

The Visually Impaired and how they Cope with Loneliness

Ami Rokach*, Alison Rose and David Berman

York University, Toronto, Canada

Abstract: Loneliness has been termed a social epidemic, especially when experienced by people with sight challenges. The present study compared how the sight challenged and the blind cope with loneliness, compared to the general population groups, amongst a total of 187 participants. The questionnaire which we used, included 34-items to which a yes/no response was requested, and assessed the various ways that people cope effectively with loneliness. The questionnaire included six subscales of coping strategies, namely, Reflection and acceptance, Self-development and understanding, Social support network, Distancing and denial, Religion faith, and increased activity. As expected, the two populations differed significantly in their subscale scores, with the visually challenged scoring higher than the general population, on Self-development and understanding and the Religion and faith subscales. Interpretation of these results and their implications are discussed in further detail.

Keywords: Loneliness, Coping, Blindness, Visually impaired, Social isolation.

INTRODUCTION

Loneliness

“The loneliness literature is replete with attempts to define the experience... Although some define it as a deficiency of intimacy and meaning within a relationship, some emphasize impediments to the sense of belonging... and lack of social connections... to name but a few” (Stein *et al.*, 2015, p. 122). It can be said, unequivocally, that in the beginning of the 21st century, individuals in the Western culture are apparently far more isolated than they were in the past. Social ties were an integral part of daily life in the past, but even prior to COVID having descended upon us, a growing number of people seem to have no close or intimate relationships and, thus, our society is increasingly fragmented (McPherson *et al.*, 2006; Sha’ked & Rokach, 2015). Our western culture magnifies the alienation and separateness that humans experience, while our basic need is to belong, to be needed and loved, and to matter to others (Rosenberg & McCullough, 1981). We have witnessed the effect that technological advances have on our daily lives, and as we increase our understanding of the magnificent universe that houses our tiny planet, we come to realize the extremely small stature that we, humans, have. Such a realization, is a salient cause of our awareness of our limitations and finality, resulting in loneliness (Rokach, 2019). Various attempts have been made to describe and define loneliness. Some theoreticians have described and defined loneliness

based on their observation of their clients, while others (*i.e.* Cacioppo *et al.*, 2015) conducted well designed studies and executed research that helped shed light on this phenomenon.

In general, loneliness is perceived as an experience in which we are alone, perceiving ourselves as unloved, unimportant, and uncared for, and that leads to what we term ‘loneliness’ (Martens & Palermo, 2005; Rokach, 2019). There are several prominent themes that come through the various theoretical orientations, and which are characteristic of loneliness experiences:

- a. Loneliness is an experience of separation, of one from one’s world
- b. Loneliness may start already in childhood and remain throughout one’s life
- c. Loneliness is connected with invalidation of one’s meaning and place in the world
- d. Loneliness is difficult to tolerate due to the pain and agony that it causes
- e. Loneliness appears to motivate humans to seek meaning and search for connection
- f. Loneliness, which is seen to have an evolutionary basis, motivates one to seek belonging which is protective and supportive, and
- g. Loneliness can, potentially, enhance growth and offer new possibilities.

The Effects of Visual Impairment

Poor vision is, generally, referred to as visual impairment. The term sight loss refers to people who

*Address correspondence to this author at the York University, Toronto, Canada;
E-mail: arokach@yorku.ca

have developed a visual impairment [VI], having previously not had one. Visual Impairment (VI) is used for those who have no seeing capability at all. Visual acuity is the level of detail that one is able to see. Visual function may also aid in assessing visual acuity, that is the extent to which an individual is able to carry out everyday activities for which sight is regarded as necessary, such as driving, and other everyday activities (Hodge & Eccles, 2013).

