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PSYCHOSOCIAL RESOURCES OF PEOPLE WITH LOW VISION*

Introduction: The development of coping strategies as well as the support tailored to the needs of people with low vision allow for minimizing the existing limitations. In this context, recognizing one's developmental situation is of key importance, identifying factors helpful in developing one's potential in particular. These factors undoubtedly include the resources at the disposal of people suffering from low vision.

Research Aim: The aim of the research is to diagnose the psychosocial resources of people with low vision.

Method: The study involved 110 low vision people and 110 sighted people at the age of 18–83, selected in terms of sex, age and education. The tools used in the research measured: basic hope, self-esteem and social support. Relevant calculations were made using the Student t-test for independent data.

Results: The research showed that the low vision participants are characterized by a significantly lower intensity of basic hope. Moreover, they assess considerably less positively the properties that make up the family self and indicate that they receive significantly lower social support, both general and emotional as well as affirmative and practical.

Conclusions: The obtained results indicate the necessity to undertake various actions aimed at improving the psychosocial functioning of people with low vision by optimizing their resources.

Keywords: basic hope, self-esteem, social support, low vision people.

INTRODUCTION

Visual disability is not a category that defines a homogeneous group of people. Owing to the degree of visual efficiency, this group comprises of the blind and low vision. This division in Polish literature is based on the recommendations

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provided by the WHO that distinguishes the following categories of visual acuity: normal vision, low vision and blindness. Normal vision is defined as visual acuity above 0.3. Low vision means a decrease in visual acuity at the level of 0.3 up to 0.05, while blindness includes: 1) complete lack of visual functions; 2) sense of light; 3) preserved visual acuity from 0.02 to 0.05 (Zaorska, 2015b). The consequences of low vision and blindness relate to many areas of human functioning of which the most severe ones are related to communication, i.e. the acquisition of the data of the surrounding environment, the use of visual materials, spatial orientation, independent movement and the execution of everyday activities (Walthes, 2014). It is worth mentioning that a lower degree of visual disability does not always mean a smaller range of burdens and problems. Low vision is a condition with specific properties that may lead to adverse consequences, as indicated by studies conducted in various age groups (e.g. Thompson, Gibson, and Jagger; 1989; Pinguart and Pfeiffer, 2011; Darensbourg, 2013; Papadopoulos, 2014; Ishtiaq, Chaudhary, Rana, and Jamil, 2016). The development of coping strategies that apply sensory and cognitive compensation as well as the support tailored to the needs of people with low vision allow for minimizing the existing limitations. In this context, recognizing one's developmental situation is of key importance, identifying factors helpful in developing one's potential in particular (Czerwińska and Kucharczyk, 2019). These factors undoubtedly include the resources at the disposal of people suffering from low vision. Although the concept of resources is sometimes narrowed down to internal dispositions of people, nowadays resources are understood much more broadly, i.e. as everything that helps human beings to face difficulties that arise in life and involves not only features but also the social environment, events and experiences (Juczyński, 2009). In the available works and studies there is no single consistent way of systematizing resources. The Hobfoll (2006) classification, which distinguishes internal and external resources, is regarded as the most multifaceted one. Internal resources include all structural and functional features of the self which are essential for the adaptation process, e.g. self-esteem and hope. On the other hand, external resources remain outside the self. Social support is one of the main external resources. The simplicity of this classification is regarded as an advantage, whereas its generalization as a disadvantage. The question arises "whether resources classified as external such as social support, do not fall into the category of internal resources when they are measured as perceptions made by the self (i.e. as perceived support)" (Hobfoll, 2006, p. 73). Similar controversies concern the division into personal and social resources, where, for example, social support can be interpreted both as personal and social resources (Heszen and Sęk, 2007). Leaving aside classification issues, however difficult to resolve they might be, it should be emphasized that issues of psychosocial resources viewed in the dimensions of social support and self-esteem of low vision adults living in Poland has

been presented in a few studies (Szabała, 2013; 2016) that were carried out in relatively small groups. Taking into account the above premises, there is a need for further research aimed not only at characterizing the self-esteem and social support of people with low vision, but also other resources, such as hope, shaping human behavior under conditions of experienced stress, which is particularly important in terms of the effects of rehabilitation and social integration. Due to the fact that the aforementioned issues are not fully recognized in the Polish literature on the subject, the preparation of the theoretical introduction has been mainly based on the foreign literature.

