

The forgotten half of change in Care for Blindness and the Blind – A proposed Model

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Introduction

The main idea of this paper is to advocate for: ‘the change in perceptions’ as the turning point to achieve a higher quality training for trainers in Low Vision (LV) education and rehabilitation.

The model proposed envisages a way to transform the current perception into the desired one. Then, to find out how the new perception can affect courses designed for the trainers. The Model should ideally undergo further refinement as its theory is tested against real life application.

It is a beginner’s attempt to tackle this field. As interdisciplinary as it is, I have proposed suggestions (those of the novice) that might seem obvious or already in practice to the experienced reader. I apologize for any inconvenience.

I tried to refrain from using the word Blind as much as possible. Not only because I wish not to disturb these sweet angels but because I firmly believe they see. I prefer to call whoever is Visually Impaired and/or challenged: **VIC**, pronounced V-I-See.(To me, they see). Though this term remains a personal preference without a proven scientific background yet, I invite and encourage everybody to use it.

Change

In this paper I define change according to the Palo Alto School (a group of American Psychologists and Therapists)¹

According to the Palo Alto school, there are two types of change within an established system.

- The first type has to do with reality. This kind of change, is called Type 1. Within a system, if a component is modified (changed) it still follows the rules. System is maintained. (Figure 1)
- The second kind of change called Type 2, is the change of perception. For this type of change to happen, at least one of the rules has to be broken, be it a hypothesis, a judgement or a stereotype. A new system evolves. (Figure 2) Though both changes can occur independently, change ideally occurs through embracing both types. (Figure 3 Changing Twice.) Not only do we have to change things but we have to change the way we look at things.

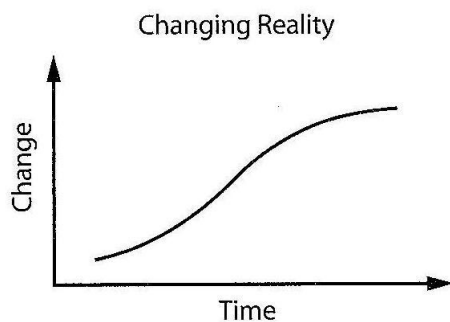


Figure 1 - Changing Reality – Type 1 Change¹
Type 2¹ Change

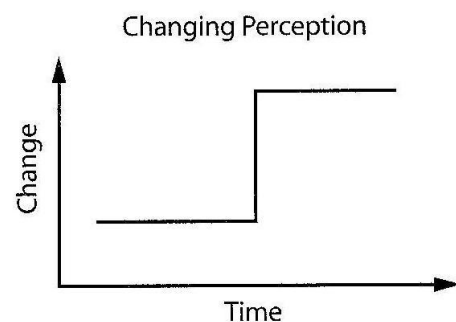


Figure 2 - Changing Perception –

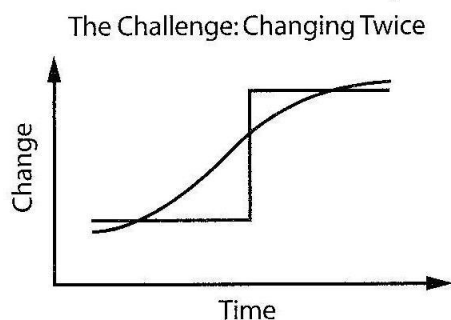


Figure 3 – Changing Twice¹

The following example illustrates how Change in Perception is critical: People who always arrive late could get an appointment book, or wake up earlier, or schedule more time between meetings (Type 1). But change is not solely a matter of better organization. To really make a change they need to change the way they look at

(*perceive*) punctuality (Type 2). If they limit their change to action only, they will arrive late again within weeks, back to their old bad habits.¹

The strategy for any desired change is: Not only do we change reality with actions, we change perception first, then comes different sort of action. Table 1 illustrates the inherent qualities of changing reality versus changing perception. Though they are different, both are needed.

