

**MOBILITY AND INDEPENDENCE  
FOR THE VISUALLY HANDICAPPED:  
Psychological Dynamics  
of the Teaching Process**

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## Foreword

This book is not a presentation of technical aspects of orientation and mobility instruction. I assume the persons who read it are either already competent instructors or they are students in the process of acquiring the technical know-how. If they did not have this basic knowledge, they would not be teaching visually impaired persons to travel.

I wish, however, to give an added dimension to the O and M instructor's knowledge of himself and his student. What the instructor and his student feel is an integral part of mobility training. The feelings of each play a definite part and affect the outcome of training. The student reacts to his training and to his perception of the instructor. The instructor reacts to his perception of the student and the progress he makes. Some of these reactions are easily observed, while others affect the learning process in a more subtle way. However, in either case, they play their part, whether or not the instructor or his student is aware of what is taking place.

On the other hand, the instructor's awareness that emotions of the instructor and student play a part in the teaching and learning process can be used for the benefit of the student. If the instructor understands the emotional aspects of the teaching-learning process, he has a better opportunity to control and direct whatever is taking place. At least he has the option of helping the student resolve feelings that interfere with his ability to learn. Additionally, his positive feelings will facilitate the training process.

In sum, the instructor can use what he knows of emotional aspects of the mobility training process as an additional tool in helping the visually impaired student acquire a necessary skill. With greater insight into factors that affect his work with the student, he

can feel satisfied with his competency as a mobility instructor, and with the contribution he is making to the better functioning of the person with whom he is working.

## CHAPTER 1:

### ADDING A DIMENSION TO THE TEACHING PROCESS

One of the more important skills a visually impaired person can acquire is the ability to travel with relative independence. It is an important skill, because it frees him from the need to depend on family and friends whenever he wishes to travel. The freedom from dependence he gains affects how he feels about himself and about those who can see.

Because this is such an important skill, it is essential to consider each element of the instruction process. It is not enough to simply look at Orientation and Mobility instruction as the transmission of knowledge by a qualified instructor. Nor is it enough to add that it is the acquisition of that knowledge by a visually impaired student. It is also important to know what happens to feelings and emotions during the instruction process.

The mobility instructor has feelings and attitudes that might well influence the student he is teaching. The student has feelings about what he is learning, what he is asked to do, and even about the instructor. In some ways, these feelings and attitudes will affect the course and the outcome of mobility instruction. They will have this effect whether or not the student and the instructor are aware of what they feel and think during training. If the instructor is unaware of the flow and influence of feelings and attitudes that are an integral part of the teaching process, he misses an opportunity to use them to the advantage of the student. If, however, he is sensitive and perceptive concerning psychological aspects of the instruction process, he has access to a useful tool that will help him to control more completely the course of the training and will facilitate the progress of his students. He will, as a result, be a more effective instructor. Both he and the student will benefit from the experience.

## CHAPTER 2:

### THE INSTRUCTOR AND STUDENT RELATIONSHIP

The instructor-student relationship is an important element in the mobility training process. The instructor does not teach apart from what he feels toward a particular student. Nor does the student learn as though he were receiving his information from a teaching machine. Each has feelings toward the other. If the feelings are positive they will facilitate the learning process. If they are negative they will interfere. The instructor who likes a particular student will be more interested in his progress. On the other hand, the student who likes his instructor will be more eager to please by doing well on his lessons. Conversely, the instructor who dislikes a student may still teach competently, but finds it costs him a greater effort; while the student who has such feelings may resist the efforts of the instructor to help him.

The relationship is further complicated by the degree to which either or both are aware of the other's feelings. The instructor may not be experiencing negative feelings toward his student, but if he perceives such feelings in his client, he may find it difficult to maintain any degree of warmth toward him. On the other hand, if the student is aware that his instructor is cool toward him, he may find it difficult to trust the judgment of the instructor. When the instructor perceives positive feelings in his student, he looks forward to these lessons and works harder for the benefit of the student. If the student knows the instructor likes him, he finds it easier to accept constructive criticism. Both find it easier to communicate their ideas and wishes in such a situation.

## **Transference and Counter Transference**

Often the feelings of one person toward another in a helping relationship have nothing to do with the people involved. The student may have positive or negative feelings toward his instructor because in this situation he reminds him of someone else. He transfers these feelings to the new and immediate person. In a clinical setting this is called transference. The feelings may be positive or negative, but they stem from sources other than the immediate situation. Of course, in a clinical setting the process is more complicated; but even a teaching interaction has some of these elements. For example, the student may have had an unpleasant relationship with an authority figure whom he resented. If the mobility instructor reminds him of this person, he transfers this resentment to the instructor; or if the relationship with the previous authority figure was positive, he transfers these positive feelings to the mobility instructor and works well in the relationship.

Similar feelings of the instructor toward his student may be called counter transference. These feelings may also be positive or negative; and as in the case of the student, they stem from some previous relationship rather than from the immediate situation.

Several aspects of the mobility training process promote transference and counter transference. Lessons occur frequently and the time spent together on each lesson is relatively long. The instructor is, in a sense, an authority figure because he is knowledgeable, while the student is learning. The authority figure is only one basis for the stimulation of transference and counter transference. Further, the feelings of the student and instructor are very much involved in the training process because of the stress stimulated by the training process.

The student cannot be expected to know about his reasons for liking or disliking a particular instructor. However, the instructor, as

expert, should be aware that feelings present in the relationship may stem from sources unrelated to the immediate persons in the relationship. Often, being aware that the perceived negative feelings in the student may be the result of the transference process can help him deal more objectively with them. Knowing why he feels in a certain way can help the instructor control his reactions to the student. He can then teach him as competently as he does all his students. He can also decrease the effects of these mechanisms by seeing the student less frequently or by reducing the length of each lesson.

### **Professional Distance**

This term can be defined as a certain reserve maintained by the instructor in order to control the interaction between him and his student. Control is essential if the instructor wishes to insure his success in training each student to travel. The instructor must control not only the technical aspects of imparting knowledge, but he must control every element of teaching that can facilitate or interfere with the process. The relationship or the personal interaction between instructor and student is one such element.

One case that came to my attention was that of a young woman who became infatuated with her instructor. Whenever he talked to her about his fiancée, she became jealous and angry. She stated that she often paid little attention to what she was doing on lessons, sometimes canceled lessons for no good reason, and frequently acted perversely when he gave her instructions. Her impression was that he never knew the real reason for her behavior. Another case is that of a student who functioned in a rather lackadaisical manner on his lessons because he thought of his instructor simply as a good friend. Either the expectations of the instructor were not as high because of the

relationship, or the student did not think the instructor would insist on a normal standard of performance because they were friends. He felt he could goof off whenever he wanted to.