Hope is the first of the analyzed psychosocial resources. It is a multidimensional and dynamic phenomenon that includes a variety of emotional, motivational and cognitive aspects. It is based on the beliefs referring to positive assessment of possessed skills and effectively pursued goals and potentially high probability of achieving good in the future (Trzebińska, 2008). However, the beliefs related to the world, its order, meaningfulness and goodwill towards people are essential when it comes to the basic hope, described by Trzebiński and Zięba (2003), and based on Erickson's theory. A positive influence on psychosocial functioning of people is one of the fundamental features of hope used in its various theoretical interpretations. The same concerns the positive influence that hope has on people's mental well-being, achieving life goals in personal and social spheres and support while experiencing difficulties (Krok, 2013). The available studies show that the issue of hope of visually impaired people has not been thoroughly explored. While researching people with glaucoma, Uenishi, Tsumura, Miki, and Shiraki (2003) noticed that older respondents lost hope more often than the younger ones. Similar results were obtained by Owsley et al. (2006) among people with progressive macular degeneration, where only a few respondents mentioned hope. On the other hand, Kuyk et al. (2008) and Singletary, Goodwyn and Carter (2009) found that the blind show a relatively high level of hope, which is of course optimistic. The available studies also indicate that the basic hope of the blind positively correlates with social support (Singletary, Goodwyn, and Carter, 2009), functional skills and determination in discovering life goals (Jackson et al., 1998).

Self-esteem, which is one of the most important psychological constructs of a human being, is another psychosocial resource. It is a generalized negative or positive attitude towards oneself, containing both a cognitive and an emotional component (Rosenberg, 1989). Among other things, this attitude reflects positive associations with happiness and life satisfaction (E. Diener and M. Diener, 1995) and the implementation of efficient coping strategies (Lazarus, 2006). Numerous authors show interest in self-esteem of people with visual impairment. Although the blind and people with low vision are characterized by a moderate self-esteem and perceive themselves positively (Cardinali and D'Allura, 2001), the research

shows that comparing their self-esteem with the self-esteem of sighted people does not lead to unambiguous results. Some studies indicate that there are no significant differences between the groups in the analyzed field (Martinez and Sewell, 1996; Gold, 2002; Papadopoulos, Paralikas, Barauti, and Chronopoulou, 2014), whereas others confirm the existence of such a differentiation. While some researchers have found that blind and low vision people have significantly lower level of self-esteem in comparison to sighted people (Sacks, 1996; Papadopoulos, Montgomery, and Chronopoulou, 2013), others have indicated that blind and low vision people are characterized by higher level of self-esteem (Kef, 2002). The available studies also indicate that the self-esteem of people with visual impairment positively correlates with remedial activity (M. Oleś and P. Oleś, 2014), social support (Huurre, 2000), optimism (Szabała, 2016), self-efficacy and hope (Chang et al., 2013). However, the self-esteem of people with visual impairment is negatively related to depression, melancholy, asthenia and anxiety (Papadopoulos et al., 2014).

Social support is another analyzed psychosocial resource. It is a complex and multi-contextual phenomenon, focusing on help that people are provided with in the cases when it is highly demanded (Schwarzer and Knoll, 2007). The aforementioned resource acquires special importance when it comes to people with disabilities such as visual impairment who face many physical and psychosocial obstacles in everyday life. However, the obtained results are not consistent. While some studies indicate that smaller groups of people provide the blind and low vision people with strong support in comparison to the sighted (Kef, 2002), other studies show that the social support network created for the blind and people with low vision is ample (Papadopoulos et al., 2015). Similar tendencies apply to source groups of support (Huurre, Komulainen, and Aro, 1999; Kef, 2002). Taking into account the functional aspect, it has been observed that the blind and low vision people differ significantly from sighted people in terms of perceived social support. It turns out that visually impaired people are significantly less supported emotionally, receive much less affirmative support and they can less frequently count on material and instrumental help from their relatives in difficult situations (Szabała, 2013). Several studies analyzed positive and negative social support, e.g. Papadopoulos et al. (2015) showed that the blind and low vision people receive mostly positive practical and emotional support from people who are important to them, and less often negative practical and emotional support. The conducted research also shows that a higher level of social support for people with visual impairment is related to better adaptation to disability (Reinhardt, Boerner, and Horowitz, 2009), being less prone to depression (Kurtović and Ivančić, 2019), experiencing loneliness and higher self-esteem (Kef, 2002).

