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Stacey Lynn Shackelford

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The Dissertation Committee for Stacey Lynn Shackelford
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Blind Mothers' Perceptions of Their Interactions and
Parenting Experiences with Their Sighted Infants and Toddlers

Committee:

Keith Turner, Supervisor

James Schaller

Sylvia Linan-Thompson

Robert Marion

Philip Hatlen

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by

Stacey Lynn Shackelford, B.S.; M.Ed.

Dissertation

Presented to the Faculty of Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the degree of

Doctor of Philosophy

The University of Texas at Austin

December 2004

DEDICATION

This dissertation is dedicated to my parents who celebrated their 55th wedding anniversary this year. Thank you for your love and showing me that dedication, determination, and patience make wonderful things happen. Mom, you are the epitome of a mother. Your endless support, tireless giving, and friendship have made this journey possible. Dad, thank you for your encouragement, can-do attitude, humor and belief that I could finish this work at times when I doubted myself. I love and cherish you both.

To my sons, Brandon and Daniel. You are the loves of my life. Thank you for giving me the gift of motherhood. Being your mother is truly the most amazing experience of my life. There has rarely been a time in your lives that you have not known me as a student as well as your mother. I can never replace the times in which I should have been with you, instead of studying, but I hope you have learned that reaching for your goals and persevering are worth the challenges. Thank you for enduring your mother's passion for being a life long learner. Watching you both grow into inquisitive, intellectual, and thoughtful young men, I know you share my love for learning. May it always be your passion and your goal.

ACKNOWLEDGEMENTS

I would like to acknowledge the following people (and pets) for their contributions in my completing this dissertation and degree:

To Anthony Petrosino- Thank you for your love, support, encouragement, solace, and friendship (and flowers) during this process and in our relationship. The generosity of your self, your time, your guidance, and more gave me fortitude and security to know I wasn't in this alone. You are my best friend.

To Dr. Keith Turner- Thank you for your friendship, your heart of gold, and your belief in me. You have always been there for me when times were hard. You have my utmost respect as an academician and a fellow human being. With you I have learned to be a great teacher. You taught me not only academics but to lead and teach with my heart, to embrace learning with a passion, and to believe in myself. I will always be Mrs. Pestalozzi.

To my Committee Members- Dr. Phil Hatlen, thank you for your enthusiasm, interest, insight and advice. It was an honor to have you on my committee.

Dr. Jim Schaller, thank you for starting me on this journey with your words of wisdom, "Do something you are passionate about." What a gift it was to be supported and encouraged to pursue my interest with your guidance and knowledge. To Dr. Sylvia Linan-Thompson, thank you for your friendship,

encouragement, interest, and feedback. Yada Yada Blah Blah needs a new home!
To Dr. Robert Marion, thank you for listening to my ideas and supporting me early in this process. The respect and dignity you demonstrate to all people brings great honor to the profession and personally helped me believe in myself as an educator.

To Mary Ann Gustafson- for her kindness, cheerfulness, helpfulness, empathy, and friendship. You are a very special person to me and to so many others.

To the Mothers in this study- Your willingness to have courageous conversations revealed the richness of your experiences as mothers. Thank you for all you taught me and will teach others.

To my Dearest friends- Mary Ellen, my friend, my colleague and the sister I never had. Thank you for your support, your shoulder, your ear, your helping hands, and especially your love. Leslie, I could never have made it through this without the laughter and tears we shared and your phone calls of encouragement. Thank you for being a good friend. Forrest, you are the pray-warrior! Thank you for your calm, spiritual encouragement. And for the time and effort in helping me with the coding. Margie and Dona, thank you for the gift of Courage to Teach. Teaching me to “turn to wonder” about myself gave me the impetus to move on. Alan, you have been my friend and physician and were there at the beginning of

this journey. You have kept me whole at times that I thought I would fall apart. Thank you for your confidence in me. Thank you for your love.

To my cohort friends- David Ondich, thank you for inspiring me. Steve, for your encouragement. Rozelle, for your friendship and laughter. And Sylvia, for your guidance, humor and gentle pushing.

To Dr. Pat Pringle- the best leader (and boss) that anyone could have. Thank you for helping me loose the best five dollars I ever had on the bet for my dissertation completion date. It was a win-win situation. And to all the other wonderful people at the Education Service Center at Region XIII, thank you for allowing me to grow and for nurturing me with your support and encouragement. It is a great place to become a professional.

To Roxy, my dog, and Cisco, my cat- for your companionship on long days and even longer nights.

And last on the page, but first in my heart, I thank my Lord Jesus Christ for holding me when I was weak, for celebrating with me my accomplishments, and for loving me always.

Blind Mothers' Perceptions of Their Interactions and
Parenting Experiences with Their Sighted Infants and Toddlers

Publication No. _____

Stacey Lynn Shackelford, Ph.D.

University of Texas at Austin, 2004

Supervisor: Keith Turner

The purpose of this study was to explore blind mothers' perceptions of the impact of their blindness as it relates to interactions with their young child and with their parenting experiences. A qualitative exploratory design was used to obtain descriptive data through multiple in-depth interviews. Participants were seven totally or legally blind mothers who were the primary caregivers of their sighted child, ages 9 month through three years of age. Participants were identified through contacts from national organizations, State of Texas human service agencies, and through word-of-mouth. Results showed that these blind mothers perceived a sense of overall competency in caring for and interacting with their child. The mothers reported on specific factors related to raising a child as a blind parent such as fears and concerns, joys of parenting, societal biases, safety, transportation, support needs and attitudes, and maternal-child interactions.

TABLE OF CONTENTS

CHAPTER I: INTRODUCTION.....	1
Maternal-Infant Transactional Interactions.....	4
Typically Developing Infants	5
Infants with Disabilities	6
Interaction of blind parents	7
Personal Interpretation of Interactions.....	8
Support Systems for Parents	10
Significance of the Research.....	12
Purpose of Study	13
CHAPTER II: LITERATURE REVIEW	15
Mother-Infant Interactive Theories.....	15
Maternal- Infant Interactional Characteristics	18
Maternal Characteristics	19
Infant Characteristics	22
Parents with Disability.....	25
Personal and Social Influences on Parenting	27
Self esteem.....	28
Support.....	29
Stressors	30
CHAPTER III: METHODOLOGY	33
Qualitative Method	33
Design Approach: Phenomenological Case Study	35
Participants and Nomination Procedure.....	36
Description of Sample.....	36
Location of Sample Population.....	37
Procedure	38
Data Collection	39
Interviews.....	39
Fieldnotes.....	43
Criteria for Ending Data Collection.....	43
Data Analysis	44
Organization of Data.....	45
Interpretation.....	46
Establishing Trustworthiness	46
Control for subjective bias.....	46
Criteria for Establishing Soundness.....	47
Ethical Issues	49
Summary	49
CHAPTER IV: RESULTS.....	50
Internal Influences on Parenting Experiences.....	53
Competence.....	53
Summary for Competence	65
Fears and Concerns	65

Summary for Fears and Concerns.....	83
Joy of Parenting	84
Summary for Joy of Parenting	86
Conclusion for Internal Influences on Parenting Experiences.....	86
External Influences on Parenting Experiences	87
Societal Biases and Judgments	88
Summary for Societal Biases and Judgments	105
Fears and Concerns from External Influences	106
Summary for External Fears and Concerns	111
Responses.....	111
Summary for Responses	117
Conclusion for External Influences on Parenting Experiences.....	118
Support.....	119
Support Sources	119
Summary for Support Sources	123
Support Needs.....	123
Summary for Support Need	131
Attitudes on Support	132
Summary on Attitudes on Support.....	135
Interactions.....	135
Communication.....	137
Summary to Communications.....	147
Safety-actions.....	147
Summary to Safety-actions	150
Activities.....	150
Summary for Activities.....	159
Conclusion for Interactions.....	159
CHAPTER V: FINDINGS AND IMPLICATIONS.....	161
Findings for Research Question One	162
Safety	163
Parenting Pressures	167
Modifications for Blind Parenting	171
Findings for Research Question Two	174
Available resources.....	174
Transportation issues	176
Requesting and Providing Support	177
Findings for Research Question Three	180
Impact of Blindness on Interactions	180
Implications of the Findings	184
Instructional implications.....	185
Service Implication	186
Policy Implication.....	189
Limitations of Research	189
Recommendations for Future Research.....	190
Appendix A.....	193

Appendix B	194
Appendix C	195
Appendix D	196
Appendix E	197
REFERENCES	201
VITA	217

CHAPTER I

INTRODUCTION

Parents are the primary teacher of their young children during the first years of their lives (Brazelton, 1990; Odom & McLean, 1996; Rosenburg & Robinson, 1988). During early childhood, children are exposed to familial culture, as well as social and environmental stimuli that ultimately lay the foundation for future development. Early childhood professionals believe the relationship between mother and child are foundational to early childhood development.

In ideal situations, mothers and infants interact and respond to each other's behavioral cues to create a synchronous interactional pattern. However, a breakdown in this interactional dyad can interfere with mutual satisfaction in the mother-infant relationship, future appropriate and positive social interactions, and child developmental outcomes (Ainsworth, 1989; Beckman & Lieber, 1992; Brazelton, 1992; Erikson, 1963; Milner, 1951).

Maternal-infant interactions can be compromised when the child has a disability that interferes with communication cues (Richard, 1986; Stone & Chesney, 1978; Stoneman, Brody, & Abbott, 1983). Typical early communication signals used in interactions include facial expressions, gesturing, and vocalizing. Interactional difficulties can occur if the infant's disability causes a distortion in these communication signals, making the behavior difficult for the mother to understand. Being unsure of an appropriate response, the mother may decrease her interaction or over stimulate the infant that in turn may lead to a negative effect on the child. Some mothers of children with disabilities tend to become

more directive than responsive to their infant's interaction signals for attention and/or communication, causing incongruent reciprocal interaction (Marfo, 1991). These findings are consistent across the following disability areas: mental retardation (Beckman & Lieber, 1992), hearing impaired (Wedell-Monig & Lumley, 1980), and visually impaired (Tuttle & Tuttle, 1996). Special education has given much attention to preventing potential interaction difficulties by supporting the interactive role of family members in early intervention and including socialization goals in programs for children with disabilities. The research literature on maternal-infant interactions published in the last ten years clearly demonstrates that often times there are maternal-child interactional difficulties as a result of the child's disability. However, what if the parent is the one with the disability?

Research regarding parents with disabilities has focused little attention on specific maternal interaction styles. Safety, care giving responsibilities, and support issues have been the primary focus of the published literature on parents with mental retardation concerns (Thurman, 1985; Tucker & Johnson, 1989). Buck and Hohmann (1983) discuss research on parents with physical disabilities and child adjustment. For parents who are deaf, communication options (oral versus manual), device utilization, and parent education are emphasized in the research.

There is a limited amount of empirical research literature specific to interactions between blind parents and their infants and toddlers. A few articles recounted blind parents general care giving strategies for their sighted children

(Cargill, 1971; Sauerburger, 1985; Ware & Schwab, 1971) and one presented the stigmas related to parental blindness as perceived by their older children (DiCaprio, 1971). Adamson, Als, Tronick, and Brazelton (1977) conducted a single case study using longitudinal observations of early communication between a blind mother and her sighted child. The study showed that the blind mother and her infant formed an attachment despite the absence of visual communication, but gave no supportive data to explain how this was accomplished. There is a dearth of empirical research on interactional experiences and techniques employed by blind mothers to maintain rewarding and responsive relationships with their infants or toddlers. It is reasonable to assume that mothers who are blind perhaps face unique interactional issues unlike dyads of sighted mothers and infants, or even infants with disabilities, yet the professional literature is limited on this issue.

Of all the modes of learning and interaction within the environment, both socially and physically, vision is used most. It is estimated that vision is used in 85% of all interactions of sighted people (Hill & Blasch, 1980; Omvig, 2002). Typically it has been thought that a mother's ability to attend, read cues, predict and respond to her child, all include the crucial component of visual interpretation. While it has been shown by Cargill (1997) that many blind mothers use alternative cue reading strategies to develop successful physical accommodations in taking care of their infants, the interactional dyads of blind mothers and their infants and toddlers have had limited research.

Over the last three decades, much research has been done to determine the factors and variables that influence the interactions between mother and child. Based on the literature three main areas have emerged: transactional interactions, personal interpretation of the interactions, and social and environmental influences on the interactions. This chapter will address these three areas and indicate how the relationship between blind mothers and their child may be influenced in these areas because of their disability. First, a review of the established literature on maternal-infant transactional interactions will provide a basic illustration of typical maternal-infant dyads. Information on maternal-infant dyads including a child with a disability is then presented to reflect how the presence of a disability may interfere with the communication process. Second, personal interpretation of interactions will be discussed in regards to Goldberg's theory (1977) on maternal feelings of competence, and how a blind mother's perceptions of the interactions may influence feelings of self-efficacy. Third, social and environmental influences on parenting and child development will be discussed. The final section of the chapter will include the statement of the problem and the research questions.

Maternal-Infant Transactional Interactions

The family environment has long been recognized as a vital factor in the cognitive, motor, and social and emotional development of children (Bakeman & Brown, 1980; Clark-Stewart & Hevey, 1981; Parks & Bradley, 1991; Rubenstein & Howes, 1979). It is through the daily interactions with family members that

children learn communicative, cognitive, and social skills (Fallen & Umansky, 1985; Sameroff & Chandler, 1975).

Typically Developing Infants

Developmental research has identified constructs of interactions between mother and child such as predictability, care giver warmth, and positive affect as qualities positively related to child developmental outcomes, particularly in the areas of attachment, cognition, and communication (Belsky, Goode, & Most, 1980; Silber, 1989). Additional research has yielded similar characteristics and behaviors of care givers such as mutual responsiveness, sensitivity, and appropriate levels and types of stimulation as a necessary component to child development (Goldberg, 1977; Papousek, 1989).

Techniques such as active participation, facilitative positioning, verbal exchanges, and turn taking are ways to promote interactional cohesiveness. However, those techniques are effective only if exercised in a format congruent to the affect of those involved. Maternal sensitivity to the infant's social cues and interactional responses are foundational to interactional strategies (Tronick, 1989). A primary task of the care giver is to create positive interactions for both the child and him or herself. Transactional interaction theory states that care giver behavior will result in a change of the child's behavior (Goldberg, 1977; Guralnick, 1981; Sameroff and Chandler, 1975). Different behavioral responses in the child will occur, depending on the type of behavior the care giver expresses. The child's response will then influence the next behavior of the adult. Interactional behavior between parent and child can either result in a pleasurable

or negative experience for one or both of the participants (Goldberg, 1977). For parents of typically developing children, predictable cues and patterns of interaction can be easily understood and mutually followed. For parents of a child with a disability, understanding the child's affect or interactional cues may be difficult.

Infants with Disabilities

An infant who has a disability may have difficulty engaging in social interactions with the care giver. Due to the child's disability the signals may be diminished, different, or delayed. Yoder (1986) explained that a child with motor delays may provide signals that are unclear. The vagueness of a child's actions is thought to influence the parent and child interactions by making it difficult for the parent to interpret the child's behavior. Dunst (1985) identified readability of the young child as a core issue for care givers. Poor readability is described as "any factor that disturbs or distorts a child's emotional and communicative cues and makes it more difficult for the social partner to interpret and respond to those cues" (McCollum & Hemmeter, 1996, p. 551). Fraiberg (1977) reported that the muted smiles of infants who are blind and the absence of eye contact often were distressful for parents. Often the child's disability is thought to impede responsiveness and the predictability of interactive behaviors as well as diminish the mother's ability to be sensitive to the child's cues.