Changing Reality	Changing Perception
Is called Innovation	Is called Creativity
Requires action	Requires thinking
Is a challenge for a team	Is a challenge for an individual
The process is continuous	The process is discontinuous
Takes a long time	Takes an instant
Delivers something new to the system	Envisions a new system
Its impact is measurable	Its impact cannot be measured
Project management is required	Brainstorming is required
The fuel is practical ideas and useful suggestions	The fuel is questions, surprises, strange and incomplete ideas

Table 1 – Changing Reality versus Changing Perception¹

When we tackle LV education and rehabilitation process, we are speaking of changes in perceptions about VICs that reflect on the trainers and affect how they are trained: After trainers minds have changed perceptions, we are only half way through, A self determined motivated brave heart seconded by a mind that thinks and adjusts its communication accordingly is the final target.

Current Perception/Desired Perception

The current perception is: “We supply VICs with visual aids and low vision devices to help them make up for their 'lost' or 'deficient' sense of vision” The statement might be an oversimplification of the magnificent work, many dedicated individuals are putting in LV education and rehabilitation . But it seems to be the bottom line common realization amongst most individuals inside and outside this field.

We need to learn more about VICs and what they need. To change we need to think differently.

If the whole scene of VICs education and rehabilitation, is projected onto a ‘globe’ rather than a two dimensional screen, we have not taken a full turn around that globe yet to grasp a comprehensive view of it. We even need to delve in the depth of this globe and a ‘new found land’ will inevitably emerge.

The following perceptions might already be well known, or might not. Nonetheless, what if we can think this way:

1. Can a trainer approach VICs with the mindset of: What shall I learn from my VIC today? I don't mean learning that adds to his professional experience as a trainer, but learning as a human being, learning things that might make him a better human being. As we feel we fill in their deficiencies they definitely fill ours.

2. VICs have a lot of teaching to offer us. This is why:

- Increasing evidence interestingly show that we judge by what we 'See', The visual image can blur sensible judgement. VICs have developed much purer senses than others.
- If life is perceived through five different senses, evidence has shown that challenging one path (sense) will only augment other four. In fact they can get augmented to the extent they exceed 'normal'.
- Visual Cortex 1ry and 2ry areas, define the physical aspects of the image and identify the image within a context, respectively. This is only a part of vision. This is production and understanding of an image out of stimuli received. Full Vision takes an extra step. It is exemplified in how a mother comes to know and 'see' that her child needs something while there are walls and rooms separating them.
- Hearts can see further than eyes. It is Hearts rather than Eyes that get blind-folded We can train the heart to extend its reach further. We need to train VICs hearts as much as we train their eyes.

3. Firm beliefs within a heart are the key to any achievement. A brave motivated self determined heart is the nucleus of the human being who as a trainer will be, in turn the cornerstone for any forward moving approach.

4. LV Education and Rehabilitation of VICs is not an act of benevolence. It is a moral and ethical duty. For some it is a pleasure.

The End product should be a trainer internalizing the new perception of "VICs see, though in a different way". Trainer should be keen on helping VICs explore their capabilities to their full potential. We need to train VICs eyes AND hearts through training the trainers hearts AND minds. As simple as this solution might seem, it is the most fundamental essential of change.

Limitations / Stereotypes

We should also recognize the human mind's limitations to be able to deal with them; examining how our brain is wired to make snap judgments and maintain outdated ideas.¹

Trying to be objective does not ensure accurate perception. Patterns of expectation become so deeply embedded that they continue to influence perceptions even when people are alerted to and try to take account of the existence of data that do not fit their preconceptions.²

People tend to form impressions on the basis of very little information, but once formed, they do not reject or change them unless they obtain rather solid evidence.² That's why it is essential to work in parallel between changing current perceptions and creating new fresh perceptions in the medical college stage.

A good measure to limit/offset the adverse impact of this tendency is: suspending judgment for as long as possible as new information is being received.²

Mind – Heart – Mind Triple approach

A course for training the trainers should be ideally designed to train both their minds AND hearts.

We should learn how to communicate with either one, what to teach, how much to teach each, who to teach first.