On the basis of the presented reports, it can be concluded that the authors' attempts to describe the psychosocial resources of people with low vision in terms of hope, self-esteem and social support are characterized by certain ambiguities, resulting from the inhomogeneity of studied groups. Many explorations were carried out in mixed groups consisting of blind and low vision people, which may result in ambiguity of the obtained results. Due to the specificity of the problems that people with low vision experience, it is important to take into account the degree of visual disability in the conducted research, as it is an important variable determining the heterogeneity of the research group. Moreover, it must be remembered that these cited studies were carried out in different countries, which makes it difficult to formulate both synthetic summary and practical recommendations. As it has already been mentioned, in the Polish literature the analyzed issues are rarely discussed which indicates the legitimacy of conducting further research.

RESEARCH AIM AND QUESTIONS

This research is to diagnose the psychosocial resources of people with low vision. Basic hope, self-esteem and social support are the aspects in which the resources are included. Introducing a comparative group of sighted people into the research allowed for expanding the scope of interpretation of the results. The following questions were raised so as to resolve the research issues in detail:

1. What is the level of basic hope that characterizes the respondents with low vision in comparison to the sighted people?
2. What level of self-esteem do the respondents with low vision show in comparison to their sighted counterparts?
3. What level of social support are the respondents with low vision characterized with in comparison to the sighted ones?

Thanks to the literature on the subject containing the results of the carried out explorations, it is possible to formulate the following hypotheses:

1. Basic hope is the statistically significant factor that differentiates between the low vision people and sighted individuals. Taking into account the significant differences between visually disabled persons and non-disabled people in terms of self-esteem established by the authors (Sacks, 1996; Papadopoulos, Montgomery, and Chronpoulou, 2013), it is assumed that low vision individuals share a significantly lower level of basic hope.

2. Self-esteem is the statistically significant factor that differentiates between the low vision and sighted respondents, where people with low vision show much lower self-esteem. Previous research indicating a significantly lower level of self-esteem in people with visual impairment (Sacks, 1996; Papadopoulos,

Montgomery, and Chronopoulou, 2013) is the basis for the formulation of the aforementioned hypothesis.

3. Social support is the statistically significant factor that differentiates between the low vision and sighted respondents. It is assumed that people with low vision have significantly lower social support. This hypothesis was formulated on the basis of the research carried out by Kef (2002) and Szabała (2013) which shows that people with visual impairment receive significantly lower social support.

RESEARCH METHOD AND SAMPLE CHARACTERISTIC

One hundred and ten low vision people (basic group) and 110 sighted people (comparative group) at the age from 18 to 83 participated in the research. First, the basic group of low vision individuals was completed and it consisted of 51 women and 59 men whose average age was 35.04 years. 71 respondents (64.55%) have congenital visual disability and in 39 individuals (35.45%) it appeared before the age of 5. More than half of the low vision respondents (62 = 56.36%) suffer from two or three eye diseases and have secondary education (64 = 58.18%), while only a few of them have higher (24 = 21.82%) or vocational (20 = 20.00%) education. The comparative group of sighted participants was made up of 54 women and 59 men whose average age was 36.42 years. Similarly to the basic group of people with low vision, more than half of the sighted people from the comparative group have secondary education (75 = 68.18%) and fewer have higher (18 = 16.36%) or vocational (17 = 15.45%) education.

