child - which in the family serve to identify him as unique but not to isolate him - become official the moment he goes to school to live in a separate setting and to learn by adapted methods. From then onwards physical and social isolation constitute the basis of a way of life which is different and which is the source of a self-image appropriate to the circumstances.

The process continues throughout life, the sense of self matching the outward events. Regular habit and the embracing of the self-image lead the individual to accept his way of life, but the feeling that he is different will often return to the individual during particular episodes and incidents. The situation might be rationalized in the argument that it is less a matter of being different than of doing things in alternative ways. The sense of being different may even assume a reversed and positive form in a feeling of pride at, succeeding despite difficulties and in the realization that being different is an aspect of interest in one's person in the eyes of other people.

The second effect of isolation is a sense of deprivation. Many of the events and situations that give rise to the sense of being different will also cause the person to feel deprived of the emotional fulfilment and the comforts and pleasures enjoyed by sighted people. The blind child will feel this among sighted children pursuing their hobbies and games. He will feel it even more acutely at boarding school in being parted from his parents and being denied the freedom and variety of life enjoyed by his brothers and sisters. The adult is not spared similar experiences in the limited choices of his existence, in the economic and social restrictions that confront him, and in the intimate situations of his life, where communication is qualitatively modified by his condition.

We have, of course, already explained how personal exertion can break down barriers, while it has to be stressed that the sense of deprivation is not unremittingly present, but rather tends to occur as a reaction to the upheavals of life. It is also true that the achievements of the individual, whether they be in the community at large or in the closed circle of the blind, have the power to provide a type of fulfilment that may effectively compensate for that which is denied.

It has to be pointed out that the sense of deprivation is usually felt in respect of life in general, although sometimes in particular circumstances. When, however, a sighted individual, through attitude or action, or some organization, through policy or practice, is felt to be responsible for the deprivation, we encounter a third effect of isolation in the form of a sense of injustice. It may relate to sighted people, who exclude blind people from their company. It may be directed against organizations which proceed according to false assumptions about blind people. In serious cases the sense of injustice takes on a form that is more intense. For example, in competing on unequal terms with a sighted man for the attention of a woman, there may be extreme jealousy. Again, in being denied employment, or advancement in employment, because of prejudice or indifference on the part of an employer, there may be resentment. The ultimate form of such feelings is the desire to be avenged, usually kept in check through self-control and an actual inability to make a reprisal.

Obviously, the blind person has no choice but to live with his feelings and to find a balance between them and the positive forces in his life. He may reduce the likelihood of discriminatory action to his disadvantage by being an effective advocate of his own cause. He may then prevail against injustice and, when he does not, console himself with the thought that the sighted person, too, cannot always win his way.

4. THE POLITICAL DIMENSION

In describing the sensory dimension of the experience of the blind we analysed the relationship between blind people and their physical environment. In discussing next the social dimension of blind experience we showed how the nature of perception determines some of the ways in which blind and sighted people relate to each other. In considering now what we shall call the political dimension of experience we shall analyse the relationship between blind people and the organizations which exist to serve them, and the State which participates in the creation of an overall dispensation.

The process of collectivization - described already as a phenomenon of the social sphere - is also relevant to the present discussion because it represents one of the primary ways in which a society deals with its blind, while the pattern of existence it gives rise to is likely to be a serious issue in any self-help movement. The social and political spheres, therefore, overlap, but whereas earlier we were concerned with the effects of isolation, here we are interested in the blind person's attainment of his individual

rights, for to speak of a political dimension is to raise the question of rights.

In the present context there are two categories of rights to be identified.

The first category of rights exists in terms of the service system. These are the rights of the client in seeking a service and in expecting the service to satisfy certain standards of quality and efficiency.

The second category is that of civil rights. These include the right of every citizen to benefit from State enterprises, to enjoy equality of opportunity, and to be protected against discrimination.

How the pertaining voluntary and statutory services are organized and rendered varies from society to society. In our analysis it is the situation in South Africa that is under scrutiny, although certain parallels with other countries will be obvious.

4.1 The domain of the system

A study of any comprehensive service system for the blind reveals two outstanding characteristics of such a system. The first of them is the sheer multiplicity of the services that have to be provided.

If we limit our list only to direct services to the blind - leaving out of account work connected with publicity, fund raising,

prevention, statistics, research, and so on - then the primary fields to be included are education, rehabilitation, employment, technical aids, braille and tape-recorded literature, sport and recreation. But the list by no means ends there.

Each field of service subsumes further fields that are more specialized. Rehabilitation, for example, comprises prevocational and vocational training. A list of the essential modalities in prevocational rehabilitation would include counselling, orientation and mobility, skills of daily living, and communication skills. This is not to mention the various submodalities for each field. For instance, the skills of daily living could cover personal management, home management, household repairs, and crafts.

To take the field of employment as a second example, blind people might be placed in the open labour market or in sheltered workshops. To place them in the open labour market, work assessment has to be done, training given, technical aids supplied, and suitable jobs found. Conducting a sheltered workshop, on the other hand, involves the administration of State subsidies, factory management and marketing operations, and the provision of permanent accommodation as well as a range of welfare services.

From these examples, a second outstanding characteristic of service systems for the blind appears, namely that of complexity. How the question of complexity applies within a particular field is perfectly illustrated by the provision of braille literature in South Africa. At the two main printing presses no less than ten

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separate codes are in use. At these presses braille is produced both by hand and by computer and reproduced by mechanical means or by a thermoform process. Overall, a knowledge of braille production is distinct from a knowledge of the braille codes, while both fields of expertise are distinct from the fields of librarianship and magazine publication, insofar as the latter in their turn are related to the provision of braille literature.

It is clear that no single organization could command sufficient resources of manpower and money to provide all the necessary services, while it is equally clear that no single professional worker could be expected to become competent in more than a few interrelated areas. Besides the multiplicity and complexity of the services that have to be provided, there are a number of extraneous factors determining the distribution of the services and the emphasis laid on particular components. The first of these extraneous factors is geographical. The distance between the service-point and the place where the potential recipient resides is important, but more especially the fact that where the population is densest services thrive, whereas farther afield they prove less viable. A second factor is the requirement in South Africa that separate services be provided for each race group. As a result resources of manpower and money are thinly spread and numbers are frequently insufficient to support independent facilities. Finally, there is a tradition in South Africa according to which welfare

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services are initiated by private enterprise. The services that come into being, therefore, tend to reflect the special interests of their founders, while the prominence enjoyed by a

service tends to relate to the exertions of its officers rather than to the relative importance attached to it by its users.

An understanding of these considerations helps us to define the relationship between blind people and their service system in terms of individual experience, which is our principal aim. From the standpoint of the blind client the first impression of the service system is that it is fragmentary. The services that exist are
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 provided by many different organizations at numerous venues.

Some of these organizations are national in scope, others local in coverage. Some serve a specific race group, some a particular age group, and some a special interest group. To become familiar with everything offered is a formidable task and to take advantage of all facilities beyond the capacity of any individual. While no one could seriously maintain that all services should be equally available to every individual, the unfortunate consequence of the current state of affairs is that blind people experience many of their services as being inaccessible.

A second possible impression of the service system, from the standpoint of the client, is that it exhibits serious gaps. In terms of the whole country and of the blind population in general it might be said that extensive services do exist, but in respect of a particular individual in a given situation they may have no relevance whatsoever. In the worst instance, such a person might be described as living outside the system. The prime need of a blind person in a rural Black community, for example, would be to have work from which to earn an income. There being no work scheme in

his area, service to him is simply non-existent. It might be argued that he could enter a training centre somewhere and eventually gain employment in a workshop in one of the cities, but this in the majority of cases is to underestimate the difficulties of his condition, ranging from political restrictions to stifled initiative. In truth, the situation of such a person is unrelated to the operations of the system and his condition is one of

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abandonment.

A third possible impression of services, from the recipient's point of view, is that the priorities set by those who provide the services do not necessarily match the concerns of those who receive them. Typically, the aged blind person is encouraged to become a member of a tape library and to join a social group, little else

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being offered. But if aged people themselves are consulted, reading and social contact rank low on their list of priorities, as compared with worries about saving their residual eyesight, finding accommodation, and increasing their income. In the experience of such people services only have minor relevance.

A fourth type of client experience we wish to describe was touched upon when we discussed the social phenomenon of beholdenness. There we mentioned that this form of dependency can also develop between an individual and an organization. The manner in which organizations for the blind come to be established, and the way in which their work is co-ordinated, generally results - although there are exceptions - in a single agency providing a particular service, nationally or regionally. An individual requiring that specific

service is obliged to turn to that particular agency, which presents no problem as long as the service is felt to be satisfactory, but if, for example, the person finds it difficult to avail himself of the service or resents the style of presentation, then he may feel powerless to do anything about it. The problem is especially acute if the person queries the type of service he is receiving or tries to make sure whether it is of a proper standard. Any tendency to doubt the advice or action of a helper must place the client in an invidious position, and might, he would fear, prejudice his case.

Although our purpose is to describe the situation of blind people, as experienced, it does seem relevant to enquire how it might be ensured that services meet demands according to felt needs. The welfare system itself lays down certain procedures of accountability in requiring organizations to submit financial statements and annual reports to fund raising and welfare authorities, but such procedures are only effective in preventing dishonesty and mismanagement and are not designed to assess or measure the services being rendered. It is, therefore, necessary for organizations themselves, and those interested in their operations, to devise their own means of evaluation.

One of the means available to organizations is research carried out

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by an independent agent. Another is to apply the principles of

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management by objectives. Possibly, one of the most important means of all is to consult consumer opinion. In doing so, though, the organization has to proceed with caution, in that consumer opinion tends to be concerned with shortcomings and improvements in

the existing set-up and to reflect in the first place the represented interests. Nevertheless, consumerism has a constructive role to play if its views are wisely consolidated with the findings derived from other external as well as internal sources.

4.2 The domain of the State

In describing the relationship between blind people and the State we shall begin by considering the ways in which the State exercises control and regulates its own commitments. We shall pass on to a discussion of forms of material assistance and of attempts by the

State to create favourable conditions for its blind citizens. In conclusion it will be necessary to identify elements that are lacking in the system and which, if circumstances were different, could aid the position of blind people. As we proceed with the analysis it will become evident that the present section, more than any other in this work, refers to situations that are uniquely South African.

The basic means whereby a State regulates the affairs of special groups is legislation. Some of the relevant laws which have been enacted in South Africa merely serve to hold welfare organizations accountable, but certain laws specifically seek to meet the needs of

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the handicapped and the blind. Special education, for example, is the subject of one such Act. But, above all, it is the Blind Persons Act (Act 26 of 1968) that embodies the State's commitment towards the blind. The Act makes provision for the payment of

pensions to blind people and for the granting of subsidies to sheltered workshops. Essential aid is thus given to blind individuals in financial distress and to workshops which otherwise tend to be uneconomic to operate, but it is clear that the majority of blind people and supportive services fall outside the ambit of the legislation. Of course, the real value of the aid to individuals and institutions depends upon the size of the amounts made available, which is a matter we shall be turning to presently. Here we mainly wish to make the point that, whereas the original Blind Persons Act of 1936 was judged to be extremely progressive,

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even by international standards, the State since then has been reluctant to identify further needs of the blind for purposes of aid. Today, therefore, the legislation has to be looked upon as meagre and as having remained static for close on fifty years.

The responsibilities which the State elects to assume towards the handicapped and the blind are further vested in a number of statutory authorities. Whereas in almost every country the hierarchy of controlling bodies and advisory boards is headed by a single State department, in South Africa welfare administration is fragmented, even at the top, in that departmental authority is broken up according to race. Whites are attended to by the Department of Health and Welfare, Coloureds and Indians by separate directorates within the Department of Internal Affairs, and Blacks by the Department of Co-operation and Development. In the case of Blacks, central authority has been further attenuated by certain responsibilities being entrusted, in urban areas, to an uncertain partnership between administration boards and local authorities,

and, in rural areas, to welfare departments of national states. To add to the complexity of the situation, State departments are guided by the decisions of Regional Welfare Boards which are also split up

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according to race, there being in all 26 such boards. The conclusion to be drawn from these facts is that general administration is unwieldy, while resources are overstretched. Organizations acting on behalf of the blind find it difficult to advance any common cause because of the large number of authorities to which they have to address themselves, while individuals awaiting services suffer the consequences of slow referrals and remote decisions.

Which brings us to the question of material assistance. The support of the State is given in two forms, namely assistance to institutions and assistance to individuals. Despite the difficulties we have cited, subsidies to institutions are eventually forthcoming because organizations persist in their demands and

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develop solutions to satisfy official criteria. Representations regarding State assistance to individuals do not enjoy comparable success. Various reasons account for this fact.

- a. The potential level of State expenditure is vast, presenting a daunting prospect to the Administration
- b. Organizations representing the blind are sometimes loth to press for concessions that imply dependency
- c. The State conserves funds by granting partial concessions. Representatives of the blind tend to accept such concessions as the limit to be achieved in a particular round of negotiations,

thereby allowing a cumulative effect to emerge in a worsening situation.

Let us now directly examine the two types of individual assistance granted under the Blind Persons Act.

The blind pension provides a modest monthly income to blind people who pass a means test. The amount payable is raised annually, but the percentage increase regularly falls below the inflation

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rate. The means test is adjusted from time to time, but less

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frequently than the pension. The nett result is that a dwindling number of people qualify for a pension of diminishing value. Balanced against this is the fact that the average expenses of blind people are higher than those of sighted people, owing to costs directly connected with blindness, as well as the need to hire help and pay for services which sighted people can dispense with

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when they so please. Assistance in the form of a State pension is, therefore, minimal. In the case of population groups other than Whites - who receive considerably less - help is perhaps more aptly described as nominal.

Another form of assistance from the State is given to blind people employed in sheltered workshops. Besides partially subsidizing the institutions as such, the State augments the wages of workers according to an hourly rate with set lower and upper limits. The management is at liberty to make payments exceeding the upper limit, but the extra costs have to be borne by the institution itself. The problem which arises is that the wages of workers are assessed under

the means test for a blind pension according to a formula whereby the worker loses R1 of his pension for every R2 earned above a certain figure. This means that the benefit from any wage increase is effectively halved. Worse still, when earnings reach the level where the final portion of the pension is withdrawn, the amount of the withdrawal is sufficiently substantial altogether to nullify the benefit from any increase. In this way an artificial ceiling is placed on wages. The effect of this dispensation upon the individual worker is one of demotivation and resentment. There is no purpose in working harder if one cannot thereby earn a better wage. The situation of some Black workers appears to be even worse in that they are not permitted to receive any pension at all if they earn a wage. Although the principle is discriminatory, such workers actually tend to earn more than they otherwise would have done, because of the absence of any artificial ceiling to wages.

For blind people not of working age, and for those who earn good salaries, the issues which we have been discussing have no personal importance. There is one minor benefit enjoyed by blind people of the higher income group which should perhaps be mentioned, if only for the sake of completeness. Under this benefit a certain sum is deductible from the income of a handicapped person before taxation. The benefit is slight, but welcome nonetheless.

So far we have paid attention to the direct involvement of the State in promoting the welfare of the blind. In a broader context the State also has the responsibility of creating favourable conditions in society generally for its handicapped citizens. Efforts to

encourage employment in the open labour market probably serve as the best example upon which to measure the State's performance in this area.

It is a matter approached in various ways from country to country. In the United Kingdom companies of a certain size have to employ a minimum quota of handicapped workers and are liable to prosecution if they do not comply. In West Germany companies employing handicapped workers enjoy tax concessions, while fines are imposed if they do not do so. In the United States the employment of handicapped workers is a requirement which has to be met by all businesses competing for Federal contracts. In communist countries the State itself is the employer so that the barrier to employment

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as it exists in the West is absent.

How, then, does South Africa fare in the matter of the employment of its handicapped workers? A division of the Department of Manpower co-ordinates the work of professional officers responsible for placing handicapped people in employment. The Department also administers a scheme under which the salaries of handicapped workers in the open labour market can be partially subsidized during the first three years of their employment to allow them time to become fully productive. The State further sets the example by employing blind people in certain occupations, such as switchboard operating and physiotherapy, while the Commission for Administration has issued a directive to all State departments saying that handicapped people should be considered for appointment to any posts for which they possess the necessary qualifications. Ultimately, though, the

important question is how the action of the State is translated into the employment of handicapped people in business and industry.

As far as blind people are concerned the answer is that when they find employment in these sectors it is seldom attributable to Government policy or State action. With few exceptions, jobs are either found by the blind workers themselves or arranged by organizations acting on their behalf. The tendency is to enter traditional occupations and attempts to penetrate new fields meet with serious difficulties that often prove insurmountable. The experience of the individual blind worker is of long delays in trying to find employment, while job satisfaction may be low once work is found. Unless employers are actually obliged to engage handicapped workers, the position we have described is likely to continue unchanged. Hitherto, organizations representing the blind have been reluctant to support coercive measures, reasoning that it is better to gain the voluntary co-operation of employers. Such a policy might make sense to blind people doing rewarding work, but it hardly represents the viewpoint of those who have no employment or who are unhappy in their present occupations. The objective truth is that few businesses have a properly formulated policy for the employment of the handicapped and that tokenism frequently is hailed

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as positive practice.

From what has been said it might be concluded that the present situation concerning handicapped people in South Africa is mainly the result of inaction. There are, on the contrary, questions of political philosophy and issues of practical politics to take into

account. The first of these is an unwavering opposition in South Africa to the concept of the Welfare State, associated in the minds of many with socialism, interpreted as a system in which the weak are parasitic upon the strong. It is contended that the Welfare State kills personal initiative and inflates the national budget. Whatever the merits of these arguments may be, when they are invoked they suffice to prevent any proposal for increased State involvement from succeeding. What needs to be realized is that in its continuing progress the democratic State and civilized society have to raise the level of their commitment from time to time to adjust to evolving complexities and advancing standards. When we say that the State has to ensure equal opportunity and render compassion we are simply affirming universal values defensible according to every ethical system.

But at the less elevated level of ordinary politics another reason is to be found why the cause of the handicapped is neglected. It is that in South Africa issues of race and language rank higher as priorities in the minds of politicians than do welfare problems. Politically, there is little to be gained from an espousal of the cause of the handicapped. At the level of Government the handicapped have no nominated spokesmen, while the appointment of anyone with a welfare background to a position of political influence is a rarity.

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How, in the face of such difficulties, are the handicapped to advance their cause? Already organizations serving the blind have achieved significant victories and many individuals are leading

lives that are meaningful, but in relation to the State, goals have to be clearly defined and arguments forcibly stressed. Possibly, the most important need of all is for the creation of a coalition of the disabled to combine efforts and unify representations. Unless there be the political will to improve the lot of the disabled, progress will be faltering.

4.3 The ideal of individuality

Finally, now, a postscript to our analysis pointing the way ahead.

We inhabit a sighted world. The clothes we wear, the houses we occupy, the tools we wield and the messages we exchange accord with the criteria of sight. To see is to possess knowledge that is direct and detailed. The supposition that people can see is fundamental to the organization of society. The design of articles is for visual enjoyment, the operation of systems is for visual control, and the presentaion of information is for visual comprehension. Sight sets the standard and the person who cannot see has to conform. To emulate the behaviour of the sighted is to be admired.

But for a blind person to act the part of a sighted person is a self-betrayal. To attempt to be something that one is not, to pursue a life of imitation, to cling to values that are foreign, is to become alienated from oneself and to sacrifice one's own identity.

True to himself, the blind person has to express his unique identity in the situations of his life. Perceptual poverty and social isolation force him to step out of himself, so to speak, and to seek contact with the sighted world. Undeniably, there are difficulties. He has to rely on services that are fragmentary. He has to contend with ignorance and prejudice. He is propelled along the path of countless predecessors. But still he is free to choose his options. He, like every person, is unique in aptitude, motivation, and personality; blindness only structures the situations in which his individual dispositions are expressed. Blindness is a predicate of existence. The subject to which it refers is infinite in variety and possibility.

P A R T II

TOWARDS NEW OBJECTIVES IN REHABILITATION

CHAPTER 4

THE PRINCIPLES OF REHABILITATION

The analysis in Part I reveals how contact with the environment, social interaction, and participation in the life of the community are determined by the nature of blindness. Taking this analysis as our starting-point, the aim in the present chapter is to enunciate a

The term rehabilitation, when applied to the blind, has been defined in many ways, some of them unnecessarily complicated. In our view it is to restore the blind person to independent living. Independent living presupposes the possession of a variety of practical skills and certain attitudes of mind and it is the development of these skills and the inculcation of these attitudes which is the purpose of training and therapy. While experts may agree on the types of training which are essential and on the role which counselling must play, our particular intention is to show how traditional modalities and vital new approaches should be related to the unique circumstances of blind people's lives.

In the introduction to this study we stated that our analysis would specifically have relevance for professional workers with the blind. We thereupon attacked the very foundations upon which current professional practice is based. Our subsequent investigation into the nature of blindness and our aim in the present chapter of deriving from our findings a set of principles for training and counselling, therefore, constitutes an attempt to provide a solid new foundation for professional work, especially in the field of rehabilitation.

1. INDIVIDUALIZATION

Rehabilitation training has to be adapted to the needs and capabili-

home environment, is gleaned from his application form, together with any accompanying reports, for example, from the family doctor or a social worker. Such information serves to orientate the rehabilitation personnel in their early dealings with the trainee, but is rapidly supplemented by personal impressions gained during introductory interviews and subsequent regular contact as training progresses. Our emphasis will be on the residential setting, but much of what will be said applies equally to instruction in the home.

It is important that the profile of the individual should not devolve upon loose impressions, but be developed by all members of staff acting jointly and systematically. It is necessary to gauge the cultural background and level of education of the candidate and

to determine his home circumstances and his status and role within the family. These private insights are gained in the course of informal conversation and during formal counselling sessions, but, in addition to this, close attention has to be paid to the overt behaviour of the trainee and to the attitudes he adopts towards other people and towards the programme itself.

There are, admittedly, numerous factors to be taken into account in planning the actual courses, but we particularly wish to emphasize two of them as often being neglected and as possibly having a bearing on the later progress of training. The first of these factors

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is the level of tension in the individual. That a person who is newly blinded and finds himself in strange surroundings should feel tense, is altogether understandable, but if tension exceeds manageable limits it will inhibit learning and interfere with performance. It may also adversely affect social relationships and even disrupt the dynamics of the group receiving training together. If, however, the person feels at ease, both he and his instructor are able to concentrate on the task in hand, while social interaction occurs quite naturally.

The second factor is the possession, or otherwise, of religious

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faith.

The person who has faith will seek the meaning of his situation in Divine Providence. His beliefs will be a comfort to him and strengthen his resolve to overcome problems. Where a person lacks the anchor of religious faith, however, it is important to be aware

of alternative values which may be invoked to reinforce counselling and instruction, for example, personal ambition or family responsibility.

Getting to know the candidate and his capabilities must, of course, include formal assessment by means of objective tests carried out by specialists in their respective fields. There are four areas of testing to be covered in the planning of an individualized rehabilitation programme.

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tation programme.

The first involves basic manual and intellectual skills. The assessment is done in an informal manner as the instructor or therapist applies a simple check list of tasks and observes the candidate's speed and efficiency in performing them. Examples of appropriate manual tasks are identifying money, using the telephone, and eating with a knife and fork. Amongst the intellectual skills that have to be assessed are spelling, grammar, and numerical ability. Depending on the level of proficiency displayed, the instructor or therapist may recommend an upgrading of particular skills before the formal curriculum is attempted, or such an upgrading may be made part of certain of the courses themselves. Spelling, for instance, might be improved while learning to type, or grammar might be corrected while learning to operate a switchboard. Where prevocational training precedes vocational instruction, the upgrading of certain skills may be set as a prerequisite for the occupational course.

Psychometric testing represents a second area of assessment. Every rehabilitation centre has to administer a battery of psychological tests to measure factors relevant to its training, but whatever specific tests are selected, they must at least serve as a guide to aptitude and personality. Although the appropriateness of intelligence testing in assessment for rehabilitation training is disputed, knowing a candidate's verbal and non-verbal scores may be helpful when counselling him on further education or the choice of an occupation. All tests have to be carried out by a qualified clinical psychologist, who should not only be involved in setting the tests but also in interpreting the results. In assessing behaviour and motivation, initial results must in any case be treated as provisional.

Medical tests comprise a third area of assessment. Each candidate entering a rehabilitation programme undergoes a full physical examination by a qualified doctor, but there will be extra tests - medical as well as paramedical - that have a special relevance to the training of blind people. In the first place it is necessary to establish the cause of blindness. If there is residual sight, the acuity and field of vision must be measured. In that case the prognosis should also be recorded, as vocational counselling and decisions about training are closely dependent upon the question of whether vision will remain static, or deteriorate slowly or rapidly. Hearing, too, has to be tested in all its ranges. Partial hearing loss reduces the ability to respond to sound cues in orientation and mobility, while greater loss in one ear than the other affects not only the detection of sound, but its localization.

A number of the causes of blindness are in themselves medical conditions. Poorly controlled diabetes may bring about a deficit in fine, and even in gross, tactile discrimination, and so skin sensitivity has to be tested. It is equally necessary to be aware of medical conditions that are not directly related to blindness because they can nevertheless affect decisions about training. We find this, say, in neurological conditions that affect the person's reflexes and co-ordination.

The final area of assessment involves the testing of skills that are prerequisite to occupational training. The switchboard operator offers an excellent example of typical requirements. First of all, he has to have a retentive memory to be able to recall telephone numbers in regular demand and new ones given to him at short notice.

In South Africa he would generally be required to be "thoroughly
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bilingual" and, as a representative of his employer, to speak both clearly and pleasantly. He also has to have the dexterity and tactile discrimination necessary for the operation of a switchboard, which today is a sophisticated piece of equipment.

Taking a different example, to enter physiotherapy training the candidate is not only tested in braille, typing, and orientation and mobility, but his attitudes and motivation also have to be assessed. The latter includes exposure to the hospital situation where his reactions to physical illness and his responses to patients and professional workers are closely observed. Added to this, he has to have proven academic ability.

But this process of assessment cannot be allowed to continue for too long. It is essential that the rehabilitee achieve practical gains early in the programme and for this reason the assessment at the beginning of the programme soon merges into formal training, or is rapidly superseded by practical courses, within two to four weeks after arrival at the centre. At this stage the findings in the tests and the knowledge of observation are translated into action, systematic assessment now yielding dividends as the courses selected and the curriculum planned for each course are seen to reflect the specific needs of the client.

The decisions about the courses and their contents are not made by the professional staff on their own, but by them in consultation with the client. These decisions take into account the age, sex, ability, motivation, and background of the client, but above all the priorities which the client chooses to set personally. Agreement on these matters might be said to take the form of a contract whereby the professional team undertakes to provide the necessary training and the client undertakes to do the necessary work to attain defined goals. Every step of the way, progress has to be measured and reviewed with the client, while the relevance of each procedure is further brought home by means of counselling.

There is, accordingly, no such thing as a standard programme or a standard course in rehabilitation. Every course in each programme has to be individualized in the sense that it should be designed to meet the specific goals significant to a particular person. For each person the choices, the emphases, will differ - in one case

cooking and family care, in another literacy skills, in another city travel. The principle of individualization, let it finally be said, is not so much one of exclusion - that is, eliminating the areas of training not rated as essential - but rather one of fitting the contents of courses and the situations in which skills are practised to the living conditions and predicted future challenges of the client.

2. SELF-RELIANCE

Rehabilitation training has to encourage the blind person to depend with confidence on his own skills, appropriately enhanced in certain

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situations by the use of sensory aids. In the family circle, in the company of colleagues at work, and in associating with friends and strangers, the blind individual readily accepts assistance for all sorts of reasons. It may be convenient or even necessary for him sometimes to do so, but if he constantly receives help, especially from one person only, there will occur a loss of physical independence which can lead to an undesirable social bond in which the blind person feels himself to be beholden to the sighted person for the help he needs. Prevention lies in preparing the individual to help himself, but also in counselling him to avail himself of essential assistance in a healthy manner.

There are two factors determining the independence of the individual which call for closer identification. The first of these is the physical capacity to do things for oneself. It is a capacity based upon all of the remaining senses, but particularly hearing and touch, and involving the translation of sensory information into

effective conduct. The ability to interpret the messages of sense and to react purposefully is not innate, but has to be acquired and developed. In rehabilitation this occurs systematically under the guidance of professional instructors. In this way the capability to do things for oneself emerges with the attainment of appropriate skills, which are, in this context, segments of effective be-

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haviour practised in training.

Many skills may be taught in the various courses of a rehabilitation programme, but there are three groups of skills considered to be essential. A detailed description of them would be out of place in a chapter about principles, but their general contribution to the scheme of independence has to be specified.

Orientation and mobility, to begin with, enables the blind person to move about with ease in familiar surroundings and to travel independently further afield. In his own home, for example, the blind person gets to know the layout of the rooms and the arrangement of the furniture and learns to recognize household noises, all of which information helps him in his orientation as he moves about freely. Outside the home he will probably make use of a "long" cane (or a guide-dog) to travel from point to point, seeking out recognizable objects and interpreting sounds and smells to find his direction and avoid danger.

Communication skills, as taught, include braille as a means of personal reading and writing, and typing as a medium of communication with the sighted world. Ordinary handwriting is worth preserving in cases where sighted adults become blind, but in the case of a person born blind the chief aim in this area is to have an acceptable signature. To this list we have to add spoken communication, not only to ensure that it is clear, pleasant, and articulate, as far as this is possible, but also to make the individual aware of some of the important incidental aspects of conversation, such as the need to turn the head towards the person being addressed and the need to show signs of attention when listening to someone speak.