There is a difference between being friendly with each student and developing such a close friendship that it interferes with the teaching process. If the relationship is too close, the instructor might not insist on performance standards he would expect from other students. He might not want to hurt the feelings of the student by telling him he is not doing well on a lesson. In addition, the student might be lax in carrying out instructions because a good friend would overlook mistakes.

Certainly no instructor would deliberately or consciously lower his standards for any one student. But a certain casualness is an unavoidable part of any close relationship. And in such a relationship, people will assume things and behave in ways in which they would not if the situation were more controlled. This does not mean the instructor should become totally formal in his interaction with the student, or that he should become authoritarian. It simply means that he remains aware of what is happening in the relationship and controls the interaction so it does not become free and casual to such a degree that it interferes with his ability to instruct the student.

One factor that affects the closeness of a relationship is the contact that the instructor has with his student apart from lessons. As part of a lesson he may meet with a student for lunch or a cup of coffee. However, he may receive an invitation to dinner or for a drink; or he may be asked to a party, or be asked to provide transportation for the student to some function. The possibilities of non-lesson contacts are endless. But whatever they are, they will add to the complexity of the relationship and the consequent ability to control the interaction; and without some control the instruction process may suffer.

The instructor, of course, or his supervisor must be the ultimate judge of what is essential in the training process, and what may be detrimental. But the instructor should be aware that what often seems to be an insignificant or casual act has its effect on the relationship.

And anything that affects the relationship between instructor and student will effect the outcome of mobility training. Because of the importance of the relationship between instructor and student, it is essential that the instructor should do what he can to control it.

## CHAPTER 3:

### ANXIETY AND THE MOBILITY STUDENT

Anxiety is undoubtedly the dominant emotion present during a course of mobility training. Other feelings such as devaluation or depression may be present but they usually stem from causes other than the process of learning to travel without sight. The visually impaired person may be depressed because he is dependent on others; but the feelings are stimulated by the event of his visual loss. They are an outcome of the condition of visual impairment.

Anxiety, however, during the course of travel training is usually a direct function of the learning experience. With little or no sight the individual must often travel in unfamiliar surroundings. Even if the surroundings are his home or his neighborhood, they are only visually familiar. He is not acquainted with them through his sense of hearing or through the touch of a cane. In addition, he is learning new techniques for finding his way about. And the process of acquiring this skill, because it is a new learning experience, may in itself stimulate his anxiety. Further, he must do all this with what seems to him a real possibility of falling and injuring himself. He must move about in an unfamiliar and threatening environment without his sight on which he formerly relied for self protection. It is thus entirely understandable that the experience of travel training stimulates anxiety.

#### **Predictability of the Anxiety Reaction**

It is not possible to predict the presence or absence of anxiety in a particular visually impaired person who is undertaking a course of mobility training. Even the intensity of whatever anxiety is present varies from one individual to another. One person who is totally blind may feel little or no anxiety as he learns to travel.

Another person with a considerable useful vision may be almost incapacitated by anxiety in the same situation. On the other hand, a person with minimal sight may experience much anxiety but is able to keep it within manageable limits. Conversely, the totally blind person may be incapacitated by anxiety, while the person with good travel vision takes the training experience in stride.

Thus, the presence or absence of anxiety during travel training is an individual matter. The instructor must consider each case separately and watch for anxiety and be ready to deal with its effects when it is present.

### **Manifestations of Anxiety**

A perceptive observer can usually determine the presence of anxiety by cues that are familiar to most of us. If we have not personally experienced sweating hands, shortness of breath, trembling limbs or quavering voices, we have observed them in others. There are other symptoms of anxiety that may be less familiar to us. The person who is attempting to function under the stress of strong anxiety may find that his thought processes are disturbed. He may misunderstand verbal directions; his responses to instructions may be confused or inappropriate. If the anxiety is strong enough, he will totally block out cues that are essential to his safety. His locomotor responses are affected and he takes short, rapid steps, veers or stops when he should continue to move. As a result, his anxiety brings about the very thing he fears. He is injured, or at least runs the risk of being injured.

Anxiety may be, and probably is, the explanation for many of the difficulties experienced by some mobility students. They are not necessarily dull normal in intelligence because they cannot coordinate the swing of their cane with their steps. Rather, their thought

processes have been short-circuited because they are afraid they will fall into a hole. When they veer, it may not be due to a mental inability to walk a straight line; it is quite possible that tension produced by anxiety causes them to miss available kinesthetic or auditory cues.

Even veering dangerously into moving traffic may be caused by anxiety. One may reasonably expect the person to veer away from what he fears. But, if anxiety blocks his rational thought processes, an unconscious self-destructive tendency may take control, and he veers into danger.

There are, then, the obvious symptoms of anxiety such as excessive sweating, shortness of breath, and muscle tension. Less obvious symptoms include the inability to grasp simple directions, or poor orientation that cannot be explained by low intelligence or lack of experience. The latter are as certainly related to anxiety as are the more obvious symptoms. But because they are not familiar to most observers, they may be overlooked as a possible explanation for the repeated mistakes of the student.

If the instructor overlooks anxiety as a possible explanation for specific behavior, he will not be able to take appropriate remedial action. He will then miss an opportunity to expedite the progress of the mobility student.

### **Some Causes of Anxiety**

Anxiety stems from many causes, but the ultimate or overriding cause is, of course, the desire for survival. Without a reasonable degree of anxiety the person or organism would undoubtedly move into potentially harmful situations and either be injured or destroyed. There are, however, causes for anxiety that are only secondarily related to the drive for survival. These stimulate anxiety when there is no real

possibility of injury or destruction. In either case, anxiety is present. And whether the basis for anxiety is one of potential harm or of possible embarrassment it should be considered, because it will affect the ability of the student to perform in his mobility training.

### **Situational Anxiety**

Some situations are obviously more dangerous. Or they may seem potentially more dangerous to the new mobility student. One student may work quite well in a quiet neighborhood but seems to be afraid when he is asked to travel on busy streets. Another student works well in his own neighborhood but goes to pieces when he is taken to another location. Even the assurance of the instructor that there is no great difference between the two neighborhoods does not seem to help.

Superficially, these two students might only seem to be inconsistent in their performance. However, a more critical analysis of the student's behavior and a careful questioning of what he feels might uncover the fact that in certain situations he is terribly anxious. He does not experience anxiety in familiar situations or in quiet neighborhoods. However, on busy streets or in unfamiliar surroundings he experiences a surge of anxiety.