Self-esteem. Fitts's Tennessee Self-Concept Scale (TSCS) was used to measure self-esteem. It is made up of 100 statements and is used to describe the concept of the self. It is defined by the following dimensions: self-criticism, identity, acceptance, behavior, physical self, moral and ethical self, personal self, family self, social self. The scale is psychometrically correct (Kirenko, 2002).

Hope. Basic Hope Questionnaire (BHI-12) by Trzebiński and Zięba was used to measure the general level of basic hope. This tool contains 12 statements. The psychometric properties of the questionnaire are satisfactory: the Cronbach's alpha reliability index is 0.70 and the internal stability index is 0.62 (Pearson's *r*) (Trzebiński and Zięba 2003).

Social support. The Norbeck Social Support Questionnaire (NSSQ) was used to measure perceived social support. The questionnaire consists of three parts: the first one informs about people forming the support network who are important for the respondent; the second one includes questions related to the people mentioned in the first part and allows for the assessment of support in terms of the following: functional sum, emotions, affirmation and help; the third one contains

an alternative question about losing contact with a close person. The second part of the questionnaire containing satisfactory psychometric properties was used in the own research (Kirenko, 2002).

STATISTICAL DATA ANALYSIS PROCEDURE

In the following study the ethical principles of Declaration of Helsinki have been followed. Additionally, the participants gave their consent to the research. The first researched basic group concerned people with low vision who are the members of the Polish Association of the Blind, who are at the age of at least 18 and who were diagnosed with disability before the age of 5 years. Those interested in participating in the research project received the aforementioned set of questionnaires printed out in the enlarged font. After completing the study of the basic group, a comparative group consisting of sighted people was researched. The participants were intentionally selected according to the following criteria: age, sex and education. Sighted people were also asked to complete a set of questionnaires. The collected data was analyzed with the use of the STATISTICA statistical software. Relevant comparisons in terms of basic hope, self-esteem and social support were made with the use of the Student *t*-test for independent data.

RESULTS

The conducted research shows that basic hope is the factor that differentiates between the respondents from the basic and comparative groups at the statistically significant level where the mean obtained from the low vision subjects is lower. Therefore, it can be concluded that low vision individuals assess the world in a less positive manner interpreting it as less orderly, meaningful and well-intentioned in comparison to sighted people (Table 1).

Table 1.

Basic hope of the respondents – compared results of people with low vision and sighted people

Hope	Low vision people		Sighted people		Significance test		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
	32.69	5.28	34.04	4.14	-2.12	218	0.035*

* $p < 0.05$

Table 2.

Self-esteem of the respondents – compared results of people with low vision and sighted people

Dimensions of self-esteem	Low vision people		Sighted people		Significance test		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Self-criticism	33.59	5.66	33.43	6.57	0.20	218	0.843
Identity	84.28	6.54	84.23	6.10	0.06	218	0.949
Acceptance	94.87	10.31	96.61	9.36	-1.31	218	0.192
Behaviour	96.81	8.63	95.30	7.64	1.37	218	0.171
Physical self	55.48	6.87	54.65	5.76	0.97	218	0.334
Moral and ethical self	54.04	5.47	55.65	5.11	-0.87	218	0.387
Personal self	53.24	6.33	51.91	5.46	1.66	218	0.097
Family self	56.19	5.92	58.67	5.19	-3.30	218	0.002**
Social self	56.02	5.49	55.25	4.87	1.10	218	0.270

** $p < 0.01$

The collected research data showed that in terms of self-esteem there was a statistically significant difference between the participants from the basic and comparative groups. It is the family self in which the significantly higher result belongs to the sighted people. This means that the respondents with low vision considerably less positively assess their features making up the family self that reflect their feelings as a family member in the categories of co-faithfulness, values and virtues. The analysis of other dimensions of self-esteem revealed that the participants from both groups showed similar inclinations when it comes to a critical look at oneself. They were characterized by a similar sense of identity and the level of self-acceptance and evaluation of one's own behavior. Moreover, the participants value themselves similarly in relation to the body image, recognition and implementation of principles and values, personal qualities and features important in social life (Table 2).

Table 3.