The skills of daily living are numerous and, broadly speaking, cover the fields of personal management, home management, household mechanics, and crafts. Some of the tasks with which the blind person has to cope are easy and require a simple skill, but others are difficult and call for a combination of skills. For example, the skills of personal management cover tasks ranging from the undemanding act of squeezing toothpaste onto a toothbrush, to the delicate process of applying make-up. Home management may involve spreading a slice of bread or pouring a cup of tea, but also cooking a family dinner. In household mechanics tasks range from attaching an electric plug to the end of a piece of flex, to actually overhauling a small motor, say, of a hairdrier or lawn-mower. Crafts have their own intrinsic value in the sense that knitting or macramé may become productive hobbies, but they also serve to develop manual dexterity which itself may be useful in other areas of training.

Any number of skills could be included in a course on daily living and certainly no curriculum could include them all, but every rehabilitation teacher should apply a check list of the common activities of everyday life to ensure that training in independence is as comprehensive as possible. Our own reference to skills in general, and to the skills of daily living in particular, has been limited to essential examples and leaves out of account many areas of training that may be greatly beneficial, for instance, recreation in various forms, including active sport. Not only do such activities bring their own reward, but they reinforce the other skills that are being learned.

But the possession of skills, if one is to have confidence in them, involves more than knowing what to do under certain conditions or the attainment of proper techniques through repetition. Practice, to be effective in preparing the individual for ordinary life, must exceed simulation. It must be a genuine rehearsal of the real situation. Take the case of a housewife learning to cope with family responsibilities. One of her duties will be cooking. To master the art of cooking as a blind person every task might be

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analysed into a number of subtasks, each of which can be practised separately and then consecutively as the person learns to cook a meal, but the culmination of the process must be the independent preparation of a complete meal to be served to guests. The operation in the rehabilitation centre must parallel as closely as possible the operation in the woman's own kitchen. In fact, circumstances permitting, the final rehearsal should take place in the trainee's own home. In the end, the only difference between the

practice session and the real situation is that an expert critic, in the person of the instructor, is present to propose alternative solutions and suggest refinements of technique.

The physical capacity to do things for oneself, vested in the skills we have been describing, might in many instances be enhanced by the use of sensory aids. Such aids extend the reach of the senses, provide increased control over the environment, and render information accessible which otherwise would be inaccessible. The number

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of these aids is very great indeed and it is possible to place them in many different categories. One classification, which is straightforward and not necessarily superior to any other, is based upon the distinction between mechanical and electronic aids. Both categories contain items adapted for blind use, items invented for blind use, and items not primarily intended for blind people but incidentally useful to them.

The mechanical aids that are available have in many cases become so familiar that they are taken for granted. We refer to the white cane for mobility, the braille writer for communication, and, in the area of skills of daily living, various utensils for the processing of foods and liquids. Examples of recreational games are especially numerous, including anything from playing cards to chess. What is often forgotten in the field of mechanical aids, though, is how much help can be derived from very simple items, such as measuring cups and signature templates, while the mere presence of tactile markings enables blind people to make use of vital home appliances and essential office equipment.

Electronic aids, which generally are more complex and more expensive than mechanical ones, with few exceptions belong to the fields of orientation and mobility, reading and writing, and calculation. Mobility aids scan the path ahead by emitting some form of energy - anything from sound waves to laser beams - which is reflected back from the environment to be converted into tactile or auditory signals. So far these aids have not proved viable as independent path finders, but only as secondary aids to be used in conjunction with a white cane or guide-dog. Electronic reading aids serve various purposes. The Optacon gives direct access to the printed word, a handheld scanner registering the images of the letters which are converted into tactile images that can be felt on an array of vibrating pins. The VersaBraille and the Microbrailler, again, are examples of word processing systems, but may also be used as terminals for two-way communication with electric typewriters or computers. Any of the latter devices may also be linked to a speech

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output. Such devices have enormous potential in helping blind people to study, to cope with their duties in the home, and, particularly, to enter new occupations. Finally, the calculators used by blind people are similar to those used by sighted people, differing only in the fact that they possess a braille or a speech output.

Our aim is not to give a comprehensive account of available sensory aids and their applications. Rather, it is to emphasize how they can contribute to the blind person's ability to do things unassisted. Every rehabilitation programme must include opportunities for the trainee to gain experience in using such aids. The exercise

is not limited to a description of the aids or even to their demonstration, but must extend to their actual use and, where necessary, to systematic training in such use. Of course, some forms of instruction are based upon the use of one particular aid, such as orientation and mobility which requires the long cane, while in other areas of instruction the use of aids may not be absolutely essential, although advantageous, for example, to ease domestic chores. In either case, the use of an aid must not be allowed to cause the degeneration of a prerequisite skill. For instance, while the long cane is basic to training in orientation and mobility, its availability does not remove the need to be able to get about without it, say, in one's own home or at one's place of work.

Earlier in this section we said that there are two factors determining the independence of the individual, the first of which is the physical capacity to do things for oneself. In practice we have taken this to mean the mastering of skills and the use of sensory aids. But skills enhanced by sensory aids do no more than confer on the individual the ability to be independent and in themselves cannot guarantee the actualization of independence. To the physical capacity to be independent has to be added an attitude of self-reliance. The help of other people may be readily available and willingly volunteered, but we have stressed the risks involved in the regular acceptance of help. The person, therefore, has to uphold a philosophy of managing without assistance wherever possible. Self-reliance is based upon confidence in one's own skills, but as an attitude it has to be inculcated through counselling during rehabilitation and, especially, through contact with blind people

who practise such a philosophy. Exposure to the influence of self-reliant blind people from various walks of life will prove more persuasive than any amount of exhortation.

Whereas the physical capacity to be independent belongs to the sensory dimension, in terms of our analysis in Chapter 3, self-reliance lies on the social plane. It is an attitude that delineates a relationship and prevents it from becoming anything other than a free association between two individuals.

Let us take the example of transport. The easiest way to reach one's destination as a blind person is to accept the offer of a lift, but if the journey is to be undertaken repeatedly, say, to work and back every day, to do so creates the situation of being beholden to the provider of the lift, while the ability to travel alone and to be responsive to the cues of the environment quickly deteriorates, and with it one's confidence in vital skills. One is unnerved, so to speak.

Going shopping presents a second example. Always to be accompanied by the same partner may prove convenient at first, but it may lead to too great a dependence on that individual and, eventually, to the subordination of personal taste to that of the helper. It is wiser to vary companions, but better still if one can go shopping alone. Under such circumstances shop assistants might be relied upon to give the necessary information and advice. In fact, one of the ways in which blind people deal with this question is to visit the shop by appointment, in which case personal attention is usually assured, particularly once one becomes known to the staff of the establishment.

Obviously, no one can go through life never needing help and, indeed, there is nothing shameful in taking help when it is necessary, or occasionally, simply for the sake of convenience. How to solicit help is in itself a skill to be mastered which properly forms part of the instruction in certain courses, most notably orientation and mobility. Being able to express gratitude without demeaning oneself, being able to refuse help graciously, knowing where to set the limits when help is accepted, and being prepared to give help to others, including other blind people, are all of them acts forming part of the dynamics of mutual assistance. Ultimately, being self-reliant is a way of life, but carried too far it isolates.

Being self-reliant may also be a group characteristic expressed in the policies of organizations of the blind. There is an interdependence between such organizations and organizations for the blind in advancing their common cause, but the responsibility of seeking social justice for the blind will not be entrusted to sighted people by any organization under blind control that has come of age. Such is the spirit of the movement of self-help.

3. ASSERTIVENESS

Rehabilitation training has to establish the independence of will of the individual. Every blind person is vulnerable when it comes to the wishes and opinions of sighted people and may have difficulty in preserving the right to freedom of thought and action or, as is also sometimes necessary, in opposing unfavourable attitudes. It is essential, therefore, to develop the initiative to determine and protect the limits of the personal domain. The possession of skills of independence is presupposed, to which has to be added the force of personality to take charge of one's own life.

An analysis of the theory of assertiveness training, as well as of the types of situations experienced by blind people, leads us to propose two complementary models for the understanding of the problems of social interaction and for the designing of appropriate training courses. The first model, which we choose to call the free will model, in our view typifies current training practice.

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The second model, which we shall call the group membership model, is put forward here in an attempt to render social rehabilitation more comprehensive.

a. The free will model

Assertiveness, in terms of the free will model, is the maintenance of independent thought and action in human relationships. When two individuals interact, mutual influences are brought to bear as their personalities impinge upon each other. An inequality arises when one of the partners dominates the other, or one of them subjugates his will to that of the other. Such a bondage of the personality varies in degree and takes subtle forms, but the obligations and sacrifices which result are manifested in frustration and unhappiness.

The blind person, because of the situations that arise from his handicap and the attitudes that are engendered, is peculiarly susceptible to an invasion of the personal realm. For the same reasons he is supersensitive to the opinions and persuasions of other people. Under such circumstances it is essential for him to adopt practical measures and to take firm decisions that will preserve his status as a free agent. Assertiveness in this setting is vested, to our way of thinking, in eight volitional acts:

1. refusing help;
2. asking for help;
3. questioning demands made of one;
4. making demands of others;
5. resisting criticism;
6. expressing criticism;
7. declining to become involved;
8. becoming involved.

It is possible to add to this list, but these eight volitional acts seem to us to cover the key areas of independence for blind people. It will be noticed that there are four pairs of acts and that in each pair the first act is one of negation or refusal, while the second is a positive act or an act of commitment. The aim of training is to be able to perform such acts deliberately and without feeling guilty, while any decision to relax the norms of independence equally has to be voluntary and unaccompanied by guilt.

Assertiveness, we have said, should be an element in all forms of training, but the basic concepts and skills are taught by means of a specific course. Various lesson plans have been devised by specialists who generally seem to favour a group method. Nearly always the course begins with the acceptance by the group of a definition of assertiveness and with the setting of personal goals for individuals, there being the injunction to put skills into practice outside the classroom during the period of the training. It is necessary throughout to concretize ideas by invoking examples meaningful to blind people and by drawing upon the personal experiences of

trainees. As progress is made, certain techniques are introduced to illustrate situations and to provide opportunities for skills to be practised.

The first of these techniques is role play. It is explained to the group that assertiveness belongs to a continuum which has passivity and aggression as its two extremes, assertiveness lying somewhere in between. One can be assertive while remaining warm and friendly. To be assertive is not to be cold and offensive. Individuals from the group and the counsellor then act out situations that illustrate passive, aggressive, and assertive roles. An example that might be used is that of making a demand of another person, say, in seeking employment. The tough employer, initially played by the counsellor, repeatedly rejects the request for a job by reasoning that the blind person cannot cope. "How will you get to work?" "How will you manage in the canteen?" "Other workers will feel uncomfortable." "The job requires sight." And finally: "Perhaps we can consider your application, but at a reduced salary." Roles are interchanged and performances reviewed by the group and by the counsellor. In this way the blind person gains valuable experience in arguing his own case in front of an unsympathetic hearer.

A second technique that might be used to advantage in assertiveness training is rationalization. What one thinks about oneself, and how one perceives one's own experiences, are both important factors. These matters are discussed with the group and the value of cognitive restructuring is explained, that is, how one can gain control of a situation by substituting rational conduct for irrational

behaviour. Practical illustrations are given by analysing appropriate examples on the basis of Ellis' rational-emotive approach. The latter comprises an ABC model, which is illustrated in the paragraph to follow.

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In this illustration we shall choose a situation that is familiar to all blind people, namely the case of the sighted person who addresses the blind person's partner instead of the blind person himself - "Does he take sugar?" According to Ellis' model, A is the situation, in this instance the blind person being ignored and his partner being expected to speak on his behalf. C represents the blind person's feeling in the situation, say, contempt, anger, or insult. In between A, the situation, and C, the feeling, is B, which stands for the thinking giving rise to the feeling. This thinking might be expressed in the form of an internal monologue: "The stupid fool!" (contempt); "Why the hell does the person not speak to me directly?" (anger); "Do I really seem so helpless?" (insult). These bitter feelings are likely to be reflected in overt behaviour. The next step is to replace this impulsive and irrational thinking with calm and rational thought giving rise to assertive behaviour: "I know I am not helpless. I will ignore the insult." Or: "I refuse to be ignored. I will answer for myself." Assertive behaviour in such a situation may take the form of delivering a polite reproof, or of simply answering on one's own behalf. Finally, the trainees in the assertiveness group may be helped to realize the value of the technique of rationalization by being invited to present their own experiences for similar analysis.

b. The group membership model

The free will model which we have been describing appears to be the appropriate instrument to analyse those situations in which there occurs an opposition of will powers, but there is another type of situation not characterized by such a polarity of positions and where the blind person simply seeks group membership. This type of situation only becomes problematic if the blind person is excluded from interaction. He finds himself excluded from the group not through anybody's deliberate intention, but through his own failure to take social initiative to penetrate the group. In other words, he lacks the necessary assertiveness. In assertiveness training typical situations of this sort have to be identified and techniques taught and opportunities given to experience positive group entry. The key technique in all cases, as we shall see, is making a contribution.

The most important of these situations is taking part in conversation. Passive silence in company or awkwardness in speaking to people are signs heralding isolation within the group. The teaching of the art of conversation as part of the training in assertiveness has to be preceded by the detection of any psychological or physical problems that might hinder conversation, such as excessive shyness or impaired hearing, and the remedying of these problems, as far as is possible, through counselling or treatment.

Group work may begin with a discussion of the physical components of conversation - quality of voice, volume of speech, timing of message, body language, looking at the person being addressed, showing attention when listening. We have said that these points are to be discussed and it is worth mentioning that the discussion itself already must constitute a putting into practice of some of the principles of conversation.

Initiating contact is the hardest part of conversation and so a number of techniques are proposed to overcome any difficulty. Saying something about oneself is one of the ways of beginning a conversation. Some personal feeling is expressed or some minor incident related. The idea is not to bare the soul, but to volunteer information inviting a response. Alternatively, some topic of general interest might be raised. To be able to hold one's own in conversation, it is necessary to be in touch with what is happening in one's immediate circle and to keep abreast of current events by listening to news broadcasts and by reading widely. Trainees should

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be fully briefed on the available media.

Having initiated a conversation, it has to be sustained. The same techniques apply, but certain requirements have to be borne in mind constantly, for example, the need for two-way communication and the need to be receptive to the incoming message. The development of a personal style of story telling and of telling jokes will prove an asset. To gain confidence, exercises in public speaking may prove useful. Finally, attention has to be paid to the termination of a conversation. People have to be allowed to complete what they are saying and the break must not be abrupt.

No doubt, the demonstration and implementation of all of these principles in the formal setting of a group will be difficult and so the practising of skills in informal situations throughout the course is to be encouraged. Trainees may fruitfully be involved in activities specifically calling for conversation, for instance, by letting them act as guides for guests visiting the training centre.

Besides the situation of entering into conversation, there are many other situations that might receive attention in assertiveness training. Helping to organize some event is one good possibility. During every rehabilitation programme there are bound to be a number of visits and outings, rallies and special occasions. Instead of the staff organizing everything, the trainees might be expected to assume part of the responsibility for making the necessary arrangements. This will provide experience in teamwork and place the trainee in a position where he has to assert himself to gain people's co-operation and get things done.

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The trainee who possesses some special talent, such as being musical, may learn to apply it in the form of an assertiveness skill. The person who can make music is welcome in any company. The teaching of some musical instrument, particularly the guitar, has been included with good reason in certain rehabilitation programmes. Similarly, playing a sport or engaging in some interesting hobby may create the opportunity of becoming involved in a group, apart from the benefit to be derived from the sport or hobby itself. This gives cause to stress again the need for the inclusion of recreational activities in the rehabilitation programme.

Whereas the free will model of assertiveness focuses on the ability to be independent in thought and action, the group membership model focuses on the ability to gain acceptance within the group. The free will model teaches us to say "yes" or "no" to the pressures of life, while the group membership model teaches us to make a contribution. In each of the situations we have described in connection with entry into the group membership model, entry into the group begins with a contribution, for example, of information, of work, of entertainment, or even of competition. We play our part and do our share and reap the reward of acceptance.

A warning about assertiveness training is perhaps necessary. Being assertive in ways that are socially acceptable is linked to having the right motives. The ability to decide for oneself and to act decisively, commendable though it may be, can be applied in a nega-

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tive fashion. This may become apparent in a rehabilitation course where the giving or withholding of co-operation on the part of a trainee can serve to manipulate people. Merely feeling inclined or disinclined to do something is not of itself sufficient reason for action or inaction. For the sake of good order, submission to a set routine and certain rules of discipline is unavoidable.

4. VERSATILITY

Rehabilitation training has to provide the blind person with skills that are adaptable to varying conditions. The blind person has to be able to cope with regular situations of daily life, as well as with the contingent demands of changing circumstances. For this to be possible, he not only has to acquire and practise the skills of independence, but he has to gain experience in using them to perform a diversity of tasks in differing environments.

Self-reliance, we have seen, requires the blind person to have confidence in his own skills. Assertiveness similarly is underpinned by independence skills. Formal instruction within the confines of a rehabilitation centre does not of itself suffice to develop self-reliance or assertiveness. Courses, therefore, have to be designed in such a way that they are diverse in content and provide extensive exposure to outside conditions. To assist in the transference of skills from the protective setting of a centre to the unsheltered conditions of independent living, some rehabilitation programmes make provision for a spell of independent living within a separate unit before training is completed, while follow-up work once the person has returned home is also necessary.

In one sense or another versatility has to be striven for in all of the modalities of rehabilitation, but it is in the fields of orientation and mobility and the skills of daily living that the need to be adaptable to varying conditions is of the highest order.

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Training in orientation and mobility begins with indoor mobility and learning how to move about a room, an apartment, or a building independently, and essentially without the use of any sensory aid. The moment the individual moves beyond an area of absolute familiarity the long cane becomes the basic tool of

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travel. The cane scans the path ahead, moving rhythmically from side to side, making progress easy and safe.

Out of doors instruction at first takes place in a residential neighbourhood, as the student masters the long cane technique and learns to recognize sensory cues. Once confidence and proficiency reach an acceptable level, instruction in the city centre follows. Here the blind person has to learn how to manage on bustling sidewalks strewn with obstacles and how to cross at various types of intersection, taking direction from the kerb, listening to the traffic flow, and keeping the position of lamp posts and pavement ramps in mind.

Training next tackles the special environments of business and group activity, such as post offices, banks, hotels, restaurants, shopping centres, business complexes, and places of worship, where the blind person has to become familiar with each typical layout and discover ways of dealing with lifts, escalators, and revolving doors, as well as with many common hazards (pillars, sign boards, telephone kiosks, and so on). Further training is concerned with modes of transport - orientation in climbing into a motor-car; locating a bus stop and catching a bus; buying a ticket at a station and getting to the platform to take a train; checking in at an airport and boarding an

aeroplane. The challenge of adequately preparing a candidate to cope with all these possibilities in travel is enormous. And let us not forget the fact that the blind person has to be able to manage under all kinds of weather conditions, for wind and rain produce their own modifications of the environment as experienced.

There are many kinds of exercises that might be introduced to sharpen skills and create new challenges in training. The student might, for example, be asked to undertake an assignment alone, say, to go to a shop and buy something, or to travel to a given destination following a set of instructions or a route map. The student is tailed by the instructor who monitors his movements, but the student is unaware of the fact. Self-familiarization in an unknown

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environment is another excellent exercise. One of the very

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best tests of ability is the so-called "drop off" exercise in which the student is left at an unidentified point in a familiar neighbourhood. Using his local knowledge and his orientation and mobility skills, he is expected to discover his whereabouts and to find his way to an appointed spot, refusing any help offered by outsiders. Recently, the skills of orientation and mobility have been put to the test in a new form of recreation known as "orien-

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teering". In this sport participants traverse a course involving many changes of direction and numerous unexpected hazards. Points are scored according to the time taken, while penalty points are deducted for getting lost.

Turning to the field of the skills of daily living, again there are many examples of how such skills have to be adapted to the task and its setting. Cutting up meat, for instance, is not just an act of slicing, but varies according to whether one is eating steak, chicken, stew, or a hamburger. Dishing up peas is not the same as dishing up potatoes. There is a difference between pouring a hot and a cold liquid, or between pouring a thin and a thick substance. The job of cleaning changes from bathroom, to kitchen, to living room. Labelling food stuffs is not to be compared with labelling gramophone records or garden plants. Clothes are marked in one way and electrical appliances in another. The list is endless, but the point is that in each case dexterity and resourcefulness are best developed in training through exposure to ever-changing conditions.

At the beginning of this section we said that the blind person not only has to practise his skills, but that he has to gain experience in using them to meet various situations. Repetition and variation make the individual versatile, as has been demonstrated in terms of orientation and mobility and the skills of daily living. But the independence established in this way does not solely rest on the fact of having done this or that thing in the past under similar circumstances. It is that experience creates a knowledge of the physical designs and patterns of behaviour encountered repeatedly throughout society.

In Chapter 3 we described the blind person as interacting with the system. There we showed how a knowledge of standardized environments, characterized by symmetry and recurring relationships, and of the convention of human behaviour, enables the blind person to act on the assumption that such regularities are present and to hold himself responsive to confirmatory cues in typical situations. Versatility, therefore, is a combination of personal adaptability and the predictability of situations and environments in terms of their physical and social structure.

One further distinction is necessary to understand the full meaning of versatility. So far we have been discussing specific versatility, as vested in single skills adaptable to varying conditions. But we may also speak of general versatility, devolving upon a whole number of skills. In relating this distinction to particular cases we find that each separate skill belongs to a group of allied skills which together stand the blind person in good stead in meeting the broader demands of life. Take the example of a woman seeking employment in an office as a typist or word processor operator. Her typing ability has to be good both in respect of speed and accuracy, but is enhanced by linguistic ability - a knowledge of spelling, grammar, and punctuation, or the mastery of more than one language. More generally still, her position as an office worker will be strengthened if she is able to turn her hand to other forms of office work, such as operating the duplicator, the photocopier, the telex machine, and the switchboard. Armed with all these skills, the blind typist is more independent and more indispensable to her employer, merits which can hardly fail to gain her advancement.

5. AN INTERPRETATION OF BLINDNESS

Rehabilitation training has to assist the blind person to find meaning in life. It does not teach the meaning, but gives direction to the search.

Blindness disrupts the pattern of existence. The individual cannot make sense of his situation and is unable to fulfil his intended role. He experiences doubt and anxiety, even fear, anger, bitterness, and self-pity. But from the inner turmoil has to emerge an understanding of what it is to be blind in the world and a plan for the future.

There exists the belief that blindness is overcome in its acceptance. Acceptance is taken to be evident in the lack of any signs to the contrary - no resentment, no aggression, no questioning of circumstance. But such Miltonian fortitude, admirable though it may seem, is nothing other than passive defeat. It is born of the myth that blindness is a permanent misfortune to be suffered with patience.

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The true case is the reverse. Our analysis has shown that active engagement - physical initiative and social assertiveness - is required to attain meaningful goals. It is not passive acceptance that should be advocated, but appropriate action.

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Of course, the question is: appropriate action according to what criteria?

In one sense appropriate action means using proven techniques in given situations. In another sense it means behaviour consistent with a particular view of life. In the case of the blind person such a view of life is profoundly influenced by the individual's interpretation of his blindness.

In our chapter on theories we discussed a remarkable variety of interpretations of blindness - a Freudian, a Jungian, and a Behaviourist view, a view based upon social theory, a religious explanation, and a logical explanation. We found that each of the theories provided a unique interpretation of blindness, but that on analysis all of the theories were flawed. Now it is our contention that each blind person has to develop his own particular interpretation of blindness, but in putting forward this argument we do not mean to suggest that the blind person has to come to discern in himself a living example of any of these theories. On the contrary, what is meant is that each blind person has to develop a pragmatic policy to be applied in the situations of his life, a practical wisdom arising from the experience of blindness. Such an interpretation does not take a systematic form, but is expressed in a variety of dispositions, actions, and verbal strategies to cope with conditions and to deal with people.

Let us be more specific. What are the elements in a personal interpretation of blindness that determine such dispositions, actions, and verbal strategies?

There are many different elements involved here and it is unlikely that a full list could be given. This should not deter us, however, from discussing some of the more obvious and important ones, beginning with a sense of humour.

When we say that blind people display a sense of humour in dealing with situations arising on account of blindness, we are not referring to the comedy and wit that generally amuse, but rather, to a special brand of humour in which the unexpected mishap and the bizarre incident are removed from their context of hurt and frustration and treated as being genuinely funny. It is a sense of humour that takes various forms. Sometimes blind people will indulge in impersonations of sighted mannerisms, or in practical joking between themselves or at the expense of sighted individuals, or, very occasionally, in the telling of jokes about blindness. But, above all, it is the anecdote that perfectly expresses the distinctive humour of the blind. Every circle of blind friends enjoys a common store of these anecdotes. Each institution has its own collection of such stories which form part of its heritage. Also, the writings

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of blind authors in books and periodicals are highlighted by such tales - the trials and errors of attempted independence, the antics of sighted people.

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If we study these anecdotes, two main characteristics become evident: firstly, their post facto nature. The particular incident was not felt to be funny when it happened, but became so in the retelling. Secondly, while the observer would tend to see a relevant incident as an indignity suffered by the blind person, the blind

individual himself is inclined to view the matter in another light. And herein, perhaps, lies the clue to the sort of role fulfilled by humour in such a setting, namely to transcend unpleasant experience. In accordance with this reasoning, at least three different functions of humour might be deduced.

The first of these functions of humour is to serve as an antidote for embarrassment. A situation occurs in which the blind person appears foolish or incompetent. He acknowledges his error, but becomes master of the situation by making of it a comic exception. At the same time, by inviting other blind people to join with him in laughing at himself, he gains the security of common experience - "This is the way it is for us, brothers!"

A second function of humour is to lighten the burden of authority. Often the blind person, captive in his situation, finds himself subject to the authority of some sighted person, be it within the blindness system or in the world at large. The maladroitness and self-importance of the sighted person make him the butt of the blind person's humour, whereby his actions are made to appear ironical in the sense that, while he behaves in earnest, those under his authority perceive his actions in caricature. Impersonations and anecdotes are the favoured means of portrayal.

Humour has a third function in helping to expose the pomposity, ignorance, or hypocrisy of sighted individuals. Misconceptions or dubious motives are frequently at the root of the difficulties experienced by blind people, while the good intentions of sighted

people are all too often contradicted by their actions. To oppose these actions directly is of little avail, but the effects of such actions might readily be neutralized in the humour of the group. The humour of the group also provides reassuring confirmation of any evaluation of sighted behaviour.

That humour has an important role to play in a person's interpretation of his blindness seems, therefore, indisputable. Of course, the rehabilitation personnel cannot teach a sense of humour. All they can do is to bring the experiences of blindness within the ambit of humour. Contact with rehabilitated blind people who have their own stories to tell will advance the process, as will sharing in the mirth that inevitably arises within the group as a result of incidents occurring during training. Admittedly, there are sensitive areas where humour is inappropriate, but generally speaking humour has a remedial value. It should not be regarded as an escape from reality, but rather as a means of turning the emotional tide away from the negative feelings that tend to dominate an unhappy personality.

A totally different element that may play a part in a personal interpretation of blindness is religious faith. To say that blindness is caused by a pathological process or a physical agent will seem to some an inadequate explanation. For such individuals there exists a need to discover a deeper meaning to events and to discern the hand of Providence in human affairs. If psychological comfort were the only benefit to be derived, religious belief would be little more than a panacea, but it is the broader perspective on

life that is the true reward. If this is present, there will emerge an extra resilience in coping with the vicissitudes of life and an inner strength in responding to setbacks.

In rehabilitation the task is not to convert people to religious faith, but, where it exists, to render it relevant through counselling and to foster its growth through opportunities for regular practice and contact with people of similar persuasion. Someone who is a non-believer may also feel the need to invoke some guiding principle in the interpretation of his experience. This may not be apparent in the routine of everyday life, but is much more likely to be felt in times of trouble. We began by saying that a person's view of life is profoundly influenced by his interpretation of blindness. Here we see that the reverse also holds true.

There is one more element (already dealt with under assertiveness training) which we wish to mention in connection with a personal interpretation of blindness, namely the ability to rationalize. An individual may master any number of skills and yet be unable to face up to practical problems. Rationalization enables him to substitute positive feelings for negative ones, as we saw previously, but also to view tough situations in terms of potential solutions. Early gains in training and exposure to a variety of conditions will establish the orientation of mind that is necessary. It is when the blind person begins to regard difficulties as challenges that the path to success in rehabilitation is assured.

CHAPTER 5

REHABILITATION PRACTICE IN SOUTH AFRICA

It seems appropriate that a chapter on principles should be followed by a chapter on practice. Principles are theoretical formulations presupposing ideal conditions, but the putting into practice of such principles is subject to many constraints with regard to manpower, physical facilities, financial resources, established traditions, vested interests, and legislative controls. While the aim in rehabilitation must surely be to provide optimal services to the maximum number of clients according to the criteria of cost effectiveness, the development of rehabilitation services for the blind of South Africa has not always attained to this goal, most often

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because of compromise and a lack of co-ordination.

But before pointing out shortcomings, or any advantages, of the system, we have to describe the services that presently exist. In doing so we shall also be preparing the way for a consideration of future plans. These plans, it may be hoped, will allow for a fuller expression of the guiding principles of rehabilitation.

The overall service system for the blind of South Africa, as was

noted in Chapter 3, is varied and complex in nature. The South African National Council for the Blind, which is the parent body of work with the blind, has no less than thirty-eight affiliated and forty associated organizations. Some of these organizations are national in scope and others local. Some are specialist agencies providing a single service, while others have broader aims and render a number of services. Some are organizations for the blind and others are organizations of the blind. Some serve only a particular population group, age group, or interest group, while others apply no such restrictions.