Marfo (1991) suggested that the disability itself leads the care giver to interact differently with the child. For instance, a parent of a developmentally delayed child may be more directive, provide more stimulation, and take on a

more dominate role than a parent of a typically developing child. Fraiberg (1974) noted that a parent of a visually impaired child tended to overstimulate the child in an attempt to interact and enlist more child response. The quantity and quality of the interactional relationship may be in jeopardy if appropriate and mutual understanding between both parent and child are not established. Matching the interactions between care giver and child for optimal outcomes necessitates the care giver to identify, and respond sensitively to the child's behavioral cues to promote positive interaction.

Interaction of blind parents

Despite the availability of literature on the importance of interaction between the visually impaired child and the sighted care giver (Erwin, 1994; Fraiberg, 1971; Warren, 1984), there has been little research on the reverse situation of blind adults interacting with their sighted child. The importance of the care giver's ability to understand and respond to the child to promote interaction is critical to child development. For a blind parent, identifying the child's signals and intent, and producing the correct response to the child's cues may at first be an overwhelming task (Cargill, 1971). In an article on blind mothers' everyday care giving strategies, Ware and Schwab (1971) reported how a parent's blindness alters typical care giving strategies with the child. Just as a parent of a child with a disability must find different ways to interact with and care for his/her child, so must a parent who is blind discover alternate ways to interact with and care for his/her child in order to promote the optimal level of mutual satisfaction for each other. Interaction styles and strategies for blind mothers and their sighted child are

equally critical in the development of the parent and child relationship as well as a child's total development.

Mothers who are blind are perhaps challenged to develop their sensitivity to their child's wants and social needs. Sighted mothers typically rely on visual cues to assist in ascertaining their child's desires or play cues. Blind mothers unaware of visual cues would have to rely on alternative ways of being responsive to their child. Unable to read facial cues, gestures, or other visually communicated messages by their child might prove to be a frustrating experience for blind mothers leading to feelings of incompetence and parental dissatisfaction.

Personal Interpretation of Interactions

Goldberg's theory (1977) posits that mothers who experience positive interactions with their infant have a high degree of maternal competence and feelings of self-efficacy as a parent. Conversely, break down in mother-infant interactions may lead to feelings of poor maternal competence and a reduction of self-efficacy. According to Goldberg the mother's perception of the interaction is the key to further positive or negative transactional interactions with the infant. In addition, the perceptions are the key to her own personal interpretation of herself as a mother. Goldberg's theory has been widely accepted, and it does explain critical elements of quality parent-child interactions. However, it presents only a partial explanation of the overall complex dynamics of being an effective parent. When investigating the human interactions there are many influential variables that need to be examined. An individual with a disability, such as blindness, can face social and environmental challenges in her everyday and professional life.

Blind mothers, new to motherhood, face challenges beyond physically caring for their child without the use of vision (Sauerburger, 1985).

Parenting a child places unique personal and environmental demands on all parents, requiring both internal and external adjustments to their new situation (Brazelton, 1992). A blind mother new to motherhood accompanied by possible difficulties of interacting with her child due to her lack of vision, may feel decreased confidence. Repercussions from these feelings may influence the mothers own perceptions of her self and her ability to parent as a blind mom. Furthermore, her own personal adjustment to her loss of sight may be exacerbated by this situation. Therefore, her own personal adjustment to disability may be impacted by possible negative interactions between her child and herself. Thus, as with transactional interactions, her interactions with her child may be affected.

In the field of rehabilitation counseling, much of the literature surrounding adjustment to disability is targeted primarily toward vocational goals (Dodds, 1993). Consequently, theories regarding personal adjustment to disability are usually combined with a vocational focus. In these theories, critical concepts embedded within the term personal and social adjustment are: (a) positive self-esteem (Tuttle, 1984), (b) feelings of competence within one's environment (Rotter, 1966), (c) ability to cope with stress (Lazarus, 1966), and (d) a sense of belonging (Dodds, 1993). Based on these concepts and the premise of Goldberg's theory (1977), one can surmise that if a mother's blindness impacts her interactions with her infant or toddler, and the interactions result in experiences that the mother perceives unsuccessful, then perhaps her own feelings of self

esteem, feelings of competency within her environment, and ability to cope with stress will be affected. The impact of unsuccessful experiences may affect the very basis of the blind mother's feelings of adjustment to her own disability. Therefore it is vital that professionals in the field of rehabilitation counseling and early childhood education know as much as possible about how blind mothers perceive their interactions with their infants and toddlers so that potential services that are needed by blind mothers do not go unmet. This study is a first step to understanding blind mothers' perceptions of their interactions with their young child, the impact of their blindness on motherhood, and possible support systems they may need.

Support Systems for Parents

Social networks and support systems have long been acknowledged as important steps to successful parenting (Blackman, 1995, Carr, 1975; Schiling, Gilchrist, and Schinke, 1984). Social support provides multiple components of assistance through information, emotional support, and help with understanding the dynamics of parent-child interactions. Research by Cochran and Brassard (1979) and Dunst, Trivette, and Deal (1988), indicated that parental social support systems not only positively effect parental functioning, but may positively influence child developmental outcomes too.

Historically, the extended family has provided the majority of support to families; however, with the mobility of families, the availability of extended family is not as prevalent as in the past (Berry & Hardman, 1998). Interpersonal networks, in addition to extended family systems, now provide persons with

supportive relationships. Persons within this network may include friends, spouses, co-workers, clergy, counselors, and formal support groups affiliated with a need or interest. For parents of children with disabilities, numerous national and community support groups have been founded (Dunst et al., 1988; Weissbourd & Patrick, 1988).

According to Suelzle and Keenan (1981), in the initial crisis of discovering their child's disability, parents sought other parents with a child with a similar disability. Parent support groups such as Pilot Parent or Parent to Parent (Brookman, 1988) provide useful information to parents on types of disabilities, coping strategies, location of resources, and share personal information on raising a child with disabilities. Resources, both formal and informal, have proven to be effective in helping parents cope with stressors and learn information about techniques and strategies for parenting (Dunst & Trivette, 1990).

An extensive review of the current literature on support information for blind parents, and a local search for support services specific for blind mothers with sighted children within the community revealed that a significant void exists concerning information on child rearing for blind parents. The lack of specific services and published literature does not mean that services and support systems do not exist for blind parents; however, it does suggest that comprehensive intervention models have not been established. A synthesis on support needs for blind parents would be beneficial to the formation of parent support groups, as well as hospitals and agencies working with blind parents.

Significance of the Research

Blindness is considered a low prevalence disability as compared to persons with learning disabilities, physical impairments, and cognitive disabilities. Even so, it is estimated that there are over 1.1 million blind and visually impaired persons living in the United States. Despite the blind community's strong lobby in the national government, which has resulted in extensive funding for blind persons, little attention has been directed toward research on family dynamics of the blind. Perhaps one reason is because many of the pursuits concerning blind and visually impaired adults have focused on rehabilitation and job skills. Another reason could be due to society's bias concerning parenting rights for persons with disabilities (Matava, 1994; Watkins, 1995).

Nevertheless, a gap exists in the research and literature concerning blind or visually impaired parents raising sighted children. This population typically neither receives services from rehabilitation organizations because parenting is not seen as a vocational goal, nor do blind parents receive services from special education services unless the child's development is delayed. Without the push for services driving the need for research, little attention has been given to investigating or understanding the uniqueness of blind parents and their sighted children.

Insufficient research related to blind parents and their relationship with their sighted child leaves important information uncovered. The usefulness of this area of information has ramifications in many service areas. Organizations that

provide services to mothers such as the La Leche League and Women, Infant and Children (WIC) services could gain new insight to the unique experiences of blind mothers and provide services in a format that supports parenting efficacy. Child care staff serving the sighted children of blind parents would have information on how they could better facilitate the needs of the child and of the mother. In an article geared for nurses, Branson (1975) gave practical advice to nurses working with blind mothers during the childbirth process. Further research and information similar to this article is needed so hospital staff, providing care to new mothers who are blind, would have a mode for interacting and helping blind mothers during their hospital stay and with the infant's care. Furthermore, national organizations, such as National Federation of the Blind, American Foundation for the Blind, and state and local agencies serving the blind, could disseminate helpful information for first time blind parents, acknowledging the strengths and abilities of blind parents.

Purpose of Study

The strategies and techniques blind mothers implement during interactions have yet to be studied at any depth. It is unknown if blind mothers follow the same interaction styles as sighted mothers, or if the affects of the disability alters the interactions. Research on blind mothers' development of maternal competency through interactions and motherhood experiences is scarce. If the mother-infant interactions are to be reciprocal, and readability between the two social partners is critical for effective interaction, then one would counter that any dimension of disability that interferes with this phenomenon would be important to investigate.

Identification and clarification of blind mothers' positive and negative parenting experiences and maternal-infant interactional approaches is a useful knowledge base for other blind parents and persons involved in services and support for the blind.

The purpose of this study was to explore blind mothers' perceptions of their blindness as it relates to feelings of competency during parenting experiences and during interactions with their infants and toddlers. Through the use of an exploratory qualitative design descriptive data was obtained through in-depth interviews. Participants were totally blind or had minimal light perception. They were first time mothers who are the primary care giver of their sighted child, ages 9 months through three years of age. Three research questions intended to gain insight into the mothers' perceptions of the factors related to their blindness that affect being a parent and their belief system regarding parenting guided this research.

1. What are blind mothers' beliefs about how their blindness impacts parenting?
2. What are blind mothers' thoughts on support systems?
3. How do blind mothers perceive their blindness to impact their mother-child interactions?

CHAPTER II

LITERATURE REVIEW

The literature presents information that maternal perceptions of competency are reflective of personal traits, success of mother-child interactions, and environmental influences. The purpose of this study is to explore how maternal blindness impacts the parenting experiences with their sighted infants and toddlers. Given the paucity of research surrounding blind persons as parents, references on parenting and interactions are based on theories and studies that have application for typical mother-child relationships, for parents of children with disabilities, and persons with disabilities in general. The first major section of the literature review focuses on theories related to mother-infant dyads. The second section emphasizes maternal-infant interactional characteristics. The third major section describes research in areas related to maternal success and competence.

Mother-Infant Interactive Theories

In the 1950's researchers were expanding views on family dynamics by examining the member's roles and the complexities of their interactions. White's theory of competence motivation (1959) suggested that individuals were motivated to interact with one another by feelings of self-satisfaction resulting from prior interactions. The transactions produce changes in the social environment that provide the incentive to interact effectively. This concept in family dynamic research increased awareness of motivations for interaction, and lead the way for future interactional research.

In the 1970's, researchers were intent on understanding the social interactions of families. Bronferbrunner (1979) outlined an ecological system in which interactions and experiences occurred on multiple levels of one's personal and extended environments. Research with infants was also focusing more on specific characteristics related to interaction. Attitudinal changes regarding infants as "passive blobs", to active participates in relationships, opened the field to researching interactions between parents and child (Stern, 1974). Infants were found to be alert to their environment, showed preferences to caregiver characteristics, such as female voices over male voices, and discrimination between caregiver and strangers. At this time, the most common care giver was the mother; therefore, almost all of the theories were founded on maternal interactions.

Several theories such as Goldberg's theory of infant social competency (Goldberg, 1977), transactional theory (Sameroff & Chandler, 1975), Clark-Stewart's theory on mother-child relationships (1973), and Bell and Ainsworth's theory on attachment (Bell & Ainsworth, 1972; Ainsworth, Blehar, Waters, and Wall, 1978) helped established a framework for understanding the mother-infant dyad. Clark-Stewart's study showed that maternal responsiveness was highly correlated with measures of the infant's signals, behavioral competence, and motivation. From this theory a linear relation between mother and child interaction was established.

In 1975, Sameroff and Chandler's theory on transaction emphasized the effects that infant and parent have on each other and how certain behaviors elicit

or diminish other behaviors. If an infant cries, the mother responds by picking her up and cuddling her. Usually the infants will stop crying. The transaction of behaviors between mother and child has mutual influence on each other, and thus creates a contingent behavior. The mother's future response to the infant's crying, will most likely cause the mother to repeat the past effective behavior, and pick up the infant. Although a simplistic example, research has shown that effective transactions increase child development by creating predictable environments which enables the children to use new actions to build on past experiences. The implications of this theory have been carried over into research concerning high risk infants in impoverished areas (Clark & Seifer, 1983; Watt & Strongman, 1985).

Goldberg's theory (1977) of social competence in infants further developed the interaction dyad by defining specific characteristics that occur in the interactions, and defining the outcomes of the interactions in terms of effectiveness and competency. When an infant elicits a communicative behavior that is understood by the mother, then effective contingent behaviors are established. The mother monitors the infant's behavior, interprets the meaning of the behavior, and responds. The mother then evaluates her behavior and its effectiveness based on the infant's subsequent behavior, such as continued crying or smiling. Effective interactions generate feelings of efficacy in both mother and infant by creating a perceived sense of control over the situation. In turn, future contingent interactions are perpetuated. This theory describes the infant as a

social partner in the interaction process with the ability to affect interaction outcomes, including parental feelings of competence.

Based on their classic study of infants exposed to strange situations, Bell and Ainsworth (1972) found that infants whose mothers respond more sensitively to their infant's signals, cry less and are more compliant than infants with less responsive mothers. Also noted was the correlation of mother sensitivity and infant security of attachment. Tronick (1981) looked at the mother-infant dyad as a system in which affective messages are exchanged between partners to advance the goal of effective communication. Focus on reading infant behaviors as a means of communication is critical for the neonatal unit and children with emotional disabilities. Lewis (1978) suggested that maternal contingent behaviors reinforced expectant behaviors in infants which then produce feelings of competency in infants. Intellectual, social, and motivational development is facilitated by predictability over one's environment. Waston (1979) also established that repetitive play situations such as "Peek a Boo" facilitate contingent experiences with pleasurable experiences thus increasing social development. Vygotsky (1978) also relates the premise that adult-child interaction promotes cognitive development. Although almost thirty years have passed since these theories and ideas were developed and yet they continue to provide the foundation for current research and models of intervention.

Maternal- Infant Interactional Characteristics

Specific to the care giving relationship are the interactive characteristics of the mother and the child. Due to the dyadic nature of the relationship, both

partners have characteristics which affect one another. These characteristics may be viewed as variables that impact the dyad.

Maternal Characteristics

Maternal interaction is defined in the literature by qualities such as maternal ability to read infant behavior, maternal sensitivity to infant behavior, maternal interpretation and responsiveness, and contingency behavior. The importance of these characteristics has been documented by numerous studies relating to typically developing children and children with disabilities. It is these characteristics that create the cyclical nature of the interactive dyad.