Sight loss, more than loss of any other sense, is highly distressing for most people (Baker & Winyard, 1998; De Leo *et al.*, 1999). Being diagnosed with eye problems can lead to anxiety, worry and concerns and even depression and increased emotional distress (Norowzian, 2006; Royal National Institute for the Blind, 2007; Scott *et al.*, 2001). Sight loss can negatively affect one's quality of life, can be significantly affected by sight loss (Hassell *et al.*, 2006), and can lead to shock and grief (Baus, 1999; Evans, 1983). In general, people with sight problems are more likely, than the general population, to feel lonely due to their social difficulties (Bruce *et al.*, 2007; Percival, 2003). Isolation and the importance of social support are frequently mentioned in the scientific literature about the blind and those with sight difficulties (Cimarolli & Boerner, 2005; Percival & Hanson, 2007). Stephens (2007) reviewed the pertinent literature and found that empirical research highlighted the emotional difficulty amongst visually impaired people. Visually impaired people experienced depression and loss of social support, as well as decreases in general wellbeing. Interestingly, even when compared to people with serious illnesses, the visually impaired scored lower on wellbeing scales. However, the difference in psychological distress was not reported to have reached significance when a sample of 80 people with diabetic retinopathy was compared to a sample of individuals with no visual impairment (Upton *et al.*, 1998).

Exploring social connectedness of the visually impaired, it was found that the progress of visual impairment was positively correlated with decreased levels of social functioning. In a large sample of 1,191 people diagnosed with visual acuity of less than 20/100, a positive correlation was found between visual impairment and lower social relationships (Carabellese *et al.*, 1993). Evans (1983) studied 84 registered blind participants who reported that their social activity decreased as the duration of blindness increased. Similar findings were found in non-westernized countries. Research on a sample of 117 Nepalese men, with visual acuity of less than 20/200, found that

those people who had visual impairment were less likely to function as the head of their household, which is a highly valued role in that culture (Beall *et al.*, 1986). Barron, Foxall, Von Dollen, Jones, and Shull (1992) found that impairment was positively correlated with loneliness in people with visual acuity less than 20/70.

Prevalence of Loneliness Among Sight Challenged People

The evidence for whether people with a visual impairment are more at risk of loneliness than those without is relatively limited. To answer that question, Burmedi and colleagues (2002) examined various studies dealing with loneliness of people with vision problems and found that the literature on the topic was sparse and that the relationship between loneliness and "objective vision factors" remained unclear. In their more recent update of the Burmedi *et al.* (2002b) review, Nyman and colleagues concluded that the topic of loneliness still remained under-researched and that the evidence also remained inconclusive (Nyman *et al.*, 2010a; Nyman *et al.*, 2010b). Pinguart and Pfeiffer (2011) did report higher levels of loneliness in people with a visual impairment than in those without, although this difference was only relatively small. Verstraten and colleagues (2005) identified an association between loneliness and visual impairment among Dutch adults 55 years of age and older. Fifty four percent of them reported loneliness, compared with a rate of 44% found in a study conducted using the same scale with a general population of Dutch older people. A link between loneliness and depression was also found in the previous study. Another more recent Dutch study looked at the prevalence of loneliness in older people (55 plus) with and without a visual impairment (Alma *et al.*, 2011). As was reported previously, the researchers found that older people with VI were significantly more at risk of loneliness than those without VI (50% of VI compared with 29% of non-VI). Another recent US study of loneliness and functional decline in older people compared lonely and not lonely people, and found that those who self-reported as lonely were significantly more likely than those who were not lonely to have a visual impairment (24.6% of lonely people compared with 13.9% of non-lonely people) (Perissinotto *et al.*, 2012). All in all, there is evidence that people with visual impairment are lonelier than those without.

The Present Study

The present study explored how the visually impaired, compared to the general population, cope

with loneliness. We aimed to understand the *effective* strategies which they utilize in order to limit, reduce or eliminate loneliness and lower the intensity of the pain experienced as a result.

METHOD

Participants

One hundred and eighty-seven participants (34 males and 153 females) from all walks of life volunteered to answer the loneliness questionnaire. As can be seen in Table 1 which provides a more detailed breakdown of gender, age, education and marital status of our sample, it was predominantly composed of females, which were more available and agreeable to participate. As well, out of that total, 65 individuals identified as being visually impaired, as compared to 122 seeing folks. Data was collected during 2019, prior to the appearance of the COVID pandemic. The average age of all participants was 33.9 years with ages ranging between 18 to 85. The mean level of education (*i.e.* last grade completed) was 12.9 years with a range of 11 to 19. Fifty one percent of the participants were single, 39% married, and 10% have had a relationship but were no longer in it due to separation, divorce or death of a spouse.