Social support for the respondents – compared results of people with low vision and sighted people

Dimensions of social support	Low vision people		Sighted people		Significance test		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Emotions	48.76	20.96	54.46	17.26	-2.20	218	0.029*
Affirmation	47.37	20.63	53.64	16.75	-2.48	218	0.014*
Help	48.97	21.15	55.78	18.14	-2.56	218	0.011*
Functional sum	144.83	62.31	162.27	49.57	-2.29	218	0.023*

* $p < 0.05$

The conducted analysis showed that social support is a resource that to a great extent differentiates between the respondents from the basic and comparative groups. People with low vision obtained a much lower result in terms of the functional sum measured by the NSSQ, which indicates that in their perception social support is of a significantly lower intensity. All aspects of functional support were also among the findings that showed statistically significant differences between the groups. It turned out that in comparison to the sighted people the respondents with low vision feel much less liked, admired and respected by their loved ones. They are characterized by a significantly lower scope of perceiving the acceptance of their views and actions, and they declare a significantly weaker belief that in difficult situations they are likely to receive specific help (material, functional) from people important for them (Table 3).

DISCUSSION

The aim of the research was to diagnose the psychosocial resources of people with low vision. The analysis of empirical material made it possible to respond to the formulated hypotheses.

The obtained results confirm hypothesis 1, which assumes the occurrence of statistically significant differences in terms of basic hope between the low vision and sighted respondents. The exploration showed (as it was expected) that the participants with low vision are characterized by a significantly lower intensity of basic hope expressed in the opinion on the sense, order and positive image of the surrounding world as well as inferring about the future and predicting events that are going to happen. These findings allow for drawing the conclusion that low vision people find it difficult to accept situations related to irreversible loss and the changes that are taking place. Consequently, people with low vision encounter difficulties in entering the phase of creating a new order. Apparently, the scale of the important events in their lives is so unique that their vision of the world changes. The respondents with low vision are not able to make use of the adaptive non-commitment to changing things that cannot be changed. They live in the fear of the future. It may result in a crisis of hope or even its loss, stemming from the loss of the source of basic hope located outside the human being, in other people or in the external world (Trzebiński and Zięba, 2004). What is more, the role of a self-renewing resource ascribed to hope, whose importance increases while facing serious stressors, was not shown in this exploration (Folkman, 2010). In such categories one can certainly perceive the everyday problems faced by people with low vision.

On the basis of own research, it was determined that hypothesis 2, which assumes the existence of statistically significant differences in self-esteem between the low vision and sighted participants, was not confirmed. People from both

groups share a similar level of self-criticism, sense of their own identity, self-acceptance and evaluation of their behavior. In addition, they attribute similar features to themselves in terms of living in accordance with their moral values as well as in the context of the evaluation of physical, ethical, personal and social qualities. Therefore, it can be concluded that the obtained findings perfectly follow the research trend in which no significant differences have been noted between the visually impaired and the non-disabled people in terms of the dimensions of self-esteem such as: self-criticism, identity, acceptance, behavior (Szabała, 2016), the physical self, the moral and ethical self, the personal self, the social self (Martinez and Sewell, 1996; Lopez-Justica and Nieto-Cordoba, 2006). The only dimension of self-esteem with a statistically significant difference between the low vision and sighted respondents is the family self. It turned out that people with low vision have a significantly less positive image of themselves as a family member. They are not satisfied with their loved ones and they do not feel loved and accepted enough. However, it is difficult to say to what extent these opinions are based on factual aspects and to what extent they are just subjective feelings. Nevertheless, it is certainly not a desirable state, especially if the role of the family in the life of a disabled person is analyzed. In addition, it is necessary to point out the difficulties experienced by people with low vision in determining their own identity. They are often driven by a negative perception of their disability (Huurre, 2000) which affects various aspects of their lives. As a result, problems in independent functioning may appear favoring lower self-esteem and the intensification of troublesome situations in relationships with other people, including immediate family (D.W. Tuttle and N.R. Tuttle, 2004, as cited in: Papadopoulos, 2014).