Readable. Blank (1985) was the first to use the term “read” to describe the mother’s ability to recognize and interpret her infant’s behavior. The term “read”, although related to the process, should not be confused with readability. Readability is the extent to which an infant’s behavior is clearly defined through distinct signals. By demonstrating cues that are readable, the mother will have a high probability of correctly interpreting the behavior and responding accordingly to meet the infant’s expressed needs. The mother will “read” the child’s cue. If the mother is sensitive to her infant’s needs and the response is appropriate, then the response is associated with a favorable outcome to both dyad partners. Consequently, this stimulus-response pattern develops into a contingent experience.

Contingency. Contingent experiences over time reinforce perceptions of competence, both in mother and child, (Goldberg, 1977; Lewis, 1978; Linn & Horowitz, 1983). Mother-infant interactions that have a high degree of

readability, facilitate the awareness of contingency episodes, thereby generating increased feelings of efficacy for both partners. Infants who generalize competency through contingent experiences elicit increased attempts at new activities. Conversely, infants denied contingent experiences display general helplessness and are less likely to utilize new skills (Cassidy, 1986; Goldfarb, 1945; Hazen and Durrett, 1982; Lewis and Goldberg, 1969; Yarrow, 1963). Mothers who are blind may have difficulty “reading” their infants’ communication cues or behaviors (Adamson, Als, Tronick, & Brazelton, 1977). A blind mother’s inability to visually interpret or predict the infant’s personal or environmental interactions may potentially lead to diminished contingency experiences for both the mother and the infant. For instance, during the infants feeding the mother is unaware of the infant’s gesture cues requesting more bananas and continues to feed green beans. The infant will eventually fuss or cry leading the mother to try a repertoire of appeasing strategies until she finally understands why the infant is upset. Or the infant may give up gesturing leading to a passive or “helpless” attitude towards communicating. It is this type of interactional failure that if it repeatedly occurs overtime may impact on interactions.

Sensitivity. Adult interpretation of infant behavior is predicated on the care giver’s sensitivity to signals and cues. The degree of maternal sensitivity is predictive of maternal behavior toward infants during interaction (Clark & Siefer, 1983; Gustafson, Green, & West, 1979). Conversely, maternal insensitivity to infant cues is related to later emotional and behavioral problems for the child

(Brackbill, White, Wilson, & Kitch, 1990; Chess, 1983). In extreme situations, inappropriate or abusive mothering styles are related to insecurely attached children (Egeland & Farber, 1984; Frodi, Grolnick, & Bridges, 1985). Wahler and Dumas (1989) concluded that with ineffective and dysfunctional parents, the major deficit was insensitivity toward the child which was attributed to lack of attention (due to parental daily stress) resulting in an inability to adapt to children's cues. Gruse and Goodnow (1994) described effective parenting requires sensitivity to the child's emotional and cognitive state.

While there is certainly no evidence that blind mothers are less sensitive to their infant's signals and behaviors, there does exist a potential predisposition for it considering most interactions among the sighted consist of 80% visual interpretations. It is conceivable that the blind mother may, unintentionally, not know how to interpret her infant's cues (Adamson, Als, Tronick, & Brazelton, 1977). A blind mother's description of her interactive process may disclose information on how she perceives and interprets her child's communicative intent, and how the blind mother responds.

Responsitivity. Responsive behaviors involve reading of infants signal, maternal sensitivity to the signal, interpretation of the signal, all based on contingent behaviors. If the maternal response does not match the child's signal, the child may respond negatively by becoming passive, withdrawn, fussy, or even over stimulated (Field, 1983). Any one of these reactions could interfere with mutual enjoyment between mother and child. The rewards of enjoyable interaction between mother and child perpetuate bonding, attachment, and future

social interactions. Maternal responsiveness is particularly important during the prelinguistic communication because it supports infant communicative intent (Papousek, 1987). Infant gesturing, gazing, and facial expressions are conventional communicative approaches to solicit mother's attention (Messinger & Fogel, 1998). For mothers who are blind, determining communicative intent of physical communications may bring about unintentional deficits in responses. Incongruent or lacking responses may in turn affect the child's own responses, leading to unsuccessful interactive experiences.

Reciprocity. Normal infant-parent interaction is a reciprocal process where as a result of mutually satisfying contingent experiences, both of the dyad partners feel competence and enjoyment (Tronick & Gianino, 1986). Although the relationship is dyadic in nature, many would contend that the mother carries the main responsibility for maintaining the mutuality of interactions. As the infant matures, he or she becomes more sophisticated in developing a repertoire of communicative behaviors. The roles of the mother and child began to equalize (Bell, 1971). Dunst (1985) found that over 50% of the time the older infant initiates interaction. While many studies focus on maternal influences in the interactional partnership, others report on the influence of the infant's characteristics. However, in the case of blind mothers, it is unknown how blindness impacts which partner initiates interactions.

Infant Characteristics

In cases where the infant has a disability, social interaction may be difficult. Due to the infant's disability, signals may be diminished, different, or

delayed (Yoder, 1986). This break down in the interactive process has been reported in many studies, and can be seen today in some classrooms where unsuccessful attempts are being made to socially include children with disabilities with their peers.

The impact of the affects a disability has on an interactive dyad has been well documented in early childhood research. Most pre-term infants are less alert, less active, less responsive, display atypical motor patterns, and have different arousal patterns from full term infants (Barnard, Bee, & Hammond, 1984; McGhee & Eckerman, 1983). A mother having difficulty reading her infant's cues, may respond with incongruent behaviors. Overstimulation, decreased positive affect, and non-responsivity are examples of interactional breakdowns resulting from inability to read and respond correctly to the premature infant's obscure cues (Clark & Seifer, 1983; Goldberg, 1977; Lester, Hoffman, & Brazelton, 1985).

Other infants noted as high risk for misdirected interactions include infants with Down's Syndrome, and autistic and blind infants. Infants with Down's Syndrome engage in less eye contact, initiate fewer interaction sequences, and turn take less when vocalizing. Mothers of infants with Down's Syndrome are more controlling and initiate activity more than mothers of typical infants (Jones, 1977). This distortion of typical interactive behavior suggests the effects of the disability causes breakdown in the interaction. Many times children with autism demonstrate gaze avoidance and irritable behaviors (Kubicek, 1980). Parents of children with autism once again tend to be over controlling and engage at high

levels of activity, which may be overstimulating or unpredictable to the child. Fraiberg (1974) and Rechia (1998) report that interaction between parents and blind infants can be frustrating to parents. Blind infants many times demonstrate lack of responsiveness to parental communications attempts and display low affect (Dote-Kwan, 1995; Warren, 1984). To counter this, the mother needs to reorganize her expectations of the infant's affect (Biringen, Emde, Campos, & Applebaum, 1995). Behl (1996) found that mothers of young children with visual impairments had different interactional strategies than mothers with children with mild mental retardation. Mothers of blind children had more physical interactions, higher degree of controlling strategies, and verbalized more than the mothers of mental retarded children.

Early childhood researchers acknowledge that both mother and child influence the interactive process. The quality of this process can be conceptualized as falling along a continuum of success. On the high end is effective interaction that is based on sensitive, responsive, and contingent experiences, and a greater sense of efficacy or competence within each partner. The low end is misinterpretation, unpredictable behavior, low contingent episodes, less feelings of efficacy experienced, and greater potential for future failure in interactions, and in child development (Goldberg, 1977; Hann, 1989). The effects of a disability may cause atypical interaction, thus creating breakdowns in the dyadic relationship. The majority of the research has emphasized child disability. However, little is known about adult disability, and its effects on the adult's ability to interact effectively with an infant or child.

Parents with Disability

For research on parents who are blind or visually impaired, the majority of it originated in the 1970's to the early 1980's. Literature from this era mostly involved care giving techniques for raising sighted children and the alternative techniques that parent used to perform the task (Cargill, 1971; Cranston, 1982; DiCaprio, 1971; Ware & Schwab, 1971). Cargill (1971) reported that blind mothers were concerned for their child's safety and used modified care giving strategies to ensure the safety of the child. DiCaprio (1971) noted that blind parents sometimes use their sighted child for assistance, which may impinge on the parent's sense of efficacy and parenting status. Adamson, Als, Tronick, and Brazelton (1977) presented information on interactions of a blind mother and her sighted child. This article focused on the early communication and social reciprocity between a sighted infant and her blind mother. The researchers concluded that the absence of visual communication between the blind mother and the infant need not preclude the formation of maternal-infant social and emotional bonding. However, the researchers did not explore in-depth how the bonds were established or the perceptions of the mother regarding her parenting experiences.

Another study on the interaction of blind parents and their sighted children found that blind parents tended to verbalize more to their young children than sighted parents (Collis & Bryant, 1981). One current study specific to mothers with visual impairments raising their sighted young children interviewed several mothers with varying degrees of visual impairments (Conley-Jung & Olkin,

2001). This study compared mothers with varying levels of visual impairments in specific areas related to mothering tasks. Results found that in the area of preparing for care giving tasks and the mother's learning through trial and error to perform these tasks, there was little difference between mothers with varying levels of visual impairment. Areas of concerns for these mothers were their child's safety, transportation, preparation time to complete a task due to her disability, and dealing with societal biases. Qualitative research related legally and totally blind mothers' interpretation of parenting experiences and interactions with their child has had little empirical exploration.

A search into other disability areas also yielded few articles related to parental disability and child interactions. In their article, Kelley, Sikka, and Venkatesan (1997) reviewed research on parental disability. A total of 37 articles were presented and, of these, only one remotely addressed interactional patterns between parent and child. This study, by Crist (1992), found that mothers with muscular dystrophy and typical daughters exhibited reciprocity similar to typical mother-infant dyads. Another study by Waxman, Spencer, and Poisson (1996) found that deaf parents with deaf children engage in fewer reciprocity interactions than hearing mothers with deaf children. The decreased reciprocal episodes were intentional as the parents did not wish to interfere with the ongoing play activities by diverting the child's attention to attend to visual-gesture communication. The researchers surmised, however, that the deaf parents' decreased reciprocal episodes, due to the sensitivity to discontinue play activity, was more appropriate than the hearing mothers interactions which showed greater reciprocity, but were

not as effective in communication. The researchers concluded with the importance of using instruments standardized on the studied population to measure parent-child interaction, and accurately reflective adaptive interactional patterns. The study by Waxman, et al. clearly defines the complexities of interpreting appropriate interaction when a disability is present.

Aside from the direct effects the care giver and child have on interaction, other personal characteristics and environmental factors have attributed to levels of success in social interactions and child development. The social environment has a major impact on maternal attitudes and behaviors (Ajzen & Fishbein, 1980; Crnic, Greenberg, Robinson, & Ragozin, 1984; Dunst & Trivette, 1984). Bronfenbrenner's theory (1979) of ecological forces shaping human development and behavior argues that people do not live in a vacuum; there are internal and external variables that affect human behavior. To understand interaction, one must take into account the interplay of many influences, not just the linear ones. The focus of the following reviewed literature is on personal and social factors that may contribute to a mother's perceptions of the impact of blindness on her interactions and the successfulness of her parenting experiences.

Personal and Social Influences on Parenting

The birth of an infant causes major changes in the life of the parent. Some of these changes occur within the mother, such as her self-perceptions of her ability to provide for the infant, and changes in her attitude about the baby (Teti & Gelfand, 1990). Based on a study of premature infants, Mercer (1985) proposed that mothers attribute the concept of being a good mother on the thriving status of

the infant. Other factors which affect the dyadic interchange of mother and child have been reported to be related to the mothers' personal traits, maternal coping ability, anxiety, and ego strength (Brunnquell, Crichton, & Egeland, 1981; Heinicke, Diskin, Ramsey-Klee, & Given, 1983). Therefore, maternal perception of parenting success may be partially based on the interactive process, but may also have to do with the mother's personal characteristics and social influences.

Self esteem

Weiss (1974) suggested that maternal self-esteem plays an important role in mother's feelings of efficacy. Self-esteem refers to a "person's sense of value, worth, and sense of competence, adequacy, and self-satisfaction" (Tuttle, 1984, p.6). Self-esteem is particularly pertinent to blind persons if measured in terms of one's feeling of competence and adequacy. A person who is blind is more frequently placed in a position of dependency on others, thus reducing perceptions of self-sufficiency and control (Chubon, 1994, chap.12). Additionally, a blind person in a new situation can feel particularly helpless and dependent until he or she is able to acquire adaptive and coping skills (Kemper, as cited in Tuttle, 1984). For persons with 20/20 vision, 85% of the interactions use visual cues (Hill & Blasch, 1980). For mothers who are blind, they would have to use alternative techniques for successful interactions. If blind mothers have difficulty interpreting interactive cue, they could have possible interaction breakdowns, which may impact feelings of adequacy and efficacy, and could lead to anxiety, depression, or learned helplessness behaviors (Abramson, Seligman, & Teasdale, 1978).

Support

Having a child is a life-changing event, and as with any major change, it is accompanied by stress. How this stress affects mother-infant interactions largely depends on the coping strategies and support systems available to the mother. The way mothers perceive stress and their resources for social support are highly correlated with maternal attitudes of success and the quality of infant-mother interaction (Crnic, et.al., 1984). In addition, maternal social support is a critical variable related to facilitating successful maternal interactions and child development (Cochran & Brassard, 1979; Dunst & Trivette, 1990; Friedrich, Wiltuner, & Cohen, 1985).

Primary sources of support usually come from family members (Melson, Windecker-Nelson, & Schwatz, 1998) and from literary resources on motherhood, pregnancy, and raising a child. Spousal support, followed by support from the infant's maternal grandmother, are the most significant source of human resource support for new mothers (Levitt, Weber, & Clark, 1986). For blind mothers support is as important as for sighted parents if not more so, yet no studies have been found that address this area. In studying personal networks and social supports of blind and visually impaired adolescents, Kef (1997) found the young adults prefer family support to peer support. Zetlin, Weisner, and Gallimore (1985) did a study that affirmed the importance of family systems as a support factor for parents with mental retardation. The study found that parents with mental retardation that had familial support were more successful in parenting tasks.

Blind people have a “tendency to be more frequently socially isolated or to have feelings of social isolation and detachment” (Tuttle, 1984, p.40). Physically accessing formal support groups may be overwhelming for the blind mother of a new infant. Blind mothers also may not choose to ask for support in fear of being judged or perceived as incompetent or lacking autonomy.

A wealth of information in books on parenting is available for sighted parents. While mothers or mothers-to-be who are blind, may find this information helpful, the differences or unique parenting situations they face are not addressed. Even the possibility of asking other parents who are sighted may not provide the needed information unique to their situation. Many times blind mothers may have to rely on their own ingenuity or the advice of other visually impaired or blind friends. If these resources are not available to help blind mothers cope with their situations then the possibility of increased stress in the mother’s lives can occur. The lack of published information for blind mothers experiencing motherhood severely limits resources applicable to their unique parenting situation.