Now services in rehabilitation, which comprise a subsystem within a larger system, exhibit a similar pattern of distribution. It is, accordingly, very difficult to justify the use of any particular classification rather than another in attempting to present a coherent account of the rehabilitation work being done. For this reason we ourselves shall prefer to describe one service at a time in terms of its specific characteristics, while nevertheless conceding that the categories of division mentioned in the previous paragraph must inevitably emerge at certain points. In particular, the vexed question of centralization versus decentralization will occupy our attention, as being an issue vitally affecting the efficiency of services and their utilization.

1. THE ENID WHITAKER REHABILITATION CENTRE FOR THE BLIND

Why something was done in the past may be deduced from historical record, but why something was not done is less easy to determine.

It is, accordingly, a curious fact that for nearly thirty years after the inception of the South African National Council for the Blind the need to create a formal programme of rehabilitation on a national basis was not realized.

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The value of home teaching was already the subject of a resolution at the Second Conference Concerning Work among the Blind of the Union of South Africa held in Cape Town from 18 to 20 March 1929 during which the South African National Council for the Blind was founded, but over the next three decades only three of the local

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organizations for the blind appear to have employed such workers intermittently to teach braille, Moon, crafts, and independence skills to blind people in their homes. While these efforts were in progress, no proposal for the establishment of a rehabilitation centre as such was forthcoming.

It is possible to argue that in the early days of work with the blind in South Africa other matters had to receive priority, for instance, the problems of indigence and eye disease, but surely part of the explanation is a poor conception in former times of the value of practical training. As late as the 1950's the Chairman of the National Council seems to have regarded rehabilitation as nothing more than "psychological adaptation", interpreted to mean "the cultivation of the proper attitude of mind towards their disability" in

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blind people. It took the example of a courageous blind woman to change this approach.

Enid Whitaker, who was blinded while on active service in the Middle East during World War II, underwent rehabilitation training in England. On her return to South Africa she began to campaign for the establishment of a rehabilitation centre. As a result the South African National Council for the Blind appointed a subcommittee to go into the matter. The possibility of entrusting the responsibility for training to an affiliated organization, with the National Council providing generous financial aid, was investigated, but finally it was decided that the National Council would undertake the task itself.

The Enid Whitaker Rehabilitation Centre for the Blind first opened its doors at a house in Boom Street, Pretoria, on 15 March 1957. Initially, the home teacher at the Pretoria Society for the

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Blind gave assistance, but by April 1958 it had become necessary to appoint a full-time rehabilitation officer. Essentially, training took the form of social rehabilitation, with some vocational aspects. Between 15 March 1957 and 12 August 1958 eight men and seven women were admitted to the Centre. The Department of Social Welfare was approached for a subsidy in 1957, but it was not granted until 1961.

By 1963 telephony instruction was being offered at the Pretoria Society, with practice on a live switchboard taking place at the S.A. Mint. Alternatively, men could be trained as lathe operators through an arrangement with Fuchs, while women could learn to become

film splicers at Kodak Laboratories. With the exception of telephony instruction, these early efforts at vocational training were not maintained.

The Centre was moved to Johannesburg at the end of 1967 for the reason that the greatest concentration of blind people in need of rehabilitation was in Johannesburg and on the Reef. The premises in Pretoria had allowed for two to four candidates per course, lasting six to eight weeks. The new Centre allowed for a larger intake and an increased staff, as well as for a course lasting twelve weeks.

During 1974 fifteen people completed the full rehabilitation programme, extended courses were given to eighteen, and another sixteen were given temporary social assistance. After-care services were rendered to forty ex-rehabilitees. Since 1978 the length of courses

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has been four months.

Today the programme offered at the Enid Whitaker Rehabilitation Centre remains predominantly social in character, but certain

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aspects of vocational training do receive attention. Assessment and counselling lead to the designing of courses suited to personal needs. The full programme of training usually includes orientation and mobility, the skills of daily living, and the communication skills of braille and typing. A social work service is rendered. Recreation takes the form of group activities, but individual participation in sport and community affairs is encouraged. Group discussions help to develop positive attitudes, but, where a deep-seated problem appears to exist, the services of a clinical

psychologist are employed. Specialized courses in the use of the Optacon and low vision reading aids, as well as in switchboard operating, are also available.

During 1983 thirty-two blind and partially sighted people completed the full rehabilitation programme. A further six were trained in the use of the Optacon and fifteen in telephony. The staff were also involved in the assessment of candidates for physiotherapy, word processing, and computer programming.

Of the ten members of staff employed during 1983, eight were specialist workers, these being a social worker, an occupational therapist, three orientation and mobility instructors, a braille teacher, a typing teacher, and a telephony instructor. Two of these members of staff carried the additional responsibilities attached to their posts of superintendent and assistant superintendent. Limited use was made of volunteers.

The cost of providing this service during the financial year 1982/83 was R100 000. The State contributed 50% of the approved budget, but, owing to the fact that costs inevitably rise during the course of a year, the actual State contribution amounted to only 47% of the

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overall expenditure.

Clients admitted to the Centre tend to be newly blinded adults, but

training in specific modalities is occasionally provided to ex-pupils of schools for the blind. Clients are men and women of all ages, but the majority belong to the age group twenty to sixty years. The causes of blindness vary from physical injury to degenerative conditions of the retina, there having been a marked increase in diabetic and military cases in recent years. From the inception of the service until the end of 1980 training was limited to the White population group, but since January 1981 Coloured and Indian clients have been able to benefit from the full rehabilita-

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tion programme. This aspect is one we shall return to in section 5.4 of the present chapter.

The submission of a formal application, supported by medical and ophthalmological reports, had until recently sufficed to gain admission. However, a growing waiting list, the rising number of clients with additional handicaps, and evidence that certain clients do not substantially benefit from training, have necessitated a reappraisal of admission practices. Since 1981 the Superintendent has been assigned the task of screening applications by means of interviews with prospective clients and their families. In particular, the need of the individual and his motivation have to be assessed. As a consequence of this approach there has been a marked improvement in the results achieved through training. This success is consolidated in follow-up work carried out by means of correspondence and telephone calls, as well as through home visits wherever possible. The regional officers of the National Council and professional staff attached to affiliated organizations often complement the follow-up work.

Although occupational training is currently restricted to telephony, assessment and counselling with a view to possible further study or training, and future placement in employment, are standard procedures. The process also involves the National Council's placement officers who begin to investigate employment prospects at an early stage of the training period and are frequently instrumental in placement afterwards. Naturally, the rehabilitation staff themselves do not hesitate to exploit any opportunities that come their way to find suitable positions for clients under their care.

Despite a busy programme and limited resources, the staff members of the Enid Whitaker Rehabilitation Centre play an important part in public relations. They answer the queries of potential clients and supply relevant information to professional workers at agencies from which referrals could come. Talks and lectures are given to service organizations and at colleges and universities, and visits to the Centre are arranged for interested groups. The work of the Centre is regularly featured in the media.

The overall picture that emerges from this statement of facts is that an intensive training programme is offered, satisfying the basic rehabilitation requirements of clients, but that the service stands in need of expansion and renewal.

2. THE SOUTH AFRICAN GUIDE-DOGS ASSOCIATION FOR THE BLIND

The history of the modern guide-dog movement begins with an event

that took place in Germany during the First World War. A doctor looking after the war-wounded was walking with a blind man in the grounds of a hospital when he was called away. The doctor left his Alsatian with the man and was subsequently so impressed with the dog's behaviour that he decided to start experiments in the training of dogs to act as guides for the blind. By 1923 a guide-dog training centre had been established in Potsdam where several thousand dogs were trained in the next ten years.

The work in Germany came to the notice of Mrs Dorothy Harrison Eustis, a wealthy American engaged in the breeding and training of Alsations for the customs service, police, and army of Switzerland. Having visited Potsdam, she wrote an article for an issue of the American Saturday Evening Post in October 1927. Excited by the article, a young blind man, Morris Frank, appealed to her for training. The manager of her kennels, Elliott Humphrey, was sent to Germany to study training and soon Morris Frank, with Buddy at his side, became the first American guide-dog owner. Afterwards the Swiss Training Centre, L'Oeil qui Voit (the seeing eye) gave birth both to the organization bearing the same name in the United States

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and to the British Guide Dogs for the Blind Association.

The South African Guide-Dogs Association for the Blind was estab-

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lished in 1954. Its founder, Gladys Evans, received her guide-dog training in England and it was the independence restored to her by her new companion, Sheena, that inspired her to launch a

training scheme in South Africa. While a number of organizations for the blind initially opposed the idea, the response from blind people themselves who wished to be trained gave convincing proof of an unmet need.

Guide-dog training as such occurs in two stages. The first stage begins when the dog is about twelve months old and lasts for six months. During this period the dog is taught how to lead a person safely under a variety of conditions and how to react to commands. The process is one in which a series of conditioned reflexes is

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established in the dog enabling her to serve a blind person efficiently. At the same time a process of selection takes place, dogs lacking the necessary powers of concentration or possessing the wrong temperament being withdrawn from training.

In the second stage of training, lasting three weeks, dog and owner are matched according to temperament and physique. The blind person stays at the training centre in Sandton (near Johannesburg) where he is taught how to handle the dog in all kinds of situations and how to care for the animal. A further week of training is conducted in the home environment, after which a visit once a year from an instructor normally suffices to maintain a proper standard of performance. Somewhere between the eighth and tenth year of the dog's life she retires, to be replaced by another dog.

Blind people entering guide-dog training for the first time are

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usually somewhere between the ages of twenty and fifty years,

but retraining may involve people over the age of sixty. The individual has to be physically fit and his domestic circumstances have to be such that a dog can be accommodated. Although training in South Africa is free to the individual, the owner has to be able to afford the upkeep of the dog. It seems superfluous to add that the

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person must also be fond of animals. At present some twenty-five units, that is, blind owners with their guide-dogs, are being

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trained annually, with a waiting list twice that number.

Two noteworthy projects have been developed to support the training programme. The first of these is a project known as "Puppy Walking". Under this scheme puppies are house-trained and given their first lessons in obedience by volunteers who care for the dogs in their own homes until they are ready to enter formal training. Not only does this scheme effect a saving in resources and manpower in the early period of training, but it achieves the even more important goal of community participation in the work of the Guide-Dogs Association.

Another project giving support to the training programme is the breeding of dogs by the Association. Since 1973 dogs have been bred at the Centre in Sandton, using local stock as well as pedigreed animals imported from the United Kingdom. The dogs are mated and their progress monitored according to scientific principles. In this way the Association is assured of a regular supply of suitable animals, while the success rate in the training of the dogs has been raised significantly.

But what does having a guide-dog mean in the life of a blind person?

In the first place it means being able to move about independently. Travelling alone is convenient and safe. As long as the blind person knows the route that has to be taken, he can reach his destination without sighted assistance.

But important though the factor of independent mobility may be, a great deal more is sometimes involved in owning a guide-dog. The blind person and his dog are the focus of attention wherever they go. The partnership of dog and human being evokes a joyful response in sighted people which breaks down the reserve isolating the blind. While the sentimentality of animal lovers may obscure the independence skills of the individual, it cannot be denied that the blind person with the dog is a popular figure in any community. Occasionally, restaurants and hotels have been known to refuse admission to a blind person with a guide-dog, but the management of such an establishment soon relents in the face of adverse publicity.

In the private life of the blind person, particularly in the case of someone living alone, the dog may also represent a companion, even an object of affection. In such instances the guide-dog actually satisfies a deeper emotional need which it might be impossible to meet in any other way. In a sense this signifies a lack of true independence, but such are the facts of life.

The South African Guide-Dogs Association for the Blind provides another service of major importance. When, in the decade of the '70's the long cane technique was adopted as one of the primary methods of mobility in South Africa, the Guide-Dogs Association wisely decided not to enter into competition with any new service, but rather to expand its own work by establishing a comprehensive mobility service, incorporating the teaching of the long cane technique. Since 1974 the School for Orientation and Mobility of the Guide-Dogs Association has with increasing regularity staged courses of training for instructors in the long cane technique. After qualifying, these instructors enter the employ of a school for the blind or one of the local or national organizations serving the blind in the field of mobility. In between courses the staff of the Association are available to train individual blind clients, but this task is secondary to the main responsibility of training instructors. The blind person, therefore, is able to choose between a guide-dog and a long cane and no pressure is brought to bear on him in making his decision.

An admirable feature of the work of the Guide-Dogs Association is that it has been carried out without State subsidy. The excellent publicity received by the Association over the years has evoked a natural sympathy for the cause from the side of the public. The result has been the ability to fund all necessary projects. The prudent administration of the organization will, no doubt, permit further expansion as the demand for service continues to grow.

3. ST. DUNSTAN'S (SOUTH AFRICA)

The aim of St. Dunstan's is the rehabilitation of men and women blinded through military action. It was founded in England in 1915

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by Sir Arthur Pearson, a newspaper editor who had suffered the gradual loss of his sight. Determined to continue to pursue an active life, he dedicated himself to the establishment of an organization that would care for the needs of the war-blinded. Upon his untimely death in 1921, Sir Arthur was succeeded as Chairman by

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Captain Ian Fraser, a blinded soldier whom he had been grooming for leadership. Over the next half-century the dynamic role played by the man who came to be known as Sir Ian Fraser (and later as Lord Fraser of Loonsdale) helped to place St. Dunstan's at the forefront of rehabilitation work in Britain and the Commonwealth.

In South Africa, work for the war-blinded was made the responsibility of a branch of St. Dunstan's, England, in about 1917. The independent St. Dunstan's (South Africa) came into being in 1934, but ties with the British Association have remained strong to the present day. The facilities in Britain have always been at the disposal of blinded South African soldiers, but during World War II a separate rehabilitation centre, Tembane, was actually established and maintained for a while in Cape Town. Over the years close links have also been forged with a number of South African organizations, so that St. Dunstan's, acting in collaboration with local agencies, is today able to serve most of the needs of its blind members without seeking British assistance.

In the case of St. Dunstaners, the normal two phases of pre-vocational and vocational rehabilitation are preceded by a hospital phase during which the person is recovering from his wounds. The fact that modern warfare frequently produces multiple injuries, such as the loss of one or more limbs in addition to blindness, means that reconstructive surgery may be necessary as well as the use of prostheses and other orthopaedic aids. Treatment can be protracted and may involve a whole series of procedures, but in the meantime the patient has to get to grips with the problems of his blindness. The welfare officers of the Defence Force, supported by the paramedical personnel and the nursing staff, therefore have a vital task to perform in initiating the process which afterwards will be continued in formal training at the rehabilitation centre of the South African National Council for the Blind.

In the first place the blinded soldier has to be informed of the nature and severity of his injuries. During the counselling sessions which follow this announcement, the welfare officer has to be able to deal with many different types of reaction to blindness and to offer advice on a multiplicity of personal problems. At the same time the patient has to be encouraged to start doing things for himself in the way of dressing, eating, and finding his way to the bathroom. Outside experts may be invited to visit the patient to discuss future plans and one of the early visitors will certainly be a St. Dunstan's representative to introduce the patient to the services of that organization. Typically, St. Dunstan's will send another war-blinded person whose experience may prove helpful to the newcomer. On the termination of his period of service, the person

will receive a military pension from the State. While the income from this source will never make him financially independent, it will always provide a valuable supplement to his earnings.

Training at the National Council's Rehabilitation Centre, which follows the hospital treatment, enhances the initial skills that have been learned and takes special account of any additional injuries that have been suffered. St. Dunstan's sponsors the training - sometimes with State support - and monitors its progress. Generally speaking, the programme contains the standard courses of orientation and mobility, skills of daily living, braille, typing, and the rest, while counselling is concerned with a radical re-appraisal of personal possibilities.

To assist the blind person in his preparation for an occupation, St. Dunstan's may make use of any of the facilities existing for the civilian blind. The blind St. Dunstaner may learn a trade at one of the workshops for the blind and continue to earn a living in its employ. Alternatively, he may master a craft at a workshop and then practise his occupation in the form of home industry, with St. Dunstan's selling the products on his behalf. Another option sometimes exercised is to send the person for a further spell of rehabilitation to Ovingdean, the training centre of St. Dunstan's in Brighton, England.

Over the years St. Dunstaners have entered a variety of occupations open to blind people, ranging from switchboard operating to physiotherapy. Some have completed a university education, while an ex-

ceptionally high proportion of them have succeeded at a profession or in business. As long as the goal is realistic, the St. Dunstaner is able to rely on the moral and financial backing of his organization.

It is the policy of St. Dunstan's to care for its members and their dependants throughout life. In addition to the primary services provided or procured for the war-blinded, there are a number of special schemes existing to cater for specific needs. One such scheme is intended to ensure that each St. Dunstaner can afford his own home. To this end low-interest mortgage bonds or low-rental houses are made available to members.

The Sir John Ellerman Mobility Trust, administered by St. Dunstan's, is based in the Western Cape and provides instruction in orientation and mobility free of charge to all blind people, including the civilian blind. Approximately sixty individuals receive instruction every year. A similar openness of policy characterizes the allocation of grants from the Ian Fraser Memorial Bursary Fund which renders financial aid to blind students studying at South African universities. Again, many of the beneficiaries are non-military cases. In this way St. Dunstan's, being obliged to accept many services from other organizations for its members, might be said to reciprocate generously.

Not counting mobility students and bursary holders, about a hundred individuals and families are presently being assisted by St. Dunstan's. Tragically, the Border War in which South Africa is

engaged is adding its toll. In fact, the plight of a further generation of blinded soldiers has recently prompted St Dunstan's to enter into a formal partnership with the South African National Council for the Blind for the establishment of a new rehabilitation

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centre for the blind.

4. ALLIED SERVICES

There are a number of services covering certain geographical areas, catering for specific groups, and caring for particular needs that supplement the formal rehabilitation programmes we have been describing and without which training could not attain some of its goals or be made available to some blind people in accordance with their wishes. A service may develop in isolation, or be highly specialized, or be limited in its objectives, and for any or all of these reasons it may not fit into a general pattern or overall plan. Realizing this, we shall not attempt to impose a system where it does not exist, but be content to give a piecemeal account of the work being done and to explain its purpose, leaving the evaluation of such services to the final section of this chapter.

4.1 LOCAL SOCIETIES FOR THE BLIND

In all of the big cities of South Africa, in many of the large towns, and in certain of the rural areas there are organizations

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rendering local services to the blind. Some of these organizations limit their activities to a single race group or facet of service, while others apply no such restrictions. The assistance

given may vary from the occasional work of volunteers providing poor relief to permanent projects manned by professional staff. There are, however, two services that tend to receive priority in such a setting and which contribute to the rehabilitation of blind people.

Social work, principally in the form of casework, is carried out to help blind people cope with problems ranging from marital strife to alcoholism. All of the problems familiar to social workers are to be found amongst the blind, but those of inadequate accommodation, insufficient income, and social isolation have the highest frequency. This means that the social worker has to deal with the common problems of society, possibly rendered more acute by blindness. The social worker also has to be able to counsel clients on the effects of blindness as such, with special reference to personal relationships and employment prospects. The advanced age of the majority of

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clients, or the existence of severe health problems, might call for the involvement of workers belonging to other professional disciplines. Where necessary clients will be referred to alternative agencies for services, including the South African National Council for the Blind if a comprehensive programme of rehabilitation is required.

A further service regularly undertaken by local societies for the blind is the running of workshops to provide sheltered employment. In the past these workshops have concentrated on traditional crafts such as canework and weaving, but today the more successful among them are entering into lucrative industrial contracts. Subsidies

are granted by the State and donations made by the public, but unless such a workshop trades profitably it will probably be compelled to pay poor wages to cover its losses. Most workers receive the blind person's pension in addition to their wages, but the means test applicable to this pension places an artificial ceiling on wages which has a demotivating effect on those workers able to command better pay.

Where blind workers are unable to compete in the open labour market, workshops offer an essential means of earning an income, but workshops under progressive management will constantly encourage their good workers to seek outside employment. Unfortunately, such a policy is difficult to maintain in the case of workers with ad-

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ditional handicaps or in the Black communities where high levels of unemployment prevail. Many workshops also provide hostel accommodation to help workers unable to travel independently or who reside in remote areas.

Besides social work and the running of a workshop, there are a number of services that might be established by a local society for the blind, depending upon the needs of its clients, its resources of money and manpower, and the will of its administrators. Examples of these services are home visiting, social entertainment, the teaching of braille and Moon, and eyecare. Among these services training in orientation and mobility is today considered to be a necessity. The local availability of such a service has the advantage that blind people requiring this single modality - regarded by many as the very key to independence - do not have to leave home or be absent from

their work for an extended period of time. A further advantage is that training can be related to the local environment, making it particularly relevant to the needs of the individual. But despite the fact that the institution of such a service in each community has been widely advocated, only a few organizations for the blind as yet employ mobility instructors. Even in some of the major cities

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no service exists.

Finally, let us return to a matter mentioned in section 1 of the present chapter. There we described how early work in rehabilitation in South Africa took the form of home teaching. With the opening of the Enid Whitaker Rehabilitation Centre in 1957 and the appointment of social workers throughout the country, efforts to spread home teaching gradually ceased. While the new services brought definite benefits to the blind population, the lack of training in independence skills has remained a gap in the work of local societies. It is a theme we shall take up again in our concluding critique.

4.2 SCHOOLS FOR THE BLIND

If school education is a preparation for life, it follows that the education of blind children has to develop both the practical and academic skills that will enable the blind individual to attain his maximum potential in society. The teaching of the basic school subjects according to specialized methods does not require our attention in an analysis of rehabilitation practice, but instruction in

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practical skills is highly relevant to the discussion.

To a surprising degree practical skills are required incidentally in the course of formal as well as informal activities in the classroom, in the hostel, and on the playground. The manipulation of materials and equipment during lessons, the performing of chores in dormitory and dining room, and participation in games and sports are some of the innumerable ways in which dexterity and mobility are stimulated. The reason why such activities are extremely valuable in the learning process is that skills are not mastered as isolated techniques, but practised as elements in purposeful behaviour, a type of training strongly advocated in our chapter on the principles of rehabilitation. Even so, the development of skills cannot be allowed to proceed haphazardly if the final result is to be optimal, and especially where pupils are diffident and dependent. Casual learning has, therefore, to be supplemented by a programme of skills tuition that is both systematic and properly graded.

There are, particularly, two fields in which skills are formally taught as part of the official curriculum. The first of these, the skills of daily living, are learned throughout the school years. Training begins in the Kindergarten with the mastering of simple tasks such as fastening buttons, tying shoelaces, and telling the time, and the playing of games which demand the use of the hands, for example, modelling in plasticine and digging in a sandpit. Gradually, various handcrafts are introduced, while in certain subjects, such as gardening and domestic science, an area of special knowledge is developed together with the requisite skills to put the knowledge into practice. At a number of schools a specific subject,

known as life practice, is taught which is intended to streng-

then the basic skills essential to home-making and employment. Good co-operation between teachers and hostel staff will create opportunities for skills which have been formally learned to be reinforced in an informal setting, for instance, as the habits of cleanliness and tidiness are inculcated.

The second field in which practical skills have to be taught is orientation and mobility. Nearly all schools for the blind in South

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Africa have teachers or specialist instructors on their staff whose responsibility it is to provide this form of training. The fact that schooling extends over many years makes it possible to structure training to meet the exact needs during each stage of development, starting with the indoor and outdoor mobility of the child in the school itself and leading ultimately to independent city travel. Gymnastics, wrestling, hiking, folk dancing, and many of the other activities popular at schools for the blind are recommended as a means of reinforcing the movement skills fundamental to effective mobility.

But besides the programmes of practical training and academic work, there has to take place a process of socialization, which is closely related to the development of the personality. The difficulties experienced in bridging social distance and the other problems discussed in Chapter 3 are matters which have to receive constant attention. As was the case in the acquisition of practical skills, social learning is, for an important part, the incidental product of

schooltime and extramural activities. One of the major considerations at all times is that the negative forces of institutionalization - entrenched attitudes of workers with the blind, regimented behaviour, the closed perspective of a limited peer group, a protective environment - should be mitigated by whatever social opportunities are created.

Understandably, the question of socialization is a central issue in the continuing debate about the merits of the system of residential schools for the blind. In the United States and the Scandinavian countries, where the lead has been taken in integrating blind children into the general school system, it is argued that growing up with sighted children is the best preparation for integrated living

in adulthood. In South Africa, however, the high cost of providing the necessary supportive services for integrated education is usually advanced as the main argument against change.

This is perhaps not the place to take sides in the debate, but let it be said unequivocally that under the present system it is incumbent upon educators of the blind to promote the social development of the individual, not only by means of lessons in deportment and etiquette, for example, but especially by implementing programmes of social and cultural activities that will allow blind pupils to mix freely and regularly with sighted pupils from nearby schools and with sighted children and adults from the local community. Not to do so is to risk a social deficiency which it may be impossible to rectify later on, even through subsequent efforts at rehabilitation.

We see, then, that the independence skills taught to adults in rehabilitation are acquired by blind children in the course of their education and in the process of their ordinary living. If development is not to be delayed in a child from an early age, the parents have to take an active part in stimulating the child. This is why some schools run a counselling service to guide parents in questions of toilet training and how to help their child to dress, eat, and play games.

But even when an early start is made and independence skills are practised throughout the school career, it is still possible that the young person leaving school may be incapable of true independent living. In particular, this is likely to be the case with blind youngsters in the Black communities attending schools that do not

offer a full secondary education. It is, therefore, necessary for the official rehabilitation services to accept these young people for courses aimed at generally upgrading their skills. Such school-leavers may also be reliant on the rehabilitation services for vocational training and placement, although some schools have instituted such services themselves. From this, a line of progression from the school environment to the setting of rehabilitation is evident, the former preparing the ground for the latter and, ideally, minimizing its task.

4.3 PLACEMENT SERVICES

Rehabilitation in general, and vocational rehabilitation in particular, has to culminate in employment. Either the blind person has to be restored to his former occupation or he has to enter a new field matching his abilities and satisfying his aspirations. The task of finding employment for blind people is commonly assigned to a professional worker known in South Africa as a placement officer.

The organization rendering the most extensive placement

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service is the South African National Council for the Blind. Placement officers at the headquarters of the National Council in Pretoria maintain a register of job seekers throughout the country. A personal profile of each candidate is obtained from the completed application forms, while supplementary information is procured during subsequent interviews and formal assessment wherever this proves practicable. A regular service is provided in the areas of Pretoria, Johannesburg, and the Reef, whereas other major centres are visited only intermittently as the need arises. In Cape Town and Durban the duties of the local development officers include placement, enabling the Council also to meet demands directly in

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these centres.

The means of finding employment for blind and partially sighted people are manifold, but, broadly speaking, there exist two approaches. The first of these consists in matching available jobs with suitable candidates. Posts advertised in the media, or identified by contacting individual employers, or discovered by conducting

general surveys, are filled through the selection of candidates possessing the appropriate qualifications and living in close proximity to the place of employment. This particular approach tends to lead to stereotyped employment and to the placement of people in jobs traditionally associated with the blind.

A second approach increasingly being adopted is to assess a candidate's potential and to determine his personal preferences, and through a process of specialized training and specific placement to help blind people to enter occupations offering both job satisfaction and a career path. Such an approach is far more intensive in effort than has hitherto been characteristic of the service.

The fact that the first of these two approaches has predominated in placement work has been a prime factor in limiting the variety of occupations of the blind in South Africa. At the different levels of ability, factory work, telephony, and law have in recent years

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overshadowed all other employment options, particularly as far as the totally blind are concerned, but also in respect of a large number of partially sighted people. Occupations which in the past have been regarded as attractive alternatives - for example, physiotherapy, social work, music teaching, and piano tuning - are today generally overlooked by candidates and their advisers in their concentration upon a few well-worn paths. The situation is the more regrettable in the light of individual successes achieved in entering new fields, as well as the positive results produced by occasional efforts at innovative placement.

In pursuance of its objectives in placement the South African National Council for the Blind collaborates with several other bodies active in this field. First among them is the South African Blind Workers Organisation which has a voluntary national placement officer to co-ordinate its work, as well as a voluntary placement officer in each of its eleven branches. Being a self-help organization, its service is characterized by the efforts of blind people assisting other blind people to find jobs. Next it is necessary to mention the schools for the blind, a number of which provide vocational guidance and a placement service for the benefit of school-leavers. Some schools also have an after-care service which includes sheltered employment. Similarly, various local societies for the blind in urban areas are engaged in placement work, either by running a workshop or by seeking outside employment for their clients. In at least one case - that of the Lighthouse Club for the Blind in Cape Town - the service has become closely associated with the National Council's local placement work. Finally, the Department of Manpower effects placements in its own right, while nevertheless co-operating with the National Council in assessing candidates and exchanging relevant information. Further, the Department gives official recognition to the service of the Council by granting a partial subsidy to its placement section.

Although we have found cause to focus attention on the tendency to place blind people in traditional occupations, this does not mean that the field of placement is static. Indeed, certain trends now emerging are likely not only to affect the general pattern of employment of the blind, but also to alter the type of expertise that

will be necessary to take full advantage of the opportunities presenting themselves.

The first of these trends is towards complexity. The placement officer working in the South African context has to serve the needs of handicapped people belonging to various socio-economic backgrounds and possessing differing levels of education and training. Each candidate may also differ with regard to ability, motivation, degree of residual vision, and age at onset of blindness. Another factor is the number of persons with handicaps additional to blind-

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ness, including physical disability, cerebral palsy, speech defects, hearing loss, epilepsy, and diabetes.

On the other hand, factors such as chronic unemployment in certain

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geographical areas, the lack of enabling legislation, and the failure of commerce and industry to adopt favourable policies, have the effect that in seeking work the handicapped individual has to compete against tremendous odds. Over and above this, the fact that virtually every job contains a visual element means that in each new setting specific problems first have to be overcome before the visually handicapped worker can be employed productively.