The carried out exploration confirms hypothesis 3 assuming that there are statistically significant differences in social support between the low vision and sighted participants. According to the formulated hypothesis, the findings show that people with low vision receive significantly lower support in comparison to sighted people. It refers to general, emotional affirmative and practical support. By making the results more detailed, it can be observed that people with low vision to a much lesser extent feel liked, trustworthy and respected by the loved ones. The same concerns their competences in solving difficult situations. Low vision people are characterized by a significantly smaller scope of perceiving their views and actions as accepted and they declare a significantly weaker belief that in difficult situations they are likely to receive specific help (material, functional) from the people important to them. The obtained results therefore indicate that the presence of visual impairment is associated with a different perception of the availability of social approval and activities focused on assistance. In this context, the question arises what causes this situation. People with visual impairment experience social stigma more often than non-disabled people. They are viewed negatively, as vulnerable and very fragile people (Carter and Feld, 2004), which makes it more

difficult for them to be accepted by sighted people and integrated socially. These aspects, in turn, significantly limit the ability of the visually impaired to maintain and establish relationships with other people and experience social support (Wolffe and Sacks, 1997).

Statistically significant differentiation between low vision and sighted people in the scope of social support obtained in the own research confirms the findings of exploration conducted by Szabała (2013) carried out with the use of the same tool (NSSQ Norbeck Questionnaire), though in the younger group (age 20–26). In addition, the research by Kef (2002) is also worth referring to as it shows that blind and low vision adolescents differ statistically significantly from sighted adolescents in terms of social support. However, the use of a different research tool makes it necessary to infer very carefully about the existing similarities.

CONCLUSIONS AND PRACTICAL IMPLICATIONS

The results of own research obtained in the aspect of basic hope indicate the necessity of its development among people with low vision, where therapeutic programs may turn out helpful. Actions taken by various specialists, especially therapists, to a greater extent should aim at providing low vision people with therapies taking into account their various adaptation needs and possibilities depending on, among other things, gender, age, professional and economic status. The important elements of such therapies include: efficient working through one's life experiences, increasing mental well-being and strengthening the pursuit of selected goals. The study by Kuyk et al. (2008) is therefore worth our attention as this research group attempted to empirically determine the effectiveness of a rehabilitation program in developing various dimensions of the functioning of blind people, including hope. Although the comparison of the results established in terms of hope in three periods, i.e. before the commencement of rehabilitation, two months after its completion and six months after its completion, revealed that the level of hope has not changed, it was an interesting endeavor which may inspire others to undertake similar studies realized in the form of workshops addressed to a wide audience with low vision. Another important postulate considering Poles with low vision in need is enabling them to use emergency psychological help / crisis intervention, e.g. by providing them with a helpline or a hotline. This help may be particularly useful in the cases of sudden mental well-being deterioration subsequently leading to loss of hope as providing hope in such situations can be the best solution. It must be remembered that hope is an important human resource ensuring optimal functioning in various areas (Zaorska, 2015a), regardless of the nature of actions that stimulate hope.

Bearing in mind the findings obtained in the field of self-esteem, it becomes important to take actions aimed at changing how people with low vision perceive

their families and themselves as family members so as to eliminate the feeling of being a burden and a belief of not being useful, which ultimately leads to a negative self-perception in a family context. Due to the fact that such a situation may generate conflicts that disrupt functioning of the family, all its members should undergo therapy aimed at shaping proper communication and relations and improving the well-being of low vision people in the family environment. Organizations of visually impaired adults such as the Polish Association of the Blind can play an invaluable role here. One of their activities should include the creation of preventive programs that take into account strengthening family ties, which can be achieved by organizing integration trips, sports and cultural events for people with low vision and their immediate family members. Thanks to such initiatives, family members will understand each other better and will learn when and how to help which will allow them to avoid overprotection that may result in discouraging low vision people from: acquiring various skills, entering into social interactions, maintaining contacts with other people and being independent.

