Introduction
Chapter 1: INTRODUCTION

“He that is stricken blind cannot forget the precious treasure of his eyesight lost.”
- William Shakespeare

An adult is a living being of comparatively mature age, commonly correlated with sexual maturity and the attainment of reproductive age. In human context meaning of adulthood is associated with social and legal approaches; for example, a legal adult is a legal concept for a person who has attained the age of maturity and is therefore viewed as self-sufficient, and responsible (contrast with “minor”). As young adulthood starts from twenty years of age and ends through the late thirties it is generally considered as a time of building personal and economic autonomy, career build up and choosing a mate. On the other hand middle adulthood is the developmental period evolving at approximately forty years of age and extending to the sixties and is generally a period of broadening personal and social involvement and responsibilities, of becoming competent grown up individuals, and of meeting and sustaining satisfaction in a career.

As adulthood is an age of acquiring independence, sound physical, mental and sociological order is required in life. Any kind of impairment at adulthood may lead to numerous results in a person, for instance depression, loneliness, anxiety and stress. Impairment may be recognized as any difficulty in body functioning or structure. Of all the impairments vision impairment appears to have an extremity over the other impairments in its effect.

From the beginning of civilization mankind has been fronting the complexity of vision impairment. According to World Health Organization a person is considered as visually impaired if he has a visual acuity ranging 20/60 to 20/200. This implies that a person can see at a distance of twenty feet that a normal person can identify at two hundred feet. Vision Impairment is a hypernym, used extensively and accepted in an educational background. This term is used to particularize the
total group of people whose vision is afflicted by the impairments in sight, regardless of the nature or amount of these. In 2010, WHO estimated the number of people with visual impairment to be 285 million (65 per cent of whom are aged over 50 years). Out of these, 246 millions had low vision (63 per cent over 50 years) and 39 million were estimated to be blind (82 per cent over 50 years).

Vision Impairment can also be described as a functional restriction of the eyes or vision scheme and can be evidenced as decreased visual acuity, visual field loss, photophobia, diplopia, vision deformity and visual affective problems (ICD-NCM). The Centre for Disease Control and Prevention (CDC) defines vision impairment to mean that a person’s vision cannot be rectified to a regular level. It may cause consequences like complete loss or lack of visual sharpness, where a person is not able to recognize objects as properly as an average person, and/or in a loss of visual field, meaning that an individual cannot detect as large an area as the normal person without moving the eyes or the head.

The most frequently noticed visual impairments are in the visual sensation and the visual field, there are many other important ways in which person’s vision may be damaged. Optic mobility that is the eyes ability to move may be distorted. This impairment may arise problems in binocular vision which means that the ability of two eyes to target on one object and join the two images into a one clear image is damaged. Strabismus is another cause of vision impairment. It is an inefficiency to focus on the same object with both the eyes, because of an internal or external deviation of one or both eyes. If left without any treatment, strabismus and other diseases of ocular mobility can cause permanent loss of vision. In addition to the refractive errors there are certain other causes of vision impairment for instance glaucoma, cataract, retinitis pigmentosa, diabetes etc. Cataract is the fogging of the lens in the eyes which leads to deterioration in vision. It is the most prevalent reason of blindness and is generally rectified with surgery. Ocular loss develops due to the fogging of the lens that hinders light from passing and being aimed on to the retina at the back side of the eyes (Quillen, 1999).
Vision impairment as such do not cause any mental or emotional commotion but after-effects of loss of vision can cause behavioural difficulties like loss of mobilization which affects all phases of life. Probably the most common psychological effect of vision loss is depression. It’s usually common for sufferers to account unease and fear associated with the apprehension of future vision loss or blindness and phobic anxieties, such as phobia of open spaces, claustrophobia, and fear of loneliness (Khdiza (2012). People with any type of visual functioning loss are more probable than those with none to account depression. Even after taking every possible factor in mind, adults with ocular function loss reports to be 90 per cent more to have depression than those without visual function loss (Xinzhi, 2013). Vision impairment causes dreariness in social life, due to their inactivity they can not engage themselves with other people and communal development is harmed. Attitude of sympathy towards visually impaired may add to the deterioration of the condition that may leads to visually impaired refraining association with the community and this leads to their isolation from the society. Visually impaired people also handle difficulties in social contacts, as non impaired people are generally abashed when they initially meet a severely visually impaired person because they are generally confused about whether they are supposed to shake hands with the blind person or not as he is not able to notice the extended hand. Visually impaired are thus knowledgeable of the awkwardness which their demeanor inspires in non impaired people. The visually impaired are sometimes not able to sense the visual hints which tells whose chance is to communicate first, due to which they also face difficulties in communication.