The cause of the anxiety in a specific situation will differ among individuals. One person is afraid of loud traffic noises while another feels reassured by sounds to which he can orient himself. Another student may work well on quiet streets but experiences anxiety in crowds because he feels people are watching him and associating him with a negative image of a blind person. Whatever the cause for anxiety in a given situation, it is imperative first to determine if a pattern exists in the performance of a particular student. If so, there is a bases for exploring the specific cause

### **Masking of Cues**

The value of any cue in the performance of a task is its distinctiveness. If a person is to make an appropriate response in a training situation, he must be able to distinguish whatever cue he needs for the performance of the task.

Auditory cues are, of course, very important to the visually impaired traveler. He must be able to hear certain sounds and correctly interpret them if they are to be useful to him. How clearly he hears the sounds he needs is often dependent on the background noise level. If the background noise is the low hum of ordinary city sounds the visually impaired traveler should have no difficulty in identifying the sounds he needs for direction and location. If, however he must cross at an intersection where a road crew is working with a jackhammer, or if he is passing a parking lot just as a jet screams overhead, essential cues are masked. The result in either case may be that the blind traveler feels a tremendous surge of anxiety. If the anxiety is sufficiently strong, he forgets about other cues that are available. He tenses up, begins to veer, and becomes disoriented.

In other cases the masking of necessary auditory cues may not be as dramatic as the two previous examples. The interfering noise might be sufficiently loud only to blur auditory cues without blotting it out completely. The sighted person in such a situation, because he can rely on his sight, would feel no anxiety because of the visual cues that are available to him. But the visually impaired person would immediately be aware of a difficulty in hearing and interpreting the cues he needs, and would be subject to the onset of anxiety.

**Ambiguous Cues**

Another cause for anxiety in the blind mobility student is the presence of ambiguous cues. He can hear something, but is not sure what to make of it. Because of this anxiety, he makes a wrong decision. For example while preparing to cross a busy intersection the student hears someone call out. He is not sure if he has just been told to go, or warned not to go. The ambiguity of this communication stimulates anxiety which in turn, interferes with what he has learned in training. For a time he stands, unable to make a decision. However, he might make the wrong choice, rush the intersection, and risk being hit by a car.

The poor crossing could be attributed to carelessness. The student might even insist that this is the case, because he would rather admit to being careless than to being afraid.

In fact, the poor crossing is the result of anxiety triggered by an ambiguous cue that the traveler received as he reached the intersection. If the instructor accepts the statement of the student and attributes the poor crossing to carelessness, he is misinterpreting the cause of the behavior. He cannot then help the student with the real problem, which is his anxiety.

**Remedial Action**

In most cases the student's anxiety dissipates during the normal process of travel training. He gains confidence in his newly acquired skill and no longer needs to feel apprehensive. The instructor need only be aware that the student is experiencing anxiety, and take care not to stimulate greater anxiety by moving the student ahead too rapidly in his assignments.

The purpose of this chapter is to point out those special cases in which anxiety is so extreme that it interferes with the normal course of mobility training. Where the instructor suspects the existence of such extreme anxiety, it is important that he discuss it with the student. The student may deny his anxiety; but the instructor can help him to face it by pointing out that it is a natural reaction of which he need not be ashamed.

At the very least, the instructor can help the student control the behavioral effects of the anxiety. For example, the student can stop to consider everything he needs to remember before crossing at a busy intersection, rather than allowing his anxiety to force him into a precipitous crossing. Or, if extreme anxiety causes him to hesitate too long before attempting a crossing he can concentrate on remembering the various techniques that will insure a safe crossing. Knowing that the instructor is aware of his anxiety and does not condemn him for it often reduces the intensity of the feelings. When he confides in the instructor, he shares the burden of the feelings. He no longer needs to feel that he is trying to cope with the feelings by himself.

Where the student feels extreme anxiety concerning unfamiliar situations, the instructor can simply make the transition more gradual. For example, the instructor begins each lesson in a familiar area and little by little extends the route. Sudden changes, such as beginning the student in a completely new neighborhood, might stimulate too much anxiety. The degree of change the student can handle must, of course, be left to the discretion of the instructor. Only he can know how well the student is performing and how much the anxiety interferes with performance. As long as he is aware of how much the student's anxiety interferes with performance, he can use his judgment as to what he can expect from the student.

The same principle of graduating or extending the student's area by very discrete steps applies when the student is extremely anxious about busy or noisy intersections. Allowing him to approach a busy intersection from a familiar and quiet area without actually making the crossing can help him become accustomed to the noise and confusion.

When traffic or street repair sounds mask normal auditory cues it is important for the instructor to verbally emphasize other cues available to the student. Obviously this would have to be done before the approach to the intersection. And because there is no magic in saying something once, the message may have to be repeated frequently. This is particularly true when the anxiety of the student may be so severe that he blocks out much of what the instructor says. At the intersection the instructor may stand with him for a time to allow him to adapt to the noises. Occasionally touching the student on the arm assures him that he is not alone. This is especially effective, because the visually impaired person can feel totally isolated when noise is so extreme that it blocks out the normal auditory cues. He is wrapped in a blanket of sound that separates him from all human contact. In such a situation he needs to know that the person he depends on for safety is still with him.

A special case of anxiety may be that of the partially sighted student who is asked to work under a blindfold. He feels apprehensive about his safety when he is temporarily deprived of his useful vision. But he may not readily admit that what he also feels is anxiety about total loss of sight. In one case a student commented that the whole time he was working under a blindfold he felt that this was what things would be like when he lost his sight completely. This would be especially true when the student's visual condition is not stable. He might already be feeling anxiety over future total blindness. Putting him under a blindfold would give him the immediate sensation of what he fears. His

anxiety would then be tremendously increased. In such a case, caution should be taken before asking a student to work under a blindfold.

## CHAPTER 4:

### FUNCTION AND PROBLEMS OF DEPENDENCE

Dependency is one of the more difficult problems the visually impaired person must face. Whether he is born blind, loses his sight at an early age, or loses his sight as an adult, there are many things he cannot do for himself. There are other things he can learn to do, but only after considerable experience or training.

The congenitally blind person is confronted with the problem of dependency from his earliest attempts to grapple with his environment. His parents may encourage him in these attempts, because they are so concerned with his safety that they never permit the child to become familiar with the things he requires to become relatively self sufficient.

The adult who loses his sight has similar problems but his reaction to dependency is affected by additional factors. Family members may encourage him to be dependent on them or they may push him into unrealistic independence. In either case, his reaction is influenced by the fact that he had many years of independence prior to his loss of sight. He was free from the need to depend on others. While he could see he could come and go as he pleased. The more complete his loss of sight, the more acutely he is aware of what he could do at one time and what he cannot do now.

Nowhere is the change more noticeable than in his ability to travel freely. Even in the familiar surroundings of his home he finds it difficult to move about. He may bump into a wall or door or become disoriented in the middle of his living room. If he can find his way about his house, he still faces the ordeal of crossing a street to visit a neighbor or walk to a store.