Stressors

Additional factors that may mediate changes in maternal-child interactions and maternal perceptions of success have been noted by Bronfenbrenner (1979):

whether parents can perform effectively in their child-rearing roles...depends on role demands, stress, and supports emanating from other settings...Parents’ evaluations of their capacity to function, as well as their view of their child, are related to such external factors as

flexibility of job schedules, adequacy of childcare arrangements, the presence of friends and neighbors who can help out in large and small emergencies, the quality of health and social services, and neighborhood safety. The availability of supportive settings is, in turn, a function of their existence and frequency in a given culture or subculture. (p. 7)

Folkman, Schaefer, and Lazarus (1979) developed a model outlining some of these stressors for parents of children with severe disabilities and health problems. Even though this model was not designed for blind mothers several of the components of their model are germane to this population. Health is one area of potential stressors that is defined by the model. Health issues, such as diabetes, are at times linked with blindness, which in turn affects the mother's energy levels. Fluctuations in energy levels would likely result in inconsistent responses to child signals thus impacting upon the quality of mother-child interactions. Another potential stressor is financial resources. Tuttle (1984) reports that a lower economic status is prevalent in the blind population. If both parents are receiving Social Security Income (SSI), or only the spouse is working, then resources may be limited. Collectively, the social supports and resources influence maternal behavior, which in turn, directly or indirectly influences maternal-infant interaction.

Each one of the aforementioned variables relate to various areas of stress in any parent's life and suggestions have been made to relate these areas to blind mothers' parenting experiences, but until research is gathered it is unknown what areas of stress impacts blind mothers' lives. Given that there is no one existing

theoretical model available to address all the areas of the proposed study, the combined findings from previous research and literature are used to serve as a framework for directing this research. From this perspective, there are three elements used to guide the research: (a) interactions between mother and child (b) the effects on mother-child interactions when a disability, such as blindness is present, and (c) external social and environmental factors that influence parenting experiences such as the quantity and quality of support or parental stress. By using a qualitative paradigm, the participants themselves will reveal the relationship of the previous literature to their actual life experiences.

CHAPTER III

RESEARCH METHODOLOGY

Qualitative Method

According to Goldberg (1977), a mother's feeling of competency is based largely on her perception of effectiveness. When trying to capture information as subjective as personal accounts and perceptions, a constructivist paradigm best serves this purpose. Qualitative research is based on philosophical beliefs or tenets that are fundamental to this methodological approach. The first tenet, regarding ontology, assumes that there are multiple realities constructed through personal interactions and perceptions (Merriam, 1988). Inquiry is based on beliefs rather than actual, measurable facts. The goal of qualitative research is to interpret subjective phenomenon, in this case, the mother's perceptions of her interactions with her child and her interpretation of parenting experiences. Mertens and McLaughlin (1995) cautioned that because of these multiple realities, the research questions may not be definitive and may emerge as the research progresses. Such is the case with this study. The original research questions were refined as on-going analysis was conducted. Qualitative method encourages the researcher to allow the concepts of importance to emerge as they are constructed by the participants (Mertens, 1998).

The second tenet is the exploratory nature of qualitative research. Exploratory inquiry allows the researcher to investigate a little understood phenomena, identify important categories of meaning, and generate hypotheses

for further research (Marshall & Rossman, 1999). The researcher, through systematic inquiry, explores the phenomenon holistically by incorporating the many entities of human interactions into the analysis. The study of interactions is not as concerned with outcomes as with the process and meanings of the outcomes (Merriam, 1988). Process and meanings are used to convey what is learned about the phenomenon of human perception. This study was grounded on exploring and explaining the process of the mother's perceptions of motherhood. Research questions revolved around what process blind mother's use to understand their child's behavior and communicative intent, how they feel their blindness impacts their parenting experiences, and how they perceive support systems.

The third tenet of qualitative method concerns the population involved in the study. When detailed in-depth information is needed about a specific group or subculture, such as blind mothers, qualitative inquiry allows the researcher to examine conditions unique to that population (Mertens, 1998; Patton, 1990). This is particularly true when instrumentation measuring the phenomenon has not been developed for such a small population as blind mothers.

The fourth tenet is responsive to the researcher's role in the inquiry process. The human researcher is the primary instrument in data collection (Merriam, 1988; Mertens, 1998). The researcher has the flexibility to be responsive to the content of the dialogue and can adapt data collection to the circumstances that arise. The researcher's prior knowledge of the parenting situation can expand incoming data through one's sensitivity and empathy to the

participants' views. As a mother with two children of my own, I was able to understand and pursue some of the subtle concepts about motherhood referenced by the participants. In a sense, the researcher becomes as a "participant" in the study itself due to the interactive nature of qualitative method. Influences of the researcher's own values, biases, and assumptions were incorporated into the interactions with the participants. Several times during the interviews the mother and I would commiserate on topics related to children. According to Patton (1990), the researcher cannot be completely detached and objective. It is crucial for the researcher to identify and reflect on those values and biases, and determine their impact on the data collection and interpretations.

The last tenet relates to the process of qualitative research. The researcher uses an inductive process to data analysis. Data collection, through multiple interviews, helps to build concepts, describe relationships, generate hypotheses, or create theories. For this research, theoretical notions of mother-child interactions had not been associated with the blind community. Although the research was grounded in theory related to mother-infant social interactions, analysis showed different emergent categories related to the whole phenomenon of motherhood and the impact of blindness on it. The inductive process permits the data to emerge in relation to the participant's world rather than existing theory (Miles & Huberman, 1994).

Design Approach: Phenomenological Case Study

Key words in the research questions were beliefs, perceive and thoughts. To encompass these three areas, a phenomenological case study approach was

used. A case study “concentrates attention on the way particular groups of people confront specific problems, taking a holistic view of the situation” (Shaw, 1978, p.2). A case study aims to uncover the interactions of significant factors or characteristics of the phenomenon. It focuses on a particular situation or phenomena, for example blind mother interactions, and illustrates the complexities of the situation. For this study, the combination of blindness, mother-infant interactions, and feelings of success during parenting experiences comprises three very different areas. Multiple interviews with each participant illustrated the interplay of these three area’s variables within the expressed view of the participants. Finally, case studies are appropriate for studying specific populations or cultures such as the blind culture.

Phenomenological approaches emphasize the subjectivity of the studied experience (Tesch, 1990). Phenomenological studies seek individuals’ perceptions and meanings of an experience. A key characteristic is the “exploration of the participant’s perception of the situation without making assumptions about an objective reality that exists apart from the individual” (Mertens, 1998, p. 169). One of the focuses of this research was the blind mother’s perception of her competence, not her actual ability to care for her child.

Participants and Nomination Procedure

Description of Sample

Study participants were seven first time mothers who were the primary care givers of their sighted child ages birth through three year of age. The mothers were 18 years, or older, and were diagnosed as totally blind or visual

acuity of less than 20/200. Blindness consists of a wide range of visual capabilities and levels of acuity. Under the scope of legally blind, persons may have residual, peripheral, or restricted visual abilities. Totally blind mothers or mothers with minimal light perception were chosen for this study to control for possible visual reliance during interactions. The mothers' acquisition of blindness was either congenital or adventitious. The onset of blindness, for those adventitiously blind, imposes great physical and psychological burdens on a person. To prevent possible conflicting variables such as emotional or physical adjustments unrelated to motherhood, adventitiously blind participants had a diagnosis of their current visual acuity at least two years prior to the study. This is not to imply that after two years a person who is diagnosed blind has adjusted to their blindness. A two-year time period was chosen to have allowed the mother to begin to address her personal functional skills with blindness.

Additionally, blindness was the only identified disability for all participants. Health related issues such as diabetes were not found among the participants, therefore, were not regarded as having an impact on the mother's well being and her ability to care for her child. Due to the low incidence of blind mothers, demographic information such as culture, ethnicity, or socioeconomic status was not criteria for sample determination. However, demographic data was collected, although it was not found to impact thematic development.

Location of Sample Population

Location of the sample population was difficult because of the low incidence of the population being considered. Additionally, state agencies such as

Texas Commission for the Blind (TCB), Department of Human Resources, or even national organizations for the blind and visually impaired do not document parental status in formal reports. Purposive selection was used to locate participants. Initial procedures for selection included mailers and phoning of local organizations and agencies serving the blind or persons with disabilities, and contacting social workers and vocational rehabilitation counselors identified by agencies as working within the blind community. Participant sampling was initially done in the central Texas area through word of mouth contacts with teachers from the Texas School for the Blind and Visually Impaired, personal contacts at the Texas Rehabilitation Commission, and through contacts with my blind friends from the University of Texas. This led to approximately eight potential participants. However, only three of them meet the study's criteria. I expanded my search for participants to other large metropolitan areas in Texas by contacting local support agencies for the blind such as the Lighthouse for the Blind. This search discovered more two participants. At the same time I was searching in Texas, I put a request for participants on an interactive website for visually impaired and blind people within the United States. This led me to two willing participants in the State of Michigan. With seven potential participants I began setting up my interview dates. A brief description of each participant is included. (See Appendix A)

Procedure

Once I obtained names and phone numbers for each of the potential participants I called them, gave them some basic information on myself and the

study such as the study's criteria, and how I got their name. I then asked if they would be willing to participate in the study. Upon agreeing to participate, I spoke with them briefly to establish rapport and set up a day, time and location for the interviews that best fit their needs. On the first interview I reintroduced myself, discussed the purpose of the study, provided the mother with the opportunity to ask questions, reconfirmed her willingness to participate, and gained her signature on the consent form. A brief synopsis of the study including a description of the selection criteria and confidentiality procedures, an invitation to volunteer, and a brief autobiographical statement naming myself as the contact person was presented to the mothers in three forms, Braille, cassette and large print. They were given a choice in the format they wanted. Additionally, I read the consent form to them as the opening of the interview to obtain their consent on tape as well as in writing. Initially, there were to be three interviews for each participant, but at the request of some of the mothers the interview times were combined. Two mothers only interviewed once and the other five interviewed twice. Each interview was taped with the mother's permission and fieldnotes were recorded. Interviews ranged in times, but each session was approximately three hours long.

Data Collection

Interviews

Semi-structured interview guides were used in conjunction with evolving questions from the previous information obtained from prior interviews. The interview questions focused on the general areas of the research questions and areas indicated from the literature as being conducive to the area of study. The

first interview was designed to collect some demographic information on the mother and child along with some information regarding the mother's thought on motherhood. The second and third interview collected further in-depth information related to feelings, opinions, and interpretations about interactions and parenting experiences. However, in keeping with qualitative constructs, emerging themes from ongoing data analysis generated new questions which were introduced during subsequent interviews. Also if the order of the questions in the interview guide didn't correspond with the direction of the dialogue, the order was revised.

Interview protocol. At the beginning of each interview, the purpose of the study was restated and an opportunity for the participant to ask questions was given. Participants were also reminded of their confidentiality rights and their right to not participate at any time during the interview or after. Each interview was audiotaped with two recorders as a precautionary backup for mechanical failures. Fieldnotes were also collected during the interview meetings and immediately afterward. Mothers were given an opportunity to "settle" their child before beginning the interview. Participants were encouraged to interview at a private location to reduce possible distractions and to reduce the possibility of non-disclosure of information due to intimidation of answering personal questions around family and friends. All of the mothers chose this option but one. A babysitter was offered by the researcher to attend to the baby while the mother was being interviewed, however, all of the mothers decline.

As a sighted person, I am use to communicating with a visual orientation, however, I was conscious of my communication strategies when conducting the interview. Interaction with a blind person, at times, necessitates verbalizations of one's action particularly if the setting is unfamiliar to them. I sensed that several of these mothers were nervous during the first interview so I tried to establish rapport and put them at ease by giving them an advanced organizer describing what I was going to do during the process. Conversation subtleties, such as nods and gestures, needed to be tactfully transformed into a verbal format so the blind mother was able to understand my communicative affect.

Interview guide. Each of the interviews was based on the interview guides (See Appendices B, C, D). The interview guides were used in the sequence the researcher deemed best based on information from previous interviews and rapport with the participant. The sequence of the questions within each guide do not correspond with each other, however, several questions inquire about information in similar areas such as parenting experiences, or perceptions of interactions. Therefore, the actual flow of questions was at times relevant with each other. Follow-up questions and probes were used to pursue the most detailed responses from the participants. The interview guides consisted of a variety of questions covering the proposed research areas. In other words, there was not one guide asking only questions regarding mother-child interactions. By mixing the questions for each area of interest among the three guides, it provided the opportunity for topic areas to be revisited to enhance the depth of the information obtained for analysis.

The original research questions were categorized into areas: experiences and activities of maternal-infant interactions, feelings of competency/enjoyment; perceptions/interpretations of infant's cues and behaviors; experiences of success/nonsuccess; and attitudes/perceptions regarding blindness; and social support systems. Interview questions focused on these general areas as guides; however, in keeping with the qualitative tradition, flexibility and emerging themes from on-going data analysis allowed for new questions to be generated. On-going analysis of the data was performed to identify questions or comments that might have biased the data or excluded important information.

Protocol development. The interview guides were developed from two primary sources. The first being from information obtained from the literature review. The second source is from the researcher's own professional experiences in the field of early childhood and personal experiences with four blind parents. Next the interview guides were shared with peers who are mothers themselves and revised based on peer input. The interview questions were also presented to a blind father to obtain a perspective from a member of the blind community. As a parent and a person with blindness, he found the questions to be pertinent to a blind parent's experiences.

Interview schedule. The first meeting with the blind mothers was conducted over the phone to set up the first interview, explain the purpose of the study, how the study would be conducted and if they are were to participate, gain consent for participation. In the first interview the mother was asked to select a pseudonym for her child, herself and later any other personal name she might

have mentioned. It was used to maintain their anonymity. Most of the interviews began with the first interview guide, however, when a situation presented itself to ask related questions on the other interview guides, I did so. Fieldnotes were taken and the process was audiotaped for log records. Prior to each of the subsequent interviews, member checks were used in some instances to check for clarification and credibility of beginning analysis interpretations. Follow-up phone calls were done after the interviews to thank the participants and to ask any questions that seem to be unanswered or needed further input. After individual participant data analysis were done, I contacted three of the seven mothers to review findings and request any further input they might have regarding these findings. The mothers all tended to agree with the results, and one added a comment for additional information.

Fieldnotes

Fieldnotes provided a narrative account of information outside the boundaries of the interview guides. The fieldnotes were more of an observational journal to add another dimension of information to the analysis. They established log records consisting of all contact information of the participants, and researcher personal interpretations, reactions, and impressions during the interview process.

Criteria for Ending Data Collection

Data collection and analysis can be an indefinite process. There is always more to learn, different angles to cover, and numerous pairings of relationships. Lincoln and Guba (1985) suggest four criteria for ending data collection. The first is exhaustion of sources, or when the sources have nothing to add. The

second, saturation of categories, occurs when only small amounts of new information can be gained toward each category. The third is emergence of regularities in data. The fourth is over extension where any new information is beyond the scope of the research intent. These criteria were adopted to determine the end of my data collection. Although each of the criteria had some relevance to ending data collection, the primary criteria I referred to was the third criteria of emergence of regularities. There were several units of information that began to emerge in each individual's interviews as well as between participant's interviews.

Data Analysis

Data analysis is the process of taking raw data with no inherent meaning, and interpreting it to discover meaning (Marshall & Rossman, 1999). According to Marshall and Rossman, "In qualitative studies, data collection and analysis typically go hand in hand to build a coherent interpretation of the data. The researcher is guided by initial concepts and developing understandings but shifts or modifies them as she collects and analyzes the data" (p. 151). The original tapes from the interviews were transcribed by a professional service. The typist was instructed to type exactly what was on the tape including laughter, pauses, or dialogue unrelated to the interview questions, such as when the mothers stopped to talk to their child. Data analysis notes included reflections of impressions, patterns, and commonalties detected during the data collection. Organization of these detailed notes along with on-going data analysis provided guidance for further data collection (Strauss & Corbin, 1998). There were periodic checks

during data collection where all data was studied and read multiple times looking for similarities, themes, gaps, and analysis of the collection process.