The trend towards high technology in aids for the visually handicapped is helping to eliminate this difficulty of the visual element in work in the sense that auditory or tactile means may be employed to monitor a process or gain access to information. Sometimes standard equipment, that is, ordinary commercial items, can be used without adaptation or be rendered usable by simple means, say, by

introducing auditory signals or tactile markings. Such solutions have been applied for a long time on the factory floor and in the office environment, but it is the new computer-related technology in particular that is opening up many possibilities of placement, for example, by the use of braille displays, speech outputs, and a whole range of devices enabling blind people to edit and store information and to work interactively with printers, typewriters, word processing units, and computers. Again, in the case of people who are partially sighted, the residual vision can be maximized by prescribing lenses to match visual acuity, visual field, and the light sensitivity of the eyes and by applying electronic aids. Closed-circuit television offers a system which is especially flexible, permitting the adjustment of the size, contrast, brightness, and colour of the print on the screen, as well as the adjustment of the background against which it is viewed. Not only does the introduction of such aids create an urgent need for technical expertise in the field of work with the blind, but it shows the importance of a multidisciplinary approach to placement.

4.4 CENTRAL AIDS DEPOT

That technical aids are making an increasing contribution to the rehabilitation and employment of blind people has been evident at various stages of our discussion and again in the preceding section of this chapter. From this it follows that such aids have to be readily available to blind people at a price they can afford. But the cost and variety of these aids make it impossible for any welfare organization to maintain multiple sales points. Therefore, the

solution has been to establish a central aids depot at the South African National Council for the Blind's head office in Pretoria where blind people are able to make their purchases either over the counter or by mail order. In addition, local societies are encouraged to hold limited stocks of popular items for direct sale to blind clients in their areas.

Actually, a service of this kind has various functions to fulfil which must be specified. The first of them is to provide information on existing aids. Besides making descriptive catalogues and price lists available to clients, the staff of the Central Aids Depot have to know all about the articles they are handling and be well versed in their use, so that questions can be answered or advice given. Where members of staff are unable to supply the required information - sometimes an unavoidable situation as aids become more diverse and sophisticated - they have to be able to refer clients to knowledgeable users or to specialists in the field. The organization itself has an overall responsibility to bring information about aids, and especially about new devices, to the attention of the blind population by means of the braille, tape, and print media. General publicity is equally essential to promote professional awareness of the role of technology in helping the blind to become independent.

But having information, even good information, may not suffice to make a decision about purchasing an aid. The client has to be able to handle the product and assess its usefulness for himself. For this reason there has to be the capacity to demonstrate aids both at

the point of sale and in the field. New aids, in particular, must be demonstrated regularly to groups and individuals to allow blind people to enjoy first-hand experience. Where the equipment is highly sophisticated, it may be necessary to go still further and offer formal courses of instruction, always remembering that it is not the sale as such which is important, but serving the best interests of the clients.

Then there is the question of convenience to be considered. The dissemination of adequate information and the holding of frequent demonstrations in various parts of the country can to some extent overcome the disadvantage of the remoteness of a centralized service mainly based on mail orders. However, a distinct advantage of a centralized service emerges in the processing of orders for equipment from abroad. In such instances the good name and creditworthiness of a strong central organization have the effect of minimizing delays in dealing with international companies. In addition to this, all procedures connected with the obtaining of quotations, the transference of funds, the importation of goods, and customs clearance are taken care of on the client's behalf, while servicing and repairs in South Africa can be entrusted to a single approved agent.

Above all, there are certain financial benefits which accrue to clients. In South Africa all mechanical aids are sold to blind people at 50% of the cost price, with the South African National Council for the Blind paying the difference. When more expensive electronic aids are involved, the National Council, supported by

other organizations, is able to offer loans on special terms. But so important have aids become to the independence of the blind, that even such help is judged to be insufficient, requiring continuing efforts to obtain greater assistance from the State and private enterprise.

4.5 BLINDIANA LIBRARY

In the strict sense, a blindiana library is a collection of publications on blindness and blind people. Public libraries, and even special libraries, do not normally contain more than a few popular titles and general works on these subjects. The aim of establishing a blindiana library is therefore to create a resource centre from which publications on a variety of topics relevant to work with the blind are obtainable.

In South Africa a blindiana library is housed in the headquarters building of the South African National Council for the Blind in

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Pretoria. The service is managed by a qualified librarian and operated free of charge. The collection includes approximately 1 400 books, 3 800 pamphlets, and 80 periodicals, as well as a range of

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audio-visual materials. The Library further offers an information service by telephone and correspondence, while its Head supervises all the publishing work of the National Council.

It is clear that professional work for the blind stands in need of such a service if practitioners are to be kept informed. We have already seen that the number of disciplines contributing to the

service system is large - teaching, social work, occupational therapy, mobility instruction, job placement, public relations, and business management, to name only some of the obvious fields. But consideration also has to be given to voluntary workers, parents and other family members of the blind, university students, and laymen from various backgrounds. All of these persons, for academic or non-academic reasons, because of serious involvement or passing interest, may regularly or occasionally make use of the Library.

From this it follows that a balanced collection has to contain materials belonging to many different categories. The classification system employed by the South African National Council for the

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Blind makes provision for ten basic topics, each of which may be subdivided severally:

- 000 General works
- 100 Philosophy; psychology; sociology
- 200 Visually handicapped children: care and training
- 300 Education of visually handicapped children
- 400 Rehabilitation of the adult blind
- 500 Employment of the visually handicapped
- 600 Aids for the visually handicapped
- 700 Recreation: hobbies; sport; libraries for the blind
- 800 Literature: writings by and about the visually handicapped; books in special media
- 900 The eye: general works; works on specific blinding conditions; prevention of blindness.

Undoubtedly, the existence of a library service of this nature is especially necessary to professionalism in rehabilitation work with the blind. A blindiana collection represents a body of knowledge upon which responsible practice has to be based and a source of ideas which may encourage research and development. An effective interplay between rehabilitation management and professional librarianship will help to create an atmosphere in which services are constantly open to positive influences.

5. EVALUATION OF THE SERVICE SYSTEM

At the beginning of this chapter we said that the aim in rehabilitation is to provide optimal services to the maximum number of clients according to the criteria of cost-effectiveness. Indisputably, such a standard has to be upheld here, but the difficulty lies in specifying the necessary services and in prescribing the manner of their delivery. Clearly, the needs of blind people will vary according to age, sex, occupation, family role, and cultural background, while the translation of a need into an actual request for a service to be provided in a training centre or in the home may depend less upon the nature and availability of the service than upon the circumstances and attitudes to which the individual is subject.

Bearing such considerations in mind, the determining of service priorities in a situation of limited resources is a daunting task. Who is to say, for example, that the need of the breadwinner about to lose his job is greater than that of the aged person suffering

the anguish of isolation, or that the depressing poverty of disabled people in rural areas outweighs the impact of war injuries? How, then, is a balance to be struck between multiple needs and scant resources? Is the question purely to be settled by force of numbers or by some measurement of the acuteness of a need? And, indeed, is an objective decision possible at all in the face of consumer demands, subsidy requirements, and professional prejudices?

These are vexed questions, but it is also possible to argue in a different way and to say that there are only a certain number of skills which are basic to the independence of blind people in all situations and that what is required is that blind people, irrespective of their circumstances, should have access to training in these skills. Given a degree of flexibility in training methods, the varied needs of all individuals and groups could be met by enabling them to learn the crucial techniques. Consumer preference and relative cost would further determine whether training ought to be provided at some central point or in the local environment.

But we ourselves do not have to debate the issue. Our present task is not to examine theoretical questions, but to evaluate a service system which already exists in South Africa, in order that we may recognize the strengths and weaknesses of the system with a view to its improved and expanded functioning. The approach we intend to adopt is to identify the main characteristics of the system and to describe their effects, while drawing instructive comparisons with rehabilitation services elsewhere in the world.

5.1 INDEPENDENCE VERSUS INTERDEPENDENCE

The goal of rehabilitation training in South Africa is to restore the blind person to independent living. To this end, instruction is given in the skills considered to be basic to such independence, namely orientation and mobility, the skills of daily living, and communication skills. Building upon this foundation, vocational rehabilitation provides specific training for an occupation, while allied services - the provision of sensory aids, efforts towards placement in the open labour market - are designed to complete a process whereby the blind person is integrated into the sighted world.

There are cases where circumstances prevent the attainment of this goal. The problem may arise from personal factors, say, an additional handicap or poor motivation, or from general factors, such as unfavourable economic conditions or public prejudice. But despite the difficulties, the path of rehabilitation normally leads directly from the training centre back into the community. Occasionally, follow-up work may be necessary and from time to time supportive services may be required, but the fundamental assumption in rehabilitation practice in South Africa is that, given the proper preparation and personal initiative, the blind person can hold his own in open competition.

It will probably be argued that independent living in the sighted world is the only acceptable goal of rehabilitation. But an alternative approach is conceivable and is actually practised in Israel.

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Beit Halochem in Tel Aviv is a sports, rehabilitation, and cultural centre maintained by the Zahal Disabled Veterans Organiza-

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tion. The architectural design of the Centre and its programmes of activity are intended to create "a new social frame-

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work" in which disabled war veterans and their families, while residing in the community, share a common lifestyle focused on the Centre.

In the sports and physical training wing, individual and group programmes of exercise are carried out according to a fixed schedule. Persons with a similar disability function as a group, receiving professional supervision. Sporting activities of the blind include goalball and judo.

Work in the therapeutic and rehabilitation wing is aimed at improving physical fitness and functional ability. The emphasis is on medical rehabilitation to promote good health.

In the cultural and social wing, members with common interests attend lecture groups, hobby clubs, concerts and theatre performances, film shows, musical evenings, singing groups, and parties. The wives of veterans learn home-making and flower arrangement, receive sex education, and participate in gymnastics. The children, too, have their own educational programmes and organized games.

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Anyone visiting Beit Halochem cannot fail to be impressed by the grand four-storied building and its beautiful surroundings. As the visitor passes through the spacious facilities he will meet disabled people from many wars working and relaxing together with their families. He will sense a spirit of comradeship and a feeling of mutual support. Beit Halochem, he will find, is a place where people of common experience take strength from their solidarity with one another.

The services of Beit Halochem are especially suited to the country of Israel. Repeated wars and military campaigns have produced some 33 000 "war invalids". Half the population lives within fifty kilometres of Tel Aviv. There is a national emphasis on sport and culture. Also, there are two special factors which, in the writer's opinion, contribute to the exceptional position of disabled veterans in Israeli society.

In the first instance, anyone wounded in war becomes a hero in the eyes of his countrymen. He is revered for having made a great personal sacrifice in the Jewish cause and is accorded a place of honour for the rest of his life. Secondly, the fact that Israel is a socialist state means that liberal social security payments are available, so much so that the disabled veteran may not really feel

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disposed to seek lucrative employment. He may actually prefer to pursue his own interests in association with other disabled people, while living on the benefits due to him from the State and through the Zahal Disabled Veterans Organization.

In South Africa these factors do not exist. Persons wounded in the Border War are neither treated as heroes nor do they receive com-

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parable financial compensation. Taking the field of rehabilitation specifically, though, comparisons tend to be more favourable. In Israel, possibly because the blind are grouped together with the disabled in general, little emphasis is placed on instruction in the basic skills of independence. Moreover, the benefits we have been describing are limited to the war-blinded, whereas the civilian blind are poorly served and seriously disadvantaged. The South African system avoids any distinction between military and

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civilian cases and discourages any unnecessary institutionalization. It might, therefore, reasonably be claimed that the South African system is conducive to the independence of blind people, whereas the Israeli system is founded on the concept of the interdependence of disabled people associating with each other outside the mainstream of society.

5.2 CENTRALIZATION VERSUS DECENTRALIZATION

A key question in the designing of a delivery system for rehabilitation services is whether training should be provided on a residential or non-residential basis. On the one hand, a rehabilitation centre is able to offer training in a variety of fields under optimal conditions. The client gives his undivided attention to the learning of new skills and benefits from contact with people who have similar problems. On the other hand, training in the home can be adapted to domestic circumstances and the local environment. The blind person is encouraged to continue with his normal daily

routine, while relatives and friends can be drawn into the rehabilitation process where necessary.

But the very advantages we are pointing out suggest parallel disadvantages. Training received under ideal conditions in a rehabilitation centre may be difficult to translate into practical behaviour in the home. Conversely, undergoing individual instruction in the home may mean foregoing more comprehensive tuition in an institution. The balance sheet could be extended also to take account of the financial and manpower resources required to maintain the alternative systems and conclusions could finally be drawn regarding the best approach in a given situation. However, instead of involving ourselves in a purely theoretical exercise of this nature, it may prove more instructive to take a look at such services as operated elsewhere in the world, before trying to resolve any possible dilemma in the South African context.

Arkansas Enterprises for the Blind, Inc. (AEB), in Little Rock,

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Arkansas, is a residential facility accepting clients for rehabilitation from all over the United States. It can accommodate about one hundred clients at a time and the average length of their stay is five months. At the level of basic rehabilitation, services closely parallel those we have described in respect of the Enid Whitaker Rehabilitation Centre in Johannesburg. Psychological services include psychological testing, counselling, and group work. Personal adjustment involves communication skills, the skills of daily living, orientation and mobility, social skills, physical conditioning, and recreation. Special attention is also paid to

adult education which, together with the mentioned skills, can be related to vocational goals once these have been identified. The provision of electronic aids and of a low vision service may further enhance the capacity of the individual to grasp future opportunities.

The vocational programme at AEB is varied and individualized. Pre-vocational evaluation has to determine a suitable vocation and assess personal potential. The evaluator takes down paper-and-pencil tests and collects medical, psychological, social, vocational, educational, cultural, and economic data. Crafts in the form of knitting and leatherwork, home mechanics, and subcontract work serve to build confidence and gather information concerning the client's dexterity, co-ordination, work tolerance, and retention of directions. The goal of evaluation being vocational training, testing and counselling have to begin at an early stage in the rehabilitation process.

Vocational training at AEB prepares people both for blue-collar and white-collar jobs. Currently, nine vocational courses are offered giving competence in clerical skills, community service counselling, computer programming, medical transcription, small business management, small engine repairs, switchboard/reception, tax collection, and tax enquiries. The expansion of AEB's centre over the years is, in fact, largely attributable to the new job fields which have been

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pioneered.

Like AEB, the Center for Independent Living (CIL) of the New York Infirmary for many years offered a residential programme of rehabilitation. However, research revealed that the majority of blind people in the New York area, mainly because they were elderly, would never willingly participate in a residential programme, while evidence also showed that some difficulty was being experienced in the

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transference of skills from the Centre to the home. Accordingly, it was decided to close the training facility and to establish "the CIL self-help network" whereby individuals could in partnership with professional staff and with the aid of self-help

resources and peer and family support, learn how to cope with blindness at their own pace and in their own homes.

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The CIL self-help network has eight components, as follows:

1. Self-study kits: each kit, consisting of six cassette tapes and a large print sheet, suggests step-by-step techniques to carry out a wide range of tasks and provides evaluation check lists to measure progress. Separate kits teach the skills of housekeeping, indoor mobility, personal management, sensory development, and communication.
2. Professional support services: rehabilitation teachers - mobility instructors, occupational therapists, social workers - and their assistants instruct and counsel clients in their own homes.

3. Self-help community groups: groups, led by visually handicapped individuals, meet to exchange information, share experiences, and enjoy each other's company.
4. Consumer workshops: one-day-workshops focus on topics relevant to the needs of clients - community resources, public attitudes, legal rights, health education, diabetes, aging, recreational options.
5. Radio programmes: serials featuring blind characters, interviews with professional staff, and practical tips are broadcast on public and closed-circuit programmes.
6. Other support materials: a self-help handbook, hints booklets, and consumer newsletters are published for the benefit of clients.
7. Information hotline: clients obtain advice, learn about services, and discover community resources by telephoning CIL.
8. Information centre: clients visit CIL to seek advice and procure useful material.

What insights can be derived from our description of the alternative approaches adopted by AEB and CIL?

It would appear that the strength of the AEB programme lies in its variety, and especially in the opportunities it offers for vocational training, whereas the services of CIL have a particular appeal for blind people who have more limited goals and who are reluctant to leave their homes to be trained. In other words, there is a difference in the objectives of training and, consequently, in the groups being served. In the one case clients are seeking a vocation, while in the other they are attempting to satisfy basic needs. This is not to say that the two approaches are mutually exclusive, for in each programme there are certain to be found clients who would have preferred the alternative strategy but who nevertheless are benefiting from training.

The implications of these findings for training in South Africa are important. A central facility, or national rehabilitation centre, has to offer all the primary modalities of training and has to provide vocational options. Community-based facilities, or services rendered by local societies, have to meet the defined needs of specific client populations. There must be no fear that the development of extensive local services will rob the national centre of potential clients because the large populations living beyond the reach of city-based services, the needs of special groups, and the desire for vocational training will ensure an effective national programme of continuing support. Centralization and decentralization in rehabilitation are, therefore, not to be viewed as conflicting solutions, but as complementary approaches serving separate groups with different needs. In addition, local rehabilitation

officers can perform valuable follow-up work for the national centre, while personnel at the national level can build upon basic training given in the community.

Of course, such an ideal composition of services has not as yet come into being in South Africa. Rehabilitation at the national level is lacking in vocational training, whereas rehabilitation in the community is rudimentary, although some exceptions are notable. The gaps to which we refer will be dealt with in detail in sections 5.4 and 5.5 of the present chapter.

5.3 SCARCITY OF EXPERTISE

Rehabilitation services for the blind in South Africa began with the employment of home teachers by local organizations. Once a national rehabilitation centre was established, the management of services

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was entrusted to social workers. The need to engage professionally qualified staff was, therefore, recognized from the start, the emphasis being placed initially on the teaching of practical skills and latterly on the process of social adjustment.

The diversification of rehabilitation personnel took place in the decade of the '70's with the employment of specialist instructors in such fields as orientation and mobility, skills of daily living, braille, typing, and switchboard operating. This is not to say that many of these skills were not taught formerly, but whereas individual rehabilitation officers had in the past been expected to

teach all or most of these skills, each field now became the responsibility of a particular appointee who possessed the necessary qualifications and appropriate experience, or, where this was lacking, obvious aptitude. The defining of separate roles also stimulated the development of specific bodies of knowledge and methods of instruction in each field and a gathering trend towards superspecialization.

The tendency to specialize in a multidisciplinary environment has resulted in a dual policy being applied by agencies seeking to fill staff positions. One approach has been to recruit personnel who have received general training, but whose professional expertise enables them to adapt to working with any particular group. For example, the social worker will have mastered the methods of her profession prior to joining the rehabilitation team, but nevertheless still has to become familiar with the crises precipitated by sudden blindness and the problems emerging in the course of progressive blindness, while at the same time learning about the available resources. Similarly, the occupational therapist is able to analyse tasks and suggest ways of doing things, but only through constant exposure to the actual difficulties faced by her clients can she discover the full range of the skills that have to be taught and the variety of the aids which may enhance performance. In stating these obvious facts, we are saying no more than that professional training stands in need of practical experience and that it takes time and effort to become truly competent.

An alternative approach to personnel selection is to employ people who are trained to teach a specific technique, as in the case of mobility instruction, or people whose own experience in using a skill is such as render them proficient in teaching it to others, for instance, switchboard operating, braille, and typing. Naturally, each of these fields incorporates a special body of knowledge and depends upon methods which have been developed for a designated purpose, which also means that, while some instructors will operate at a technical level only, it is possible to elevate each type of training to a level of professional excellence. In fact, one of the responsibilities of the supervisor of services is to ensure that this takes place. In South Africa, it must be pointed out, these areas of superspecialization have continued to be separate, whereas elsewhere in the world the teaching of various skills is often assigned to a single officer such as the rehabilitation teacher in the United States and the technical officer in the United Kingdom.

And so we see that there are many categories of workers engaged in the rehabilitation of the blind in South Africa, but that the number of their employers is frankly minimal. Some categories of staff - social workers, mobility instructors - operate both at the local and at the national level. Others - braille teachers, occupational therapists - are practically confined to the national centre. It follows that programmes to train specialist staff are hard to sustain. Another consequence is that there is little competition for staff - a problem reinforced by ethnic divisions in service - which has the effect of keeping salaries low. To this must be added the

fact that there is no obvious career path open to the person with ability. We, therefore, have to take stock of a situation where strong applications are difficult to attract and where resignations leave a serious void.

In a phrase we may summarize the overall position by saying that there is a chronic scarcity of expertise. Generalists take time to become specialists. Superspecialists, when they depart the scene, take their knowledge and know-how with them. An assessment of the work over any given period of time must inevitably reveal a fluctuation in the quality of service in some areas and complete interruptions of service in others. Services may also suffer as a result of the fact that professional workers have few colleagues with whom to consult and few forums in which to air their grievances and discuss their problems. Only exceptional efforts can prevent stasis from occurring in a limited system encompassing so many departments and divisions. Where rehabilitation services in South Africa have produced notable examples of dedication and excellence, this is attributable to the human qualities of the workers rather than to the merits of the system in its present form.

5.4 EXCLUDED GROUPS

In our evaluation of rehabilitation services in South Africa we have paid attention to questions of fundamental philosophy and overall quality. We turn now to a different type of criticism and one that is far more serious than any of those we have stated. It is that

particular race groups have been excluded from training. From 1957 to 1980 only blind people of the White population group were admitted to the national centre. Since 1981 Coloured and Indian candidates have also been admitted, but blind people from the Black communities have, with individual exceptions, continued to be denied

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training. While a change is envisaged for the future, we at this point have to account for such discrimination and examine its effects over the past years.

The failure of the South African National Council for the Blind to admit blind people belonging to population groups other than White to its Rehabilitation Centre is strangely inconsistent with its record in other fields, where blind members of the Black, Coloured, and Indian communities have generally received services without any

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differentiation, as in the case of placement in employment and

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the granting of bursaries, and sometimes even services of special design, as in the case of the prevention of blind-

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ness. The answer, it would appear, is to be found in the sphere of government policy, as embodied in two directives repeatedly emphasized in official communications.

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According to the first of these directives welfare organizations had to develop parallel services for the various race groups and prepare to relinquish control of them to Black, Coloured, and Indian management committees. Furthermore, the task had to be accomplished without extra Government funding, even though the

resources of voluntary agencies clearly would be inadequate for the purpose and the deprived communities themselves could not be expected to generate the necessary funding.

The second directive was that welfare institutions for Blacks had to be situated in the homelands and not in the urban areas. In vigorous pursuance of this policy certain institutions were actually physically removed from city sites to be relocated elsewhere.

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As a result of these directives the South African National Council for the Blind was neither able to open its Rehabilitation Centre to all race groups, nor in a position to establish alternative facilities in urban areas where public support would be forthcoming and use could be made of available expertise. However, rehabilitation services as such were not the point at issue in expressions of opposition to Government policy, but rather the attempt by Government to alter the internal structure of welfare organizations and divide their services along racial lines. Undoubtedly, the events which took place are open to differing interpretations, but in the view of the writer the pressures that were brought to bear on the South African National Council for the Blind - the withdrawal of Government delegates from meetings where Non-Whites were present, intimations that subsidies could be withheld - succeeded in their goal, at least for a time. Those who would judge harshly would say that the National Council had acquiesced in the system of apartheid. Those judging more kindly might say that the leaders of the National Council had found it expedient to co-operate with the authorities, while negotiating for a better dispensation. The fact

that volunteers from Indian, Coloured, and Black communities continued to participate in the affairs of the National Council suggests that they for their part accepted the bona fides of their White colleagues.

But this is not the place to recount the prolonged struggle which led to the removal of all reference to race from the constitution of the National Council and to the planning of open facilities. Let it simply be said that, despite the favourable outcome, the National Council cannot be absolved from blame for having initially planned a national service solely for Whites and for having made no substantial provision for basic rehabilitation services in the Black, Coloured, and Indian communities for over a quarter of a century.

Of course, the criticism that certain groups have been excluded from rehabilitation services for the blind in South Africa does not only hold for particular race groups. Visually handicapped people with special needs in each community - students, the aged, the multiply handicapped, the partially sighted - may not be excluded deliberately on political or any other grounds, but may nevertheless not be benefiting from services because the delivery system is inappropriate to their circumstances or because training is not designed to meet their specific needs. To be able to assist each individual to his own satisfaction, certain fundamental changes to the system would be necessary. In some instances, present forms of training would have to be adapted and augmented, and in others different

types of training would have to be introduced, together with new methods and professional staff. But these are issues which belong to the next part of our discussion.

5.5 NEGLECTED AREAS OF TRAINING

It is agreed that basic rehabilitation involves the learning of the skills necessary for communication, orientation and mobility, and the activities of daily living, and that the teaching of these skills, reinforced by counselling, has to be adapted to the capabilities and aspirations of the individual. In South Africa the programme at the Enid Whitaker Rehabilitation Centre is precisely of this description. The skills that are taught are exactly the ones we have named, while every effort is made to relate training to personal potential. Inevitably, the quality of instruction will vary from time to time according to the ability and dedication of the responsible personnel, but, when all is said and done, there is no reason to believe that the service being provided is not of an international standard, despite the very limited physical facilities. One important addition to the programme that might be proposed is assertiveness training. As yet personal development of this kind is by no means a universal feature of basic rehabilitation; but we would contend that enough was said in Chapter 4 to demonstrate the value to a blind person of mastering definite techniques whereby he can take charge of his own life.

Our aim in the present section is, however, not the evaluation of the existing programme - a task which has already been carried out in some detail - but the identification of areas of training which to date have been neglected. On the one hand, such gaps in service may be the result of conscious policy decisions or careless oversights, chosen priorities or inadequate resources. On the other hand, what at first represents a comprehensive service may in the course of time appear deficient in the light of changing trends and later developments. Whatever the case may be, it is the need for service now that must act as our guide.

In fact, the need to prepare blind people for meaningful employment suggests the first area of training requiring attention. A rudimentary service in vocational rehabilitation does exist in the sense that blind people are able to acquire, or upgrade, a number of basic skills essential to employment - manual dexterity, braille, typing - as well as to learn the operation of various electronic aids effective in creating job prospects - the Optacon, braille word processing equipment, closed-circuit television reading systems. Even so, it is true to say that the only occupation for which training is specifically provided is telephony, a field in which successful placement in itself gives ample proof of the value of training.

If, indeed, a primary goal of rehabilitation is placement in employment, it follows that the major part of training should be devoted to achieving this objective. One option is to provide training

appropriate to proven fields of employment for blind people. On the industrial level, assembly work and machine operating might be taught. In the area of office work courses in typing and secretarial skills could be offered. For blind people wishing to enter commerce, training in small business management would give a sound foundation.

But besides imparting the necessary knowledge and teaching the essential skills, members of the rehabilitation team have the important responsibility of ensuring that trainees develop good work habits - punctuality, proper job discipline, and positive human relations. Attention also has to be paid to employment-seeking skills to enable the blind individual to compete effectively against sighted workers at the point of entry into the open labour market. In addition to providing such forms of training, the Rehabilitation Centre might be required to act as a resource centre for training schemes located in the community or for blind people already in employment by rendering an advisory service and giving technical support. But whatever the nature and content of any vocational programme might be, it has to be based upon the scientific evaluation of consumer demands and recognized job possibilities.

Turning now to other considerations, the comprehensive rehabilitation service has to have the capacity to meet the specific needs of particular groups, as was said in the previous section. Students, before entering college or university, might benefit from courses in which attention is given to orientation and mobility on campus, the

skills of daily living as applied to student life, social and communication skills, study resources, study methods, and sensory aids. Again, multiply handicapped individuals, depending on the nature and severity of their disabilities, might be trained in the basic skills, but with particular attention being paid to their problem areas. The person who is mentally deficient may require repeated practice to master the techniques of personal care. A person who is hard of hearing may experience exceptional difficulties with regard to communication or orientation and mobility. To the person in a wheelchair, the problem of accessibility is doubly compounded, while the blind diabetic has to learn how to control his condition both in terms of diet and medication. Many more examples could be cited, but the rule is the same, namely the adaptation of training to needs. In dealing with the multiply handicapped, therefore, there is no question of a homogeneous group or of a standard programme of instruction, which reminds us once more of the principle of individualization in rehabilitation discussed in Chapter 4.

There are two more groups which we wish to single out as requiring special attention within the rehabilitation system. The first group (183 comprises the aged blind, which in terms of sheer numbers probably deserves preferential treatment. The fact that elderly people seldom are willing to leave their homes to enter a residential programme of rehabilitation means that, if this group is to be helped at all, it has to be done in the community. At the very least, instruction in orientation and mobility, training in the

skills of daily living, and counselling services ought to be provided by local organizations. But rehabilitation workers may find that questions of income and accommodation are of greater urgency to this group than the lack of instruction. There is, however, one further area of assistance which is of the utmost importance. In the case of elderly people, whose blindness is normally of gradual onset, clients themselves are likely to regard the preservation of their sight as the first priority.

Which brings us to the last group we intend to mention in the context of specialized training, namely the partially sighted. Whereas formerly the emphasis in helping this group was laid on psychological and practical preparation for blindness, the aim today is to enable the individual to function as normally as possible with limited vision. Blindness being the subject of the present study, partial sight has received scant attention. Indeed, to deal with the subject synoptically now would serve little purpose, but what has to be said is that there is a very large group of clients - in all probability far larger than the group of the totally blind - whose needs are being neglected under the current system because of the failure to identify those needs clearly. The service to the partially sighted must begin with diagnosis leading to prognosis, which is the prerogative of the ophthalmologist. This is followed by a period of assessment by a low vision specialist who may prescribe spectacles and recommend a variety of lenses, from handheld magnifiers to telescopes for reading, travelling, driving, and other purposes.

Finally, there has to be a phase of vision rehabilitation during which a team of professionals, including the low vision expert, a social worker, and a mobility instructor, assists the client in learning how to use his aids safely and efficiently. Many aids other than lenses, ranging from simple articles for the home to sophisticated electronic devices, might be suggested which could be of inestimable value in keeping a job or continuing to pursue some interest. The culmination of vision rehabilitation is the return of the individual to his place in the community where his independent path is likely to differ in many ways from that taken by the person who is totally blind.