The specific problem of the visually impaired person is to determine what constitutes realistic dependence and what is unrealistic. Conversely, he must determine if the independence he displays is realistic or unrealistic. If he is motivated to regain his former independence, or as much of his former independence as possible, he will try to do whatever he can for himself. He will discover that he can do some of these things for himself, while others he cannot do, or at best, do them only with difficulty.

Traveling without sighted help is one skill that usually seems impossible to the newly blinded person. He has relied on his sight for so long that he cannot believe anyone can get along without it. Once he begins a course of mobility training, he becomes aware that what he first thought was impossible is within the realm of possibility

However, even in this situation he must deal with the problem of dependency. He must determine what is realistically possible and what is not. He may begin his travel training with high hopes for complete freedom to travel but finds that his ability does not meet his aspirations. A walk in a quiet neighborhood may be entirely within his ability, but he cannot negotiate a street crossing at a busy intersection. For whatever reason, his ability is limited. He must face the fact that he cannot achieve his original goals.

When he reaches the limit of his ability, he must determine what he can do for himself and what he can do only with help. Walking around his neighborhood is possible for him, but traveling downtown on a bus is not. He may have to ask someone to travel with him. Or he may be able to travel on a bus if he can get someone to help him across a busy street to reach the bus stop.

It is difficult for most visually impaired persons to make such an objective determination for themselves. One person may feel he has reached the limits of his ability when in fact, he can learn to do more

than he is already doing. Another person may not be able to admit he has reached the limit of his ability as long as he has not achieved his goal.

Such persons must have the objective help of the professional who is teaching them to travel. He watches them as they learn and analyzes their progress on the basis of this analysis he must determine whether the student has reached a temporary plateau in his learning, or whether it is beyond the ability of the student to improve his performance.

Once the instructor has concluded that the student can go no further in mobility training he should give this information to the student. Unless the instructor shares this information, the student cannot benefit from the knowledge.

When the student learns he is limited in his ability to travel he can begin to deal with the conflict between what he would like to do and what he can do. Without the knowledge of his limitation, he might retain high but unrealistic hopes of being a good traveler. He might, on his own, attempt routes or situations that are beyond his ability. As he resolves his feelings concerning his limitations, he can deal more effectively with the problem of realistic dependency. He must accept this fact if he wishes to function

Certainly it is not easy to give information that will disappoint a student. This is particularly true when the relationship is as close as it necessarily is between a mobility instructor and his student. However, it is far kinder to disappoint a student than it is to allow him to struggle in a learning situation in which he can have no further success. If his lessons are unproductive, he is constantly faced with the frustration of failure. In addition, it does not help the student if the instructor is evasive about his reasons for terminating instruction. It would certainly be tempting to tell the student that he is too busy to continue instruction, that there is a long waiting list, or that

agency policy limits the number of lessons he can give to each student. But, if the student does not know he is being terminated because of his limitations, he might continue to apply for additional training from one instructor or another. Eventually, someone may again begin instruction with him and he again faces the frustration of trying to learn something that is beyond his ability.

If a student is actually limited in his ability to travel, this is what he should be told. The instructor can then deal more fruitfully with the student concerning how and when he should be dependent. Because the instructor is helping the student to deal realistically with his problem of dependency, he is providing the help the student really needs.

An additional problem faced by mobility instructors is that of the student's dependency on him. This dependency is stimulated by the very nature of the instructor-student relationship. The instructor is the professional - the authority figure on whom the student depends to acquire the skill of traveling with little or no sight. Furthermore, during the early phase of mobility instruction the student feels and often is very helpless. He depends on the instructor for his safety. Thus, the dependency of the student on his instructor is both unavoidable and desirable. It is unavoidable because of the limitations imposed by visual impairment. It is desirable because the student must develop some degree of trust in the instructor if he is to gain from the experience.

The entire process of mobility instruction is one of alternately developing and using the dependence of the student and pushing him toward greater independence. It is a sequence that is repeated over and over as the student proceeds from one phase of instruction to another. The student trusts the instructor and allows himself to depend on him.

The instructor uses this to advance the student to more complex or difficult tasks in the course of training.

Dependence, in this sense facilitates the instruction process as long as the instructor can maintain the proper balance between dependence and independence. If the student has been comfortable in his dependence on the instructor during early phases of training, he will be more likely to allow himself to depend on the instructor in later and more difficult phases of instruction. The instructor who is aware of this attitude in a student can feel confident that as lessons progress the student will continue to trust him and depend on him. He knows what to expect of the student and knows what demands he can make on him.

Dependence, however, when it is not controlled can interfere with the learning process. If the instructor is not aware to what is going on in the mind of the student, the balance can shift to the side of abnormal dependence. He knows the student is taking inordinately long to complete a particular phase of instruction but does not know why.

The student may have become so dependent on the instructor that he cannot function independently when he is asked to do so. He might be able to cross an intersection quite well when the instructor is present but is unable to do so when he thinks he is alone. It is possible that his difficulty is caused by extreme anxiety. However, it is also possible that the real problem is his inordinate dependence on the instructor. In either case, the student is unable to deal realistically with the problem. If the instructor is to help the student, he must be aware that inordinate dependency is a factor in the training process. With such knowledge he can help the student achieve a balance between realistic and unrealistic dependence and use this to facilitate the training process.

## CHAPTER 5:

### THE EFFECT OF SELF-CONSCIOUSNESS ON THE COURSE OF TRAINING

Self-consciousness is another problem that sometimes interferes with the progress of a student in mobility training. It is an awareness of self in relationship to others. The self-conscious person reacts to the knowledge, or even the possibility, that others might be watching him. He feels he is the center of attention and is overly concerned with the thought that he might appear to be incompetent foolish, or awkward in his actions.

The expectation of social disapproval is often the basis for this self awareness. If the self-conscious person spills something while he is eating, he is sure anyone watching will raise eyebrows at his ineptness. If he stumbles while walking, he is certain anyone who sees this will assume he is clumsy or careless.

The effect of such feelings is to inhibit his behavior. He will often avoid activity that might draw attention to himself. In many situations, he loses his freedom to act and might actually become more awkward because he thinks someone is watching him.

Although blindness or severe visual impairment does not cause self-consciousness, it definitely affects the ability of a self-conscious person to function. When he could see, he could determine if anyone were watching. He could then perform some task with which he was not familiar, with the assurance that he was unobserved.

Without sight he cannot do this. If he spills food, his self-consciousness will cause him to assume that someone has observed his awkwardness. As a result he will shape his behavior in accordance with this assumption although he is, in fact, alone.