Organization of Data

Once collection of all data was completed, the final analysis procedures included strategies to organize and describe the data. After reading each of the transcripts, fieldnotes, and on-going analysis descriptions in their entirety several times, emerging concepts began to be identified and categorized into initial global concepts of categories, some related to the interview guide questions and others not. Moving away from the global thinking about the data I then began a more specific analysis of each interview transcript to discover concepts that were embedded in the data at a basic level (Marshall & Rossman, 1999). These concepts were named for specific units of information connected to the words, thoughts, or emotions of the mothers. Some units may have been individual words or phrases and other times a composite of several sentences. The units were then organized into clusters based on knowledge of the literature, personal experiences, and previous themes related to commentaries and fieldnotes during data collection (Strauss & Corbin, 1998). Clusters were groups of units with similarities. Clusters were then combined to form categories. The categories contained the sub-ordinate clusters. Eventually, the common categories for each participant's data was organized into themes. Justification for this method of coding and analyzing data is explained by Strauss and Corbin as "Early in the analysis, the researcher might not know which concepts are categories...this usually becomes evident as coding proceeds" (p. 125). Each case was analyzed

separately. Once individual themes were developed then cross-case thematic analysis followed to determine patterns of commonalties, or differences among the cases. This eventually produced over-arching themes with categories and sub-categories. (See Appendix E) These are presented as results in Chapter Four.

Interpretation

Once the data was analyzed and organized into categories and themes, the data was linked with interpretive considerations of causes, consequences, and relationships. Speculations and interpretations were delineated from the descriptive data. The findings of data included supporting quotations from participants, reflecting thematic concepts. Implications concluded with applicability to current literature, practical use in the blind community and in education, and implications for future research.

Establishing Trustworthiness

Control for subjective bias

In qualitative research, the researcher is the primary instrument for data collection. The researcher brings to the study her own biases, values, and beliefs. It is the interplay of these qualities that influence which questions to ask, what to observe, what to write down, and to a large extent how the data is to be interpreted. It was important for me to recognize preconceptions, assumptions, and experiences, and bracket those beliefs from those of the participants and from the collected data. A personal epoche log containing these notions was included in the fieldnotes. As I continued to analyze the data, I came upon my own biases regarding the premise for actually doing this study. Thoughts, emotions and on-

going perceptions were kept in a section of the fieldnotes in order to keep track of my biases during the study.

Criteria for Establishing Soundness

Credibility is founded in the accuracy of the data portraying the accounts of the participants, and in the accuracy of describing the outcomes of the study within its theoretical boundaries and scope (Merten, 1998). The greater the depth of description, the more truths are embedded in the data (Merriam, 1988). To establish credibility, several methods were used: prolonged engagement, peer debriefing, member checking and triangulation.

This study collected detailed data for analysis and interpretation of the phenomenological cases by collecting approximately 36 hours of data. This prolonged engagement during the interviews provide an opportunity to gain the trust of participants thus increasing the probability for greater in depth data. Prolonged engagement also provided an opportunity to check the consistency of the mothers' constructed realities by asking similar questions to check for consistency of answers.

Peer debriefing builds credibility by allowing peers who are outside the context of the study yet have some general understanding of the study to analyze data and to converse with the researcher on the study's direction and analysis. Three peers, with extensive background in early childhood education, periodically assisted me in exploring possible inquiries uncovered in the data, control for researcher biases, and assist in the analytical process of the data interpretation.

Member checking is the process whereby data analysis and interpretations are revisited with the participants in order to confirm accuracy and credibility of the study. Participants who participated in two interviews were given the opportunity after the first and second interview to ask questions or reflect back on previous answers to further expand on or rephrase their original words. During final data analysis (before the final interpretation) three of the participants were contacted by phone to share the results. They were asked to add to or re-summarize any information from the interviews and to clarify any miscoding in the analysis process. Only one of these three added information in the area of support systems. Triangulation using multiple interviews, fieldnotes and peer debriefing analysis supported the strengths of the descriptive data analysis and final interpretations.

Transferability of the research was determined by including detailed descriptions of the data transference to interpretation. Transferability was established by using thick description so that other researchers interested in applying or generalizing the findings will have a reliable basis to make their decision. Confirmability is “the degree to which the findings of the inquiry are determined by the subjects and not by the biases, motivations, interest, or perspectives of the inquirer” (Lincoln & Guba, 1985, p. 290). Confirmability of the research was demonstrated by the contents of the original transcripts, audio-recordings of the interviews, and fieldnotes.

Ethical Issues

The researcher has the responsibility of producing a study that has been conducted and disseminated in an ethical manner. The ethics guidelines for this study were followed; (a) protecting the identities of the participants, (b) treating each participant with dignity and respect, (c) reporting the truth when presenting the findings.

Summary

It is difficult to project outcomes of a research topic that has little specific literature related to it. The general purpose of this study is not to establish theory, but to identify specific phenomenon and overall themes in the lives of blind mothers that are connected to their beliefs about motherhood. The research will hopefully uncover information on this population to start addressing potential needs in the field for future research and practical purposes. It is future research, utilizing the initial findings in this research that will begin to build or alter theory.

CHAPTER IV

RESULTS

The purpose of this study was to explore the parenting dynamics between blind mothers and their child. This study focused on three underlying questions. What are blind mothers' beliefs about how their blindness impacts their parenting experiences? What are blind mothers' thoughts on support systems? How do blind mothers perceive their blindness to impact their mother-child interactions?

This chapter presents results from multiple in-depth interviews with seven blind mothers. The raw data from this study was immense. The interview transcripts were read multiple times to begin to develop a sense of both micro and macro pieces of data. Each participant's interview was analyzed separately. Continuous coding strategies were used to uncover individual units of information. Next, the units were clustered into initial categories and eventually pooled into larger inclusive categories. After numerous rounds of shifting thoughts and categories to best represent the purest nature of the participants' stories, emerging themes from individual interviews arose. Subsequently, overarching themes from all interviews emerged and are reported as results for this study.

There were four overarching themes that surfaced from the final data analysis. The first two themes entailed factors that have influence on the blind mothers' feelings of efficacy. The first theme, Internal Influences on Parenting Experiences, presented itself as the mothers' own personal perceptions on how

their blindness impacts their parenting experiences. The second theme, External Influences on Parenting Experiences, addressed the mothers' perceptions of societal pressures on their abilities and how it impacted their parenting experiences. Although both of these themes relate to the first research question regarding blindness impacting parenting experiences, the influences manifested from two very different sources. One source came from within the mothers' own knowledge of how her blindness affected her and her child, and the other source was imposed on her externally from society which affected her thoughts on her abilities. The affects of these two different sources and their impact on the mothers' sense of efficacy were further exemplified within each sub-category of each theme.

The third theme addressed support systems for blind mothers. This theme emerged as mothers discussed the needs they had and the sources they found to meet these needs. Information on support manifested throughout the interviews both with direct questions related to support systems, and indirectly referenced in the dialogue. Results related to the research question regarding blind mothers' thoughts on support systems.

The last theme, Interactions, discussed the modifications that were made between mother and child to facilitate communication and activities. This theme although related to the research question concerning how mothers perceive their blindness to impact their mother-child interactions, it manifested itself in somewhat different terms than the traditional concept of interaction in early childhood literature. The data showed little information on specific dyadic

interaction patterns between the mother and child; rather it revealed more holistic interactions. Thus, the concept of interaction in this study was broadly defined as any communication, situation, or activity that takes place between the mother and the child that had intent. Categories such as modified communication strategies, unique safety strategies, and modified activities gave sense to the overall theme of the impact of blindness on interactions.

All of the four themes united around the concept of how the mothers' blindness impacts their perceptions of their role in motherhood. Results indicated that even though blindness does impact many areas of motherhood, the mothers' perceptions of their role and of motherhood were positive. The mothers felt that there was not a significant break down in their ability due to blindness to render them as incompetent to care for their child.

Each of the four themes will be presented separately and defined along with the supporting categories and codes. Many of the themes were expansive and thus the categories manifested within them have several sustaining sub-categories. Each section of the categories will begin with a broad discussion of the categories as it relates to the theme. Then each category will address the associated sub-categories that further define the specificity of that particular category. These sub-categories will be defined and narrative reflections from the actual interviews will follow to support the sub-category's meanings. Discussions of the nuances pertaining to each participant's story as it relates to the overall meaning of the category and sub-category will link the narratives. At the end of each category, a brief summary will discuss the findings in that section. Each section of the four

themes will conclude with an overall summary of the findings for that theme.

Internal Influences on Parenting Experiences

The theme of Internal Influences on Parenting Experiences reflects the mother's expressed feelings and perceptions of her competency based on her self-evaluated experiences as a mother. Evidenced are the mother's feelings of how her blindness impacts her ability to parent. Almost all mothers experience a multitude of emotions when raising their child. Sentiments of doubt, frustration, concern, and joy are common. In this study, the blind mothers also shared these same sentiments which appeared often throughout the interviews in various forms. The mothers' sentiments were originally coded as individual units, and eventually they fell under the three main categories of Competence, Fears and Concerns, and Joy of Parenting. Despite being common emotions for most mothers, the reason for these emotions in blind mothers at times were due to their blindness. Other times they were due to the every day events and emotions associated with being a new mother. The first category, Competence, revealed the mothers' thoughts and situations related to blindness and being a new mother. Each section uses narrative dialogue between the interviewer and the mother to demonstrate the findings.

Competence

The category of competence is defined as the mother's feelings of being successful or unsuccessful in her abilities to fulfill her role in both physical and emotional care giving for her child. Her feelings of competency as a mother were based on her own acknowledgement of her frustrations, limitations, self-

expectations, or abilities. Some statements directly addressed these feelings and others were indicated by indirect comments. Within this category two major sub-categories emerged: Self-competence of a New Mother and Self-competence with Blindness.

Self-competence as a New Mother. All of the mothers in this study expressed feelings related to competency commonly associated with being a new mother. Feelings of being overwhelmed, unsure of what to do, being isolated, stress and lifestyle adjustment are all experienced by new mothers at one time or another. Blind mothers proved to be no different. Of the comments made regarding being a new mother, it was interesting that many of the comments were of a less confident disposition than a positive one. Because no comparative group of sighted mothers were interviewed, it is unknown if these blind mothers experienced a greater degree of doubt related to being a new mother than sighted mothers. When asked about her experience as a mother, Autumn expressed feelings of being overwhelmed with a new baby and her lack of experience in taking care of an infant.

Well, it was very overwhelming at first. And I dealt a lot with postpartum and stuff, I mean, it was just a huge adjustment coming from no kids, not that much experience with kids...So, it was very trying at first. I was very overwhelmed. And I was so tired all the time, and my mom stayed with me like the first week, cause I didn't know what the heck I was doing... I mean, I did but, I was, I was almost scared to do anything, because I was like "I don't know what I'm doing. I'm so tired." You know? [AL 9-10]

Another aspect of occasional frustration or feelings of incompetence at being a new mother occurs when one tries to breastfeed. Autumn related a situation of breastfeeding as an inexperienced mother. In this scenario, she acknowledged her frustration and assumed the responsibility for the fail attempts.

I mean, it was more me than him. You know, it was all new to both of us, but he was trying to get a good position down. I was frustrated because I couldn't do it just exactly right. He was crying. I would cry, and, [she laughs]. It was crazy. And then I would get frustrated and I, and I really found myself doing it a lot, in the beginning, I would get frustrated and I would raise my voice at him. And it wouldn't be his fault, you know, I would just be frustrated because I was so tired and it was all so new....[AL 14-15]

Other mothers also expressed fear of not knowing what to do or not doing the right thing as it related to being new at motherhood. Lisa felt she had to be extra careful and patient in caring for her newborn son, which lead to feelings of frustration. She shared "I use to get frustrated 'cause I would, you know. I didn't know if I was gonna hurt my little boy or, you know. And you just have confidence in yourself, I guess." [LZ 16] This sense of frustration came from not being sure of what to do as a new mother.

Two of the three single moms interviewed referred to the difficulty of being a single parent. Isolation from adult interaction is a fairly common phenomenon for single parents and was expressed by all three of the mothers. Several of the mothers also commented on how having a new baby drastically

changed their lifestyle. Although feelings about competence were not directly expressed by these mothers, factors such as isolation and adjustments to new situations can impact one's sense of competence.

Christine relates to all of these issues on new motherhood.

Being a new mother is, is a, uhm, a frightening experience because it's new, and anything new is naturally frightening, but you have a little life to worry about. And not only that but, you're constantly with the baby, you almost become isolated for the first year at least...being a mother and constantly feeding and changing and burping and, your life, your life changes drastically. [CW 21]

Another single mom, Jillian, experiences much of the same difficulties as Christine in regards to her feelings of adjusting to being a new mom.

Uh, I had some problems adjusting to how I was going to be a mom and finish school. And have some kind of career. You know? Uh, one thing I discovered was, let's be really honest, I am not a stay-at-home mom. I'm not [pause]. I love Sierra, but I'm not. I mean, I don't know why. It's just getting used to being with her all day long, and then all night, that's why I'm saying being a single mom is hard. Because there's no adult conversation at all during the day. Or sometimes at night. I mean you're just talking to like a 2-year-old all day long. So, that's a little hard to get used to. [JV 9]

Christine indicated typical issues that mothers face in the day-to-day challenge of caring for children. She related how at times she felt overwhelmed in her abilities

to provide for her children in a manner she would like. The following is Christine's response when asked about times she felt totally overwhelmed as a mother.

I think for me, I have to, the, the times that I think I'm most overwhelmed is when I'm in, in a hurry, stressed out because of money, being a single parent trying to, on my days off, trying to do errands and chores, cook meals, and, and it, when the stress is high it just, your patience is not... It's just not there....And being a single parent, I think that's part of it. But, and then you have two to deal with, and sometimes I could swear that my kids just, really there's like days that I think that they really just sit there and go "Let's drive momma crazy!" [Laughter] Because it seems to me like the times when I'm the most tired, the most stressed, is when they really test me the most. And it probably is not the case, but I just feel that way. It just, just your regular stressful parent situation. [CW 15]

Although many of the mothers expressed feelings regarding the difficulties of being a new mother at the beginning of motherhood, at the time of the interview they had high feelings of competence in their ability to care for and show affection to their child. Autumn summarized this in speaking of a past experience with her intimidation with her in-laws because of her inexperience to care for her son initially. Initially, Autumn's feelings of competence were low, yet after "learning" what to do, she felt quite competent. Most of the blind mothers even though at times they felt overwhelmed or had difficulty adjusting to being a new mother, they expressed positive feelings of their ability to love and to

care for their child. Autumn saw some of her best qualities of a mom as her ability to provide affection and care giving for her son.

Uhm, best qualities as a mom. I think that I'm real, I've gotten a lot more patient, cause I think patience is just one, uhm, I'm real touchy feely, cuddly, you know, with him. I like to play. You know, we get down on the floor and play....I don't know, uhm, qualities as a mom....I, I think I'm just real loving with him and, and just, uhm, I mean, I'm the, the only person that he has during the day, taking care of him. So I guess, really, just a good caretaker overall. [AL 15-16]

Christine felt she was competent at providing both structure and affection for her twins. When asked how she felt she was most effective as a mother, she responded.