The results obtained in the area of social support for people with low vision indicate the necessity of its improvement and strengthening. The use of social environment resources such as organizations, associations, foundations may be of significant importance here. The activities of local organizations, associations and foundations in relation to the people with low vision should be focused on: activating the establishment of satisfactory relationships with people from the closest environment; shaping the ability to make use of the offered social support and the abilities related to seeking support; providing conditions for autonomous but integrated functioning within the immediate environment. Making use of psycho-educational programs and trainings shaping the social skills of low vision people may also be useful. Their development is of particular importance because, as Wagner (2004) emphasizes, a satisfactory level of social competences of people with visual impairment enables them to establish relationships with others, maintain friendships, use social resources, and benefit from social support. The diversified program developed by Wagner (2004) is one of the examples for developing social skills. It takes into account various scopes of functioning of people with visual impairment in the social context. This is an interesting proposition which may also be applied in Poland, provided it is appropriately adapted and modified.

STUDY LIMITATIONS AND DIRECTIONS OF FUTURE RESEARCH

One of the limitations of own research is its transverse nature which makes it impossible to show the dynamics of psychosocial resources of people with low vision. It would, therefore, be important to carry out longitudinal studies that could provide more complete results. Moreover, the application of a qualitative proce-

ture would undoubtedly help to provide in-depth analyses complementing the acquired knowledge with additional and unique information on the specificity of the analyzed resources, e.g. it would be extremely valuable to obtain qualitative data on the perceived and received social support or hope. Critical self-analysis in this article also concerns the applied measurement techniques. There are two limitations when it comes to using only the data obtained from the self-report of the respondents who completed specific questionnaires. The first one is subjectivism which narrows down the field of cognition. The second one is related to the difficulties in data interpretation caused by the various conceptualization of notions presented by the authors.

Despite the suggested critical remarks, the positive aspects of the carried out research should also be taken into account. In the literature on the subject, especially in foreign languages, researchers have shown interest in the functioning of blind and low vision adults for a long time, whereas in Poland, studies have been mainly devoted to the problems of visually impaired children and adolescents. This work is also inspiring in terms of undertaking further explorations in the context of the analyzed issues. However, it would also be advisable to expand the analyzed issues with the analysis of resources expressing the adaptive potential of the researched respondents, e.g. resilience, hardiness, self-efficacy, sense of coherence.

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ZASOBY PSYCHOSPOŁECZNE OSÓB SŁABOWIDZĄCYCH

Wprowadzenie: Wypracowanie strategii zaradczych oraz wsparcie dostosowane do potrzeb osób słabowidzących umożliwiają zminimalizowanie występujących ograniczeń. W tym kontekście kluczowe znaczenie ma rozpoznanie sytuacji rozwojowej danej osoby, a zwłaszcza zidentyfikowanie czynników pomocnych w rozwijaniu jej potencjału. Należą do nich niewątpliwie zasoby, jakimi dysponują osoby obciążone słabowzrocznością.

Cel badań: Celem podjętych badań było dokonanie diagnozy zasobów psychospołecznych osób słabowidzących.

Metoda badań: W badaniach wzięło udział 110 osób słabowidzących oraz 110 osób widzących, w wieku 18–83 lata, dobranych pod względem płci, wieku i wykształcenia. Wykorzystano narzędzia mierzące: nadzieję podstawową, samoocenę, wsparcie społeczne. Stosownych obliczeń dokonano przy użyciu testu t Studenta dla danych niezależnych.

Wyniki: Badania ujawniły, że istotnie niższym nasileniem nadziei podstawowej cechują się badani słabowidzący. Poza tym znacząco mniej pozytywnie oceniają u siebie właściwości składające się na „ja” rodzinne i wskazują na otrzymywanie istotnie niższego wsparcia społecznego, zarówno ogólnie pojętego, jak i ujmowanego z perspektywy emocjonalnej, afirmacyjnej, praktycznej.

Wnioski: Otrzymane wyniki wskazują na konieczność podejmowania różnych działań zmierzających do polepszenia funkcjonowania psychospołecznego osób słabowidzących, poprzez optymalizowanie ich zasobów.

Słowa kluczowe: nadzieja podstawowa, samoocena, wsparcie społeczne, osoby słabowidzące.