One factor that increases the problem for the self-conscious blind person is the negative image of blindness held by many people. The common stereotype of a blind person is still that of a helpless and dependent individual. He is too often thought of as someone who wears dark glasses, carries a cane, and is on welfare. Any self-conscious blind person who has incorporated this image of blindness will certainly identify himself with this stereotype. He will be sure that anyone who sees him moving around in public will think of him in this way. Therefore, he feels that because of his blindness he is getting unwanted and critical attention. This is especially true when a self-conscious, visually impaired person undertakes a course of mobility training. He is learning a new technique for traveling and he must do this in public. He is awkward in his movements because the technique is unfamiliar and he is very much aware of this. In addition, he is carrying a white cane; and he is sure this will draw attention to himself. He must do all this, not in the privacy of his home or yard, but in public where he cannot hide his condition. As far as he is concerned, the whole world is watching. In fact, the travel area may be empty except for himself and his instructor, but he does not know this. His self-conscious feeling is predominant and it affects his work on the lesson. His movements are awkward or uncoordinated. He is so concerned with the thought that someone is watching that he cannot concentrate on proper cane technique. In addition, he fails to note auditory cues required for safe traveling. One client described his self-conscious feelings this way:

I'm so self-conscious that when I make a mistake that's all I can think about for at least half a block. I think about why I did that- or who saw me do that, and all of a sudden I'm way down the street and I don't know how I got there. I couldn't remember hearing anything or paying attention to how I was handling the cane.

Many people have moderate feelings of self-consciousness. Such feelings might temporarily prevent them from beginning a mobility course. Once they are well into training, however, they begin to concentrate on developing travel skills. They become accustomed to carrying a cane and give little thought to who might be watching. They quickly incorporate the cane and their new travel skills into their new self-concept.

It is possible for a mobility instructor to help such persons overcome initial feelings of self-consciousness. He can do this by discussing these feelings with the student and pointing out ways in which they interfere with training. He can also discuss positive aspects of learning to travel and how this skill can help the person again to become an adequate and relatively independent individual.

However, when the feelings of self-consciousness are so intense they interfere with training to a marked degree, the person should be referred for counseling or psychotherapy. Such feelings are usually deep seated and certainly pre-date the onset of visual impairment. As a result, they cannot easily be treated.

Consultation between the mobility instructor and the therapist can benefit the student. It can expedite both the process of therapy and the course of mobility training. When such consultation takes place, however, it is essential that the student be informed of the consultation and give his permission for the consultation. Even if the goal of the instructor and the therapist is the well being of the student, he has the right to know he is being discussed. Furthermore, if he is being discussed without his knowledge and he discovers this, it can only undermine his trust in both instructor and therapist.

Trust is an essential element in both mobility training and therapy. Without this trust or confidence the student cannot make the same gains that he can where the trust exists. Obtaining his permission

for the consultation and involving him in it foster this trust in both mobility instructor and therapist.

Feelings of self-consciousness are also related to the self-image of the individual. If he has low self-esteem and is self critical he assumes most others have such feelings about him. When a blind person begins to use a cane, he feels awkward and clumsy. He cannot manipulate the cane in a proficient manner and is aware of this. As a result, he believes any observer will think of him as an awkward, clumsy person. As his skill increases, however, his self-image changes from that of an awkward person to that of a proficient traveler. Gradually, his self-esteem grows and his self-consciousness decreases.

The reduction of anxiety can also minimize the effects of self-consciousness. When the student begins travel training, he may experience considerable anxiety. As his mobility skills improve, he feels more secure. Feelings of self-consciousness may still be present, but they are not as important as is the knowledge that he can travel safely.

The mobility instructor can amplify the effects of such changes by emphasizing the positive nature of the change. Comments such as, "You look good when you walk with a cane," or "You give the appearance of being confident," or "Anyone seeing you would notice the confident way you walk." Ideas such as these can be incorporated into the attitudinal structure of the blind traveler. The instructor helps by drawing attention to them at the appropriate time. "You don't seem as nervous as when you began travel training. I'm sure that's more important than the remote possibility that someone will notice you."

The comments, however must be made at the right time and they should be used cautiously. If the student still feels awkward and clumsy he will not accept any comment of the instructor contradicting his feelings. In addition, the comments must be honest. If the student does

not look good when he walks, then the emphasis must be on some other improvement. In time, however, appropriate comments by the instructor will have their effect; and the benefits of good mobility training will far outweigh any negative effects of self-consciousness.

## CHAPTER 6:

### RESISTANCE TO MOBILITY INSTRUCTION

A very real problem that each mobility instructor must deal with is resistance. Not every person who loses his sight is eager to learn to travel independently. Even those who enroll in a training course and begin mobility training are not necessarily free from the problem.

The most clear cut example of resistance is the visually impaired person who does not wish to learn travel techniques, or to carry a cane. He may go to the extent of making an appointment with an instructor and enrolling in a course of mobility training; but when the time comes to begin training, he finds excuses to delay his lessons or cancels the course outright. This form of resistance is usually easy to identify. Either the student states clearly he has changed his mind or rationalizes his failure to keep appointments. It is obvious that for whatever reason he does not wish to take mobility training.

Resistance may also take the form of open rebellion during training. The student argues with the instructor over what he should do, what he can do, or how to do it. Sometimes he deliberately disobeys clear instructions on a lesson; or he refuses to perform some task the instructor has assigned to him.

Some forms of resistance may not be as easy to identify. The student seems to do and say all the right things. He enrolls in the course and keeps most appointments; but his behavior does not correspond with his stated goals. He misses appointments but gives an appropriate excuse. He makes mistakes he no longer should be making at a particular stage of training. In one way or another, his behavior demonstrates his unwillingness to continue. Another student, in a passive manner, misunderstands instructions or loses his way on routes he should know

well. If the instructor wants to set an appointment for two o'clock the student is only free in the morning. If the instructor shows up for a lesson at ten the student thought it was supposed to be at eleven.

This form of resistance is often difficult to identify with certainty. Excuses are often legitimate; people do forget appointments; transportation is frequently difficult to arrange; it is possible to become confused even on a familiar route; and it is certainly possible to misunderstand instructions. However, the things that interfere with instruction occur so frequently that the instructor becomes suspicious. A few mistakes - but so many? A cancellation once in a while but two almost every week?

The instructor should help the student work out the difficulties; but at some point he must consider the possibility that the student is resisting his efforts to instruct. If this is his conclusion, he must attempt to understand the basis for the behavior and deal with the resistance.

A number of factors may contribute to the student's resistance to mobility instruction. The student may experience such anxiety at the thought of taking mobility training that he cannot even begin a course of instruction, or if he begins, he experiences so much anxiety during lessons that he becomes resistant. Independent travel may not be a goal of the student. He may have enrolled only because of family pressure. On the other hand, he may be motivated to learn to travel independently; but the family does not like the image of a blind person with a white cane; and they want him to quit. They may even want him to be dependent; so they regularly remind him that he does not need mobility training. He is, thus, in conflict between his own needs and the needs of his family.