The Mind thinks & judges. Minds are trained through facts and logic. On the other hand, the Heart appreciates & feels. Hearts are trained through ethics, morals and religion. If we train minds, we should train hearts too and in a different approach as well. Mind's favourite tool: logical intuition is not the preferred methodology of judgement for the hearts. Life encompasses facts and decision feeding on intuition as well as equally numerous counterintuitive facts. There is room for both the mind and the heart to function, so Can't we harness the trainers' capabilities of both?

A triple approach to train them is proposed:

1. Address the *mind* to change perception,
2. Prime the *heart* to change (through motivation) then
3. fueled on its beliefs the heart drives the mind in planning and executing accordingly.

Literature Research

On researching low vision education and rehabilitation, I have found different sorts of material:

Course listings dealing with the material studied:

- In annex 1, the courses taught in one course³, where ¼ of the curriculum courses are related to this process of training the heart albeit scattered (rather than grouped) within the course, and
- U.S. Academy of Certification of Vision Education and Rehabilitation Professionals, (ACVERP)⁴ In Low Vision Therapist Certification Handbook of the ACVERP⁵, as well as ACVERP's Vision Rehabilitation Therapist (Formerly Rehabilitation Teacher) Certification Handbook⁶ Section on the Body of Knowledge And Competencies, these domains are tackled comprehensively (annex 2 & 3). My hypothesis is this is ideally taught after priming.

All these courses content is very comprehensive, yet how can the new perception adapt to it?

To implement the Mind-Heart-Mind Triple Approach we can divide the course logically and chronologically into phases. First handle change of perception and let priming of the 'hearts' of future trainers take place. Their motivation, self determination, thinking skills, understanding of communication theory (rather than simply teaching communication skills) are weighed, measured and supplemented accordingly. Next phase comprises training the minds of these trainers. Then we can teach whatever body of knowledge necessary.

The following is not by any means exhaustive of the proposed modules to be included in the priming phase. They are sample of how to help in changing perception and priming the heart.

1. Self Determination Theory (SDT) and Motivation⁷

SDT theory justifies as well as lays the intellectual foundation for, having a priming phase in the design of courses for training the trainers.

Most contemporary theories of motivation assume that people initiate and persist at behaviors to the extent that they believe the behaviors will lead to desired outcomes or goals⁵. The sense of purpose and the type of intent behind being a trainer, are the most determining factors of success. They, should be examined thoroughly.⁸

SDT maintains that Human beings can be proactive and engaged largely as a function of the social conditions in which they develop and function.. Findings have led to the postulate of three innate psychological needs--**competence, autonomy, and relatedness**-- which when satisfied yield enhanced self-motivation and mental health and when thwarted lead to diminished motivation and well-being.⁷

Intrinsic motivation: is the best phenomenon reflecting the positive potential of human nature. It is described as the natural inclination toward assimilation, mastery, spontaneous interest and exploration. It will flourish if circumstances permit⁷. This is the role of the priming phase.

Extrinsic motivation: refers to performance of an activity in order to attain a separable outcome. Not all types of extrinsic motivation entail coercive guidance. Personal endorsement and a feeling of choice, is better than simply compliance with an external regulation.⁷

Social contexts and individual differences that support satisfaction of the basic needs facilitate natural growth processes including **intrinsically motivated behavior** and integration of extrinsic motivations, whereas those that forestall autonomy, competence, or relatedness are associated with poorer motivation, performance, and well-being.⁷

During the priming phase all efforts should be made to internalize the focus of motivation of these trainers, and work on these innate psychological needs. This will facilitate their intrinsic motivation and help create an internal perceived locus of causality. This a concept they can learn and carry with them to teach to VICs as well. Also a comprehensive understanding of the self-determination continuum (Figure 4) will help in better dealing with VICs.

