

International Low Vision Support Group  
**NEWSLETTER**

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[www.mdsupport.org](http://www.mdsupport.org)

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**This Month**

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**Growing Through Grief:  
Emotional Adjustment to Vision Loss**

Presenter Ellen Morrow reviews the feelings and reactions to grieving the loss of vision. She describes different types of loss and different methods of coping, including inner strength and outer resources. She also discusses research on significant factors in resiliency.

Ms Morrow began working as a Rehabilitation Counselor for State Services for the Blind in 1975. Since 1977, she has held such positions as counselor, teacher and program manager at Vision Loss Resources. She currently works in the organization's Community Services Program providing individual counseling for clients and their families. Whether you are a patient, family member, caregiver, or a professional in the field, we know you will enjoy and benefit from what Ellen Morrow has to say.

*Dan Roberts*



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## **News & Information**

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### **The Experience of Vision Loss: Living in a Sighted Culture** from “Saving Lives: The Impact of Vision Loss in Later Life” by Lylas G. Mogk, M.D. and Marja Mogk, Ph.D.

To save someone’s sight is not only to spare them from having adjust to their changed visual experience, but to save their life as they know it because we live in a sighted culture. We convey vast amounts of information visually or in print. We have built our buildings and crosswalks, designed our appliances, and furnished our offices and homes with the assumption that everyone has full vision – regardless of small concessions like the Braille you may find in an elevator – and our love affair with automobiles has produced urban geographies in most parts of the country that require everyone to drive. Those of us who are sighted routinely assume full sight in others and practice a myriad of social behaviors that are sight-based, such as giving directions by pointing, responding to comments with facial expressions, or seeing certain body postures or pedestrian movement patterns as “normal” and others as not. If we had tried to build a society and a culture that would condition us to be totally dependent on our vision in every respect – physically, functionally, socially, and emotionally – we really could not have done a better job.

As a result, we are strikingly ill-adapted to vision loss. The loss of vision to almost any degree in a fully sighted adult compromises function more globally than any other single physical impairment. So it is not a surprise that sighted Americans acknowledge that a person who is blind can achieve many things that sighted people routinely do not, yet at the same time sighted people fear vision loss more than anything else except loss of mental capacity.

To lose vision as an adult is therefore to experience one of your worst fears. But the shock of vision loss and the adjustment it requires is not just about a single individual’s adaptation to a physical impairment. It often affects one’s relationships – prompting changes in gender roles, duties, professions, living arrangements,

travel, and communication with spouses or children. More subtly, losing vision means crossing a line such that your own experience of the world is now fundamentally different from your sighted neighbors, and yet you look no different, so this line is often unseen, unrecognized, or misinterpreted by others.

Losing vision also means risking and perhaps confronting the prejudices, assumptions, and expectations of sighted people, and we have many of them. Seniors who lose vision were, until that point, sighted people themselves, and often carry many of these prejudices, assumptions, and expectations with them as they experience visual impairment. As a result, they may avoid organizations associated with the blind, believe in the stigmatized status of old age or blindness, or seek to minimize their acknowledgement of vision loss, even if it means staying at home and avoiding social engagements. “Passing” as fully sighted is a common phenomena among seniors and it inevitably adds to the isolation and loneliness of vision loss.

But isolation or aloneness is often a hallmark of losing vision anyway. Unlike acute medical crises, like accidents, operations, or serious illnesses, vision loss from macular degeneration comes quietly, gradually, invisibly, without flowers or phone calls. There is little or no recognition from others that a major adjustment is underway and assistance is needed. Or, conversely, adult children, unfamiliar with vision loss and frightened by it, become overprotective and make decisions for their parents that are not always optimal – and that often reflect a sighted perspective on living. For all these reasons, vision loss is lonely and isolating. “Losing my vision,” said one patient, “is as if someone I love died and nobody came to the funeral.”

When one spouse loses vision, especially among the age cohorts of seniors today, it may create upheaval in the household as traditional gender roles are no longer maintainable. When the husband loses vision, the wife must drive. When the wife loses vision, the husband must participate in managing the household. Both spouses are suddenly required to make many unforeseen adjustments in their communication styles and in their expectations for skill levels in each other.

**This potent mix of social pressures, individual expectations, fears, functional difficulties, and relationship adjustments is a set-up for clinical depression. Indeed, vision loss in adults is associated with more depression than just about any other condition, including heart disease, lung disease, and even cancer.**

**Seniors today are the tough generation. They survived the Great Depression and two world wars. They grew up on a philosophy of independence and bootstrapping your way up in the world. And just as their vision loss is invisible, so is their depression. They don't even believe in depression, so they are unlikely to report it. Instead they attempt to cope without expressing their feelings or seeking help. In a study completed at our center we found that of the 102 seniors who qualified as depressed on the Geriatric Depression Scale, fewer than 5% had been previously identified as depressed by either their physicians or family members.**

**As research is now proving to us, depression with adult onset vision loss is not correlated to age, sex, marital status, living situation, or degree of vision loss itself. It is correlated almost exclusively with functional capacity. If you can still do the things you want to do, you are far less likely to become depressed. This makes intuitive sense if you keep in mind that blind people across the country lead full lives without depression. But what these results also tell us is that a little bit of vision loss can impact function tremendously, so visual rehabilitation early on is crucial.**

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To read the full text of this presentation online, see:

<https://lowvision.preventblindness.org/2004/03/25/saving-lives-the-impact-of-vision-loss-in-later-life/>

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## **Next Month**

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### **“Riding the Wave of Evolving Technology”**

**New technology combined with blindness skills can replace eyesight in up to 99% of normal daily living activities. This presentation by Dan Roberts features “Sarah’s Day” in the words of a lady who proves it.**