A further reason for resistance may be the wish of the visually impaired person to be dependent on the family. Or, he may be so self-conscious that he avoids any training that will expose him to public

view. His image of himself with a white cane may be so repugnant that he feels degraded and devalued whenever he must walk with it.

Whatever may be the cause of the resistance, it is necessary to uncover it and deal with it. It is not enough simply to determine that the person is resisting and tell him to stop. He may not even be aware of what he is doing; or if he is aware, he may not be able to control his behavior until he understands it.

When anxiety prior to instruction causes resistance, the instructor may be able to help with one or two sessions of discussion with the student. He can explain the purpose and procedure of instruction and allay some of the student's anxiety. The student has an opportunity to ask questions and express some of his concern. The same technique might be applied to other problems leading to resistance. If limited discussion sessions do not help, it may be necessary to refer the student for counseling or psychotherapy. If resistance becomes apparent during the course of instruction, it is also advisable to discuss the problem with the student to determine the cause. Anxiety and self-consciousness must be treated on the basis of their relationship to mobility training.

Family interference may require some intervention on behalf of the student. He may find it difficult to cope with family pressure but can do so with the support of the instructor. The approach in each case should be determined by the nature or the cause of the resistance. Sometimes the help given by the instructor improves the relationship between him and the student. The student can then express his feelings and possibly resolve them. However, if the feelings are sufficiently intense, he may be able to work them out only in counseling or psychotherapy.

In either case it is more productive to explore the cause of resistance than it is to ignore it. As long as the problem exists, it

will interfere with the course of mobility instruction. Of course it may not be possible to solve every case of resistance. But in those cases where the instructor deals with the situation there should be a noticeable improvement in the student's performance. The instructor should also benefit, because he will feel less frustrated and more satisfied as he observes the progress made by his student.

**CHAPTER 7:**  
**ATTITUDES AND SELF-CONCEPTS AFFECTING MOBILITY IN THE**  
**CONGENITALLY BLIND**

The person born blind or born with severe visual limitation does not adjust to a new way of life; he simply learns to deal with his environment according to his condition. His experience of his environment depends on information gained from his other senses and on what little sight, if any, that he has. If, however, he is born with limited sight and at a later time this sight is reduced, he is forced to make an adjustment in his way of functioning. His vision, though limited, was an integral part of his ability to function. Thus, he will react emotionally to this loss just as a fully sighted person who loses a major part of his sight.

Similarly, the congenitally blind child is not born with a set of attitudes concerning his condition. He incorporates the attitudes of his parents. If his parents allow him a wide and rich experience of his environment, if they stress his abilities and help him to deal realistically with his limitations, he develops a good self-concept. He knows what he can and cannot do. His expectations of himself and of others in his social milieu are realistic. He does not repeatedly attempt things that are beyond his ability, nor does he assume he is functioning adequately when in fact he is extremely dependent on those who can see.

The parent who makes excessive demands on a visually impaired child fosters in him a feeling of inferiority. Because he cannot meet the demands, he fails, and in time develops a concept of himself as a failure. He will repeatedly demonstrate such an attitude during the

course of mobility training. Since he has failed so often, he expects to fail; and unknowingly, he meets his own low expectations.

If his performance is to improve, his self-concept must also improve. Considerable effort is required to achieve this goal. The instructor must first determine that such a student has the native intelligence and the physical ability to acquire competency in traveling. Once the instructor has made this determination, he must bring the student slowly but deliberately to a new self-concept during the process of mobility training. He must take him through each phase of training in carefully graduated steps. Each mistake confirms the student's low self-esteem; and each success he experiences, even though small, adds to his image of himself as a competent person. For this reason, it is extremely important that what the student is expected to do should be done right the first time, if at all possible. This can be accomplished by making sure the student understands what is expected, and by keeping the travel task simple. This procedure is, of course, more important during the early phases of mobility training. In this way, the improvement in travel skills and in self-concept will take place concurrently. The gradual acquisition of travel skills will improve the student's self-image; and the improved self-image will make possible more consistent improvement in travel skills.

Some congenitally blind persons have the converse problem. They have a good self-concept, but it is totally unrealistic. The parents of such a person have extremely low expectations of their child. They compliment him for such inferior performance he does not even know how inadequately he is performing. At age seven they compliment him for eating behavior he should have mastered at age four. They heap praise on him when he learns to tie his shoes at twelve years of age. He may not even know that most other children have been tying their shoes since they were in kindergarten. The critical factor for such a child is that,

being without sight, it is more difficult for him to compare his behavior with that of most other children. We should not condemn these parents for what they have done. In all likelihood, they do not know what a person without sight is capable of doing.

However, they have managed to give their child unrealistic standards by which to judge his performance. He may think he is doing well when, in fact, his performance is minimal.

The instructor cannot help such a person by continuing the pattern set by the parents. The student must be helped to see himself in terms of normal expectations. He must be told what normal goals are, that is, normal in terms of the larger blind population. Then he must be helped to understand how far below standard his own performance is. He needs positive reinforcement for what he does, but the reinforcement should be realistic. He can be complimented for trying if this is all the instructor can say for a particular lesson. But, the student should not be told he has done well when his performance is sloppy. He should be complimented for any improvement he shows on a specific mobility task; but the approval should not be excessive if the improvement is slight. In other words, "That's better than the last time, but I know you can do a lot better." The process of putting the student in touch with reality will be gradual. It would be difficult, if not impossible, to change in a few months a pattern established over a period of eighteen or twenty years. Further, to attempt to tell a person too bluntly that his self-concept is unrealistic would be brutal and shattering. It would also antagonize him. Instead, the instructor must work lesson by lesson to bring the student's self-concept closer to reality while at the same time helping him to bring his performance up to normal standards.

## **Motivation**

Undoubtedly, most congenitally blind persons have normal motivation. They want the same things most people want. As they grow up they would like to become independent. For their accomplishments they want recognition And they would certainly enjoy satisfying relationships with other people. They aspire to such goals and work toward them.

Other persons born blind, however, want the same goals but do not know how to work toward them. They are limited in experience and in knowledge. They have been so controlled by parents that self-directed activity toward a specific goal is beyond their means.

Some of these persons only need someone to point the way. Mobility training may be the means toward that goal. Once they have acquired travel skills, they begin to think of eventual independence. A few may want the same things but do not seem motivated enough to work toward a goal. Their behavior seems to contradict their wishes. But what seems to be lack of motivation may be anxiety stemming from limited experience. Their childhood environment was so circumscribed that they fear any novel or different experience. Where this is the case, the instructor must work cautiously to expand the familiar environment it is possible that some extreme cases of deprivation may never respond to treatment. However, it is always worthwhile to explore the possibility that there is some childhood experience that can be used as a foundation for expansion of the environment. As the environment of the person is gradually and carefully expanded, his anxiety diminishes.