Guidance. Simply because their father has stupid ideas of ...he's different from me and I'm more structured. Uhm, I, I have more [short pause] guidelines, and I think that kids need that growing up. The world is so vague to begin with that it's hard for them to know what's, to be stable if they don't have something that's, that's always gonna stay the same, they can always expect. And, a big part of it is I have lots of love and affection, and I think that's one thing I, uh, make, really make it a point to show my kids. And not a lot of parents do that, so those are the two main things I, that I think I do well as a parent. [CW 29]

Another mother, Anne, felt confident that her best qualities as a mother was emotional care for her daughter. Anne shared, "Right now when I'm a stay-at-

home mom I'd have to say the biggest one [best qualities] is time with her and giving her the attention, and the love, and the patience that it takes to have a happy baby." [ACH 5] Anita felt she was competent as a mother by providing basic care, ensuring her daughter's happiness, and maintaining discipline. When asked about her feelings of efficacy as a mother, she replied, "Well aside from the obvious, keeping her fed and clothed and clean, I try to play with her and, uhm, make sure that she's happy. But yet I also have to make sure that she's disciplined properly, not like me." [Laughs] [AC 11]

The mothers' scenarios clearly demonstrated varied experiences as new mothers. All expressed difficulty at caring for their baby initially or they experienced clear situations in which they felt less than competent with their ability in dealing with typical issues facing all mothers. They also indicated that they felt capable and efficient at providing basic care giving tasks for their child or at providing social and emotional nurturing. Autumn shared more incidences of initially being overwhelmed than the other mothers, but as she stated later she felt like caring for her son was second nature as she became more comfortable in her role as mother. The information showed that blind mothers had similar difficulties and issues at the initial stages of being a new mother that are common to any new mother. At times, feelings of competence were challenged by new situations or by everyday stressors. However, in addition to these situations, blind mothers faced other unique challenges and situations that diminished feelings of competency.

Self-competence as a Blind Mother. Five of the seven mothers reflected on

feelings of competency associated with their blindness. This finding was coded as feelings of Self-competence with Blindness. These perceptions were indicated by specific mentions of both positive and negative attitudes regarding their experiences with their child or regarding their ability to care for their child. The total comments in this area were almost equally distributed as being positive and negative. Under this sub-category mothers expressed affirmative feelings such as feelings of being a capable mother regardless of blindness, being even more “in-tune” with her child than sighted mothers are with their child, better than sighted mothers by offering more love and protection, and knowing her child will love her regardless of blindness. Mothers also expressed somewhat negative feelings of needing to stay in control at all times to maintain the safety of a situation, guilt that they can’t do everything for their child, and feelings of inferiority because of not being like sighted mothers. They also expressed a difficulty with care giving routines and adapting to situations to provide for their child, and being nervous about the safety of their child because of their blindness. All of these expressions, whether high or low feelings of competence, centered around the mother’s blindness.

Jillian reported she felt capable and responsible for her daughter. She was very determined to make sure her daughter knew she was capable. Although she acknowledged she had limitations in her abilities due to her blindness, she was a very strong-willed mother in caring for her daughter and not willing for her daughter to be other people’s responsibility.

And plus, I really want Sierra to...even though I have a disability and I can't see, I really want her to know that, if you need something that you can come to me no matter what it is... and you don't have to ask anybody else. You know, we're in this together. So. If there's something that she can't do that she'll ask, I'll be the one to ask for help.... She doesn't need to be worried about that. [JV 5]

Christine reflected a similar strength and determination regarding her feelings of competency. When asked about her feelings of competency with her twins, she responded she did feel competent at caring for her children.

Yes, I do. Uhm, I feel [short pause]. I feel rather competent....But as far as meeting basic needs, uhm, I do feel competent. But it's because I expect so much out of myself, and I expect the same out of my children...and hope that they would want that for themselves, and that by seeing that they'll do it. Other than that, I don't see anything different that would a typical mother see. [CW 36]

Both Christine and Jillian had a strong sense of being capable as blind people and that perhaps overlapped into their feelings of competency at being a blind mother.

Amy, similarly reflected her strength as a blind woman.

My midwife never asked any stupid questions or anything. She, she just let us do our thing. I think, you know, I think people immediately know that, uhm, I'm capable. It's not like I come in there and I'm, don't know which way to go and I have to be led, and people are calling me "honey" and "sweetie," you know. [AB 5]

Another mother, Anne, not only felt competent as a blind mother, but reflected that she thought that blind mothers were more adept in monitoring their children than sighted mothers because of adaptations the blind mothers made.

I think we do have a more, cautious with our kids, because we're, we may not see them but we have the sixth sense of hearing what they're getting into. We're more in tune with what the kids are doing. We can keep track a little easier. We may not see them but we can still keep track. Uhm, Astrid is a real social butterfly at church and I put bells on her tennis shoes, or on her shoes, so I know where she's at. Where, sighted parents may not necessarily do that, so I do a little adapting with different sounds, or different things to make noises, and that, so I know where she's at. I'm always keeping track of her. [ACH 11]

Anne continued later in the interview with a comment of similar confidence in her ability as a blind mom to care for her daughter. When asked what she thought she could offer Astrid that perhaps a sighted mother could not offer, she said, "Uhm, it's hard to say. I never really thought of that. Maybe it's a little extra love, the extra caring that I'm always making sure that she's staying safe" [ACH 14]

In contrast to the positive feelings of the mothers, they also experienced negative scenarios associated with their blindness. Several of the mothers expressed they felt less competent than sighted mothers or even inferior due to their blindness. Two of the mothers, Jillian and Autumn, worried during their pregnancy that their child may not love them because of their blindness. Autumn also reflected another fear of not being an adequate mother, but later indicated

that even though parenting blind is hard, she was not concerned about her ability. When asked to revisit her thoughts on her own blindness and how it related to motherhood, Autumn reflected.

Uhm, sometimes it just makes me wish I could see. You know, because sometimes it's hard or, when I was pregnant I was like real nervous. I was really like afraid that he wouldn't love me as much. You know, when you're pregnant you go through all kinds of emotions.... and that's really kinda silly but.... Yeah, just because it would be harder for me to do stuff with him, like sports and things like that. But, now I'm like "Oh well, it'll all work out," you know?... Uhm, there is gonna be things that are harder but it's not, I mean, it'll be okay. [AL 62-63]

In addition to her initial concern of her daughter's love for her, Jillian reflected on her abilities as a blind person and how it affected her competencies as a mother. She urged blind mothers to revisit their abilities and know what they can and can't do.

I mean, I cannot stress enough how much I want blind mothers to, uhm, [short pause], even though they're blind to enjoy it. Even though it's hard, it's harder, sometimes, if you can't see. Your child still loves you no matter what. Will always love you. And I didn't, I couldn't understand how this child was gonna love me, and I can't see, when she was born. But they just, they're your children, and they love you. And get to know yourself, revisit, like we were talking about, revisit that, who you are as a blind person, and what you can and cannot do. So your child doesn't have

to be affected, or you're past that already. I already know myself. Here's what I can see, and here's what I can do with my kid. I strongly suggest that you get to know yourself again. And even though you've been blind all your life, just, kinda refocus before your child comes. So you can be a little prepared. [JV 65-66]

Jillian indicated that she was aware of her limitations as a blind mother and shared her thoughts on ways to compensate for it, or control it, in order to feel competent with her daughter. She also expressed her limitations due to blindness in caring for her daughter's safety. Safety was a big concern for many of the mothers and will be further discussed in the section on Fears and Concerns, but it is important to note that blindness did impact the mothers' sense of ability to keep their child safe. In one interview with Jillian she referred to the word "control" several times. When asked about her need to maintain control, Jillian responded.

It's, it's because I can't, strictly because I can't see. I have to feel like the situation, I can control, uhm, the situation. I can't control everything, but, where I am, and where she is, and what's around, as long as I have some type of feeling of, "I can control this. I can", you know, "be in charge of this and," you know, "I can work with it." It is strictly because I can't see. Because, any type of [short pause].... If anything happens and, and I'm not in control, or I'm not prepared, we might get hurt. [JV 60-61]

Other mothers sometimes felt less competent in performing basic care giving activities such as keeping their child clean, feeding and bathing. Autumn shared a care giving situations in which she felt reservations about supervising her eleven

month-old son in the bath due to her blindness.

There for a while I was real nervous about, I wanted to make sure that I would have my hands on him at all times. Now I'm a little bit better about that, cause I know they need a little freedom in their bathtub. You know? So I'm better than I was about that. I've really gotten better in the last couple of months about giving him that, well, probably about the last month. [AL 57-58]

Summary for Competence

Just as with self-competency as a new mother, the women had varying situations and levels in which they felt competent. Despite their blindness, the mothers revealed a sense of competence in their abilities to care for their child. However, blindness did have an impact on their feelings of competence as a mother. Blindness did have an occasional detrimental impact on some basic care giving routines, elicited some concerns over attachment by the infant, and created safety issues that required specific adaptations. Overall, the mothers felt they were capable of overcoming the obstacles they encountered as blind mothers. Additionally, some mothers purported to be capable mothers due to their feelings of being capable blind women.

Fears and Concerns

The category of Fear and Concern emerged under Internal Influence on Parenting Experiences because it primarily focuses on the mother's fears and concerns for her child based on her perceptions of her blindness and how it impacts interactions and situations. The source of fears and concerns were not

directly contingent on societal influences causing concerns, but were solely derived from the mother's thoughts of her own concerns related to her blindness or her child. This category is closely related to mother's feelings of competence, yet there were distinguishing data to support it as a separate category. The data presented in this section have less to do with mother's feelings of competence or ability and more represents the mother's expressions of limitations in parenting due to blindness. It is best defined by mother's feelings of concerns for her child because of the mother's inability to see. Some mothers did however express fears and concerns for her child unrelated to their blindness.

One sub-category that continuously emerged was concern and fear for the child's safety. Mothers were afraid for their child's physical safety because they couldn't visually monitor their child or they feared their child being abducted. Somewhat related to child safety and monitoring were two mothers mentioning a future fear of their child getting into drugs as teenagers and not being able to see the visual signs of it.

A second sub-category arose from concerns of their disability limiting their ability to provide a "typical or normal" lifestyle for their child. Inability for the mothers to participate in activities such as riding a bike, playing catch with a ball, participating in kid's organizations such as Little League or transporting their child to school were concerns. Jillian reflects this sentiment with her statement.

That, that's one thing that she has to know, "I'm never gonna be able to drive you to practice or to school. And we're gonna have to carpool and we're gonna have to live close to maybe your school. Or live close to a

park.” Until she can drive, and things like that...I’m sure it won’t be a problem. She’ll be like, “Yes!” It’ll be one of her perks of having a blind mom. [JV 32-33]

A third sub-category which came up with a few of the mothers was the mothers’ concerns of providing a reliable or stable relationship between themselves and their child. They felt that their blindness might interfere with their child’s feeling that they could depend on their mother. An additional concern was that in order to compensate for not being able to monitor her child, the mother would become overly protective causing the child to feel too restricted in certain situations, and thus causing interference in the relationship.

A fourth area of concern for some mothers was the sub-category of education. This included how her blindness interferes with her ability to help her child develop educationally, or interferes with her role in participating with her child’s formal academics at school. Teaching her child concepts related to vision (colors, names of objects), providing general “visual stimulation”, helping with homework, and reading books to her child were additional concerns and areas of frustrations.

Other concerns, not explicitly related to blindness, were financial stressors and fear of their child being in an accident or part of a violence act. Additionally, in contrast to fears and concerns related to blindness, the majority of mothers mentioned a positive affect of their disability on their child’s life. Therefore, a sub-category, Positive Affects of Disability, indicated the mother’s perceptions of

the positive side of her disability and what value it had either in her life or in her child's life.

Safety. Mothers communicated fears and concerns for safety in three main areas: physical safety, monitoring safety, and fear of abduction. Physical safety concerned the child's bodily safety and the potential for accidents. The following narratives will demonstrate the variances between the mothers' perspectives on safety and how they handled it. They will also show that safety was a predominate concern for all of the mothers.

Under the area of physical safety, Christine expressed some of her concerns with her twin's safety and the adaptations she used to counter them.

At, at every stage there's always something that concerns me about being a visually impaired mother. When they were babies my big concern was, uh, not being able to see them choke on something. Can I hear? And so, always alert. And so I would do stuff like, and when they started crawling and getting into everything, putting bells on their shoes. Until they learned to take their shoes off. [She laughs]...Uhm, and, you know, later on it was other things like "Are they gonna draw on my walls? Are they going to get into my chemicals that, that are down there?" [CW 6]

Amy discussed her concerns when in an unfamiliar environment and notes the assistance she needed to keep her daughter from physical harm and to monitor her actions.

Uhm, the hardest thing for me is when I take her some place and she, you know, now she's toddling so she wants to be on her own. She wants to be doing her own thing. It's harder for me to let her do that knowing that she might put something in her mouth or, you know, so it's more like, I'm not necessarily on guard for what other people think, as much as I'm on guard for what might actually be dangerous to her. When going to someone else's home. And usually I try to say to them, you know, "either, either I have to hold her or I need your help in watching her because I'm not familiar with your environment." And, you know, most people say "that's fine."it's harder now because, you know, she's on the move, and, uhm, I have to be a little more concerned about her safety from a perspective of falling or pulling something heavy on her, or something more than I, I, I try not to waste too much time caring about what people think. [AB 26]

Additionally, Anita and Jillian both express concerns for monitoring their child when out of their familiar environments. Anita shares, "When she gets to the point where she's not really wanting in the stroller anymore, how am I going to keep up with her? Like oh no, what if she gets away?" [AC 34] Anita's concern for her daughter's desire to walk on her own instead of using the stroller posed a problem for her. Anita was concerned about her lack of ability to monitor her daughter, and the potential impact it could have on her child's development of independence and range of experiences on outings. Another mother, who's child was no longer in a stroller, recounted that she felt concerned about her daughter

not being exposed to new environments and experiences due to the fact she had concerns about taking her to events because of her blindness. One could surmise that this could have a similar effect on Anita and her daughter, as well as other blind mothers and their child. The mother's blindness could impact the child's independent activities and typical developmental stages. Jillian shared several episodes in which she had concerns for her daughter's safety in unfamiliar places, or in groups of people where it was hard to monitor Sierra auditorally. To counter this concern, she moderated the environments in which they visited.

And then I try to take her places that I've been and I know where everything is and because it's gonna be easier for, not to say that we're not ever gonna go anyplace that I haven't been, or a new placeWhen they're this young and I don't have control of the situation, it's not safe. So, I don't take her to places that are gonna be too much for me. If I'm not okay, she's not okay. [JV 57]

Surprisingly, six of the seven moms had concerns about someone abducting their child. Not to say that every mother at one time or another may experience that fear, but many of these mothers had this fear when their child was with them or close by in their vicinity. Although this sub-category involved the external factor of a stranger causing the concerns and fear of abduction, it is included in the theme of Internal Influences on Parenting Experiences. It is derived from the mother's concerns of not being able to see and her perceptions of her limited ability due to blindness, not because of her perceptions of society's biases toward her abilities as found in the theme of External Influences on

Parenting Experiences. The following dialogue from the interview with Autumn demonstrates multiple situations regarding her fears about raising her son, including the fear of abduction.