Procedure

The participants were recruited using the snowball technique, from community centers, parks, and even cafés, in an attempt to recruit folks who would represent, as much as possible the general population. Once they agreed to participate in the study, an informed consent, which was approved by the university's Institutional Review Board, was read to them and to ensure anonymity, they were not asked to sign it. The questionnaire was answered directly by those who could read it, or alternatively over the phone by those who were unable to read it, and so the questionnaire was read to them. Those who could fill it by themselves took just ten minutes to respond to it.

The Coping with Loneliness Questionnaire

All items for the questionnaire are based on Rokach's previous research on loneliness (Chin *et al.*, 2013; Rokach, 1988; Rokach, 1989; Rokach *et al.*, 1997). That study yielded a theoretical model of coping with loneliness as reported by five hundred and twenty-six (526) participants who described the strategies they utilized in coping with loneliness and which proved to be beneficial and helpful to them. The items of the

questionnaire which we utilized were chosen from those descriptions and were modified to provide clarity and gender neutrality. The questionnaire has 34 items which describe a wide range of *beneficial* coping strategies. Participants were asked to reflect on their past and present experiences of loneliness and endorse the items which described the coping strategies that were most helpful to them. They were assured of anonymity and were not asked to identify themselves.

Principal components factor analysis with varimax rotation was applied to the data with .40 being designated as the minimum loading for an item. The factor analytic procedure, using an SPSS program, extracted the principal components, and the factor matrix was then subjected to varimax rotation. The items contributing to the factors and which accounted for a sufficient amount of the variance (at least 3%) were then grouped into factors. Factor 1, *Reflection and acceptance* (accounted for 14% of the variance) described how one may become acquainted with one's fears, and desires; and thus, accepting one's loneliness and it's pain; Factor 2, *Self-development and understanding* (5%) – addresses the increased self-intimacy and growth which are experienced following active participation in organized focused groups or of being helped by professionals; Factor 3, *Social support network* (4%) – is the re-establishing of one's social support network which is imperative if one is to reconnect to the community; Factor 4, *Distancing and denial* (3%) – when the pain is too great to tolerate, one may opt to deny the experience of loneliness resorting to alcoholism, drug abuse, and possibly antisocial behaviours; Factor 5, *Religion and faith* (3%) – focuses on the need to connect to and worship a divine entity. By joining a religious group and practising its faith one can gain strength, inner peace, and a sense of community. Factor 6, *Increased activity* (3%) – highlights the active pursuit of daily responsibilities as well as fun-filled solitary or group activities, which can help in maximizing one's social contacts.

Each of the six factors comprised a subscale in the questionnaire, and participants' scores are the sum of items which they endorsed in each subscale. The questionnaire included a total of 34 items (factor 3 includes only 4 items). Kuder-Richardson internal consistency reliabilities yielded the following alpha values: Reflection & acceptance = .69; Self-development & understanding = .50; Social support network = .53; Distancing & denial = .59; Religion & faith = .52; Increased activity = .52. The reliability for the entire questionnaire was .80. It should be noted

that while the reliability coefficients may not be very high, the coefficient for the entire questionnaire is high and satisfactory.

RESULTS

As is evident from Table 1, which presents the demographics of the two groups, there were no significant differences on age, marital status and educational level between the two groups, the VI (which was composed of visually impaired to various degrees) and the general (non-visually challenged) populations.

The mean subscale scores for participants in each group and for each factor are shown in Table 2. An overall MANCOVA ($F_{(5, 180)} = 2.82; p < .05$) indicated that the two populations differed significantly in the manner they cope with loneliness. ANOVAs for each subscale indicated that the difference occurred in two subscales: Self-development and understanding ($F_{(1, 185)} = 9.86; p < .01$) and Religion and faith ($F_{(1, 185)} = 9.29; p < .01$). On both subscales, the visually impaired scored significantly higher than the general population. Further, while there were no significant differences within the two populations between men and women, when compared by gender, men from the general population did not differ significantly from those of the

VI group ($F_{(5, 27)} = 1.52$ n.s.). Comparing the women in the two population groups, we found an overall significant difference ($F_{(5, 146)} = 3.10; p < .01$). That was again related to significant differences in the Self-development and understanding subscale ($F_{(1, 151)} = 8.04; p < .01$) and the Religion and faith subscale ($F_{(1, 151)} = 5.85; p < .05$).