A further possible explanation for apparent lack of motivation may lie in the family interaction. The family may have fostered dependent behavior to such an extent that the blind person has no desire or reason for achieving independence. Why should he go through the ordeal of learning to travel without help when the family meets all his travel needs? They may suggest that he take mobility training, but the

suggestion is half-hearted. The student may request training because his friends are taking it, but basically he is satisfied with what his family does for him.

Where such an interaction exists, it is extremely difficult to develop the blind person's motivation toward independence. It may be accomplished only with great pressure from friends and professional workers or long term psychotherapy. Progress is slow and tortuous. The instructor must decide if such effort is worthwhile when there are other persons who need help and who are already motivated to work toward a specific goal.

## CHAPTER 8:

### QUESTIONING THE MOBILITY STUDENT

The instructor may ask many questions of his student prior to the beginning of instruction and during it. He may wish to know if the student can travel at all and if so, how well. He may want to determine if the student is nervous about a particular assignment, or how the family affects the student's functioning. These are not idle questions. The instructor requires some basis for evaluation of a student with whom he has never worked. If the student is nervous, it will affect his performance on a lesson. If the family is supportive, he will be encouraged to work at his mobility training. If they are overprotective, it may stimulate anxiety that will inhibit his performance. On the other hand, if they push him beyond his ability, it may arouse resentment that can be displaced to the mobility instructor. With such information, the instructor has a better basis for judging or evaluating the student's behavior or performance.

But can the instructor accept the verbal responses of the student at face value? Can he believe what the student tells him about his ability, his feelings, or his family? Should he accept what the student says, or withhold judgment? Often there seems to be considerable discrepancy between the verbal responses of a particular student and the observations of the instructor. The student says he gets around quite well. "I walk to the corner and back every day." But the instructor watches him walk slowly, shuffling his feet, and wandering in and out of driveways. Yes, he finds his way around the house. But he keeps a hand stretched out in front of him. And it is clear he is tense with anxiety. "Sure, the family wants me to learn mobility." But they hover over him

as he moves, and gasp when he almost bumps into an object; and they hurry to guide him to a seat.

Certainly there is great discrepancy between the instructor's observations and the student's report. But is he lying? In most cases the disparity is a matter of differing perceptions. The student may be comparing his performance to what he was able to do last week or three months ago. By such a comparison he is doing very well. But, the instructor, thinking in terms of competent traveling, sees that the student is disoriented, veers, and is afraid. The student sees the influence of his family according to his physical and emotional needs. He cannot allow himself to be too critical of them because he is dependent on them. Or he speaks harshly about how shabbily the family treats him now that he is blind when, in fact, the conflict predates the onset of blindness. Alternatively, he does not see that the family is overprotecting him; because his great anxiety demands all the help he is given. Stress also contributes to the distortion of perception. And the person who has recently lost his sight is usually functioning under considerable stress. He is trying to do without sight, things he formerly did with good sight. And the pressure he feels colors what he does and how he sees things. Lowered self-esteem may also result in an exaggerated description of the student's own abilities. Because he feels devalued, he must describe anything he does in a way that will help him feel better about himself as a person. Thus, the student's self evaluation is tempered by his emotional needs; and the instructor must consider this in his total evaluation of the student's ability and progress.

It might seem that the information gleaned from the student is not relevant because it might not be reliable. However, the discrepancy between the student's self evaluation and his actual ability is a useful bit of information in itself. It is a clue both to his emotional state

and to the problems he faces. By noting and exploring the discrepancies, the instructor has greater insight into problems that will certainly affect the student's progress in mobility training.

Where questioning of the student seems essential, open ended-questions will usually get the best results. Obviously, a question requiring only a "yes" or "no" answer severely limits the quantity and quality of information received. Furthermore, the responses of the student are likely to be biased in the direction of the instructor's preconceived opinion of the student and his problems. For example, "Do you travel by yourself?" might seem to be a perfectly legitimate question. The student replies, "Yes." But what does this mean? To the corner? Around the block? To the store and back? Getting lost frequently? Wandering in and out of wrong driveways? Five minutes to walk half a block?

Instead, questions such as, "Tell me where you travel by yourself," and, "What kind of problems do you have when you travel by yourself, or with someone?" place the burden for providing information on the respondent. As the student talks, the instructor has a better-basis for steering the discussion into productive areas. The information he gives might not even have come up if the question had required a simple "yes" or "no" response. If the instructor asks, "Is your family overprotective?" the student may feel obligated to defend the family with a simple "no." The question, "Tell me what kind of help you get from your family," might elicit comments that would give a more complete picture of the family interaction. And with this complete information the mobility instructor is better able to make an objective evaluation of the student's needs and abilities for the purpose of mobility training.

It should be clear then, that questioning the student is an integral part of orientation and mobility instruction. The instructor

checks the information he accumulates against his own observations in order to evaluate the needs and progress of each student. How he questions the student determines the quality and quantity of the information he obtains. If the questioning is careless, the instructor will not be able to teach at his best, since he lacks necessary information. If carried out properly, it will increase his knowledge of the student, and therefore, his effectiveness as an instructor. As a result, he will be able to provide the best possible travel training for each of his visually impaired students.

## CHAPTER 9:

### INSTRUCTOR ANXIETY

Although excessive anxiety is not common among mobility instructors, it may sometimes occur. The instructor may experience a feeling of anxiety while he is out on a lesson with a student. The feelings may not be as marked as those of the student who is traveling without sight; but they can affect the course and the outcome of instruction.

The anxiety may stem from any one of several causes. The instructor may feel a lack of confidence in himself as an instructor. Alternatively, it may result from concern that the student will fall and injure himself because of his own carelessness or lack of ability. The anxiety is thus a function of the instructor's inability to completely control the performance of the student or the circumstances of a lesson.

Some anxiety on the part of the instructor may be beneficial. If he feels some anxiety, he will not carelessly ask a student to attempt a task for which he is not prepared. Before assigning the task he will consider the possibility of injury, and evaluate the student's ability in terms of the task he contemplates for the student. This mild anxiety over the welfare of the student does not impede the progress of the student, but rather guides it in a judicious manner.

However, when the anxiety of the instructor exceeds reasonable limits, it usually interferes with the progress of the student. He puts severe restrictions on what he allows the student to do. Whenever there is a question concerning the readiness of a particular student for some lesson, he opts in favor of excessive caution. His management of the student during the entire course of training is a picture of overprotection: helping him with things he can do for himself, directing

him or guiding him when he is quite capable of performing some task for himself.