Oh my gosh! Uhm, Probably just that something's gonna happen to him, like, in the early years, you know, you worry about making sure there's nothing he can put in his mouth. Uhm, and not being able to see him, it's gonna be hard when he's walking, and I know that. That's another challenge that I'm gonna have to overcome with him.... Yeah.

And then as he gets older I'm gonna be worrying about abductions and, uhm, [short pause], I mean, just outlandish stuff probably but it's every mother's fear, their kid's gonna get taken away, like, you know, we're gonna be in a restaurant or something. He's gonna go in the restroom and somebody's gonna snatch him, or, you know, uhm, oh I don't know. I can't think. Uhm, [short pause], you know, I guess just normal concerns like around that.

It may not, well, I, and I know also like when we go to Chuck E Cheese and do stuff like that, I'm not gonna be able to see where he is and there's gonna be so many kids. It's gonna be hard to hear him.... So, at that point I'm just gonna be like "Okay. Get someone to help me." My husband or whoever we're there with. Cause that's gonna be a major deal, and I know that...Uhm, then, of course, as he's older it's probably gonna be, [short pause], his friends. Are they gonna, is he gonna get on drugs? Is, uhm, is he gonna be in car wreck once he starts driving? I mean, all

that's like years down the road....Yeah. But, probably mainly right now, once he starts walking, it's the whole safety thing...Making sure there's nothing he can hurt himself on or, I don't know. [AL]

Specific to abduction, Autumn feared that people may see her vulnerable because of her blindness. She recounted her actions when she and her family were in a restaurant and her husband left them alone at the table to go to the restroom. In this situation her blindness caused additional stressors in a typical parenting circumstance. Her lack of ability to visually monitor Caleb caused her concern for her son's safety even though she accommodated for it by physically monitoring him. The interesting segment in this following passage was her reflection of society as seeing her as not capable. This scenario suggests that she may potentially view or question her own capabilities similar to her interpretations of society's views. Her sense of vulnerability reflected a lack of efficacy.

But like when we're in a restaurant, like if Joe [her husband] has to go to the bathroom, I'm right there touching him [Caleb, her son], cause I don't want someone to come up and grab him. And me not be able to see it. So, I'm pretty neurotic. I'm like, I don't want people to ever get the wrong impression, to think "Oh my gosh. She's blind, so she's not capable."

[AL 35-36]

Jillian also felt a sense of vulnerability and concerns over safety for herself and daughter. When responding to a question about societal influences on her parenting, she felt that safety was a primary concern. She also took on a very

determined attitude of capability in protecting herself and her daughter. Jillian revealed, “I know that I can’t see, and when I have my cane, other people know that I can’t see. That makes me, in their mind, more vulnerable to something harmful. So I have to protect myself and Julia to let nothing happen.” [JV 16] Amy and Anita when asked about their fears of raising a child both commented on fears of abduction; feeling that it was a typical parental fear. Once again though, the scenario that Amy shared was not likely a common fear regarding abduction for most parents. Despite living in a fairly safe neighborhood, Amy feared her daughter being abducted from her bedroom at night while she slept. When asked about this in a later conversation, she indicated it was because she couldn’t look in on her child at night in the crib. Thus, suggesting that fear of abduction may be elevated for blind mothers as opposed to sighted mothers because of their inability to visually monitor their child. [AB 41-42] and [AC 8].

Effects of blindness on lifestyle. In addition to feeling that their concerns and fears for their child’s safety was impacted by their blindness, several of the mothers commented on their concerns that their blindness impacted their child’s lifestyle and activities. As the researcher, and as a mother, these responses seemed to me to capture many of the real frustrations of being a blind mother. This section covered a variety of different scenarios, however, all demonstrated the impact of blindness upon the mothers’ sense of ability to provide their child with a typical lifestyle or typical interactions. Some of the narratives were more extensive than others, but were necessary to capture the entirety of the sentiment. Christine shared her very real concerns about raising her children.

When it comes to activities. I don't think my children get out as much as I'd like them to. I'd like them to experience culture, to go to like a museum, to go to parks, to do things. I don't have the means as far as, financially yes, but not, not so much that, because there are some things that they can do but, to be around people. To have the, uhm, [short pause] depend on people. I don't want people to take us, uhm, trans..., cause of transportation, you know, once we get there, having people who'd be willing to help me watch them. Cause it's so much harder when you can't, can't let your children run as free. Uhm, so in that aspect I think that I'm not enriching their lives enough, cause I think it's important that they, that they see that part of life. Uhm, [short pause] it helps for their growth to, to experience life fuller than just to live in the backyard or the room, or watching TV or in a little playground. [CW 30]

At the beginning of this next passage Christine showed she was competent in care giving for her twins, but had doubts and concerns when faced with her limitations in other child rearing activities. She expressed that her disability might be a burden on her children, and she indirectly referred to her disability as a "fault" that she doesn't want to impact her children's life. Her awareness of her disability and its impact on her children had her searching for options and solutions to provide a "normal lifestyle" for her children. In the passage below, initially she stated concerns for how her children were going to "adapt" to the situation of having a blind mother. Later she felt responsible to adapt personally to the situation so her children were not affected by her disability. Throughout

this passage she shared concerns, doubts, and a sense of frustration by her blindness.

I think my main concerns are I don't have a doubt, you know, that I do everything like every other mother would, uhm, cook and clean, but I do, I am concerned about my children, as far as how they're going to adapt. What, what, the people, what society I guess, what children around them, are they going to have normal childhood? Like, I can't take my children to the park unless I have a friend who's sighted who can watch them. Because I'm constantly gonna want them there beside me just in order, just natural instinct. I can't see where they are, so I don't, if I don't hear them, they can't really have fun. Uh, are they going, going to be able to, uh, do activities that other kids are doing? You know, uhm, little league. I won't be able to take them, my son or whatever that's something he chooses to do, it's like, figure out transportation. All sorts of things.

I think my main concern is will I be able to provide, if there's such a thing as normal, a normal or average childhood to my kids? I don't want, I've seen a lot of children who've had to grow up faster than they should of because of their, their parents. Uhm, and I don't want my children to lose that because of the disability that I have that's, that's not their fault. Uhm, so that concerns me...How can I adapt so that my children can have a, a regular childhood. Or as, as normal as it can possibly be? I think that's one of my biggest concerns. [CW 12-13]

Jillian was another mother whose anecdote encompassed many feelings

and concerns of how her blindness impacts her daughter. Like several of the other mothers, she expressed concerns about how her blindness impacted her daughter's quality of life. She was acutely aware of her disability. Jillian did many things to keep her disability from affecting Sierra. She admitted overcompensating for her limitations and trying to prove to her daughter that she can be relied on. She also was very conscious of raising her daughter as a sighted person and not having her be burdened by her own disability. More than any of the other mothers interviewed, Jillian made several distinguishing remarks between being blind and being sighted and the difference between the two worlds. This could perhaps be due to the fact that she lost her vision as a young adolescent, as opposed to the most of the other mothers that lost their vision either at birth or at young age. Jillian experienced the "two worlds" of sighted and blind much more noticeably. When asked about if motherhood has made her revisit her thoughts on her blindness, Jillian replied.

It's probably made me, of course, maybe question my ability in life, in general. As far as being blind. Can I do this? Is it good enough? Will people accept her because I can't see? Will people accept me because I can't see? How much of her life is gonna be affected by mine, my life, and my situation? I think about it all the time. And, that's why maybe it seems as if I try to, like I told you before, overcompensate for that. And it's, it's, it's, I think about that in all aspects of my life. And I don't want her personality, her feelings, I want Sierra to be a complete individual, and a blind individual is who she is not. So, I don't want her to ever think a

certain way because there's a certain way that blind people think, in general. We do not, we don't have the same personality, we don't have, you know, we have our own.

But there's a certain blind thing that we have as a community, and it's always, for the most part, generally, we each haven't fit in, and we try to make other people feel comfortable with us, and always try to prove....And, I want Sierra to be Sierra. She's not me. She's not blind. And she's an individual and I want her to be able to find that. For it to blossom in her, and not for my blindness, or my instability to be in the way of her. So, I think about it all the time. And I'm conscious of it. I'm conscious of it. I've tried to do things, or not say things, or not do things, so she's not affected by how I feel, always. She doesn't have to prove herself to anybody. But yet, I, I feel like I do. So, I'll probably feel like that for the rest of my life, and I'll probably feel this way for the rest of her life. And, you know, I'll probably never tell her that. Or I'll probably never express that to her that "I have concerns about how people are gonna view you because I can't see." Because, unless she asks me she doesn't need to know. [JV 63-64]

As can be seen in the above passage, Jillian was extremely sensitive to Sierra's personal development and sense of self. She was very concerned about her blindness and the affect it would have on Sierra's life. She found it difficult to balance not letting her blindness get in the way of her daughter's life, and the fact that there were times that compromises would have to be made because of her

blindness. One area Jillian found the most difficult to negotiate around her blindness was in the area of safety. It became a two-fold issue. Her blindness caused her to have difficulty monitoring Sierra in certain situations, which caused Jillian to be more overprotective. As a result of her overprotectiveness, she had concern that Sierra would resent her being too controlling. Jillian commented several times throughout the interviews about her concerns of how her overprotectiveness for Sierra may cause her daughter to resent her mother's presence. She felt that in order to maintain Sierra's safety, she could be overbearing which may cause problems with later interactions, but she wasn't willing to compromise on her safety.

Yeah, cause you're scared, I mean. [short pause & sigh]. We've got an invitation to go to a party, a birthday party on Saturday, and not that I don't want to go, it's just, the party is at night, and I, she's a kid, and she's gonna want to be running around everywhere. And, I have to be on top of her all the time cause I can't sit down right here and look at her from a distance, and, and tell what she has in her mouth. So I have that fear that she might think that I'm overprotective. Maybe not now, but later. That I'm asking her too many questions. [laughter] [JV 10-11]

Educational Concerns. Safety and lifestyle activities were just some of the concerns the mothers felt were impacted by their blindness. They also had concerns for their child's educational development. One of the educational issues most expressed was the apprehension of not being able to teach their child colors. The teaching of colors was reported on numerous times by the mothers. Several

mothers had purchased special toys to help teach their child colors. A few played specifically with toys that they knew the colors of so they could reinforce the color concepts. Christine purported that her children had learn to adapt to identify colors by referring to common objects to identify colors.

Like I said, their education. Like I mentioned to you before, it really bothers me. Uhm, talking about colors, talking about, like yesterday, uhm, I was talking to the kids' father and he said "You need to find someone to show them their colors." And I was like "I've been telling you that for, what?, how long?" He said "Yeah. Well, Chase's got a way of communicating." He said that "this is, this is the color of a potato." Because he doesn't really know his colors he's associating it with an object, so he's smart to do that. [CW 30]

Several mothers were distressed by not being able to read to their child. Even though some had children's books overlaid with Braille writing they felt limited by not being able to point out the pictures to develop their child's vocabulary and "talk" about the illustrations. Some mothers used books-on-tape, but they didn't feel like it "bonded" them with their child as much as the reading process. They wanted to be the one reading to their child. Christine shared her regrets at not being able to read to her twins.

I want my children to get the visual aspect of showing them the pictures and the letters on the book, but I want to read it as well. As a visually impaired parent my kids aren't getting that.... the interaction is not there. And, you know, mommy explains stuff, showing pictures. That's a big

bonding time....I think it's one of the biggest bonding, and that's something I haven't had the chance to do, and that's something I really, really miss. The whole telling bedtime stories. I used to love storytelling when I was growing up. And my kids may not have that, or as much.

[CW 42-43]

The distress caused by the mothers' blindness in not being able to read to their child is dramatically emphasized by Lisa.

Oh, you know, I guess, this is one thing that causes me stress. If, well, when I've been, well I guess, yeah, it breaks my heart, then. I should be honest. Hmm, we buy my little boy, you know, those story books. But they don't have them in Braille at the store, neither pictures. And, you know, it would take too much space for my husband to help me put everything, you know, Braille on those books. And, what really, well, yeah, I really, you know, he comes up to me, well now he knows but, before, when he was younger he would come up to me and say "Mom, what's this?" "What animal is this?," or "What is this?" You know? And I used to feel bad 'cause I couldn't tell him what it was. That's one thing that used to, yeah, I guess, that's one thing that really used to bother me.

[LZ 22-23]

Anita also shared that the inability to read her child books was the time she felt least effective as a mom. Instead, she had to rely on other people to read to her daughter.

I wish, uhm, [short pause] that I could, uh, interact with her more, by reading and stuff, to her, in that way. Uhm, cause right now she's got some books and stuff, that her grandparents gave her but, I can't read them to her. So when people come over that can they'll read them to her. I don't have any Braille books at the moment for her that I can read to her. But her grandmothers, they can read to her. [AC 12]

The comments on inability to read to ones child were very intense and posed to be a great issue of concern by the blind mothers. Even though modifications could have been made to children's books by overlaying them with Braille, some mothers felt that it still didn't help with literacy skills of that age of talking about pictures and vocabulary development. Additionally, some felt intimate bonding time was affected by not being able to read together.

Other educational concerns revolved around helping with academics once the child starts attending school. Autumn, Anita, Lisa and Christine all shared in these worries. Anita was concerned how she was going to "deal with" the public schools, and communicate with the teachers through printed notes. She also had concerns about helping her daughter, Amanda, with her homework and the understanding the directions for it. Autumn was concerned about helping her son, Caleb, with his science experiments and reported she would have to rely on her sighted husband to help Caleb. Christine was concerned about her children's schooling options. She felt they needed to be put in an Early Childhood program to help them gain "visual stimulation" and not be behind in visual concepts. She felt her twins should qualify for a program because she felt they were a "high

risk” family. She had gone so far as to locate a Preschool Program for Children with Disabilities (PPCD) for her children, but they didn’t qualify in a special education program because they didn’t have a disability. They would qualify for Head Start the following year. She expressed her concerns about her ability to help her children throughout their school years.

I think about, you know, parents [sighted]. Their kids come home their early, you know, school years. What are they learning? To read, write, learn their colors. I can’t help them with that. And they’re [her twins] not gonna get everything in school because they’re [the school] expecting the parents to be part of their education...I don’t want them to be behind because mommy can’t help them. [CW 6-7]

Benefits of Disability: A Contrast of Concern. In contrast to concerns over the obstructive impact of the mothers’ blindness on their children, a couple of mothers express the “gifts” that came from having a mother with a disability. Anita felt that her daughter, Amanda, would learn to better accommodate or cope with differences later in life. She felt that Amanda would be more flexible with what life presented her or in dealing with people. Anita also felt she’ll understand differences with people and be more understanding of blind or visually impaired people. [AC 31-32]. Christine felt her children would be more accepting of people’s differences and have the “ability to love, accept, and to give earlier in life because they have had to deal with that side of life.” She also felt they would have the ability to adapt to situations [CW 35-36]. Lisa felt her son would also understand “how to cope with a blind person.” [LZ 19] She also commented on

how her son would be much more organized as a person because he has learned to put things back in their place when he is done with it, such as his toys, and dishes. Lisa taught him to do this so she would not trip over his toys and so she would be able to find his things. She shares, “cause if you’re not organized when you’re blind and you put one thing in a place in another place, once you look for them you can’t find them. And, teach you little boy how to be organized at the beginning....he knows how to, when he gets a movie out he knows where they go.” [LZ 25] Autumn shares her thoughts on the positive side for her son, Caleb, being raised by a blind mother.