CHAPTER 6

THE INCEPTION OF A NEW NATIONAL SERVICE IN REHABILITATION

It is logical that a chapter on present rehabilitation practice in South Africa, including as it has done, adverse criticism of such practice, should be followed by a chapter on future objectives in the field. Given the principles we have enunciated and the need we have described for the expansion and diversification of services, the development of a new national dispensation in rehabilitation presents enormous challenges. Exactly how the present system is to be extended and improved is a question which could be answered purely as a theoretical exercise, but it so happens that the existing service at national level is currently in the process of re-development. This fortuitous circumstance suggests an alternative approach to the subject, which is to discuss future planning in the context of a case study of the project in progress.

The project to which we are referring is the establishment by the South African National Council for the Blind of a new national rehabilitation centre in Pretoria. An advantage of discussing the question of service development in terms of this project is that by examining an actual case we come to understand how optimal solutions are circumscribed by practical considerations, it being a fact that in the implementation of any such scheme a number of constraints will apply, arising, for example, from restrictive policies, limited resources, and predicted levels of utilization. Indeed, we shall discover soon enough the relevance of these remarks in the present instance.

A second advantage of the case study method is that it provides a model useful to co-workers in the field. In the case under discussion the model illustrates approaches to planning and implementation which are worthy of emulation, but serves the equally important purpose of signalling potential mistakes.

Yet another purpose to be served by our particular case study is the provision of an historical record of deliberations and decisions leading to a closure of the Enid Whitaker Rehabilitation Centre and the opening of a new national training facility in Pretoria, an event which from every point of view represents a watershed in the

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affairs of the blind of South Africa. While our primary aim is to analyse the process at work in the unfolding of such a scheme and to gain an insight into the underlying ideas, the need also to report the historical facts will be borne in mind.

In the case study we are about to undertake we shall have to consider three major initiatives involved in the establishment of the new national rehabilitation centre for the blind. These initiatives have been connected with the obtaining of Government approval, the raising of funds, and the planning of the project respectively. While all of the initiatives have had to be launched simultaneously, each one of necessity presupposes the successful outcome of the other. For example, planning has had to be done on the assumption that sufficient funds would be raised, and fund raising has had to be conducted in the expectation that Government support would be forthcoming, and Government support has had to be sought in the belief that fund raising would succeed and that the allocation of

resources would be commensurate with the scale of planning. From the interdependence of these factors it will be realized that delays in any one direction must retard progress overall and, indeed, such has been the reality of the matter, as we shall see.

1. RED TAPEISM

Inevitably, any project of the magnitude and importance of a new national rehabilitation centre for the blind must, in the process of its development, involve a lengthy series of consultations and negotiations. In reviewing the process as it appears in South Africa in the 1980's, we are not only interested in the particular stages of the operation, but also in the contingent problems and in the strategies that might be employed to overcome the obstacles of bureaucratic red tape.

Of necessity, the first steps towards establishing a new national rehabilitation centre had to be taken within the South African National Council for the Blind itself and so it was that, at a meeting of the Executive Committee held from 26 to 28 October 1977, the Council charged its Director and its Treasurer with the responsibility of investigating, in liaison with the Committee for Rehabilitation, the future accommodation of the rehabilitation centre and of the Council's administrative offices. The Committee in turn recommended that the rehabilitation centre and the headquarters of the National Council be housed together in a single building complex to be situated in Pretoria. Indeed, by the time

the Executive Committee met again in May 1978 provisional sketch plans were ready and attention could be given to questions of

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finance and development.

After this brisk start to the project, the stage of negotiation was reached. It now became necessary to approach various authorities to obtain a suitable site, secure financial support, and create an organizational basis acceptable to everyone associated with the National Council. The course of these negotiations is what we must next recount.

1.1 Negotiating for ground

The first matter to be attended to was the selection of a suitable piece of ground for the erection of the new national rehabilitation centre and headquarters building of the National Council. Close proximity to a bus route and to a railway station would render the facilities accessible to blind people in the community and be an advantage in providing instruction in orientation and mobility. A quiet residential setting would create a pleasant environment in which to conduct training and be inviting to blind people and their

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families. More obviously, the size of the piece of ground, bearing in mind the use to which it was to be put, and the funds that would have to be expended in procuring it, were factors that had to be taken into account.

The Office of the Town Clerk of Pretoria readily agreed to release a list of vacant stands belonging to the City Council. Several promising sites were investigated, but only one of them was found to satisfy the criteria which had been laid down, this being an unused portion of stand 783, White Street, Bailey's Muckleneuk. Situated in an exclusive residential suburb, it was nevertheless accessible by road and rail and lay within easy walking distance of a surprising variety of amenities, including a shopping centre, a bird sanctuary, a trim-park, a swimming bath, and public gardens.

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Without further ado it was decided to apply for the site and in doing so to seek an outright grant of the land. In a letter dated 15 February 1978 this bold request was conveyed to the City Council.

But the path ahead was to prove anything but smooth. A Provincial ordinance of the Transvaal was stated to prohibit the City Council

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from giving away ground, while a church body was said to be negotiating the purchase of the site in question. The National Council countered by proposing that the ground be leased to it at a nominal rental and by pointing out, after investigation, that its application predated that of the other party. It was also decided to employ the technique of lobbying and to put the case of the National Council to an eminent city councillor and past mayor of

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Pretoria. This was done in August 1978 and an unreserved assurance of support obtained. However, at the beginning of October word was received that the City Council intended imposing an economic rental if a lease were granted, to which the National Council reacted by urgently submitting a memorandum motivating its request

for a lease at a nominal rental and by again seeking the assistance of its friend at court.

In the meantime other troubles were brewing. The statutory advertisement in the Press announcing the proposed building project had unexpectedly drawn three complaints from potential neighbours. It is amusing, but also disconcerting, to note the substance of these complaints.

1. A church organization claimed that having alcoholics as neighbours would be unsettling to its members, obviously misinterpreting the meaning of the word rehabilitation as mentioned in the advertisement.

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2. A nursery school contended that the extra flow of traffic would endanger its children, overlooking the fact that blind people would not be driving motor-cars.

3. From an old age home the complaint came that the noise would upset the old folk, this in reference to a workshop which was to form part of the scheme - a feature we shall explain later.

In the face of such opposition the whole project appeared to be in jeopardy. Those representing the National Council reasoned that if the National Council were to try and refute all of these arguments by means of correspondence with the City Council, the outcome might prove uncertain. It was, therefore, decided to visit each of the

complainants in turn and explain the nature of the project in the hope of allaying unfounded fears. As a result of this exercise in diplomacy all objections were summarily withdrawn.

Although public opposition to the project no longer existed, the fateful decision by the City Council yet remained to be taken. Repeated enquiries only met with repeated assurances that the matter was receiving attention. Finally, confirmation came in an unexpected manner when a junior member of staff of the National

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Council chanced to read a newspaper report that the City Council had decided to make the site available. This decision was officially conveyed to the National Council in a letter dated 5 February 1979 stating that the ground was to be leased to the National Council for a period of fifty years at a nominal rental of R12 per annum. The period of the lease was subsequently reduced to thirty years by the Administrator of the Transvaal, but, on re-application from the City Council, increased to forty years to allow for the registration of a forty-year-bond on the rehabilitation centre, the nominal rental being raised to R48 per annum.

1.2 Negotiating for State finance

When official sanction is sought for a welfare project, the primary objective is to obtain the financial support of the State. But the investment of State funds in a particular project depends upon the nature of the project, as well as upon the intended scale of operations, and this means that, before money can be budgeted, all

proposals and designs have to be assessed by the relevant authorities according to set criteria. The fact that the project itself, the physical planning, and subsidies for capital and running costs have to be approved separately by several different authorities means that, in effect, State approval is gained in stages, while it is required that the entire process be completed before any part of the scheme can be implemented.

The complexity of the situation is compounded when, on initiating some new project, the welfare planner discovers that no clear statement setting out all the steps in the process of approval is available from any source. If experience in this field is lacking within a welfare agency, it is advisable to allow for a period of preparation during which time the consecutive steps in the process of approval can be identified and the various possibilities for subsidy be investigated.

In proposing the establishment of a new national rehabilitation centre - which is the focus of the present case study - it is true to say that much valuable time was lost in the initial stages because of such a lack of information and because of delays re-

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sulting from misdirected correspondence. However, in describing the process as it unfolded, little purpose would be served in reporting these mistakes. A more constructive approach will be to discuss the prescribed procedures as they eventually emerged, in order to show how the progress of an application may be advanced by the judicious use of legitimate public relations and

management techniques.

a. Assessment of needs by Regional Office of Department of Health and Welfare

The process of seeking State approval began on 18 February 1981 with the submission of a memorandum to the Regional Office of

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the Department of Health and Welfare. The memorandum contended that services at the Enid Whitaker Rehabilitation Centre had become inadequate, which would necessitate its closure and the opening of a new national training centre. A number of considerations supported the argument:

1. A long waiting list, which meant that a person who had lost his sight might have to wait up to twelve months to gain admission
2. The need to meet the special requirements of particular groups, for example, the war-blinded, diabetics, and the multiply-handicapped
3. The need to serve new categories of clients, for example, the elderly blind and the partially sighted
4. The growth in service resulting from the introduction of new modalities, such as orientation and mobility
5. The need to develop vocational training
6. The need to train people in the use of sophisticated electronic aids
7. The wish to extend the length of courses, where necessary
8. The wish to serve all population groups
9. The inherent advantages of providing training in a centre

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belonging to the National Council itself.

The memorandum went on to describe the proposed new centre in Pretoria. There would be sections for basic rehabilitation and vocational training, as well as residential accommodation. The memorandum also discussed methods of funding, including the need to obtain a State loan. The maximum intake at the centre would be fifty trainees. It would have to be a national facility because heavy overheads and limited manpower would render the operation of several smaller units non-viable. Where rehabilitation services had to be provided in a local context, the national centre could offer the necessary staff training. Finally, it was stated that the intended expansion of the national service would take five to ten years to complete, but that making adequate provision at the outset would ultimately save money.

Having argued its case as effectively as possible, the National Council had to await the outcome of the customary assessment of needs. It was realized that one of the procedures that would be followed by the Department would be a verification of the waiting list. This, it was felt, might present problems. Whereas welfare waiting lists normally contained the names of people who would continue to wait indefinitely, the list in this instance was temporary in nature in the sense that it changed each time one group of trainees made way for the next and whenever individuals withdrew, say, through a loss of motivation. Furthermore, the list only contained the names of White candidates, while the aim was to include other population groups for whom waiting lists had not yet been developed. The list also

left out of account potential candidates from new categories of clients.

With these problems in mind, the National Council requested permission to brief the official who would be responsible for carrying out the investigation. Permission was duly granted and it is likely that the meeting which took place contributed directly to the very favourable report which went forward to the Regional Welfare Board.

b. Approval of project by Regional Welfare Board

In the light of the favourable report which had been submitted by the Regional Office of the Department of Health and Welfare, the approval of the project by the Northern Transvaal Regional Welfare Board was assured. But approval as such meant little, there being a long list of similarly approved projects which had failed to make any progress for periods of up to seven years. To advance to the next stage, it was also necessary for a project to be recognized as a priority by the Welfare Board, an improbable rating for a newly proposed scheme.

The National Council, having a voice on the Board in the person of its Director, was able to argue that its project truly was a priority. The merit of the case lay in the fact that the rehabilitation centre in Pretoria would be the only one of its kind in South Africa. Once it had been erected, no further provision would have to be made for many years to come. Other projects on the Board's welfare programme, it was pointed out, were of a kind constantly being repeated.

The members of the Board were persuaded. At a meeting held on 30 April 1981 the proposed new national rehabilitation centre for the blind duly became a priority in the welfare programme of the Northern Transvaal.

c. Approval of sketch plans and guaranteeing of loan repayments by City Council

Before beginning negotiations for the financial support of the State, the National Council had carefully studied the Housing Code issued by the Department of Community Development, according to which capital subsidies on its scheme would be calculated. Advanced planning based upon the prescribed specifications therefore enabled the National Council to submit detailed plans to the City Council at a time when normally sketch plans would be presented. While this meant a slower passage through the City Council initially, it eliminated the need for a second round of negotiations at a later stage.

There are two separate aspects to the approval of a subsidizable welfare project by a local authority, namely an undertaking by the local authority to guarantee loan repayments to the State and the passing of building plans. This explains the various steps in the process applied by the City Council of Pretoria in the present case.

On receipt of an application for a loan from the South African National Council for the Blind - submitted on the prescribed

form and accompanied by architect's plans - the documentation was referred to the Department of the City Treasurer. Officials of that Department thereupon consulted various other municipal departments, including the Town Planning and Architecture Department, the Health Department, and the Department of the City Engineer. The application was also referred to the State Department of Health and Welfare. Once comments had been received from all these sources, and all comments being favourable, the Department of the City Treasurer proceeded to prepare a report for consideration by the City Council's Management Committee. On the strength of the approval of the Management Committee, the application finally received the approval of the full City Council on 31 January 1983. During the entire process little could be done to hasten progress, except by making repeated enquiries and ensuring that technical queries were promptly dealt with by the National Council's appointed architect. At least in this way undue delays could be anticipated and, if they arose, appropriate action taken. In the event nothing of the kind occurred.

d. Approval of subsidies for running costs by Department of Health and Welfare

In seeking the approval of the Department of Health and Welfare for subsidies to run the new national rehabilitation centre, the South African National Council for the Blind enjoyed the advantage of having received State subsidies to operate the Enid

Whitaker Rehabilitation Centre since 1 April 1961. The intake at the Enid Whitaker had remained static for many years and it was, therefore, relatively easy to persuade officials of the Department of the need for growth.

The representations of the National Council at this stage consisted of a financial statement reflecting the projected running costs for the service over the next five years. In order to strengthen its case, the National Council once again considered it necessary personally to brief the State official entrusted with the investigation. Realizing that the current period of economic recession would mean a policy of fiscal saving, the National Council, while ensuring that all categories of expenditure were indicated, judged it prudent to submit conservative estimates and to stress its plan for gradual expansion. The need for the Department to obtain the sanction of the State Treasury and to consult the Department of Community Development inevitably caused delays, but, in fact, the proposals as submitted met with little resistance and in due course the necessary documentation, bearing the requisite stamps of approval of the Pretoria City Council and the Department of Health and Welfare, could be delivered to the next address.

- e. Approval of sketch plans by Regional Office of Department of Community Development

The investigation carried out by the South African National Council for the Blind prior to the formulation of its plans had elicited information which now enabled it not only to satisfy

the criteria laid down by the Department of Community Development, but also to submit detailed plans at a time when, as had been the case with the City Council, ordinarily sketch plans would be produced. Negotiations at this stage, therefore, chiefly consisted of professional consultations between architects.

The one feature of the project which had presented a problem initially was a section of the rehabilitation centre intended for industrial training. No specific provision for training facilities of this sort was contained in the Housing Code. The motivation for this part of the project was duly amended in order that it might qualify for subsidies under the Protective Workshop Scheme of the Department of Health and Welfare. Although this scheme had been designed to subsidize uneconomic workshops for the severely disabled, its provisions did not explicitly exclude subsidization of the kind of work now being contemplated. As a result of this approach the description of the project came to include a reference to a workshop, a statement which at times proved misleading, as was evidenced by the public objection noted earlier in section 1.1 of this chapter.

f. Granting of building loan by National Housing Commission of Department of Community Development

The need for the project having been confirmed and the physical plans approved, the moment had come for the National Housing Commission to consider the application for a building loan.

Within the National Council it was realized that this meant no more than being placed on a long waiting list of deserving causes at a time when it had publicly been announced that the budget of the Department was to be drastically cut. As a meeting had been scheduled with the Deputy Minister of Community

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Development to discuss another critical issue, it was decided to take the opportunity also to raise the question of the loan. The urgency of the matter and the unique nature of the project were emphasized, while the point was pressed that if the National Council could proceed to build immediately the State would be spared the cost of escalation. However, the Deputy Minister was non-committal.

After this meeting several months passed during which the matter remained unresolved. It was at this stage that unofficial verbal enquiries led to the discovery that, in fact, only twenty projects were to be given funding during the financial year 1982/83 and that the National Council's rehabilitation centre would not be one of them.

In the meantime the National Council's public appeal had progressed well and a substantial sum of money had been collected. It was this favourable situation which enabled the National Council to offer its own solution to the problem by proposing that it be allowed to provide bridging finance. In doing so, the National Council would gain the advantage of an early start to its scheme, while the State would effect an appreciable saving by reducing escalation. This proposition was put to a

senior official of the Department by the Chairman of the National Council and within days permission was granted.

The decision by the National Housing Commission to make funds available during its next financial year now followed as a matter of course. To be precise, this meant that in April 1984 a loan would be made to the City Council of Pretoria which, in turn, would lend the money to the National Council. In a letter to the National Council dated 11 October 1983 the City Council duly gave notice of a loan of R2 333 164.

At this point a few remarks appear to be called for on the process of approval which had at last been completed by the South African National Council for the Blind after a period of two years and eight months. Our first comment is that the difficulty of obtaining correct information on the process itself must greatly increase the risk of delays and mistakes. It should be stressed that what we have given is an account of the process as experienced by one organization. Consulting other agencies with experience in this field confirms the impression that approval comprises a series of haphazard arrangements. If State officials involved in the process at different points are requested to list the various stages in the process, as was done by the writer in verifying the details of this discussion, it is found that no two individuals give the same information and that even the order of the major steps is uncertain. Clearly, therefore, there is a need for concise printed information to be made available.

Next, the fact that the power of approval for a project, its physical planning, and subsidies for capital and running costs, is vested in a number of different authorities, certain of them having to be consulted more than once and some parts of the project having to be passed by more than one authority, and all of this having to be done in consecutive steps, means a potentially inefficient system. Were any attempt to be made to rationalize the system, at least two very obvious courses of action might be considered. The first would be to reduce the number of participants in the process, not by elimination necessarily, but by consolidating procedures under fewer authorities. The other possibility would be to design a process under which certain matters not directly related to one another might be attended to simultaneously, rather than seriatim. Why, for example, could the passing of building plans and the approval of subsidies for running costs not receive attention at one and the same time?

But despite the drawn-out nature of the negotiating process and the uncertainty of the outcome at every stage, there are legitimate measures to be adopted by any organization seeking to hasten the approval of its project. Instead of passive compliance with the requirements of the system, introducing the element of dialogue into the negotiations not only allows the organization the opportunity of arguing the merits of its case in the forums of power, but encourages the decision makers to view the particular application less as a scheme on paper than as a worthy cause represented by committed individuals. The

fact that, in a situation of competing applications and limited resources, the South African National Council for the Blind was able to achieve its goal within a relatively short time unquestionably had much to do with this approach.

1.3 Negotiating for non-racial status

The negotiations we have been describing were in a sense purely technical, that is to say, they involved the approval of a welfare project according to standard procedures and set criteria. There was, however, one aspect of the negotiations which belonged to a different sphere. The declared aim of the South African National Council for the Blind was to establish a rehabilitation centre that would be open to all population groups, but in South Africa this conflicted both with traditional patterns and with Government policy. To have made the matter a public issue would have been to provoke a confrontation, but a private initiative drawing attention to practical problems had some chance of succeeding.

From 1966 onwards Government policy in the welfare sector had been designed to create parallel services for the various population groups, in order to prepare the way for racially autonomous organi-

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zations. The constitution of the South African National Council for the Blind was duly amended in 1968 to comply with Government demands. In future the Council in session would consist of White delegates only, while services to blind people in the Coloured, Indian, and Black communities would become the responsi-

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bility of separate Divisions within the National Council.

Representatives from the Divisions could attend meetings of the Executive Committee when matters affecting them were being discussed, and representatives from the Executive Committee could attend Division meetings in a consultative capacity.

Generally speaking, welfare organizations were opposed to these changes. Fragmentation could eventually result in services that were not cost effective, while the bitter resentment of the affected groups gave rise to racial disharmony. Indeed, the indignities suffered by individuals under the new dispensation - for example, the withdrawal of Government officials from meetings where they were present - were indefensible. That volunteers from these communities continued to serve at all must today be acknowledged to have been an exceptional act of dedication to the cause of the blind. Of course, objections were raised and opposition expressed on repeated occasions and wherever possible, but for fifteen years the Government remained unrelenting in its determination to impose separate development.

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In 1981 a new directive was issued, in no way cancelling earlier directives, but nevertheless authorizing Regional Welfare Boards to register welfare organizations with more than one population group represented in their management committees. The purpose of the multi-racial composition had to be to assist the various population groups to acquire the knowledge, skills, and experience that would enable them to render welfare services to their own people through their own ranks. The concession was stated

to be temporary and to apply only where a welfare organization was actively pursuing the objectives set in previous policy pronouncements.

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The object of the multi-racial composition had to be explicitly written into the constitution of the organization to the satisfaction of the Regional Welfare Board concerned. Welfare organizations were to be granted a reasonable period to attain the set objectives and Regional Welfare Boards would be asked from time to time to determine whether such objectives were being actively pursued and to what extent progress was being made.

While the ultimate aim of Government policy evidently remained unchanged, the participation in welfare work of all population groups on an equal basis had temporarily become possible. The reaction of the South African National Council for the Blind was to adopt a

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resolution at its 1981 Biennial Conference removing all reference to race from its constitution. The management committees for the separate Divisions were disbanded and a multi-racial Executive Committee was elected.

The Government directive of 1981 was timeous with regard to the rehabilitation project of the National Council. The memorandum submitted to the Department of Health and Welfare in February of that year that would set in motion the negotiations to establish a new national training centre had expressed the intention of opening the facility to all population groups. Although the latest directive had no immediate bearing on such a project, it did suggest a certain receptivity in Government circles to what was being proposed. As the matter plainly had political implications, no ordinary State official possessed the necessary power to make a ruling.

Thus it was that the Chairman and the Director of the National Council met with the Deputy Minister of Community Development, whose Cabinet responsibilities gave him jurisdiction in the matter.

During the interview attention was focused on practical issues. Firstly, it was explained that, with the limited number of blind people that would be involved, to establish separate training facilities for each population group would not be cost effective. In particular, the duplication of capital expenditure, administrative costs, and costs connected with board and lodging and with transport would make training itself inordinately expensive. Secondly, to provide training one had to employ specialists in a variety of fields, including orientation and mobility, the skills of daily living, and communication skills. Few such experts were available in South Africa, which would make it difficult to man more than one centre and to maintain the quality of the service. Thirdly, the small number of people requiring certain forms of rehabilitation, such as Optacon instruction and telephony training, meant that to split the service would be to reduce the number of trainees in some fields to a level where it would be impossible to sustain the service. Finally, it was stated that the South African National Council for the Blind had to meet over 50% of the costs of its rehabilitation service through fund raising. The public, and more especially large business corporations, were becoming increasingly unwilling to support projects which benefited only a single race group. Were separate facilities to be created, the National Council would be burdened with heavier financial responsibilities, while being in a less favourable position to raise the necessary money.

The arguments as presented were not quantified nor could all the complexities of the situation be entered into during a brief meeting. It is fair to say that a sympathetic hearing was given to these representations, but the Deputy Minister expressed serious reservations when it came to the question of different race groups being accommodated together. However, discussion produced a compromise according to which the centre would be open to all population groups, provided that courses were not racially mixed. In practice this would mean a system of rotation.

Soon after the meeting, formal permission to proceed on such a basis was given by the Deputy Minister in person in a letter dated 14 February 1981. In the view of the writer, who was a member of the delegation, the compromise was unavoidable in the circumstances, if approval of the scheme was not to be delayed indefinitely and, indeed, a total separation of facilities might then have been made a requirement. The compromise should, therefore, be seen as a tactical manoeuvre and not as the sacrificing of principles. Once the service is in operation, the terms of the agreement could be renegotiated or a programme of gradual transition implemented, achieving the same goal without jeopardizing the work. In the meantime all blind people in South Africa will be eligible for training of an equal standard.

2. FUNDING

Earlier we saw how a State loan for R2 333 164 was secured to help pay for the erection of the rehabilitation centre, but the amount of this loan only became known in October 1983, after two years and

eight months of negotiations. In the meantime it had been necessary to proceed with planning on the basis of less optimistic assumptions. In any case, it was calculated that escalation plus the cost of equipping the centre would push the final figure for the project beyond the expected level of State assistance. In addition to this, heavy costs would have to be incurred in relocating the head office of the National Council and certain ancillary services.

Such costs could not be met from the normal resources of the National Council, despite the success of its ongoing public appeal. A special fund raising campaign would have to be mounted which would have to be the most ambitious to date in the history of the organization. At the same time care would have to be taken not to duplicate the existing appeal or undermine regular income.

In fact, the ensuing campaign involved a variety of initiatives and a series of transactions, but, once again, to recount all the activities in every detail would serve little purpose. The interest lies in the methods which were used and in the ideas which were conceived to generate the funds and which together comprised a repeatable fund raising campaign.

2.1 Grand strategy

The special fund raising campaign to be launched by the South African National Council for the Blind would have to produce a nett profit of about R2 000 000, which was considered to be a safe target for the project, excluding the State loan. The first step to be

taken was to adopt a grand strategy which would enable the National Council to raise the money.

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Figure 1 shows the initial draft of such a strategy as devised at a meeting held between the Director of the National Council and a fund raising consultant early in 1981.

As will be seen from the figure, the donations that had to be obtained, broken down into the number of contributions required at each level of giving, are represented by a pyramid. Donations would have to range from a few substantial contributions at the apex to a large number of small gifts at the base. The figure shows how the sizes of donations were to be related to structural components of the building, with the big donations paying for the foundation and the small ones buying bricks. The figure also shows what methods were to be applied in soliciting these donations, with personal approaches to top companies and direct mail appeals to major companies and wealthy individuals. The best prospects in the latter group would identify themselves by asking for more information, which would lead to further solicitations by means of telephone calls and personal visits.

In preparing a strategy for the fund raising campaign which lay ahead, the idea was to provide general guidelines and establish attainable goals. Possible courses of action were clarified, without laying down rigid rules. In fact, as we shall see, the middle range of donations was set at unrealistically high levels in terms of customary donor performance in South Africa, while carrying out

TYPE OF DONATION

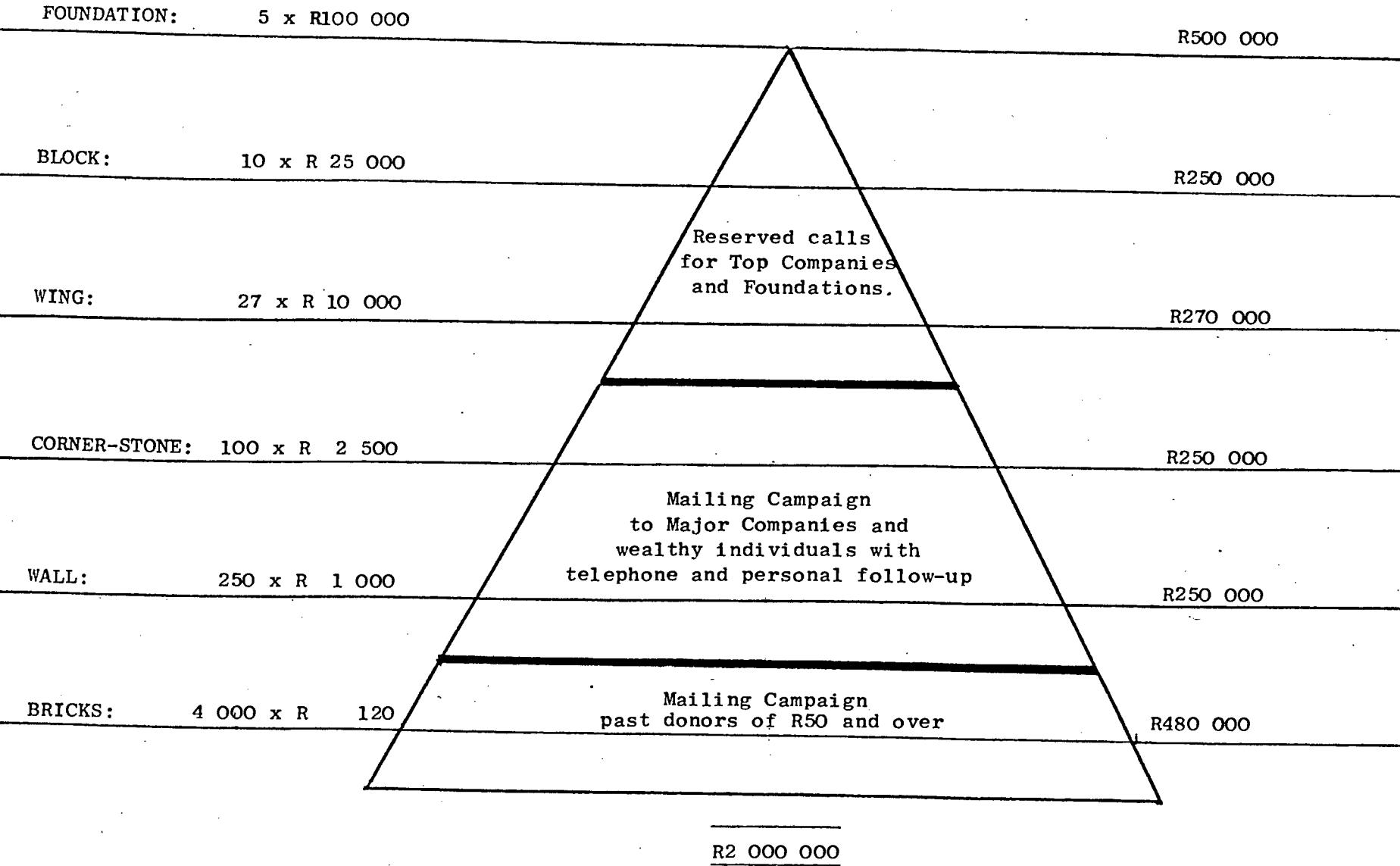


Figure 1: Strategy to Raise Funds for National Rehabilitation Centre

the full programme of personal solicitations as originally envisaged would have required more manpower than was available. The poor performance in the middle range was, however, offset by a good performance at the apex of the pyramid and by a better than expected performance at the base. As anticipated in the overall strategy, fund raising activities resolved themselves into two main sub-campaigns, that of selective personal approaches to prospective major donors and that of postal appeals. Summaries of these complementary efforts are included in what follows.