DISCUSSION

The present study demonstrated that coping with loneliness was indeed affected by a Person’s sight related issue. It appears that the visually impaired cope significantly differently than the general population with loneliness, and as Osaba (2019) noted, blindness, and visual impairment precipitate depression, insecurity, anxiety, changes in social functioning, and loss of independence. Exploring it more closely, the significant differences were apparent when we compared VI women to those of the general population women. They significantly differed on both Self-development and understanding and Religion and faith, the same two subscales on which the two population groups differed. In both cases, the VI scored higher than the general population. So, while men scored similarly, regardless of which group they belonged to, women differed significantly. Rokach *et al.* (2014) reviewed various studies which may help explain that finding.

Table 1: Demographics

Population	N	Marital Status			Education		Age	
		Single	Married	Divorced/Separated/ Widowed	M	SD	M	SD
Blind	65	32 (49%)	21 (32%)	12 (18%)	12.2 (12-16)	.74	44.5 (18-85)	23.5
Men	22 (34%)	13	8	1	12.2	.853	37.60	19.5
Women	43 (66%)	19	13	11	12.2	.0679	48	24.8
		$\chi^2_{(1, 2)} = 4.315$			$F_{(1, 58)} = 0.0143$		$F_{(1, 63)} = 2.92$	
General Pop	122	64 (52%)	52 (4%)	6 (5%)	13.3 (11-19)	1.48	28.2 (19-57)	8.72
Men	12 (10%)	7	5	0	13.5	1.45	31.4	8.78
Women	110	57	47	6	13.3	1.48	27.9	8.69
		$\chi^2_{(1, 2)} = 0.745$			$F_{(1, 120)} = 0.216$		$F_{(1, 120)} = 1.77$	
Total	187	96 (51%)	73 (39%)	18 (10%)	12.9	1.39	33.9	17.3

* = $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

Note. Ns and percentages may not add up due to missing data.

Table 2: Mean Subscale Scores and F Ratios for the Populations Under Study

Age Groups	N	Reflection and Acceptance		Self-development and Understanding		Social Support Network		Distancing and Denial		Religion and Faith		Increased Activity	
		M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
VI	65	2.43	2.03	1.33	1.38	2.01	1.71	.69	.96	1.24	1.23	1.69	1.35
Men	22	2.90	2.11	1.50	1.73	2.90	1.81	.77	1.19	1.45	1.26	2.13	1.39
Women	43	2.18	1.96	1.25	1.17	1.55	1.45	.65	.84	1.13	1.22	1.46	1.29
MANOVA	$F_{(5, 58)} = 1.96$												
General Pop	122	2.34	1.71	.80	.93	1.78	1.34	.64	1.09	.74	.96	1.46	1.24
Men	12	2.33	1.61	1.08	1.56	2.08	1.31	.59	1.69	1.08	1.56	2.58	1.31
Women	110	2.34	1.73	.77	.84	1.75	1.35	.64	1.00	.70	.88	1.34	1.18
MANOVA	$F_{(5, 115)} = 2.15$												
Men	34	2.70	1.94	1.35	1.66	2.61	1.72	.91	1.37	1.32	1.36	2.29	1.36
VI	22	2.90	2.11	1.50	1.73	2.90	1.87	.77	1.19	1.45	1.26	2.13	1.39
General Pop	12	2.33	1.61	1.08	1.56	2.08	1.31	1.16	1.69	1.08	1.56	2.58	1.31
MANOVA	$F_{(5, 27)} = 1.52$												
	153	2.30	1.79	.90	.96	1.69	1.38	.60	.96	.83	1.00	1.37	1.21
	43	2.18	1.96	1.25	1.17	1.55	1.45	.65	.84	1.13	1.22	1.46	1.29
	110	2.34	1.73	.77	.84	1.75	1.35	.59	1.00	.70	.88	1.34	1.18
MANOVA	$F_{(5, 146)} = 3.10^{**}$	$F_{(1, 151)} = .24$		$F_{(1, 151)} = 8.04^{**}$		$F_{(1, 151)} = .62$		$F_{(1, 151)} = .12$		$F_{(1, 151)} = .85^*$		$F_{(1, 151)} = .29$	
Totals	187	2.37	1.82	.98	1.13	1.86	1.48	.66	1.05	.91	1.09	1.54	1.28
VI	65	2.43	2.03	1.33	1.38	2.01	1.71	.69	.96	1.24	1.23	1.69	1.35
General Pop	12	2.34	1.71	.80	.93	1.78	1.34	.64	1.09	.74	.96	1.46	1.24
MANOVA	$F_{(5, 180)} = 2.82^*$	$F_{(1, 185)} = .09$		$F_{(1, 185)} = 9.86^{**}$		$F_{(1, 185)} = 1.00$		$F_{(1, 185)} = .07$		$F_{(1, 185)} = 9.29^{**}$		$F_{(1, 185)} = 1.29$	

* $p < .05$ ** $p < .01$ *** $p < .001$.