Vision impairment can lead to other disabilities by greatly interrupting with a person’s capability to do the daily activities freely, to carry out chores of daily living, and to travel securely (west et al, 2002). An impairment of the ocular system present at the time of birth or developing thereafter, can negatively affect growth (Lang et al 2000). According to DSM IV, a person who goes through major depressive disorder must either have a depressed state of mind or lack of interest in routine activities constantly for at least 14 days period. Depression indicates towards a broad range of mental problems distinguished by the absenteeism of positive
result, low mood and a sphere of related emotional, intellectual, physiological and attitudinal symptoms. Behavioural and physiological syndrome typically includes irritation, communal withdrawal, worsening of pre-existent pains, and pains due to increased muscular tension (Gerber et al., 1992), decrease in libido, tiredness and decreased activity. Cognitive changes involves lack of concentration and decreased attention span and recurrence of negative thoughts (Cassano, 2002). Some people are acknowledged as displaying an atypical performance with reactive emotions, increased desire for food, increase in weight and too much sleepiness along with the personality appearance of sensitivity to denial (Quitkevin et al., 1991) and this is categorized as major depression in DSM IV (APA, 1994).

In current years it has become evident that individuals who attain vision impairment in later life are more expected to be unhappy as compared to their sighted peers. Vision loss is related with emotional disorders including despair, social separation and condensed feeling of self regard. Depression can occur in visually impaired people because of failure of autonomy and higher complexity in undertaking activities of every day livelihood and hobbies as well as emotional response of vision failure such as shame and feeling of insignificance. Depression commonly goes unnoticed and unprocessed in patients with vision impairment and it may be difficult to differentiate unceasing depression from the usual part of the grieving process connected with sight loss (Horowitz, 2006).

Vision impairment not only leads to depression but it may also damagingly affect the quality of life. Visual functioning depends on the visual destruction of an individual and can be articulated in terms of the actions of daily life. The word societal support is frequently used in a broad sense, together with social integration. Nonetheless, communal incorporation refers to the arrangement and amount of social relations, such as the amount and density of networks and the occurrence of interactions, but also occasionally to the subjective awareness of embeddings. Social support in disparity attributes to the purpose and the quality of social associations. Communal support seems to be an efficient buffer for emotional and social adaptation to vision loss. Efficient social support is associated to fewer symptoms of depression, an elevated life satisfaction and a better adaptation to sight loss. When
people mislay sight at an adult age they feel less confident in their environments; they find it more complicated to participate in leisure activities. Many adults who have been visually impaired do not thrive in rebuilding a personal system. Though the arrangement and symphony of families have transformed significantly over the past decades, the family remains the primary unit for providing physiological, emotional and communal support (Palmer and Grass, 2003). The degrees and type of support that is provided may vary, depending on the rigorousness of sight impairment, the impact of ocular loss on a daily basis living, the amount and kind of physical condition, intellectual functioning of the person with decreased vision, living activities, monetary situations and access to services and resources.

As family members begin to adjust, they focus further on truth, challenges and implications of little vision on daily living. Sight impairment is also a tough interpreter of emotional pain (Evans, 2007). Families often perform by providing different level of support to their family members with decreased vision (Barron et al. 1996).