2.2 Fund raising philosophy

One of the fundamental principles of fund raising is that people prefer to support a specific project, rather than a general cause. They will give money to attain a practical goal, but will be reluctant to react to a non-specific appeal. The development of a rehabilitation centre where newly blinded people could learn to cope with the challenges of life was, therefore, precisely the kind of undertaking that would attract donors.

Another important principle to be considered when raising funds is

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that people desire a reward. Every individual has a motive in giving, whether it be to have a good feeling, to express pity, to escape fear, or to allay guilt. It is essential, therefore, that the donor receive in exchange for his gift the praise or reassurance he is seeking. Furthermore, the reward must be proportionate to the size of the gift, not in any material sense, of course, but in terms of emotional satisfaction.

Obviously, there are many more factors that may influence the outcome of an appeal and these simple truths may seem to some little more than generalities, but in preparing to discuss the major campaigns which gave support to the rehabilitation project, we have laid stress on these two principles in particular for the reason that they are basic to all of the transactions which have taken place. Understanding this helps to follow the process at work in each appeal.

a. Personal approaches to prospective major donors

The first method used in raising funds for the rehabilitation project was to make personal approaches to prospective major donors. Originally, it had been intended to concentrate on top companies, but it was quickly realized that other possibilities existed, including leading organizations for the blind, charitable trusts, and service organizations. Indeed, one of the first approaches that was made was to St. Dunstan's (South Africa), offering them a partnership in the scheme. Because of their interest in the rehabilitation of the war-blinded, St. Dunstan's eagerly agreed to participate in the planning of the new centre and to join the Rehabilitation Committee of the National Council. They were also responsible for one of the most substantial financial contributions that was made towards the realization of the project.

But in this section we mainly wish to discuss the technique which was used in soliciting donations from major business cor-

porations. To begin with, a list of some seventy top companies was compiled, each company being selected either because of its known record of charitable donations or because it had been recommended by one of the National Council's associates from the business field. Working from this list, companies were contacted by telephone to arrange an appointment with the most senior person available, that is to say, with the chairman, the managing director, or the head of public relations. In the interview which followed representatives from the National Council outlined the nature of the scheme, pointing out important features and drawing attention to those services which would be unusual or innovative. The company was then invited to provide sponsorship, this request being framed as explicitly as possible in terms of the amount being asked for and the purpose it was intended to serve. Subsequently, the request was confirmed in writing, the contents of the letter being modified to stress the information which had created most interest during the interview - in one case service to all races, in another help to men blinded on the Border, in yet another training with electronic aids.

The different steps in this process were:

1. The drawing up of a target list;
2. The obtaining of appointments with decision makers;
3. The presentation of the project; and
4. The submission of a formal application.

There is nothing remarkable about the technique involved, excepting that it requires more research and planning than may at first be apparent. Examples follow.

In step 1, in addition to the selection of companies, the decision maker in each company has to be identified and, if possible, his interests and preferences in charitable works.

In step 2 appointments are frequently refused, requiring the efforts of an intermediary to gain access.

In step 3 the appointing of suitable representatives is a vital issue in that the seniority of the chosen individuals, and the fact that they are personable and eloquent, may count for more than the soundness of their arguments.

In step 4 the timing of the request may be all important, the outcome often depending on such exigencies as the dates of board meetings or annual budget allocations.

Two factors must, however, be singled out as having specially contributed to the success of these initiatives. Firstly, there was the use made of printed materials to reinforce the message. A brochure entitled Learning to Live with Blindness: The

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Building that will make It Possible was published, giving details of the proposed scheme and showing pictures of the type of training that would be offered. This booklet also contained information about sponsorship. In addition to this, a list was prepared of those components of the project that might attract specific donations - tuition rooms, occupational therapy centre, vocational training areas, industrial training centre, self-care flatlet, gymnasium, residential facilities, garden, and swimming

pool. In all, thirty-five such sections were specifically identified and the unit cost given for each. This list, accompanied by the brochure, was presented to potential donors with the suggestion that they choose some particular aspect of the project for sponsorship and make a matching donation. The list represents a refinement of the idea of unit sponsorship incorporated in the pyramid shown in Figure 1. It turned out to be a helpful tool in obtaining direct sponsorship for two entire wings and several other sections of the centre. Where it did not succeed in attracting a precise donation, it nevertheless served the purpose of showing the scope of the proposed project, giving validity to arguments justifying expenditure.

their money. The function of these documents was to define particular aspects of the project and to provide the basis for a system of specific giving. To obtain the commitment of the donor there also had to be the promise of recognition. The brochure itself indicated three ways in which recognition might be given:

1. The naming of specific sections according to the wishes of donors;
2. The erection of a Wall of Tiles listing all chief benefactors; and
3. The compiling of a Golden Book recording each and every donation, big and small.

Where donors expressed a preference, it was the first of these options which proved most popular. Usually, requests of this kind were associated with the larger donations. In some instances companies sought an extra return in the form of publicity. In such cases a formal ceremony was held for the handing over of the donation, the occasion being marked by media interviews and press releases.

To what extent these fund raising efforts satisfied the objectives originally set will be seen presently, but at this point it is interesting to note the different categories of donors and the levels of support received from various sectors. It should not be forgotten that the technique that was used in approaching top companies was also the technique that was used in approaching many other major donors, so that Table 2 reflects the results achieved by a single method. This table shows actual income as at the end of 1983, plus firm pledges.

Table 2
Fund Raising for National Rehabilitation Centre - Corporate Donors

Categories of Donors	Number	Percent of donors	Donations (Rands)	Percentage contributed
Commerce & Industry	25	49,02	572 869	61,34
Voluntary Organizations for the Blind	3	5,88	205 000	21,95
Service Organizations and Special Projects	9	17,65	53 828	5,76
Trusts	10	19,61	52 489	5,62
Newspapers	2	3,92	46 794	5,01
Educational Organizations	2	3,92	3 000	0,32
	51	100,00	933 980	100,00

b. Direct mail appeals

Appeal letters mailed to addresses throughout South Africa have for many years been a vital source of income to the South African National Council for the Blind. Any individual responding to such an appeal has his name added to a so-called Golden List which, if wisely administered, becomes the key factor in the success of such fund raising.

Until recently the pattern had been to approach donors on the Golden List regularly twice a year, but evidence from the United States suggested that a higher frequency of mailings was viable. The announcement of plans for a new national rehabilitation centre was an opportune moment to make a further approach to donors in the light of a genuine need.

To test the idea in the first instance, it was decided to limit the extra appeal to individuals whose donations in the past had averaged R100 or more. A letter was sent out in August 1981 and of 3 715 persons mailed, 1 017 responded, giving an average donation of R81. The spectacular result was a nett profit of nearly R73 000.

To mark the special nature of the appeal each donor received a certificate of appreciation acknowledging his participation in the scheme. According to the amount contributed, each donor was awarded a certain status as follows:

R 25 - R 50	-	Associate;
R 51 - R100	-	Member;
R101 - R250	-	Sponsor;
R251 - R500	-	Benefactor;
R500 plus	-	Patron.

This special appeal was repeated in August 1982, but extended this time to all names on the Golden List. The number mailed was 64 077, of which 12 273 responded, with an average donation of R18,60. The nett gain was almost R176 000.

An exceptional gesture on the part of the organization Tape Aids for the Blind fits into the picture here. According to the theory of fund raising, one agency may beneficially use the Golden List of another agency without detriment to the owner of the list. Even so, the loaning of such a list is a rare occurrence and this is why the decision by Tape Aids for the Blind to grant the National Council access to its donors, subject to certain safeguards, was a remarkable act of generosity. The appeal to 66 015 Tape Aids donors in November 1981 produced a response from 13 457 individuals who gave an average of R18,60. The amount added to the building fund was virtually R225 000.

Having described in the preceding pages the main features of the fund raising campaign, we now must consider the final outcome. An analysis of the results achieved is given in Figure 2 .

TYPE OF DONATION

FOUNDATION: 3 x R100 000 +

R475 000

BLOCK: 6 x R 25 000 +

R217 485

WING : 10 x R 10 000 +

R149 009

CORNER-STONE: 12 x R 2 500 +

R 62 578

WALL: 20 x R 1 000 +

R 29 908

BRICKS: 28 666 x R17
(average)

R487 111

Reserved calls
for Top Companies
and Foundations.

Mailing Campaign
to Major Companies and
wealthy individuals with
telephone and personal follow-up

Mailing Campaign
past donors of R50 and over

R1 421 091

Figure 2: Analysis of Donations towards Building of National Rehabilitation Centre

The amounts given represent actual income plus firm pledges as at the end of 1983. To this must be added a sum of R348 809 earned from investment of income, giving a grand total of R1 769 900.

Comparing Figure 2 with Figure 1, we may note the following:

1. At the apex of the pyramid fewer donations of greater value than had been anticipated produced the desired result;
2. In the middle range fewer donations than had been projected produced less income than was required;
3. At the base of the pyramid, even though the average donation was lower than had been anticipated, the large number of contributions compensated for the under-performance elsewhere.

We explained at the outset that the amount of R2 000 000 was an arbitrary target figure based on cautious calculations. Should this exact amount actually be required, there is nothing to prevent a continuation of the fund raising campaign until the goal is attained.

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The generosity of the top donors is to be commended. The shortfall in the middle range is probably attributable to many

factors, including limited manpower to handle fund raising, fierce competition from other charitable causes, the economic depression,

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and unrealistic expectations. Unquestionably, though, the overwhelming response received from ordinary donors was the most gratifying aspect of the whole campaign.

2.3 Exclusive ideas

What we have just recounted can, with certain qualifications, be regarded as a typical fund raising campaign. There were, however, two related projects which were undertaken not only for their fund raising value, but because of the publicity they would bring to the National Council in its biggest venture. Both projects, but especially the second of them, meant the breaking of new ground in the public relations work of the National Council.

The first of these projects was based on the idea of endorsement. Pretoria was to be the site of the new rehabilitation centre and it made good sense to try and foster local pride in the service and to appeal to Pretorians to support a cause which was to be connected with their city. An appropriate letter telling the story was posted to 50 000 households in August 1981, much as is done in any direct mail shot, but variation on the theme was introduced a month later when a personal letter from the Mayor, written on his own letterhead

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and bearing his signature, was sent to all citizens, praising the project and asking for further support. Indeed, the measured

response of 3,84% was much higher than is normal for an appeal to non-donors. With an average donation of over R18, the nett contribution from the citizens of Pretoria was R14 000.

The next project was unique by any standard. The seed was sown when a Johannesburg businessman, Colin Hall, read about a venture described as A Day in the Life of Australia. On a given day 100 top photographers from all round the world had spread out over Australia to take pictures. From their work a spectacular photographic album recreating twenty-four hours in the life of that country had been published. The organizers had also earned a handsome profit.

Fascinated by the idea, Colin Hall discussed the matter with a photographer friend, Bob Thornley. They agreed that in respect of scenic beauty and cultural variety South Africa had even more to offer than Australia, and that a similar event held in this country would have tremendous appeal. However, they favoured two changes from the original concept: firstly, instead of hiring international photographers, the project should be based on community participation. Secondly, the undertaking should be non-commercial, with profits going to help the blind, this in view of the fact that blind people would be the only group unable to take part.

Thought was translated into action with the registration of a non-profit company called A Day in the Life of South Africa, while it was proposed by the Director of the South African National Council for the Blind, and accepted, that the income from the event be used

towards the establishment of the new national rehabilitation centre for the blind.

The next question to be settled was the staging date. In selecting a suitable date, many factors had to be taken into account. It was the beginning of 1982 - how much time was needed for advance publicity? How much time would be needed to publish before Christmas? What date offered the best weather prospects? In any case, it had to be an ordinary working day unassociated with major sporting, cultural, or political events. The choice fell on Wednesday, 26 May 1982.

A firm of public relations specialists was now engaged to launch the scheme, supported by the voluntary efforts of Bob Thornley and his associates plus a full-time worker from the South African National Council for the Blind. There is no need to report the details of the ensuing publicity campaign, involving the issuing of press kits, the granting of media interviews, the releasing of a pop record, the staging of celebrity entertainments, and many related events. Suffice it to say that on the appointed day South Africans everywhere participated in large numbers, submitting no less than 36 000 photographs to be judged in the competition. From a complicated process of sorting, selecting, and editing there emerged in due course a unique social document, comprising 315 pictures of "One extraordinary ordinary day in the life of South Africa".

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Sales of the book A Day in the Life of South Africa are likely

to continue for some time in the light of its popularity on the local market and the demand from the tourist trade. It would be premature to evaluate the financial results at this stage, although a substantial reward is expected with sales approaching 25 000 copies in the first year. What can be said, however, is that the book has produced an unparalleled wave of publicity for the work of the South African National Council for the Blind and especially for its rehabilitation project, not only through references to the project in the text, but more particularly through public awareness

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of what the book stands for.

3. PLANNING

The need to expand and diversify rehabilitation services for blind people of all communities in South Africa has been the growing point of focus in this the second part of the present work. We have described existing programmes and drawn conclusions about future requirements, taking into account the increasing number of blind people in the population, new categories of clients, and additional forms of training, and now some attention must be paid to the planning of the physical facilities where at least the national aspects of this scheme are to be implemented. As we proceed it should be remembered that while the planning of the new national rehabilitation centre was based on the type of information we have quoted and the sort of arguments we have presented, the National Council had equally to give consideration to the criteria laid down by the subsidizing authorities and the budgetary restrictions imposed by the available resources. Nevertheless, we are reassured by

the fact that the quality of a service does not primarily depend upon physical amenities, but upon the knowledge and dedication of the rehabilitation workers and the appropriateness of the programme to the needs of the clients. Even so, the physical environment can be a significant factor in enhancing performance and enriching experience during training and so must receive careful attention. Here we intend to concentrate less upon abstractions about layout and design than upon the process of planning itself and the question of how service requirements are to be related to physical structure. Finally, we shall outline a comprehensive delivery system for rehabilitation services to the blind.

3.1 Proceeding by consensus

The task of planning the rehabilitation centre was assigned to a committee headed by the Chairman of the National Council. The Director, assisted by members of his staff, was responsible for preparing proposals based upon the recommendations from special committees and the suggestions of informed individuals. In carrying out this responsibility, ideas originating within the administration of the National Council were likewise tested on committees and experts.

Although this approach meant slower progress, it had two decided advantages. In the first place it ensured that, as far as could be judged, the scheme would benefit from the best knowledge and experience available within the service system in South Africa.

Secondly, the approach also represented a policy of diplomacy. The project was more likely to gain acceptance from workers in the field and from blind people themselves if everyone who felt they had something to contribute had been given the opportunity to do so. In order that blind people might participate in the deliberations more meaningfully, scale models and relief plans were constructed by the architect and regularly updated as the project went ahead.

Determining what size the centre ought to be was possibly the toughest problem of all to solve. The waiting list at the Enid Whitaker Rehabilitation Centre indicated the current need within the White population group, but nothing more. In Chapter 5 we discussed a number of shortcomings of the present system and suggested changes that were necessary, but to quantify future demand for expanded services was, as the planners soon discovered, an extraordinarily difficult thing to do. Allowance had to be made for extra categories of clients availing themselves of new services. Demographic trends, technological developments, and medical advances might affect the situation. Additional responsibilities, such as the training of specialist workers, might be given to members of staff, while in the course of time some rehabilitation services might be decentralized. Most uncertain of all was the level of demand to be expected from the Coloured, Indian, and Black communities now that blind people from these groups were to be eligible for training.

The decision about the size of the centre could not, therefore, be derived from firm data, but had to be based on a consensus of informed opinion. It was the task of the Rehabilitation Committee

to determine what services were to be provided in basic rehabilitation and of the Placement Committee to determine the forms of vocational training that would be needed, and this information would be used to calculate space requirements. In any event the residential intake at the new centre, it was agreed, should be treble that of the Enid Whitaker. At the same time it was conceded that all needs could not be satisfied permanently in this way and that eventually other facilities would have to be established elsewhere, for example, places for industrial training in major cities and work schemes in rural areas.

From this general thinking emerged a definite scheme. There would be residential accommodation for twenty-five clients and service space for fifty. Training would be divided into two sections: basic rehabilitation and vocational training. Basic rehabilitation would comprise the modalities of social work counselling, communication skills, the skills of daily living, and orientation and mobility. Vocational training would initially include telephony instruction, the teaching of typing and secretarial skills, and industrial training. There would also be a number of special-purpose areas and recreational facilities, including areas for medical examination, testing and assessment, instruction in electronic aids, group work, and private study, as well as a gymnasium and a swimming pool. A self-care flatlet would enable rehabilitees nearing the end of their course to practise real independent living.

A justification for these various types of training, together with an insight into the contents of the relevant courses, was given in

Chapter 4, but a word about the fields chosen for vocational instruction is perhaps necessary. A number of alternative options were seriously considered, among them computer programming, small business management, and the operating of telex equipment, but either adequate training was felt to be available elsewhere or the particular field did not rank high enough on the immediate scale of priorities. In favour of the chosen fields it must be said that they offered good occupational prospects for a large number of people.

Detailed decisions about staff requirements and course curricula for vocational training were deferred until senior personnel with the appropriate qualifications would be available to take the lead. By contrast, the staff appointments that would be needed in the section

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for basic rehabilitation could be stated accurately, namely a superintendent, an assistant superintendent, three social workers, three occupational therapists, five mobility instructors, two braille teachers, and three typing teachers. For the service in clinical psychology and for low vision work a system of consultancies would apply.

It might, of course, be many years before the new national rehabilitation centre operates at full capacity, by which time other possibilities may impose different demands. But what is needed at the outset is a comprehensive programme reflecting current practice in each particular training field, plus the willingness to adapt to new challenges as they arise.

3.2 Flexible functionality

The rehabilitation of blind people, as we have seen, depends upon a group of disciplines each of which has its own approaches and techniques relating to particular situations and activities. But the position is not a static one and the contents of courses constantly vary as perspectives change or individual specialists develop their own programmes. Also, new disciplines arise from time to time, and old ones lose their prominence as research continues and opinions shift. Against such a background, rigid planning of the physical environment for training purposes can only lead to facilities which are not adaptable.

Several examples of such changes are to be found in the history of the work at the Enid Whitaker Rehabilitation Centre. A chapel intended for meditation was later converted to a telephony instruction room. When the Centre moved to Johannesburg in 1967, orientation and mobility did not exist as a separate modality in the programme, whereas today three out of eight specialist workers are mobility instructors. Similarly, the role of electronic devices and optical aids has greatly gained in importance only recently. All these changes, and many more, have occurred in a little over a decade.

Physical planning in a rehabilitation centre for the blind must, therefore, serve the principle of flexible functionality, by which we mean that while spatial design and specialized installations are intended to accommodate an existing programme, the majority of the

service areas should be adaptable to multiple purposes. How the principle applies in practice will appear from our review of the physical planning of the new centre.

In the first place, let us examine these multi-purpose areas. We have already noted the list of modalities to be included in the basic rehabilitation programme and the occupational courses to be given priority in vocational training and, while the activities involved are unique to each field and very different from one another, few of them require anything exceptional by way of physical planning. Only two requirements seem important overall. Firstly, there should be many small locales for individual counselling or one-to-one tuition, and several large locales for group therapy or group activities. Secondly, those spaces intended for counselling or tuition should have a degree of privacy and quietness, while spaces reserved for practical work should be provided with the requisite wash-basins, durable work-surfaces, and storage capacity. Sufficient service areas meeting these requirements having been set aside, counsellors and instructors can be allotted appropriate spaces, and each room adapted to its function by means of furniture and fittings. Such an approach maintains open options and reduces the possibility of the physical environment obstructing the programme. Moreover, should numbers increase beyond estimated levels, or extra modalities impose requirements exceeding the physical capacity, particular spaces can be made to serve a dual purpose.

Of necessity, every rehabilitation centre has to have a number of special-purpose areas fulfilling specific functions, although even

here over-elaborate design and finicky detail might in the end prove disadvantageous. We shall mention three sections ⁽²¹²⁾ in the new rehabilitation centre to illustrate the point.

The occupational therapy centre has been designed to permit the co-ordination of a variety of activities within a single functional unit. There are rooms for assessment and several areas where specific aspects of the skills of daily living will be taught. A large room will accommodate group activities, while a number of smaller spaces will enable one or two people at a time to engage in woodwork or pottery or to practice make-up or cooking. With the exception of the kitchen, the allocation of functions to spaces is not irrevocable and any activity could be transferred elsewhere or be replaced if necessary. Overall, comprehensive courses in the skills of daily living should be feasible, with special emphasis on individual needs as determined by occupations and hobbies.

In the industrial training section the aim will be to assist individuals with the right aptitude to develop the manual dexterity and muscular co-ordination, the work habits and work discipline, to enter factory jobs in the open labour market. To this end two extensive areas are being set aside for the placement of workbenches and power-tools. The special design features in these areas are very basic, including the use of heavy-duty materials for the flooring, a power-supply suited to industrial machines, an instructor's office with observation windows, and plenty of storage space. As to the choice of assembly tasks and machine operations, options remain open.

The self-care flatlet is designed to be a normal two-room apartment, with bathroom and kitchen, fully furnished and containing modern electrical appliances (stove, refrigerator, washing machine, vacuum cleaner, etc.). The idea is that rehabilitees about to finish their training should practise independent living. Having been given initial supplies and a small budget, one or two individuals at a time would be expected, under minimal supervision, to operate on their own - keeping the rooms tidy, cooking meals, going shopping, doing the laundry - while continuing to follow a reasonably busy programme of outside activities. In this way learned skills would be enhanced by the confidence of experience.

There is still one overriding question which has to be answered with regard to the designing of an institution for the blind, namely whether the design should specially serve the needs of blind people or whether the design should be like that of an ordinary building. Those who hold to the first view will argue that if blind people are going to be living and working in the building, it makes perfectly good sense to eliminate hazards and facilitate orientation and free movement. Those of the opposite opinion reason that if blind people are to enter a world constructed by the sighted for the sighted, they should not be specially protected during training, but be exposed to a normal environment.

In the view of the present writer this question has largely become irrelevant, and for two reasons. Firstly, the elimination of physical barriers from all buildings and public places is today

claimed by the disabled as their legal right in any society.

To exclude such barriers from a rehabilitation centre for the blind, therefore, is not to compromise the principle of normality, but to apply a universal norm in a domestic situation. In this context it must not be forgotten that a growing number of blind people are actually multiply handicapped, or elderly. The second point is that the techniques being taught in such fields as orientation and mobility and the skills of daily living enable blind people to cope with most of the ordinary obstacles in the environment, so that to the average able-bodied blind person the fact that physical barriers exist is not really an issue. But, again, it has to be stressed that multiply handicapped or elderly blind people not only have the right, but often the express need, to be admitted to a rehabilitation unit.

The conclusion to be drawn is that if civilized standards are to be upheld and all categories of clients are to be served, a rehabilitation centre for the blind has to be accessible. The strict application of this principle could extend to a multitude of minor and

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major adaptations of which we give only a few examples relevant to the Pretoria project:

Building ramps instead of steps;

Providing grip rails and space for wheelchairs in bathrooms and toilets;

Placing lift buttons at a convenient height and marking them in braille;

Recessing objects that could cause an obstruction, such as fire extinguishers, public telephones, and wall cabinets;

Using contrasting colours to indicate kerb edges and doorways.

The concept of accessibility also extends to furniture and equipment - work-benches of the right height, dials with tactile markings, etc. As long as such features are introduced at the planning stage, the cost need not be exorbitant.

3.3 The final concept

Having described the project to establish a rehabilitation centre that is truly national in character, we wish in this concluding section to take a still broader view and propose a complete national strategy for the rehabilitation of blind people in South

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Africa. Such a strategy has not as yet come into being, although several of the essential components do exist. To succeed

as a national strategy it would have to have the potential of reaching blind people in all communities and be acknowledged to be the masterplan by all organizations contributing services. Even then, revision, based on research and dialogue, would remain a constant necessity.

Whatever the future may hold, the outline given here represents only one person's thinking and might conceivably be improved at many points. This writer doubts the possibility of a perfect formula, but admits the probability of viable alternatives. The following outline should, therefore, be seen as illustrative and not as prescriptive.

Figure 3 shows the schema of our proposed national strategy for the

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rehabilitation of blind people in South Africa. In the centre is the national rehabilitation service of the South African National Council for the Blind offering basic rehabilitation, vocational rehabilitation, and specialist staff training, and functioning as a resource centre for training projects in the community. But not all blind people could, or would wish to, enter the national centre and, therefore, a need exists to extend local services. These services would be divided into two main categories, urban and rural.

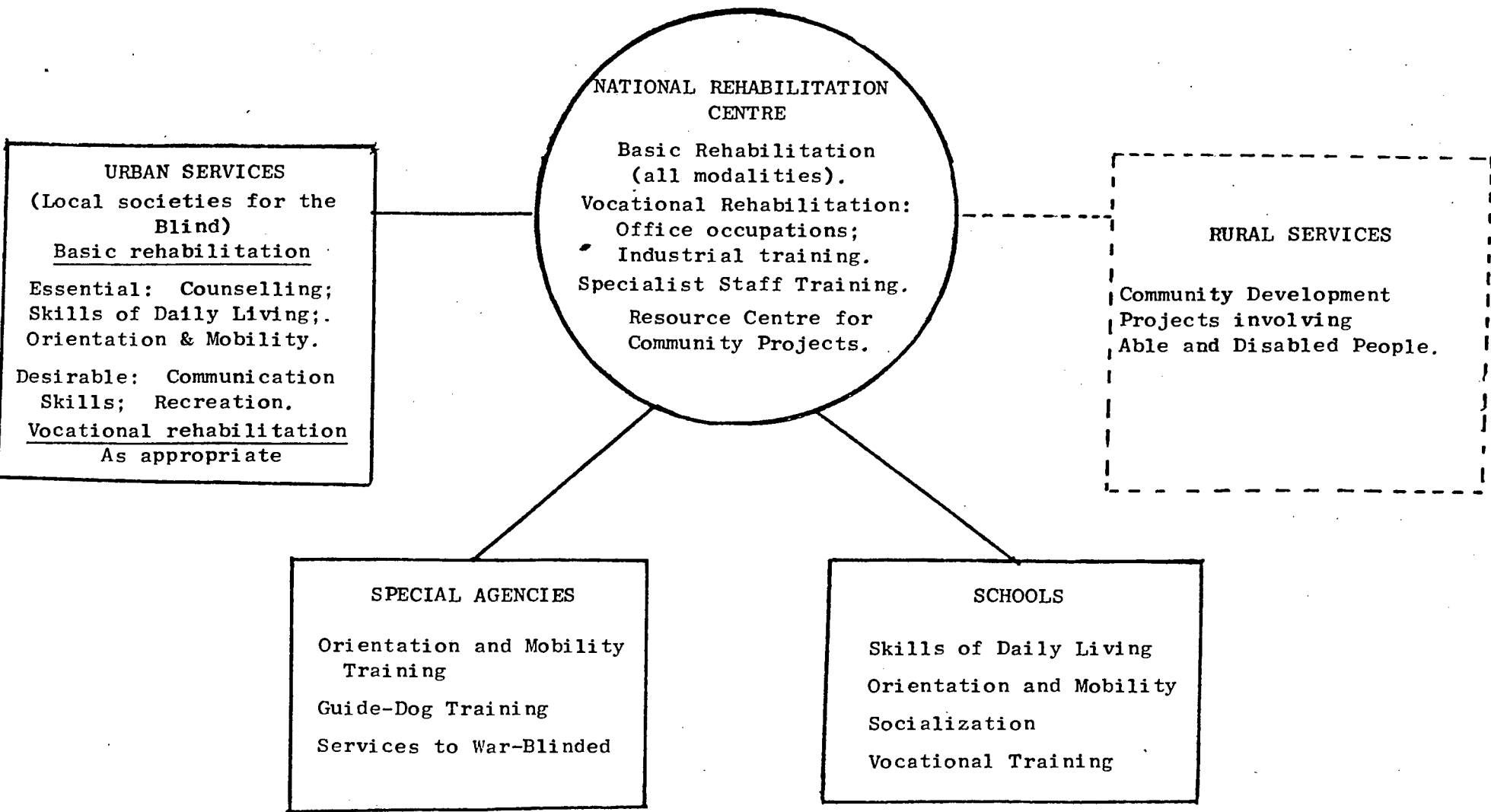


Figure 3: National Strategy for Rehabilitation Services in South Africa.

In the major cities the work would be done by the local societies for the blind which would employ social workers to give counselling, occupational therapists to teach the skills of daily living, and mobility instructors to teach independence of movement. Other possibilities, depending on demand, would be the teaching of communication skills, especially braille, and the organizing of sport and recreation programmes. In certain instances it will be necessary for local societies also to offer some form of vocational training, for example, industrial training. If a single society does not possess the resources to maintain comprehensive services, clients might be referred elsewhere for particular modalities, or partnerships or mergers between organizations might be contemplated. Wherever possible, local services should be delivered to clients in their own homes.