The North American socialization process emphasizes that women need to take personal responsibility for their relationships and interpersonal failures, to be more sensitive and to express their feelings more openly than men (Geary, 1998; Rokach & Brock, 1997; Vogel *et al.*, 2003). It seems that whether healthy or unhealthy, men address loneliness similarly, as men and women have been found to differ in their levels of isolation and need for social support. Men are less able to self-reflect and express their feelings, and while they may struggle with loneliness, pain or stressful situations, they may either not want to admit it, or may be unaware of how they feel. Women in the Western world are adept at self-reflection, expressing their emotions, and being tuned into what they feel and how they act, more than men do. It is suggested that visually impaired women, may be forced by their disability to have heightened sensitivity,

to be tuned to how they feel about their place in the world, and may thus be able to cope differently with loneliness.

We found a significant difference in the subscale scores between women of the two populations, with VI women scoring significantly higher on the Self-understanding and development and the Religion and faith subscales than women in the general populations. Taylor (2012) proposed in her tend and befriend theory, that women react differently than men to threatening situations, and loneliness may be construed as one of them. As previously mentioned, this concept was also echoed by findings from Vogel *et al.* (2003). Women would tend to either seek the company of other women or humans, or attend to their responsibilities, such as tending to the needs of their offspring. Visually impaired women, who are, by definition, handicapped

by their disability, may experience subsequent anxiety, depression, and stress (De Leo *et al.*, 1999; Osaba, 2019). They may thus be more aware of their need to hone in on their survival skills, which may include, among others, their ability to socialize, to be in tune with the societal forces around them, and to improve their ability to function socially by gaining new skills, or seeking out counseling or directions on how to navigate the world in an optimal manner. Women who are not sight challenged, may be able to *get along* socially without the need to adopt self-improvement practices, or are simply not as inclined to look inwards in order to enhance their social support and so address loneliness. Similarly, we found, VI women turn more to religion and faith as an effective strategy to cope with loneliness. Faith is able to enhance humans' understanding, or belief, that they are not alone and are watched over and guided by a higher force. Religion, with its social gatherings, prayer rituals, and the belonging it affords, provides a way of interacting with others and creating social connections which VI women may be keen to utilize, while seeing women may have such opportunities in other engagements they have, such as work, sports, etc. (see Rokach, 2019). As Beckett-Warner (2017) found, women are more likely to use religious coping as a resource in dealing with stressful situations than men.

A comparison of the two sample groups indicated that their significant difference is, mainly, related to these two subscales, and most probably to the way women differ in dealing with their loneliness. One may, now, wonder why were there no differences found on any of the other subscales between the two populations. It is possible that loneliness, its qualitative aspects and its pain and suffering, is not inherently different between the visually impaired and seeing folks. And as such, they tend to cope with loneliness similarly, except when it comes to the VI women who may be more in tune with both their inner world and the interaction between how they act and how they are perceived by others around them, than seeing women.

Study Limitations

The present study did not differentiate between those with visual impairment and the severely visually impaired, or from those who were completely blind. That variable may, naturally, affect their experience of loneliness and the way they cope with it. Additionally, the present study did not explore the professions of the blind, or whether they live with someone else, which again could affect the manner in which they cope with loneliness. It is suggested that these variables could also affect the way that the visually impaired view their

social relations and integration. There are organizations, and clubs that offer social opportunities as well as aids to compensate for sight difficulties, which thus enhance their social contacts and social support network, and could affect the intensity, quality, and length of their loneliness experience. In the present study we did not investigate whether our participants belonged to such clubs or organizations and attended them regularly. Additionally, it is suggested that the length of time that the person suffered from visual impairment, and whether it was an abrupt blindness or a gradual one, may affect the person's adaptability and feelings of alienation.

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