Alternatively, he may react to his own anxiety by making excessive demands on the student. He sets high goals and standards, and pushes the student beyond his state of readiness. His own anxiety demands completion of a training phase; and he rushes the student into a lesson for which he is not adequately prepared. Admittedly, such extreme anxiety is rare among mobility instructors, but when present it should be dealt with, because it will affect the progress of the student.

The basis for extreme anxiety on the part of the instructor may lie in his experience while training as an instructor. The anxiety he experienced while working under a blindfold may help him to understand the feelings of his students; it can also stimulate a need to be overprotective. He is not simply conscientious as he observes, teaches, or assists his students; he interferes with and supports them to a greater extent than he needs to. Through the things he says and the way he intervenes, he transmits his anxiety to the students and stimulates their anxiety. As a result, they do not gain as much from the learning experience as they could. One of my clients who was a poor traveler, but was taking mobility, informed me that his instructor gave him so many instructions and directions on his lessons that it made him nervous. The poor performance of the student may have stimulated the anxiety of the instructor; but, conversely, the student picked up the instructor's anxiety and in turn, became more nervous.

In order to deal with such anxiety, it is essential for the instructor to face the possibility that he is too nervous over the safety of his student. I do not suggest that he should not take reasonable precautions concerning student safety. But he should be aware that his own nervousness contributes to the anxiety of the student and affects his performance.

By facing these possibilities and discussing them with another mobility instructor, or if necessary with a counselor, he can minimize their effect. Further, he can benefit from the experience as he becomes aware of how his feelings affect the performance of his student. As he becomes more sensitive to his feelings and these of his students, he will be a better instructor.

## CHAPTER 10:

### IRRITABILITY TOWARD THE STUDENT

Almost every mobility instructor has experienced some irritability during his work with students. The feeling may have come up during a specific phase of instruction. It may be present only on an occasional lesson or with a particular student. Some instructors, however, may feel irritable for much of their teaching time.

The instructor who feels unusually irritable is impatient with the problems of a student. He hurries the student through difficult assignments, and dismisses student's complaints or explanations with little concern for their validity and/or cause. The student can hardly make a mistake without receiving sharp criticism. Often the criticism is unwarranted, or if valid, is expressed without regard for the feelings of the student.

The instructor may feel irritable for a number of reasons. The feeling of irritability may be a reaction to whatever anxiety the instructor feels. It is a defense against anxiety. The instructor translates his feelings into anger or irritability because, to many people, this is a more acceptable emotion than anxiety. Irritability may also stem from a feeling of helplessness. The instructor may feel he cannot control the behavior of a student or the circumstances of the lesson. The resistance of a particular student may also irritate the instructor. He wants to help, but the student persists in doing things contrary to instruction. He does not cooperate, and his behavior leads to a poor performance. In such a case, the instructor may react negatively to the resistance of the student. Another student may not be resistant deliberately; but his progress is restricted by his limitations. The instructor tries everything he can to improve the

performance of the student, but nothing works. He feels frustrated in his efforts to help, and this frustration is expressed in irritability toward the student who cannot learn.

It is easy to see that when the instructor expresses irritation toward the student, it will affect the outcome of instruction. The student will certainly be aware of whatever irritation the instructor is expressing. He may resent the instructor's impatience and criticism, especially if he feels they are unjustified. If he is already resistant, he will respond with increased resistance to the instructor's irritation. If the student is experiencing anxiety, his anxiety will increase when he becomes aware of the instructor's feelings. He does not know or understand the reason for the behavior of the instructor and becomes confused. As a result, his performance deteriorates.

Instead of merely reacting to a difficult situation, the instructor should consider the possible cause of his feelings. As he begins to understand he can better control his reactions. What he feels will then not interfere with the progress of his student. He can' with this knowledge, settle back, knowing he can handle just one more problem of mobility instruction.

## CHAPTER 11:

### SATISFACTION OF THE INSTRUCTOR

The mobility instructor's satisfaction as he works with a visually impaired student is an important element in the teaching process. It maintains his interest in his work, helps to build a relationship with the student, and ultimately plays its part in the student's progress.

The satisfaction may stem from a number of sources. Personality factors may combine to stimulate it. Knowing that he is contributing to another person's welfare helps the instructor to feel "good" about his work. In addition, satisfaction may come from the observation that his student is making excellent progress.

If the instructor's satisfaction is merely a function of personality factors, he will react differently with each student. One student is easy to talk to. He seems intelligent, quick to grasp a new concept, and has a good sense of humor. His manner is outgoing, and he readily accepts suggestions and instructions. As a person, he sparks a quick response in the instructor. Another student is humorless in his approach to life or his mobility experiences. He may be making adequate progress, but questions everything the instructor tells him. If the instructor attempts to question him about his feelings and thoughts on mobility, he turns the question aside. In short, he is a difficult person to work with, and teaching him is a chore. As a result, the instructor does not look forward to the lessons. In either case the satisfaction of the instructor, or lack of it results from the interplay of personality factors; and the only students who benefit from it are those students with whom the instructor feels compatible.

A more general basis for feelings of satisfaction must be the awareness that as he teaches, the instructor is contributing to the welfare of each of his students. The feeling that he is making a

worthwhile contribution may be the primary reason for his selecting orientation and mobility instruction as a profession. Where this is true, he is not as dependent on the immediate satisfaction he might get from working with a student who stimulates feelings of compatibility. He is more likely to maintain an evenhanded approach with each student regardless of personality.

More commonly, his satisfaction stems from the progress of each student. It is gratifying for the instructor to watch the growth of a particular student, knowing what he has contributed. He has seen the student begin his training as a relatively helpless individual, walking hesitantly-if at all-by himself. Family and friends meet most of his travel needs. Gradually he attempts new and more complex travel tasks, but the process does not simply happen. The instructor knows that as he has taught travel techniques, the student has been coaxed out of inactivity and into the community. Certainly the student has contributed his effort, his ability and his intelligence to the process. It is unlikely, however, that he could have succeeded without the instructor's professional help and knowledge.

It is important to be aware of this feeling of satisfaction, not simply for the purpose of self congratulation, but because of the effect it will have on the student. The instructor's words and tone of voice will transmit his feelings to the student. In turn, the student will always respond to these feelings and his perception of them.

The student who is aware that the instructor is pleased or satisfied will be more relaxed in his interaction with him. The added relaxation will be evident in his work on the lesson. Whatever tenseness is present will thus be a function of the travel situation, or the student's own emotional problems rather than a function of the student-instructor relationship.

An added benefit of this more relaxed relationship is the improvement in communication between instructor and student. The student who is more relaxed in this relationship is freer to ask questions and make comments. Thus, the instructor is in closer touch with what the student is thinking and feeling, and has a better basis for determining the reason for whatever the student is experiencing during the course of instruction.

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