In the rural areas it is necessary to adopt another point of view entirely, not because of any inherent differences in the individuals concerned, but because of the marked differences in the societies in

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which they live. In the complicated environment of the city, the processes of employment are equally complex and it makes sense to provide services that will develop personal skills and vocational potential to the highest level of which the individual is capable in order that he may enter an occupation suited to his abilities, but the economic, social, and cultural differences which distinguish,

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say, Johannesburg from KwaZulu, also determine the feasible

vocational goals within these separate communities. In the rural areas, training has to be based on the skills needed in order to participate in the income-generating activities within the family and the community and, therefore, the aim must be "appropriate" vocational training rather than "highest employment potential"

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training.

But even though the approach be correct, there are practical difficulties to be faced arising from the sparseness of the population, the remoteness of the communities, the lack of resources, and the unwillingness of professional personnel to work in rural areas. This further explains why independent projects for the disabled and, worse still, separate projects for each category of disability, seldom succeed in such areas, while those that do will usually be found to be receiving privileged funding and to be serving inadequate numbers. We repeat that to be viable, projects have to be based on the concept of community development and a policy of integrating disabled people into such projects. Professional workers engaged in primary health care - social workers, occupational therapists - will have the responsibility of training disabled people in appropriate skills and of organizing their participation, but, because there are so few of these professional workers, their efforts have to be multiplied and extended by means of a system of auxiliary workers drawn directly from the relevant communities.

The national rehabilitation centre for the blind, urban societies for the blind, and community projects involving the disabled in

rural areas are the primary components of our proposed delivery system for rehabilitation services to the adult blind. But children also have to receive attention, while certain aspects of rehabilitation have traditionally been the prerogative of specialist countrywide agencies. Proceeding from the argument that a national strategy should incorporate those services which have fulfilled a positive function in the past, the roles of these organizations would in any future dispensation have to be preserved.

Schools for the blind, besides providing academic tuition, have the responsibility of developing the practical skills of their pupils - the skills of daily living, orientation and mobility - and of aiding them in the process of socialization. Pupils must be given vocational guidance, while vocational training should be offered in selective fields.

The South African Guide-Dogs Association for the Blind has the function of training guide-dogs and their owners and of staging courses for the qualification of instructors in orientation and mobility. Clearly, these services have a permanent place within the rehabilitation framework.

Finally, St. Dunstan's (South Africa) should continue to play its supplementary role in serving the war-blinded. The peer-group counselling, financial aid, and other specialized welfare services offered by this organization could not easily be duplicated within the mainstream of rehabilitation activities.

Figure 4 is included to show that there is an association between rehabilitation services and a variety of other services provided to blind people in South Africa. A general classification of this kind does not constitute a schema of the service system itself inasmuch as these services in their distribution are spread over a large number of organizations which are varyingly represented geographically and demographically. The classification cuts across all of this and is a reflection of types of activity. It is reproduced here merely to suggest that rehabilitation does not exist in isolation from other services which to many are of equally great importance.

In some instances training is actually intended to prepare blind people to make use of these other services, but this is not meant to be the rule. What is intended is that the blind individual, having received appropriate training, should enter society and become a free agent. Given this situation, he may of his own volition choose to make use of any of the services available to him, for example, in finding a job, in obtaining appliances, in reading books, or in taking part in sport.

But rehabilitation extends beyond the independence of the individual and freedom of choice. It presupposes a society in which equal opportunity is assured. In truth, this requires the rehabilitation of society itself. Blind people as an organized group have an essential role to play in effecting such change, not only through participation in their own affairs, but by uniting with other groups

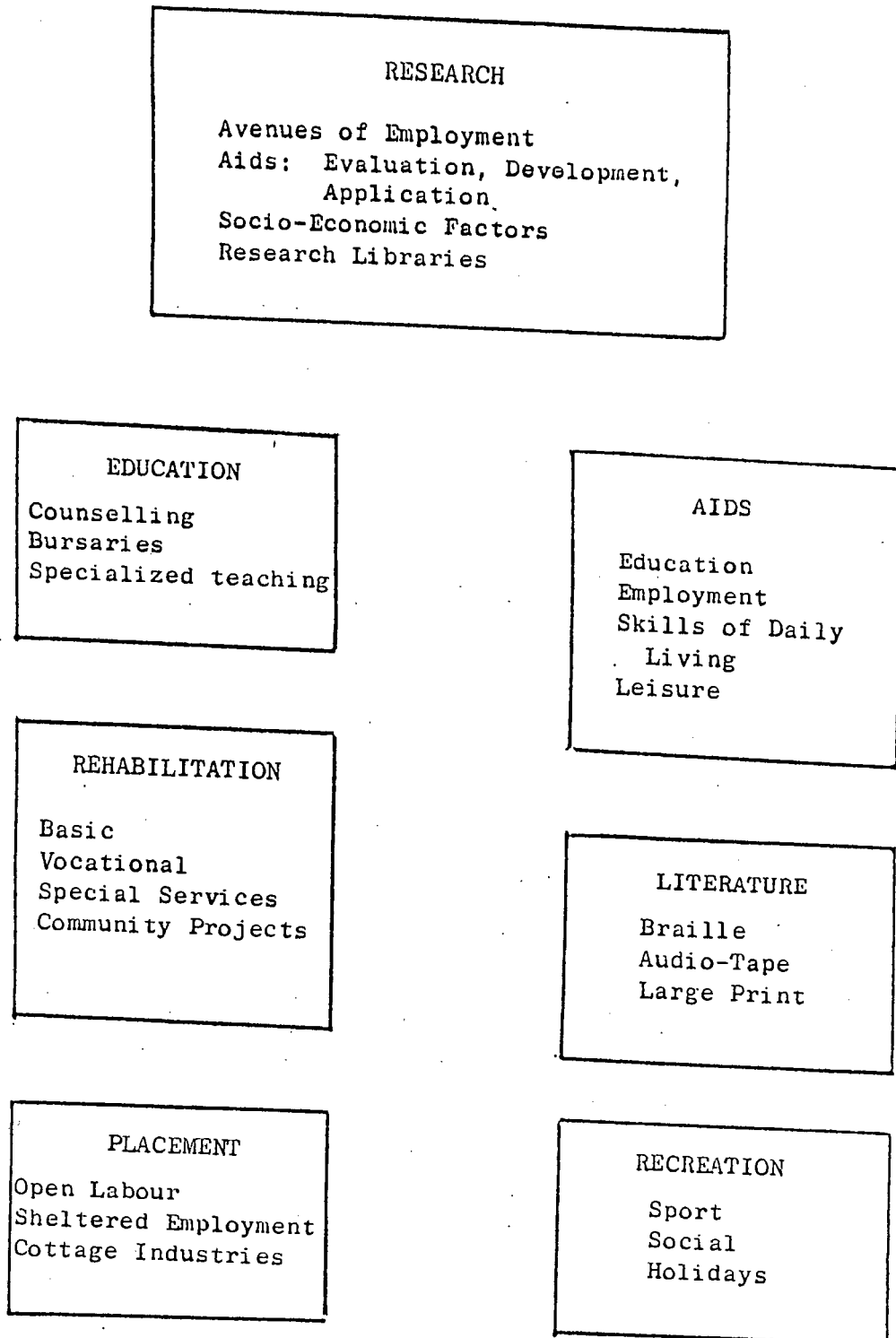


Figure 4: Classification of Services for the Blind in South Africa .

of disabled people in a disability rights movement. Such a movement must employ every legitimate means at its disposal to achieve the integration of disabled people into the mainstream of life - legal action, moral persuasion, and, above all, proof of personal worth.

C O N C L U S I O N

The perception of blind people is characterized by a sparseness of information. In social situations this deficiency tends to isolate the individual, while in society at large it is apt to give rise to a condition of dependency. Our analysis of blindness has revealed how personal exertion is required in order to explore the environment, bridge social distance, and achieve independent living. The purpose of rehabilitation is to develop the skills and attitudes that will enable the blind person to assert himself. In addition to this, the service system exists to meet exceptional needs and to assist the blind person in attaining his goals.

In describing various rehabilitation programmes and specific services, we have assumed the presence of blind people capable of taking the initiative on their own behalf and of agencies prepared to respond to all demands. On the theoretical level this has allowed us to propose optimal solutions, but whenever we have addressed practical issues, the neglect of particular groups has become apparent. A number of factors contributing to this situation have been identified, including a failure to distinguish between the differing needs of diverse groups and shortcomings in the delivery system. We have also discerned another factor, more potent than the rest, which has constantly retarded progress. We refer to the policy of racial separation in welfare work in South Africa. Our final responsibility is to account for the position of blind people who have been deprived of adequate services because of the prevailing dispensation.

Before examining the situation in the welfare field as such, it has to be emphasized that people residing in South Africa are subject to many general laws determining where they may live and the ways in which they may associate with each other, for example, the Group Areas Act of 1966 and the Reservation of Separate Amenities Act of 1953. While anyone studying the National Welfare Act as a document on its own might be forgiven for judging it to be an innocuous piece of legislation it has to be remembered that action under any such law takes place in a society where racial separation has already been institutionalized. Another point to make is that the uncompromising manner in which racial policies have been pursued by the South African Government has created a situation in which compliance with official requests relating to race is never felt to be optional, which is equivalent to saying that even a simple directive might be experienced as conveying a veiled threat. It is against this background that structures and policies have to be viewed.

Racial separation specifically in welfare work in South Africa, begins at the highest level in State departments, where welfare services for Whites are controlled by the Department of Health and Welfare, those for Coloureds and Indians by independent directorates within the Department of Internal Affairs, and those for Blacks by the Department of Co-operation and Development. Furthermore, the Ministers of these departments are empowered under Section 6 of the National Welfare Act No. 100 of 1978 to appoint Regional Welfare Boards. The result has been the creation of no less than twenty-six Regional Welfare Boards, that is, ten for Whites, nine for Blacks,

six for Coloureds, and one for Indians. This means that the financing, planning, and administration of welfare work in South Africa are carried out by numerous different authorities, each of which has little or no contact with any of the others.

Of course, the arrangements of the State need not be reflected in the arrangements of private welfare organizations. In order to bring about the desired structural changes in the welfare field, State departments have, therefore, from time to time issued strong directives. The first injunction of this kind, as far as the writer has been able to determine, was contained in Consolidated Circular No. 29 of 1966 issued by the Department of Social Welfare and Pensions in concurrence with the Departments of Bantu Administration and Development, Coloured Affairs, Indian Affairs, Health, Labour, and the Department of Education, Arts and Science. In this circular Government policy is set forth unequivocally.

It is intended that Non-White welfare organizations for the various racial groups should develop alongside of White organizations. In the course of time they will advance to a level of complete independence when they will be quite capable of managing their own affairs.⁽²²⁰⁾

Anyone studying the history of developments in the welfare field in South Africa would find it surprising that such a document, lacking the force of law, could have represented a watershed in racial relations. The truth of the matter is that the determination of the Government to effect change was made clear not only in its policy pronouncements, but equally in its practical dealings, for example, through the withdrawal of its delegates from meetings attended by

Non-Whites. The knowledge that welfare registration was a privilege conferred by the authorities and that many welfare organizations were financially dependent upon the State also proved coercive. While proposing to negotiate for a more acceptable dispensation, welfare organizations felt obliged to comply with official requirements for the time being. In the case of the South African National Council for the Blind this resulted in the establishment of separate Divisions for the Coloured and Indian blind and of a special committee to cater for the needs of blind Blacks (developments fully described in Chapter 5).

The relevance of these events to the present discussion is that they help to explain the long period during which blind people from the Coloured, Indian, and Black communities were excluded from the rehabilitation programme of the National Council. A policy of racial separation does not of itself amount to a denial of service. The fact that this was the outcome may be accounted for in two ways. In the first place, the policy of racial separation was adopted without the authorities exhibiting any readiness to contribute towards the funding of parallel services. Another reason was that the National Council was reluctant to create separate facilities which would introduce formal racial distinctions into its sphere of work. And yet, while certain services had always been rendered to all population groups, the rehabilitation centre of the National Council had never been open to blind people other than Whites. Apparently, the tendency for communities to serve their own people was not frowned upon within the National Council, as long as such work was not performed under duress. It is interesting to

conjecture that this very act of compulsion by the Government hastened integration by encouraging workers with the blind to make integration of services their explicit objective.

However, the road ahead was not to be an easy one. The view that there should be a return to the earlier more open position was repeatedly put to the authorities by the National Council and other welfare organizations, but, while initial responses often seemed favourable, the final answer was always negative. Far from deviating from its original course, the Department of Social Welfare and Pensions, supported by allied departments, saw fit after many years to reaffirm its position by means of Circular No. 65 of 1978: "The welfare bodies of one population group should not function or be regarded as subsidiaries of those of another population group."

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Still welfare organizations - now under severe pressure from co-workers in the Coloured, Indian, and Black communities - persisted in their representations. Relief, when it came, was announced as a temporary measure in yet another official communication, this time Circular No. 6 of 1981 issued by the newly amalgamated Department of Health and Welfare. Welfare organizations would be permitted to have multi-racial management committees, provided that the purpose of such composition was "to assist population groups/communities to acquire knowledge, skill and experience to enable them to render welfare services to their own people through

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their own ranks." This purpose had to be specified in the constitution of the organization, and Regional Welfare Boards were instructed to monitor progress towards the goal of racial

separation. The South African National Council for the Blind reacted by removing all reference to race from its constitution in October 1981. At the beginning of that year the Enid Whitaker Rehabilitation Centre had for the first time opened its doors to blind people from the Coloured and Indian communities. The admission of blind Blacks, because of the large numbers that would be involved, would have to await the establishment of the new national rehabilitation centre which would replace the Enid Whitaker.

Understandably, these developments were heralded as a breakthrough in the work of the South African National Council for the Blind. In this connection the writer is inclined to express his reservations. Under Section 14 of the Republic of South Africa Constitution Act, 1983, social welfare is listed as one of the fields to be regarded as "own affairs", a designation implying separate administration and control according to race. Clearly, therefore, the Government is intent on retaining racial categorization in welfare work. If separation were again to become an issue in work with the blind, negotiations would have to be reopened, and the provision of adequate rehabilitation facilities for the Black, Coloured, and Indian communities would once more have to be postponed, a delay which would be likely to deprive yet another generation of blind people of their right to training.

Conceivably, it might be argued that the reasoning behind the account we have given is prejudiced. Are there not, in fact, two sides to the debate and ought the question not to be settled on pragmatic grounds? Surely, there do exist significant differences

between various groups of people in terms of culture, language, education, and socio-economic conditions, and in South Africa these differences do relate to ethnic origins. Furthermore, in cases where individuals exhibit negative racial attitudes, the staging of mixed courses would either result in a refusal to enter training or in behaviour which could disrupt racial harmony within the training programme. Indeed, do the proponents of integration really have the right to impose their beliefs upon those who disagree with them, and this at a time when the people concerned are physically dependent and emotionally distraught?

The need to be sensitive to these issues is not denied, but there are important considerations to be raised in the face of such arguments. The first of these is the question of cost effectiveness. The creation of separate training facilities for each particular race group would increase capital expenditure, running costs, and administrative overheads to prodigious proportions, bearing in mind the tremendous variety of services required by the blind population. In our investigations we have become aware of the fact that at the present time insufficient State and private funding is available for the maintenance of comprehensive services in all communities. Under conditions of racial separation, therefore, an even larger number of services would inevitably become economically non-viable. To take a single example: initially few Black women might qualify for secretarial training because of a lack of the necessary education. The operation of a training school to serve occasional candidates could not be justified financially and this

would result in the withholding of such training from the Black community. What we are saying, in effect, is that each and every service would become relatively more expensive, with many services becoming so costly that they would have to be suspended.

This leads us to invoke a principle which is fundamental to all work with the disabled, namely equal opportunity. If services were to be differentiated according to race and the programme for each group was to be matched to majority needs, not only would individuals of greater or lesser potential than the average norm be deprived of appropriate training, but blind people would lose their freedom of choice and, in many instances, the ability to aspire to higher goals. Equal opportunity is a human right to be upheld as much between various groups of the disabled as between disabled and non-disabled people. If justice is to prevail in work with the disabled, access to all facilities has to be a universal credo.

N O T E S

1. A preliminary statement of the analysis developed in the present work has been published in Afrikaans. V. "Die Blinde, Soos aan Ons Onbekend", Humanitas. 4(1), 1977: 29-33. Pretoria: Human Sciences Research Council.
2. Our approach has its precedents. A notable example of theory serving to justify practice is to be found in Carroll, Thomas J.: Blindness: What It Is, What It Does, and How to Live with It. Boston: Little, Brown and Company 1961.
3. This is the thesis underlying the views expressed by Robert A. Scott in his book The Making of Blind Men. New York: Russell Sage Foundation, 1969.
4. Cf. La Violette, Forrest & Silvert, K.H.: "A Theory of Stereotypes", Social Forces. 29(3), 1961: 260-261. University of North Carolina.
5. No better confirmation of this statement could be cited than the proceedings of the first national conference on the needs of the blind convened by the South African Blind Workers Organisation in June 1979. The 151 resolutions adopted by this conference constitute a list of grievances perfectly reflecting the understandable preoccupations of consumers. V. South African Blind Workers Organisation. First National

Conference on the Needs of the Blind, Johannesburg, 30th June 1979. Johannesburg: SABWO, 1979.

6. Gill, J.M.: comp. International Register of Research On Blindness and Visual Impairment. Coventry, England: Warwick Research Unit for the Blind, University of Warwick, 1981.
7. To the credit of South Africa it must be said that such research has been receiving some attention (viz. the following reports published by the Institute of Sociological, Demographic and Criminological Research of the South African Human Sciences Research Council: Van Der Burgh, C.: White Blind Persons in the Transvaal: A Socio-Economic Survey of Their Living Conditions, 1973; Van Der Burgh, C.: The Socio-Economic Position of Indian Blind Persons in Natal, 1976; Esterhuysen, H.M. & Van Der Burgh, C.: Die Sosio-ekonomiese Lewensomstandighede van Blanke Blinde Mans in die RSA, 1980).
8. Physical and political maps of the continents and a few maps of world cities do exist, but there is a need for the ready reproduction of local maps related to personal travel.
9. The three statements we have chosen are to be found, respectively, on p.90, p.91, and p.93 of: Esterhuysen, H.M. & Van Der Burgh, C.: Die Sosio-ekonomiese Lewensomstandighede van Blanke Blinde Mans in die RSA, Pretoria: Human Sciences Research Council, 1980.

10. Such a claim is frequently encountered, e.g. Van Der Burgh, C.: White Blind Persons in the Transvaal: A Socio-Economic Survey of Their Living Conditions, Pretoria: Human Sciences Research Council, 1973, p.121.
11. Mohale, Harry: "Moving from the Shelter of Home, School, or Workshop into Open Society", Imfama: Official Journal of the South African National Council for the Blind. 21(6), 1981: 14-15. Pretoria: The Council.
12. In all fairness it has to be admitted that such procedures are usually laid down by committees and senior management, rather than by service specialists themselves.
13. The hypothesis in question was actually first presented by Chevigny, Hector & Braverman, Sydell: The Adjustment of the Blind. New Haven: Yale University Press, 1950. Here we have preferred to use a later statement by Braverman, Sydell: "The Psychological Roots of Attitudes toward the Blind", in Schauer, Gerhard, Himes, Joseph S., & Braverman, Sydell: Attitudes toward Blindness. New York: American Foundation for the Blind, 1951.
14. Ibid., p.27.
15. One legend is that Tiresias accidentally surprised the goddess Athene in a bath. She laid her hands over his eyes and blinded him, but generously gave him inward sight in

compensation. (V. Graves, Robert: Greek Mythology. Harmondsworth, Middlesex, England: Penguin Books Limited, 1977, p.98.).

16. Braverman: op. cit, pp.29-30.
17. Ibid., pp.3-32.
18. Carroll does not interpret the meaning of congenital blindness (or early blindness), but blindness which occurs in adult life. This is why he commonly uses the term blinded person.
19. Carroll, Thomas J.: Blindness: What It Is, What It Does, and How to Live with It. Boston: Little, Brown and Co., 1961.
20. Ibid., p.11.
21. Carroll acknowledges a debt to Dr. Louis Cholden of the Menninger Clinic who was the first to analyse the condition of the newly blinded person in terms of bereavement. (Ibid. p.12).
22. Ibid., p.13.

23. Diabetes, now a leading cause of blindness in some countries, may cause a tactile loss. Another cause is familial retinitis pigmentosa which might be associated with a hearing loss.
24. Richard Hoover, an American ophthalmologist, developed his cane, and the technique of its use, in response to the demands of blinded veterans from World War II. The "long cane" technique, its modern equivalent, will be discussed in Part II, Chapter 2.
25. Father Thomas J. Carroll died on 24 April 1971. On the first anniversary of his death St. Paul's Rehabilitation Center was renamed The Carroll Center for the Blind. It is still operating in Newton, Massachusetts.
26. Monbeck, Michael E.: The Meaning of Blindness: Attitudes toward Blindness and Blind People. Bloomington, Indiana: Indiana University Press, 1973.
27. Cultural heritage includes literature, historical records, mythology, and folklore. Psychological factors are particularly evident in the stereotyping of the blind.
28. Monbeck, Michael E.: op. cit., p.118.
29. Monbeck, Michael E.: op. cit., p.143.

30. Foulke, Emerson: "The Personality of the Blind: A Non-Valid Concept". The New Outlook for the Blind, 66(2), 1972: 33-37, 42. New York: American Foundation for the Blind.
31. Ibid., p.35.
32. Ibid., p.37.
33. Jernigan, Kenneth: "Blindness, Handicap or Characteristic?". The Braille Monitor, June, 1974: 289-297. Des Moines, Iowa: The National Federation of the Blind.
34. Ibid., p.289.
35. Scott, (Ibid. p.14), Robert A.: The Making of Blind Men. New York: Russell Sage Foundation, 1969.
36. Scott acknowledges a debt to Mead (op. cit. p.14), referring us to: Mead, George H. (Ed. Charles W. Morris): Mind, Self and Society, Chicago: Chicago University Press, 1940.
37. Scott, Robert A.: op. cit., p.14.
38. Scott, Robert A.: op. cit., p.116.
39. Foulke alone amongst the sighted writers resists the general trend to confer special significance on blindness.

40. Foulke, Emerson: op. cit., p.42.
41. Scott, Robert A.: op. cit., p.112 et sec.
42. This criticism of Carroll is raised by Foulke, Emerson: op. cit., p.33.
43. The conception that man is an aggregate of certain separate faculties - the intellect, the will, the emotions, the various senses - from which blindness represents a disabling deduction is described in a different philosophical context in my master's dissertation Space and Blindness: A Philosophical Study. Pretoria: University of South Africa, 1976, p.1.
44. I have exemplified a tactile vocabulary of this kind in my article "The Sense of Touch and Beyond: Some Thoughts on Art Appreciation by the Blind". The New Outlook for the Blind, 70(7), 1976: 309-310. New York: American Foundation for the Blind.
45. Cf. MacIntyre, Alasdair: "Karl Jung". In: Edwards, Paul ed.: The Encyclopedia of Philosophy. New York: MacMillan Company and Free Press. Vol. 4, 1967: 294-296.

46. This criticism of Monbeck is raised by Lowenfeld, Berthold: "The Meaning of Blindness", The New Outlook for the Blind, 68(3), 1974: 137. New York: American Foundation for the Blind.
47. We have taken the conception of J.B.Watson, the founder of behaviourism in psychology, as the model for our brief statement, admitting that B.F. Skinner and others have qualified and adapted the original conception.
48. Foulke, Emerson: op. cit., p.33.
49. What follows is a brief statement of the argument developed by Ludwig Wittgenstein in his Philosophical Investigations. Oxford: Blackwell, 1972.
50. E.g. Shaw, John A.S.: "Dreamer of Dreams", The New Beacon, 60(706) 1976: 29-32. London: Royal National Institute for the Blind.
51. E.g. Cutsforth, Thomas D., The Blind in School and Society: A Psychological Study, (new ed.) New York: American Foundation for the Blind, 1951, Chapter IV, pp.71-101.
52. This was the defence developed at length by Gilbert Ryle in his Concept of Mind. London: Hutchinson and Co. (Publishers) Ltd., 1949.

53. The first two criteria are based upon points of criticism which Foulke directs against Carroll (Cf. Foulke, op. cit., p.33).
54. A study of the disorientation suffered by schizophrenics leads Binswanger to draw certain conclusions about being itself. Cf. Binswanger, Ludwig: Being-in-the-World. (Tr. by Jacob Needleman). New York: Basic Books, Inc., 1963.
55. Cf. Manganyi, N.C.: Being-Black-in-the-World. Johannesburg: Spro-Cas/Ravan, 1973.
56. E.g. Goffman, Erving: Stigma: Notes on the Management of Spoiled Identity. Harmondsworth, Sussex: Penguin Books, 1968.
57. This is the Lebenswelt of the German philosophers.
58. A "putting in parenthesis", to use the term of Edmund Husserl.
59. This is the first reduction, or the celebrated epoché of the Husserlian method.
60. Schmitt, Richard: "Phenomenology". In: Edwards, Paul (ed.) Encyclopedia of Philosophy. New York: Macmillan Company and Free Press, 1972, Vols. 5 and 6 combined, pp.139-140.

61. A procedure in philosophy known as Hermeneutics, pioneered by Heidegger (v. Spiegelberg, H.: The Phenomenological Movement: An Historical Introduction. (2nd ed.) The Hague: Martinus Nijhoff, 1969, Vol. 2, p.694 et seq.).
62. One of the many examples that might be cited is that of Von Senden, who finds in the case records of patients who have had their eyesight surgically restored, proof of the theory that blind people do not possess any spatial concepts, but only schematic representations of space. (v. Von Senden, M.: Space and Sight, (tr. by Peter Heath). London: Methuen and Co. Ltd., 1960.).
63. Our rendering of the German term Lebenswelt.
64. The five selected cases are drawn from the writer's personal experience. They were first described and discussed in Rowland, William: "Some Effects of Blindness", a paper published in: South African National Council for the Blind. Pretoria. Divisions for Coloured and Indian Blind. "Meet the Blind"; Proceedings, Golden Jubilee Conference, Durban 9-10 April 1979. Durban: The Council, (1979): 34-36.
65. The statement is a transcript of a tape recording made by a member of staff of the Enid Whitaker Rehabilitation Centre of the South African National Council for the Blind. The material has been used with the client's assent.

66. This very process of despair has been described in Kierkegaard, Søren (ed. and tr. Hong, Howard W. and Hong, Edna H.): The Sickness unto Death: A Christian Psychological Exposition for Upbuilding and Awakening. Princeton: Princeton University Press, 1980.
67. The examples have their origin in the writer's personal experience. They were first presented in Rowland, William: "Some Effects of Blindness", a paper published in: South African National Council for the Blind. Pretoria. Divisions for Coloured and Indian Blind. "Meet the Blind"; Golden Jubilee Conference Proceedings 9-10 April 1979. Durban: The Council, (1979): pp.36-37.
68. To sight, hearing, touch, taste, and smell might be added the vestibular sense, proprioception and various types of pain and visceral sensations.
69. The essence of our method is the direct description of the situation of blind people, but, in order that the distinctive nature of the blind person's perception might also be grasped by those who can see, our analysis will from time to time make reference to sighted perception.
70. Observing a dog chasing after a car may undoubtedly be an

auditory experience. There is a conjunction of two sounds and their movement in a certain direction in the appropriate environment, say, beyond the gate at the bottom of the garden.

71. We refer to the obstacle sense which plays such an important role in the orientation and mobility of blind people. A description of scientific research into the obstacle sense is contained in the report of Cotzin, Milton & Dallenbach, Karl M.: "'Facial Vision': The Role of Pitch and Loudness in the Perception of Obstacles by the Blind", in AFB Research Bulletin, No. 13, July 1962: 113-152. New York: American Foundation for the Blind. (See especially the conclusions on p.150).

independence, some of them possibly self-taught, and someone eager to obtain information about his environment.

73. The observations which follow were first noted in my article "The Sense of Touch and Beyond: Some Thoughts on Art Appreciation by the Blind", The New Outlook for the Blind, 70(7), 1976: 310. New York: American Foundation for the Blind.
74. The distinction was made for the first time in my paper "Die Blinde, soos aan Ons Onbekend", Humanitas, 4(1), 1977: 32. Pretoria: Human Sciences Research Council.

75. A detailed account of the teaching of colour to the blind has been published in Wheeler, Jane G.: "A Practical Knowledge of Color for the Congenitally Blind", The New Outlook for the Blind, 63(7), 1969: 225-241. New York: American Foundation for the Blind.
76. In certain Afrikaans poems I have tried to describe the appearance of things as they are experienced by the blind phenomenologically. Various objects, including a tree, are so described in my poem "Pappa en Seuntjie Stap", Die Huis waar Ek Woon. Cape Town: Tafelberg-uitgewers Beperk, 1974, p.2.
77. An account of how the skills of orientation and mobility might be adapted to peri-urban and rural conditions has been given by Winston Netshefhefhe in an untitled paper published as the first in a series "S.A.'s First Seminar for Instructors in Orientation and Mobility", Imfama: Official Journal of the South African National Council for the Blind 18(3), 1978: 2-3, 22. Pretoria: The Council.
78. A series of open letters in Afrikaans, published under the pseudonyms of Johan and Liza and appearing in the Newsletter of the Western Transvaal Branch of the South African Blind Workers Organisation, give some excellent examples of the

ineptitudes of sighted people in dealing with the blind. The letters equally illustrate, although not by intention, how too much reserve in a blind person compounds the problem. (For reprints of two of the letters see the official journal of the South African National Council for the Blind published in Pretoria, viz. "'n Brief aan Liza" (signed by Johan), Imfama, Official Journal of the South African National Council for the Blind 23(1), 1983: 28-29.

Pretoria: The Council.