Comprehensively detailing SDT theory is beyond the scope of the article. Nevertheless, its implications in the priming phase are crucial. Further readings are strongly encouraged.^{7&8}

The Self-Determination Continuum Showing Types of Motivation With Their Regulatory Styles, Loci of Causality, and Corresponding Processes

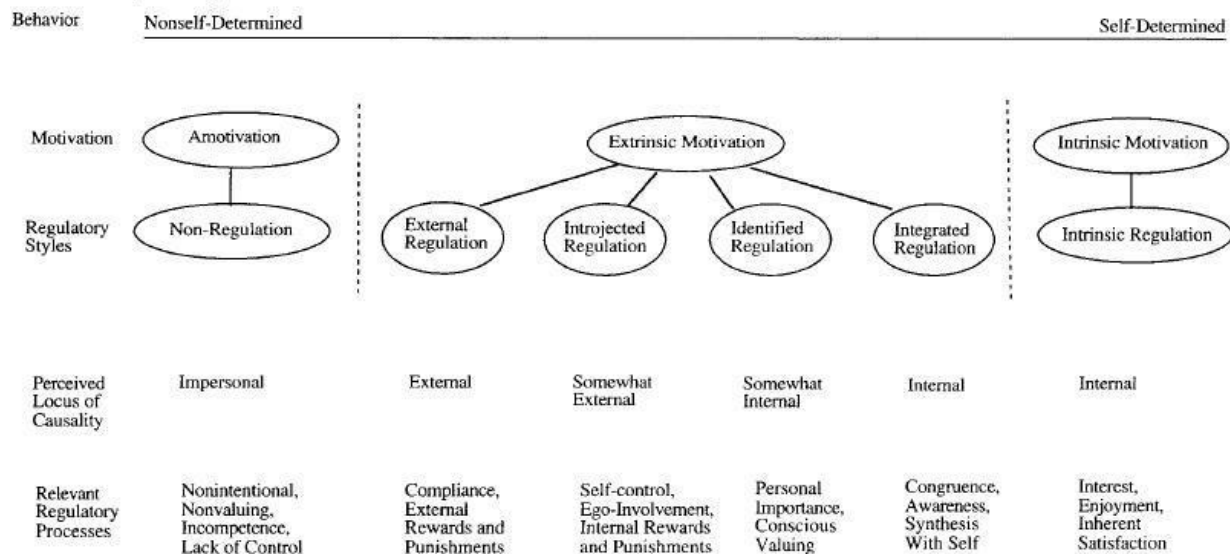


Figure 4 – The Self-determination continuum

2. **Communication theory**⁹

Understanding the theories of human communication, has a broader scope than simply improving the communication skills of the trainers. Communication deals with a message to be delivered, by a communicator. How to communicate what, and when is based on different traditions of thought. A meta-model groups some seven traditions.⁹ Only afterwards comes the role of learning communication skills.

In his book *ever transcending spirit*, Toru Sato coins the concept of giving and receiving *energy* as being the currency of exchange in human relationships.¹⁰ This concept can provide useful insight for the trainers regarding the nature of what they are expected to give and receive. This is a very useful insightful process priming the hearts.

3. **Thinking (and Forward thinking)**

Thinking is a natural process, yet it needs training. Running is also natural but an athlete can be coached to a much better performance. A natural performance may well be below potential. A natural performance may only be adequate to deal with a very familiar situation but inadequate for anything new. This certainly applies to thinking. The ability to think in terms of the future rather than in the past offers a qualitatively superior quality for the trainer.

4. **Other modules include but are not limited to teaching: how to achieve personal power, train memory, art of persuasion.**

Logistics of LV Team and process

LV Education and rehabilitation is multifaceted task involving the social medical and educational systems. Neither discipline can claim exclusive ownership of the process, which is not very helpful. There is a need to formulate a team to claim that ownership. The team's members should come from all three domains.

On selecting this team you are like a coach hand-picking a winning team. Fortunately enough, there is a big filter that ensures a degree of initial aptitude, dedication and integrity as starting defining qualities of the trainers. Nevertheless a personal interview whenever possible to evaluate these qualities is a must.

In summary:

The following layers should be constructed

The core is training the human being:

- Trainer
- VIC

THEN training on Visual Aids

THEN logistics of the LV team

It is an attempt to induce a paradigm change in LV educational and rehabilitation training of the trainers process.

This article humbly aims to do VICs justice. A pleasure that is second to no other.

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