It is an understandable fact that the visually impaired can’t make their living effortlessly. They require extraordinary guidance and support in order to get employment and satisfaction in life. Lack of support from family, friends and society makes them feel lonely which effect their growth. Perlman and Peplau (1981) have defined loneliness as “the unpleasant experience that occurs when a person’s network of social relationships is deficient in some important way, either quantitatively or qualitatively”. Loneliness is a condition that results from a deficiency of eminent contacts. This involves “conditions in which the number of existing relations is lesser than is considered pleasing or authorized, along with the situations where the closeness one wishes for has not been realized” (Gierveld 1987). Loneliness is measured to be an appearance of pessimistic feelings of mislaid relations and occurs in individuals of every age. Loneliness is a centre part of a group of socio emotional states together with self-worth, temper, nervousness, fury, and hopefulness, fear of negative appraisal, timidity, communal skills, social shore up and consideration (Berscheid 1998).
**Justification of the study**

Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Impairment affects the lives of millions of people directly or indirectly. Among all impairments, visual impairment is considered to be more important as sight is one of the five most important senses possessed by man. Vision impairment has profound human and socioeconomic consequences in all societies. These people in India are silent and invisible in spite of their significant number. One knows almost nothing about the existential experience of persons who lives with visual impairment.

A significant proportion of the visually impaired people in the world reside in India, and a demographic transition towards ageing with increasing life expectancy will add significantly to India’s burden of vision impairment. In recent years it has become apparent that individual who acquire visual impairment are no more likely to be depressed as compared to their sighted peers. The diagnostic criteria for depression are well established and good screening tools exist. Effective medicinal and therapeutical regimes are also available to treat depression and treatment is most effective when implemented early; despite this depression often remains undetected and therefore untreated in people with visual impairment; there has been very little focus on the management of depression. In visually impaired people social disadvantages and functional disability are also significant.

Certain researches have shown that vision impairment is associated with the increased risk of falls, hip fractures, social isolation, greater need for community services and greater risk for admission to nursing homes. Little is known about the association of quality of life, depression and loneliness in India. Assessing the impact of visual impairment on quality of life can provide a comprehensive picture of the burden of the visual impairment beyond clinical evaluation.
Hence, in the light of the above discussion the problem is stated as “Multi-Informant Assessment of the Visually Impaired Adults” with the following objectives:

- To study the socio demographic profile of visually impaired young adults and middle aged adults.
- To study the visual functional status of visually impaired young adults and middle aged adults.
- To study the level of perceived social support among the visually impaired young adults and middle aged adults.
- To study the quality of life among visually impaired young adults and middle aged adults.
- To study the level of depression among visually impaired young adults and middle aged adults.
- To study the level of loneliness among visually impaired young adults and middle aged adults.
- To study the types of rehabilitation services provided by the organization to the visually impaired young adults and middle aged adults.
- To present the typical cases of visually impaired young adults and middle aged adults.

Delimitations of the study

The investigation was carried out under the following delimitations:

- The study was delimited to only young and middle aged visually impaired adults.
- The study was limited only to the Dehradun city of Uttarakhand state.
- Only those visually impaired adults who were at NIVH for training were considered for the study.
Operational Definitions and Terminologies

**Depression** may be defined as negative feeling towards one self, feelings arising from repeated failure or inability to do well in various aspects of life (personal, professional or both) and negative feelings due to illness and disease. There are certain symptoms showing depression such as: feeling of dejection, feeling of failure, habits of self blaming, self loathing, pessimism, guilt and suicidal tendencies. Depression may lead to certain problems such as lack of hunger and appetite, constant episodes of sobbing and crying, fatigue, weight loss and feelings of mind being preoccupied.

**Quality of life** is defined as individual’s perceptions of their position in life in the context of the culture and value systems in which they lived and in relation to their goals, expectations, standards and concerns.

**Loneliness** refers to lack of company. Solitude typically involves uneasy feelings about a lack of connectedness with other beings. As such, loneliness can be felt even when encircled by other people. Social and emotional loneliness makes a person socially isolated and typically includes anxious feelings about lack of connectedness or communality.

**Visual functional status** is the ability to connect in activities of everyday living and societal role actions. Functional autonomy is determined by a blend of adaptive skills (i.e., self-assistance, socialization, and communiqué skills) and demanding behaviours (i.e., hostility, self grievance and observance).

**Social support** is the insight and reality that one is cared for, has support accessible from other people, and that one is part of a helpful societal network. It can also be defined as the perceived availability of people whom an individual can trust.

**Visually Impaired Adults** refers to those who have a visual acuity ranging from 20/60 to 20/200. Both males and females who were visually impaired young adults (20-40 years) and middle aged visually impaired adults (40-60 years) have been considered for the study.