79. By social skills we mean such things as making conversation, contributing to entertainment, and putting good manners into practice.
80. Much of what we say about marriage applies to other living arrangements, but there are notable differences when the formal bond is absent.
81. A discussion of my concept of disrelationship first appeared in Rowland, William: "Some Effects of Blindness", South African National Council for the Blind. Pretoria. Divisions for Coloured and Indian Blind. "Meet the Blind": Proceedings, Golden Jubilee Conference, Durban, 9 - 10 April, 1979: 38. Durban: The Council, (1979).

82. The reverse situation is described in popular journalistic form, but with commendable insight, in Pillans, Adrie: "Solank my Kind kan Lewe", Rooi Rose, 15 Desember, 1982: 30-31, 53. Durban: Republikeinse Pers (Edms.) Bpk.
83. We cannot deny the opposite possibility of the blind person being too demanding on the coach.
84. The activities are extramural in the sense that they take place outside the classroom, but not outside the context of the school. Where activities are arranged to include sighted children, there is still likely to be a division into blind and sighted groups or teams.
85. Unfortunately, even when the merits of an alternative approach are evident, the proponents of the status quo tend to reject them on the basis of plausible argument rather than objective investigation. An example in South Africa is the resistance to integrating blind children into sighted schools. The merits of such a system are convincingly stated by Kenmore, Jeanne: Integrated Education. (An unpublished research paper circulated as an official document of the Christoffel Blindenmission, Bensheim, West Germany, 1981).
86. The following ideas are a reformulation of thoughts expressed

by me in Rowland, William: Address to the Conference of Parents , Pioneer School, Worcester, January 1971. (Records of the Pioneer School).

87. The two printing presses involved are those at the Pioneer School in Worcester and Braille Services, South African Blind Workers Organisation in Johannesburg. The ten braille codes in use include eight language codes for English, Afrikaans, Zulu, Xhosa, North Sotho, South Sotho, Tswana and Venda and two special codes for music and mathematics.
88. When we say that services are initiated by private enterprise, we mean without Government action. We include, in particular, the efforts of voluntary organizations and churches.
89. The South African National Council for the Blind has 38 affiliated organizations and 40 associated organizations. Cf. 26th Biennial Report, 1981-83. Pretoria: South African National Council for the Blind, pp.25-29.
90. The sort of conditions that prevail until intervention are typified in the story told by McLaren, Pam: "Towards Employment for the Rural Blind in KwaZulu", Imfama: Official Journal of the South African National Council for the Blind. 22(6), 1982: 15-17; 22-23. Pretoria: The Council.

91. The results of a study of this type are published in Freedman, S. Saul & Inkster, Douglas E.: The Impact of Blindness in the Aging Process. New York: Center for Independent Living, New York Infirmary, 1976.
92. An example of such research is to be found in Van Zyl, M.A.: Consumer Assessment of Tape Aids' Library Service and Some Related Findings on the Blind in South Africa. Durban: University of Natal, Department of Social Work, 1980.
93. That the principles of management by objectives can be applied to good effect in work with the blind is argued by Sinclair, R.J.: Konsultasieverslag aan die SANRB, 1982 pp.6-7. (Records of Council: Confidential).
94. An article accepted for publication in the Encyclopedia of the Blind and Visually Handicapped lists five laws in South Africa affecting the blind. Cf. Hadley, Anne: "Laws and Social Welfare for the Blind". In: Encyclopedia of the Blind and Visually Handicapped (Ed. by Prof. Dr. Heinrich Scholler.) Munich: German Federation of the Blind, soon to be published.
95. Vaughan rates the promulgation of the Blind Persons Act of 1936 as the most important single event in the history of blind welfare in South Africa. For his discussion of the Act, v. Vaughan, V.H.: Fifty Years of Service 1929-1979: The Story of the South African National Council for the

Blind. (Tr. by Lulu Vaughan.) Pretoria: South African National Council for the Blind, 1979, pp.75-86.

96. The 26 regional welfare boards include 10 for Whites, 9 for Blacks, 6 for Coloureds and 1 for Indians.
97. Dr. Brian McKendrick reports that the points system used by State departments to measure social work for the purposes of subsidy is not suited to the needs of specialist organizations. V. Minutes of a Meeting of the South African Federal Council for Rehabilitation of the Disabled held on 3 September 1982, pp.23-24.

social workers, was obtained by the South African National Council for the Blind after nearly five years of negotiations. Proposals for the establishment of a State fund to subsidize technical aids for work has so far been referred to three different authorities over a three year period.

99. When the Department of Community Development could find no scheme to match the proposed new rehabilitation centre of the South African National Council for the Blind, the Council simply adapted the specifications to fit the scheme for protective workshops.

100. This is true of the Whites who received increases of 11,93% in 1981 and 13,11% in 1982. Other groups received more in percentage but less in cash, the percentage being calculated on a smaller amount. The inflation rate in 1982 was well above 14%.
101. In 1982 the means test was raised by 40% after it had been static for eight years.
102. A list of the extra expenses of blindness is contained in a statement by the International Federation of the Blind, reprinted in Imfama, Official Journal of the South African National Council for the Blind 21(3), 1981: 26. Pretoria. The Council.
103. It cannot be assumed that these measures are universally successful. In interviews conducted with experts in the field the writer was informed that in the United Kingdom the law is poorly enforced, there having been only twelve prosecutions in over three decades. In West Germany many companies are said to negate the spirit of the law by paying salaries to handicapped workers but allowing them to stay at home.

104. Examples of policy statements by South African companies are given in: South African Federal Council for Rehabilitation of the Disabled. The Disabled are Part of the Community: Conference to Mark the International Year of Disabled Persons. Milpark Holiday Inn, Johannesburg 4-6 November 1981. Pretoria: The Federal Council, 1983, pp.56-59.
105. In a study of the curricula vitae of sixty members of the President's Council the writer found only one example of welfare service, despite the fact that the President's Council has a Committee for Community Affairs.
106. A favourite form of expression in phenomenology, but particularly apt in the present case.
107. This tension, it would seem, is rooted in a deep anxiety. For a discussion of the problem of anxiety v. Schulz, Paul J.: How does It Feel to be Blind?: The Psychodynamics of Visual Impairment. Los Angeles: Muse-Ed Company, 1980, pp.44-45.
108. For a discussion of the role of religious faith in human loss v. Simos, Bertha G.: A Time to Grieve: Loss as a Universal Human Experience. New York: Family Service Association of America, 1979, pp.204-205.

109. It is convenient for our purpose to draw a distinction between the terms programme and course. According to our use of the terms each rehabilitation programme typically consists of a number of training courses.
110. Telephony candidates in South Africa have to be able to speak both English and Afrikaans, this frequently being required by the employers. It is a requirement that might be waived under certain conditions, say, when an English speaker plans to work in a predominantly English-speaking environment, or vice versa.
111. A sensory aid for visually impaired persons transforms information that would normally be presented through the sense of vision into a form that can be conveyed to a sensory modality that is still intact or usable. V. Mellor, C. Michael: Aids for the 80's: What They are and What They Do. New York: American Foundation for the Blind, 1982, p.2.
112. We have defined skills as segments of effective behaviour to emphasize the fact that they are not merely practised activities, but practised activities directed towards an end. It is a point that will be expanded further in section 4 of the present chapter.

113. An excellent example of how cooking might be broken down into numerous subtasks is to be found in Berger, Evelyn E.: It isn't always Easy ... but it's Possible: A Booklet that describes how to teach Food Preparation Skills to Blind People. Englewood Cliffs, N.J.: Thomas J. Lipton Inc., 1976.
114. Already in 1977 the International Guide to Aids and Appliances for Blind and Visually Impaired Persons contains more than 1 500 aids from 270 distributors in 28 countries. It is common knowledge that the proliferation of aids has accelerated since then. V. American Foundation for the Blind: International Guide to Aids and Appliances for Blind and Visually Impaired Persons. (2nd ed.). New York: American Foundation for the Blind, 1977.
115. Systems of varying design, generating inkprint as well as braille or speech, are available to permit interaction with the computer and between blind and sighted users of the system.
116. The free will model is implicit in Gibbert, Ann: Assessing Assertiveness of Blind People and the Need for an Assertive Skills Training Programme: A Dissertation submitted to the Faculty of Arts, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the Degree of Bachelor of Arts in Social Work, 1982. The free

will model, with elements of the group membership model, is evident in Eberhart, Gary, Buzader, Marthanne, and Tullos, Sue: "Assertiveness Skills Training for the Blind". Journal of Visual Impairment and Blindness, 64(2), 1980: 62-65. New York: American Foundation for the Blind.

117. V. Gibbert, Ann: op. cit., pp.43-45.
118. An invaluable resource in this connection is Smith, Hazel: A Reader's Guide for Those with Eyes Too Weak to Read Print. Johannesburg: South African Blind Workers Organisation, 1982.
119. An example of this principle in action at the Enid Whitaker Rehabilitation Centre of the South African National Council for the Blind is described in Poss, Dorothy: "South Africa's First Ever Long Cane Rally". Imfama: Official Journal of the South African National Council for the Blind, 18(4), 1979: 21, 23. Pretoria: The Council. Another outstanding example was the marathon run from the Enid Whitaker Rehabilitation Centre in Johannesburg to the site of the new national rehabilitation centre in Pretoria, conceived and organized by rehabilitees of the Enid Whitaker.
120. I am indebted to the Blindiana Librarian of the South African National Council for the Blind, Anne Hadley, for drawing my attention to the possibility of a negative form of assertiveness.

121. There is no standard curriculum for training in orientation and mobility, but there exist definite guidelines. A good statement of these is to be found in Kimbrough, James A. & Huebner, Kathleen M.: Orientation and Mobility: A Curriculum Guide. Pittsburgh: The Greater Pittsburgh Guild for the Blind, 1977.
122. Traditionally, guide-dog training is separate from training in orientation and mobility during a course of rehabilitation and this also holds true in South Africa, where guide-dog training is a personal option after comprehensive rehabilitation, or independent of it.
123. V. Hill, Everett & Ponder, Purvis: Orientation and Mobility Techniques: A Guide for the Practitioner. New York: American Foundation for the Blind, 1976, pp.10-11.
124. An account of such an exercise, described from the blind person's point of view, is given in Thornton, Walter: "The Typhlonaut Gets Lost", The New Beacon, 56(668), 1972: 314-316. London: Royal National Institute for the Blind.
125. V. James, Grahame & Burnett, John: "Orienteering", The New Beacon, 63(741), 1979: 1-3. London: Royal National Institute for the Blind.
126. We refer to the last line of Milton's well-known sonnet: "They also serve who only stand and wait." V. Milton, John:

Sonnet XIX (On His Blindness).

127. The autobiographies of famous blind people testify to the fact that personal exertion is necessary to overcome the barriers of blindness, e.g. Russell, Robert: To Catch an Angel: Adventures in a World I cannot See. New York: Vanguard Press, 1962, and Ching, Lucy: One of the Lucky Ones. London: Souvenir Press, 1982.
128. An outstanding example is the regular column written by Graeme Innis in the Australian journal Buff. V. Innis, Graeme: "How's That? Anecdotes with Some Appeal", Buff. National Federation of Blind Citizens, Australia, 1982-83.
129. Examples of such behaviour have, for purposes of instruction, been featured in the cine-film What Do You Do when You Meet a Blind Person? New York: American Foundation for the Blind, 1971, 13¹/₂ minutes, 16 mm, colour.
130. One of the constraints in South Africa has been racial legislation. Compromise is evident in the acceptance of separate facilities without equivalent funding.
131. The services described in the sections to follow are the result of independent initiatives and their organizers do not submit to any masterplan or national strategy.

132. Conference Concerning Work Among the Blind of the Union of South Africa, 2nd Cape Town. Proceedings, 18-20 March, 1929, p.11.
133. Viz. the societies for the blind in Cape Town, Johannesburg, and Pretoria.
134. South African National Council for the Blind: Twelfth Bien-nial Report, 1952-1954, pp.9,11. Pretoria: The Council.
135. At the time the organization was called the Pretoria Society to Help Civilian Blind.
136. In recounting the history of the Enid Whitaker Rehabilitation Centre, the writer has relied upon Vaughan, V.H.: Fifty Years of Service, 1929-1979: The Story of the South African National Council for the Blind. (Tr. by Lulu Vaughan.) Pretoria: South African National Council for the Blind, 1979. pp.179-191. Additional information was supplied by Mrs Joan Bennett (formerly Erwee) who was employed as Rehabilitation Officer from June 1963 to December 1967.
137. South African National Council for the Blind: The Enid Whitaker Rehabilitation Centre for the Blind. Pretoria: South African National Council for the Blind, 1979.

138. V. South African National Council for the Blind: 26th Biennial Report, 1981-83. Pretoria: South African National Council for the Blind, p.6.
139. Consolidated Circular No. 29 of 1966 of the Department of Social Welfare and Pensions directed welfare organizations to provide separate facilities for the various race groups. It is doubtful whether the South African National Council for the Blind could have mustered the resources necessary to give effect to such a directive. There followed many years of patient negotiations on the part of welfare organizations before Circular No. 6 of 1981 opened up the way for services without racial divisions.
140. An account of the history of the Guide-Dog Movement is given in Guide Dogs for the Blind Association. United Kingdom: Fifty Years Years Forward: The Story of Guide Dogs in Britain. Windsor, Berks: The Association. V. especially pp.2-5.
141. Now Gladys Cohen.
142. Most guide-dogs are spayed bitches.
143. Cf. Pfaffenberger, Clarence J. et al: Guide Dogs for the Blind: Their Selection, Development, and Training. Amsterdam: Elsevier Scientific Publishing Company, 1976 (Developments in Animal and Veterinary Sciences), p.136.

144. As a result of all of these factors the potential number of guide-dog owners in any blind population is low. In 1973 Robson stated that only 1,5% of blind people in the United Kingdom owned guide-dogs, while in the United States the number was less than 1%. V. Robson, Howard: "The Dog as a Mobility Aid." The New Beacon, 57(669), 1973: 3-6. London: Royal National Institute for the Blind.
145. In recounting the history of the South African Guide-Dogs Association for the Blind the writer has relied upon Vaughan, V.H.: Fifty Years of Service, 1929-1979: The Story of the South African National Council for the Blind. (Tr. by Lulu Vaughan.) Pretoria: South African National Council for the Blind, pp.398-401. Additional information was provided by Mrs Gladys Cohen, founder of the South African Guide-Dogs Association for the Blind.
146. The story of the founding of St. Dunstan's is told in Sir Arthur Pearson's autobiographical work, viz. Pearson, Sir Arthur: Victory over Blindness: How It was Won by the Men of St. Dunstan's and How Others may Win It. London: Hodder and Stoughton, (1919).
147. Sir Ian Fraser tells his own story in his autobiography, viz. Fraser, Ian: Whereas I was Blind. London: Hodder and Stoughton, 1942.

148. Amongst the sources consulted for information in this section were Hadley, Anne: "Social Welfare for the Blind and Self-Help", in Encyclopedia of the Blind and Visually Handicapped. (Ed. by Prof. Dr. Heinrich Scholler.) Munich: German Federation of the Blind, in preparation; and St. Dunstan's. London: St. Dunstan's: A Story of Accomplishment. London: St. Dunstan's (1976?).
149. According to a count taken by the writer during June 1983, 24 out of 38 organizations affiliated to the South African National Council for the Blind fell into this category.
150. It is projected that 66,5% of the blind people of South Africa are 65 years or over. Cf. Hadley, Anne: "South African Blindness Statistics and the People Beyond", Imfama: Official Journal of the South African National Council for the Blind, 22(5), 1982: 5-8, Pretoria: The Council.
151. A survey of workshops for the blind conducted by the South African National Council for the Blind during 1982 revealed that the number of multiply handicapped workers in 9 of these workshops averaged 30.
152. According to reports received by the South African National Council for the Blind from its affiliated societies during 1983, no more than 7 local societies for the blind employed orientation and mobility instructors, some of them serving

only a single race group. Cities such as East London, Kimberley, and Pretoria had no instructors at all.

153. Whereas much of the writing on blind children concentrates on education, there are two books, one American and one English, notable for the attention paid to independence skills, viz. Lowenfeld, Berthold: Our Blind Children: Growing and Learning with Them. (3rd ed.) Springfield, Illinois: Thomas, 1977, and Tooze, Doris: Independence Training for Visually Handicapped Children. London: Croom Helm, 1981. (Croom Helm Special Education Series.).
154. We refer to schools for blind Black children falling under the jurisdiction of the Department of Education and Training.
155. This statement calls for qualification. It is true of schools that are long established, but not yet of the newer schools.
156. The description the most extensive placement service refers to geographical coverage, help to all population groups, and actual placements ranging from manual work to professional employment.
157. The development and early operation of the placement service of the South African National Council for the Blind is described in Vaughan, V.H.: Fifty Years of Service, 1929-1979: The Story of the South African National Council for the Blind. (Tr. by Lulu Vaughan.) Pretoria: South African National Council for the Blind, 1979, pp.149-162, 227-237.

158. An analysis of placement figures recorded by the South African National Council for the Blind for the period July 1982 to June 1983 shows that for the White population group 69% of the candidates were given jobs either as telephonists or industrial workers. For the other population groups the figure is 54%. Again, an analysis of bursary grants made by the Readjustment Board of the Department of National Education for the year 1983 shows that 50% of the students at university were studying law.
159. A survey conducted by the South African National Council for the Blind in 1982 reveals that there were 214 multiply handicapped children in 9 schools for the blind and 265 multiply handicapped adults in 10 workshops. This represents, at the very minimum, 20% of blind pupils and 28% of blind workers. The figures do not reflect individuals refused admission to these institutions because of the severity of their handicap.
160. A prime example of legislation requiring employers to take positive action in the employment of the handicapped is discussed in: US President's Committee on the Employment of the Handicapped, Washington, D.C.: Affirmative Action to Employ Handicapped People: A Pocket Guide to the Regulations of the Affirmative Action Requirements of Section 503 of the Rehabilitation Act of 1973. Washington: The Committee, 1979.

161. A second blindiana library is in existence at the Pioneer School, Worcester.
162. Cf. Blindiana Library records of the South African National Council for the Blind.
163. The South African National Council for the Blind applies its own classification system which was devised by its first Blindiana Librarian, Anne Hadley. The Dewey system, which is designed to accommodate the whole field of knowledge, was found to be too restricted for this special application. The Library of Congress system was rejected on similar grounds.
164. During a period of about ten years the writer has, as a representative of the South African National Council for the Blind, had the opportunity of examining the services of over 120 agencies in more than 50 cities and rural communities in some 30 countries. Broad comparisons are, therefore, based upon personal observations as well as published materials. In particular, attention will be focussed on three major rehabilitation centres namely Beit Halochem in Tel Aviv; Arkansas Enterprises for the Blind, Inc. in Little Rock, Arkansas; and the Center for Independent Living in New York City, because the work which they are doing exemplifies widely differing approaches to the task of rehabilitation.

165. The name means The Warrior's Home.
166. Zahal is the name of the Israeli Defence Forces.
167. Cf. Zahal Disabled Veterans Organization, Tel Aviv: Beit Halochem. Tel Aviv: The Organization (198-?), p.1.
168. The writer visited Beit Halochem on 16 November 1982 and interviewed the Director, Yosef Luttenberg.
169. The monthly social security payment to an Israeli disabled war veteran in October 1983 was R3 240.
170. The monthly payment to a person blinded in the Border War was R450 for a single person in October 1983.
171. We refer to rehabilitation training as such and not to other types of services, for example, those provided by St. Dunstan's (South Africa).
172. The information which follows is taken from Arkansas Enterprises for the Blind, Inc., Little Rock: Facts about AEB. Little Rock: The Organization, (1982). Additional information was obtained during personal interviews conducted by the writer with the Executive Director of AEB, Jim Cordell, and senior members of his staff on 11 and 12 October 1982.

173. Ibid.
174. Cf. Center for Independent Living, New York Infirmary, CIL '81. New York: The Organization, 1981, p.8.
175. Our description of services is based upon Center for Independent Living, New York Infirmary. CIL Self-Help Network: Service Components. New York: The Organization, 1982. Supplementary information was obtained during interviews with the Executive Director of CIL, Douglas Inkster, and senior members of his staff on 2 November 1982.
176. For a period of ten years, from the beginning of 1968 to the end of 1977, the Head of the Enid Whitaker Rehabilitation Centre was always a social worker, there having been two incumbents in that time. The two succeeding heads have both been orientation and mobility instructors.
177. We refer to the new national rehabilitation centre being planned by the South African National Council for the Blind in Pretoria which is intended to serve all population groups.
178. Cf. Davis, J.W.: "Visually Handicapped Workers in Industry". Imfama: Official Journal of the South African

National Council for the Blind, 21(4), 1981: 10-12.
Pretoria: The Council.

179. Cf. MacCale, Helena: "Bursaries to Finance the Studies of Visually Handicapped Students" Imfama: Official Journal of the South African National Council for the Blind, 23(2), 1983: 10-11. Pretoria: The Council.
180. Cf. Van der Walt, Sarel J.: "Toereikende Oësoorgdienste binne Maklike Bereik van Alle Suid-Afrikaners Teen 1990". Imfama: Official Journal of the South African National Council for the Blind, 23(2), 1983: 1-3. Pretoria: The Council.
181. V. Consolidated Circular No. 29 of 1966 issued by the Department of Social Welfare and Pensions, with the concurrence of several other State departments; and Circular No. 65 of 1978 similarly issued.
182. An example was Ezenzeleni, a workshop for the blind near Roodepoort, which was transferred to Hammanskraal in 1967 and renamed Itireleng. Later the institution moved to Ga-Rankuwa. V. Vaughan, V.H.: Fifty Years of Service, 1929-1979: The Story of the South African National Council for the Blind. (Tr. by Lulu Vaughan.) Pretoria: South African National Council for the Blind, 1979, p.442.

183. It has been estimated that 66,5% of blind people in South Africa are over the age of 65. Cf. Hadley, Anne: "South African Blindness Statistics and the People Beyond", Imfama: Official Journal of the South African National Council for the Blind, 22(5), 1982: 5-8. Pretoria: The Council.
184. To quote the words of Prof. Theo Pauw, Chairman of the South African National Council for the Blind: "These developments represent one of the most important milestones to date in the history of the Council." V. South African National Council for the Blind: 26th Biennial Report, 1981-83, p.2. Pretoria: The Council.
185. In this chapter we have made extensive use of information contained in the records of the South African National Council for the Blind, to which personal recollections of the writer have been added. The events described in the preceding paragraph are important. V. South African National Council for the Blind: Minutes of the 123rd Meeting of the Executive Committee ... Cape Town, 26-28 October 1977, p.42, South African National Council for the Blind: Notule van die 7de Vergadering van die Komitee vir Rehabilitasie ... Johannesburg, 28 Januarie 1978, p.4, and S.A. National Council for the Blind: Minutes of the 124th Meeting of the Executive Committee ... Pretoria, 17-19 May 1979, p.22.

186. Larkin makes a valid point when he says: "Views should be taken into account as the blind rely on vicarious knowledge of their environment as well as being influenced by the reaction of the sighted to the surroundings. Landscaping and colour are thus important." V. Larkin, Paul: The Centre for the Visually Handicapped - Port Elizabeth, 1980, p.32. This document fulfils in part the requirements for the degree, Bachelor of Architecture, at the School of Architecture and Building Disciplines, University of Port Elizabeth.
187. V. Jordaan, Herman: "Die Goeie Ligging van die Nuwe Rehabilitasiesentrum in Pretoria." Imfama: Official Journal of the South African National Council for the Blind. 23(5), 1983: 2-4. Pretoria: The Council.
188. Viz. Die Hervormde Stigting.
189. The reference is to Dr. G. Davidtsz.
190. The popular association of the word rehabilitation with assistance to alcoholics and social misfits has led to a request from blind people that the term rehabilitation be replaced in South Africa by some other term, for example, training.
191. Hoofstad, Pretoria: 10 November 1978: Raad vir Blindes kan Erf huur.

192. E.g. only after some time had been spent in negotiating with the Department of Community Development was it pointed out to the South African National Council for the Blind that an assessment of needs by the Department of Health and Welfare would be a prerequisite.
193. The name was then the Department of Health, Welfare and Pensions, but we shall use the current name to clarify the procedure to anyone seeking information at the present time.
194. Although the premises of the Enid Whitaker Rehabilitation Centre have belonged to the South African National Council for the Blind, they physically form part of a building complex owned by the Society to Help Civilian Blind, Johannesburg. The South African National Council for the Blind has, therefore, had to depend upon that Society for certain essential services.
195. The reference is to Mr P. Cronje.
196. V. Consolidated Circular No. 29 of 1966 issued by the Department of Social Welfare and Pensions with the concurrence of several other State departments; and Circular No. 65 of 1978 similarly issued.
197. In the event only a Division for Coloured Blind and a Division for Indian Blind came into being. Matters affecting blind Blacks were entrusted to an interim committee which in

the course of time became a permanent committee. Today it continues to attend to developments in the Black communities.

198. The history of this unfortunate period would be incomplete without a tribute being paid to the Chairman of the South African National Council for the Blind, Prof. Theo Pauw, whose gentle diplomacy and wise counsel constantly prevailed in times of crisis.
199. Viz. Circular No. 6 of 1981 issued by the Department of Health, Welfare and Pensions.
200. This particularly referred to Circular No. 65 of 1978 already identified in an earlier note in this section.
201. V. The Minutes of the 25th Biennial Conference of the South African National Council for the Blind held in Cape Town from 20-23 October 1981, pp.7-13.
202. The figure is based on the classical campaign triangle, as it is known in fund raising parlance, according to which 50% or more of the money is supposed to be obtained from 20% of the donors.
203. The following definition is typical of fund raising literature: "A charitable contribution is a gift of time or money to a philanthropic organisation in exchange for the psychic satisfaction of having promoted human welfare, and satisfying

one's own inner needs in the process." Effective Letters (Fty) Ltd., Johannesburg: Successful Fundraising for Welfare Organisations. Johannesburg: The Organization, (1979), p.3.

204. South African National Council for the Blind. Pretoria: Learning to Live with Blindness: The Building that will Make It Possible. Pretoria: The Council, (1981).

205. For the sake of the historical record we list the three top donors and the amounts they contributed: Chamber of Mines - R200 000; St.Dunstan's (South Africa) - R175 000; Kirsch Industries Ltd. - R100 000.

206. The so-called "campaign triangle" has been used to illustrate a pattern of giving, but a pure analysis of this type is impossible in the present instance. The reason for this is that what we have before us are the consolidated figures for two separate campaigns, that of personal approaches which tended to produce large donations and that of direct mail appeals which tended to produce small donations. Had adequate data been preserved to facilitate independent analyses of the two campaigns, a couple of perfect triangles might have emerged, in which case questions about a poor performance in the middle range would not have arisen.

207. The reference is to Councillor S.D. de K. Venter.

208. This is a catchphrase taken from an audiovisual presentation used to publicize the project.
209. A Day in the Life of South Africa. Johannesburg: A Day in the Life of South Africa (Pty.) Ltd., 1982.
210. V. "A Day in the Life of South Africa - Our Friends Write". Imfama: Official Journal of the South African National Council for the Blind, 22(5), 1982: 15-18. Pretoria: The Council.
211. The information is taken from the South African National Council for the Blind. Planning Committee. Pretoria: First Planning Document, September 1980, p.3.
212. We have intentionally selected areas uniquely designed for the national rehabilitation centre for the blind, avoiding special-purpose areas commonly found in institutions, such as the gymnasium.
213. The importance of this right to disabled people has been given eloquent expression by a former President of the National Federation of the Blind in the United States: "Movement, we are told, is a law of animal life. As to man, in any event, nothing could be more essential to personality, social existence, economic opportunity - in short, to individual well-being and integration into the life of the community - than the physical capacity, the public approval, and

the legal right to be abroad in the land." Ten Broek, J.: "The Right to Live in the World: The Disabled in the Law of Torts", California Law Review, 1966, p.841.

214. Cf. Duncan, John et al.: "Environmental Modifications for the Visually Impaired: A Handbook", reprinted from Journal of Visual Impairment & Blindness. 71(10), 1977: 442-453. New York: American Foundation for the Blind.
215. For a preliminary statement of this strategy, v. Rowland, William: "New Horizons in Council's Rehabilitation Work". In: South African National Council for the Blind: Proceedings of 26th Biennial Conference, 31 October - 2 November 1983. Third Paper in Trilogy New Horizons in Rehabilitation. Other contributors Brian McKendrick and Dorothy Poss.)
216. The strategy includes national states within the borders of the Republic of South Africa and independent states formerly part of the Republic.
217. Cf. Jaekle, Robert C.: 'Vocational Training in Urban Areas'. Paper presented at Asian Conference of the International Council for the Education of the Visually Handicapped, Jakarta, Indonesia, November 1981.
218. For an illustration of the conditions typical of rural Southern Africa cf. McLaren, Pam: "Towards Employment of the Rural Blind in KwaZulu", Imfama: Official Journal of the

South African National Council for the Blind, 22(6), 1982:
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219. Jaekle, Robert C.: op. cit.
220. Cf. Consolidated Circular No. 29 of 1966, issued by the
Department of Social Welfare and Pensions.
221. Cf. Circular No. 65 of 1978, issued by the Department of
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222. Cf. Circular No. 6 of 1981, issued by the Department of
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3. Self-help community groups: groups, led by visually handicapped individuals, meet to exchange information, share experiences, and enjoy each other's company.
4. Consumer workshops: one-day-workshops focus on topics relevant to the needs of clients - community resources, public attitudes, legal rights, health education, diabetes, aging, recreational options.
5. Radio programmes: serials featuring blind characters, interviews with professional staff, and practical tips are broadcast on public and closed-circuit programmes.
6. Other support materials: a self-help handbook, hints booklets, and consumer newsletters are published for the benefit of clients.
7. Information hotline: clients obtain advice, learn about services, and discover community resources by telephoning CIL.
8. Information centre: clients visit CIL to seek advice and procure useful material.

What insights can be derived from our description of the alternative approaches adopted by AEB and CIL?