It’s kind of a 2-sided thing because I can also see that not having vision is gonna show him a lot too. It’s gonna show him how to be diverse. It’s gonna show him that people can do anything no matter what, or situation. It’s gonna show him that it doesn’t matter if he can see or not. You know? And that’s how I look at it too. I’ve always, I’ve never looked at my blindness really as a disability. You know? ...it’s also in some ways a really good learning tool for him too. You know, it’s gonna teach, it’s gonna hone in on his communication skills. Uhm, it’s gonna, I think it’s gonna make him a better person. You know? Because there’s a lot of things that, uhm, I think when he gets older we’re gonna be like a little team. You know, when we do stuff together... [AL 65-66]

Summary for Fears and Concerns

All the mothers acknowledged the impact of their blindness on their child’s life. They reported both the fears and concerns and the positive aspects of

their disability in raising their child. Being blind did have a bearing on certain areas of parenting. In particular the areas of safety, daily activities and interactions, and education were points of concern for blind mothers. These areas are concerns or considerations with any mother raising a child, however, the points raised in this study were uniquely associated with the mother's blindness. At multiple points in this study, the mothers commented on their blindness influencing their child's life or causing concerns and fears when raising their child. Some mothers also commented on the benefits that their child may acquire from having a blind mother. They felt that despite the occasional problems their child encountered because of their blindness, there were some positive aspect such as being more accepting of people with disabilities, and being more flexible with their situation.

Joy of Parenting

The last major category under the theme of Internal Influences on Parenting Experiences is the Joy of Parenting. It included the mother's statements of enjoyment, love, and devotion to her child or to the role of motherhood. Data in this category related to the mother's positive feelings of her child or her role as mother, not to her 'ability', as in the pervious category of Competence. It is important to differentiate a mother's feeling of competence and her joy associated with parenting because theories regarding interactions among a mother and a child denote a strong correlation between a mother's feelings of competence and her level of enjoyment with her child. Although results related to interactions will be discussed under the theme of Interactions, the Joy of Parenting was included in

this theme because of the mother's internal sense of joy for her child.

All of the mothers articulated that they loved their child and most wanted to have another child in the future. They all shared various types of comments on the joys of motherhood. When asked about motherhood, Anita acknowledged it was more than she thought it would be. She was worried that there were going to be more bad days, but found it to be "happier than I thought it was gonna be" [AC 7]. Christine found motherhood to be very hectic, but she loved it. She shared, "you never can even begin to imagine what it's like until you actually having it...I love being a mother, but it's just [short pause] you can't even begin to describe what it really is like until you get there" [CW 5]. Autumn gave advice to other blind mothers to "not be overwhelmed that you lose sight of, you know, that this baby is yours and it's okay....He's still gonna love you. It's all gonna work out. It's gonna be fine. You know? It just takes a lot to get use to" [AL 63]. Anne gave different, but equally encouraging, advice to new blind mothers by saying, "don't be scared. Just go with the flow. I mean, enjoy it. Learn from it. And for the ones that were thinking about it, I'd again say do it 'cause you're missing out. I mean, not all moms are gonna be good moms, but it is well worth it" [ACH 20]. Perhaps Jillian expressed her sentiments best when she shared her view on motherhood

It's, you know, it's probably the best thing in my life. Even though I have a lot of things, I dream about a lot of things, but I love that little girl. It's unconditional love that I have for her, and when I lose focus or (small pause)... she just brings you back down to, it's all about us two and, and

me having to, to ensure that she's successful, and try to provide things for her. So, I really enjoy it. I really like it a lot. [JV 8]

Summary for Joy of Parenting

The joy that the mothers expressed about motherhood was captured some in their words throughout the interviews, but also in fieldnotes. During the interviews, the mothers were all extremely loving and devoted to their children. The joy they expressed verbally was apparent in watching them interact with their child or when they teared-up with love when speaking of their child. In my career as an early childhood specialist I have had many opportunities to observe mother-child relationships. These interview opportunities were some of the most dedicated and loving accounts of how mothers feel about their children that I have observed. The joy and devotion derived from being a mother was very evident.

Conclusion for Internal Influences on Parenting Experiences

The theme of Internal Influences on Parenting Experiences was expressed with the many thoughts of the blind mothers regarding their disability and how it affected their parenting experiences. Their thoughts and perceptions of competency, and feelings of fear, concerns, and joys, associated with parenting, were encapsulated in accounts of how they personally assessed their abilities and limitations. As previously stated, all of the mothers were aware of their blindness influencing parenting experiences. They acknowledged that their blindness does place limitations on them as parents and on their children. They also acknowledged that they felt overall confidence in their abilities to provide both

emotional and physical care for their children despite of the occasional limitations experienced.

External Influences on Parenting Experiences

In the previous theme maternal perceptions were based on the mother's self assessed feelings of how her blindness impacted her ability to parent. Under the theme of External Influences on Parenting Experiences the mothers' perceptions of their abilities were either challenged or influenced by external societal opinion. Society in this study is defined as the general public, family, friends, or organization representatives. All of the mothers felt externally influenced by society in their parenting experiences. The results of this theme are presented as the mothers' perceptions on how society influences their parenting experiences. The narratives told by the mothers may recount society's opinions; however, this analysis only is concerned with the reactions to and perceptions of the blind mothers regarding society's biases and how it affects their parenting experiences.

The outcomes in this theme were reflected in the categories of Societal Biases and Judgments, Fears and Concerns from External Influences, and Responses to External Influences. The mothers felt that many times society had unfounded biases toward their ability as mothers. These biases generated fears and concerns atypical for any mother to experience, thus producing an unfair burden of additional stressors to blind mothers in many parenting experiences. As a result of these external biases, fears, concerns, and stressors, blind mothers many times responded differently to parenting experiences than sighted mothers

typically do.

Societal Biases and Judgments

All mothers felt that society placed unwarranted expectations on them based on biases regarding their blindness. Whether these biases were real or not, the mothers perceived them to be present. In the case of judgments by society, the incidences were real, but are judged upon critically due to the blindness even though they may typically happen to most mothers.

Societal Pressures. Results showed blind mother experienced many societal pressures that sighted parents do not. Many of the mothers felt the outside pressures influenced their parenting experiences. Jillian felt that society's standards for her as a mother were higher due to her blindness, and approval of her as a mother was contingent on her child's appearance.

I always want her to match and to be clean, and her hair to be fixed.

Because I feel like other people look at you, and have a higher expectation for you as a mom. Even though it's not fair, they have this thing that you have to be really, a really good mom because you can't see. They kind of judge you on that, I mean. [JV 12]

Jillian expresses that the expectations that society places on blind parents is unjust, and that blind people shouldn't be told what adjustments they need to make to be fit parents. She feels that blind and sighted parents should be held to equal standards. When asked about what she thinks society's opinion on blind people having children, Jillian gave an extensive response.

I think that one thing that you have to remember, and sometimes it's so obvious, blind people are human. And, they're gonna make some bad choices, and some good choices. And that includes parenting. Just because you're blind doesn't make you a good parent, and it doesn't make you a bad parent. You're just human, and you're just gonna do what you know to do. I mean, instinctively as a mom, you're just gonna do those things. And, I don't think that society should place any expectation on you, or lower their expectation on you, because you can't see.... I don't think society should place any kind of higher or lower expectation on a blind family, or parent.... I think they do. I think they want us to be overly successful. Or, they want us to be prepared, like some kind of, I mean, you can only do so much preparation, you know? And then, you just don't have any control of what your kid's gonna do. So, I don't think it's fair that we should have to go through any type of, uhmm, anything other than what sighted parents have to do, as far as like classes and all that, you know?

I think that when you're blind you just should be expected to live, and they have this impression that because you're blind and because you have a kid, you're this really good, organized, great parent. And, and if you're not, it's 'cause it has to do with your vision. And it doesn't. I mean, if you're really an organized person then, you might be, you're probably gonna be an organized parent. And, you're gonna just have to make it work however you know, just cause you're blind doesn't mean

that you should be expected to be, step out of your box into any other kind of, type of human being, you know?

So, I think that society should just try to [short pause] uhm, expect what they would expect from sighted parents. Because, I guarantee that 9 times out of 10 blind people will make their adjustments, because they have to. To live. But society shouldn't tell you what those adjustments should be, cause they don't know. I don't know what other RP [Retinitis Pigmentosa] parents do. I don't know what other blind parents do, because I don't know if it'll work for me. Just like sighted people. You, you don't know what, how other sighted parents are raising their children.

[JV 14-15]

Autumn also felt additional pressure on her even by someone she was comfortable with in her family. She felt humiliation over an incident and even though her sister-in-law didn't judge her, the incident still sparked feelings of higher demands placed on her because of her blindness. This situation demonstrated that pressure was present even within ones support system.

Uh, when Joe's sister was here, I pulled something out of the laundry that was still dirty. And it didn't get cleaned, and I was about to put it on the baby. And she told me it was stained. That's really embarrassing. So, I have had some, but she didn't, it didn't make her think less of me, but it just makes me real neurotic cause I know people do. And I know people look at me more. As a blind mom they look at me and it's like they're twice as hard on me because of that. I feel like. [AL 36]

General societal attitudes. A sense of biases came from society in general, which included individual strangers and society as a whole. Amy felt there is a societal attitude that blind people shouldn't have children, and society has different expectations for blind people than sighted people. She expressed these attitudes in her following scenario. If there was a mishap that occurred with the child, it would be attributed to the mother's blindness, not because it was a typical mishap that could happen to any child. She felt that society was much quicker to focus on the blindness than the actual situation.

I once heard on the radio saying, you know, if you're pregnant you, and you think there's a chance of your child being blind, maybe you shouldn't have gotten pregnant. Uhm, so I suppose there's a body of people out there thinking that if you're blind, or there's some heredity or something like that, maybe you shouldn't plague your child with a disability. Uhm, you know, those people should be like twisted into knots or something. But, uhm, they're obviously really confused.

Uhm, there are some people who, uhm, I think think that it's not a good idea because you can't watch them, because, you know, all children end up, every parent can tell you a story of when my child did something, you know, when they pulled the china cabinet down on top of them....So, you know, I mean, I think that probably those things are more likely to be happening, but I think that if you're blind, people would see it as those things happen because you're blind, not because you have a child and children do amazing things in very short amount of time. So, there, it's

frustrating 'cause everything gets linked to, it happened 'cause you're blind. It's hard for you to feed her with a spoon because you're blind. No, it's hard for every parent, I know, to feed their child. You know what I mean? Oh, it's hard for you to, whatever, 'cause, 'cause you're blind. No, it's just hard to do that. Uhm, so I feel like probably some people think that when things happen it's because you're blind and not because you have a child. [AB 27-28]

Amy went on to express her frustration with society's bias suggesting her inability to care for her child. In general, she felt that parenthood was a vulnerable area for people with disabilities to be judged unfairly.

Yeah, that's the other thing is, you know, I think you gotta be a better planner, 'cause if you build a crisis people will say you're incompetent. Not that you made a bad decision. You're incompetent. So, you know, and there's probably no place in your disability people will think you're more incompetent than parenting. You know? I mean, oh, you can get the bus, and you can carry a, you know, a, you know, 30-patient caseload of chronically mentally, mentally ill and substance abusing patients, and manage your paperwork. But, you know, how are you gonna find your child in that big house? You know? You're just like 'What is that? You think I can't handle that, do you?'" That's just, that's what everybody said to me. "How are you gonna find her in that big house?" And I said "Well, you think I'm gonna let her roam that entire big house unmanaged?" I know what a baby gate is. [AB 67]

Autumn shared a scenario on how one person considered her lack of vision to be so debilitating that she was unable to care for her child.

But it's just sometimes people really, uhm, they can't imagine being blind. You know, they can't imagine their life without vision. So, therefore, they equate everything around vision. Like Joe's grandmother. That's so silly, you know. She, she's a prime example of how a lot of people are. People at my church, they've asked my grandma "How does she take care of the baby being blind?" You know? And I feel like "Well how did you take care of your kids?" You know? I mean, it's really not that much different. There's just some things that are harder. [AL 37]

Some of the mother's shared more specific experiences that bluntly showed the lack of knowledge of people's views of blindness. Anita shares an incident in a grocery store with a total stranger. Anita was at the check-out counter "when I was talking to the cashier about being pregnant, and the lady behind me was like 'Are you gonna give it up for adoption?' 'No.' And she just flat out said 'Well, why are you gonna keep a baby you can't take care of?'" [AC 22]

Anita attributed societal bias towards blind people not having children as an outdated notion about people with disabilities. At times she found society's views insulting and frustrating, but she welcomed people asking questions and opening up dialogue about the abilities of blind people.

I think the majority of them don't think we should have them. I think a lot of the, the opinions out there are old fashioned but starting to get a little better.... Finally people are starting to ask questions rather than make

assumptions....just, all kinds of questions. How are you planning to do this? Or how do you think you can do this? Just different stuff that, that you get asked now. [AC 17]

Mothers' perceptions of society's biases were further demonstrated by Amy's comments about who should "qualify" to have children. This passage exemplified the inequality that Amy felt.

And I think some blind parents, you know, some blind people shouldn't have kids and, you know what? Some sighted people shouldn't have kids, and some deaf people shouldn't have kids, and some whatever, you know, people shouldn't have kids. There are just some people that really weren't meant to have children...But they do. So, you know, we have a license for everything, drivers and motorcycles and, not children...So, you know, but I'm glad because if blind people had to get licenses for kids, we probably wouldn't be able to. Or it would be a huge hassle... [AB 28]

Family and Friends Attitudes. In addition to feeling like society in general placed unsubstantiated expectations on blind mothers, a few of the mothers shared more personal experiences of family and friends doubting their abilities. The following instance with Christine showed many painful layers of biases, from society to family, and over a lifetime, not just within experiences of motherhood.

But, so society, I think they do perceive, general society does perceive a visually impaired person as being, uhm, less than adequate, you know, to be a, to be a parent. My mother, like I said, for example. She's getting better about it. Uh, and maybe it's cause I'm the daughter. She will

always be, you know, more hesitant. Or maybe it's just the old fashioned belief that no matter what you say that, you know, growing up as a teenager I always thought, after I lost my sight, I became very, uh, determined to not let my disability get to me.

So, but mainly because I wanted to show her....teenagers are kids that wanna always please their parents, and I worked so hard to try to do that. And I, I didn't succeed then, I got to the point where, now I'm, as an adult I really don't care. You know? Uhm, as a child, as a teenager I wanted my mother's acceptance. Now I just want her respect. Uhm, so if she believes in me or not, it would help cause I would like that friendship, but it's not like it used to be. It's not like it used to be.

But, uh, I think, going back to the, you know, uh, what society perceives, [the city of] Austin is, is more accepting. Not that, I mean, they still have lots of stereotype, but because we have more, a lot of visually impaired people or disabilities, they are more [short pause], more immune to the stereo...the stereotype. They see it more, so they, it's not new to them. [CW 19]

Anita also shared her experiences of her mother's biases and doubts about her abilities to be a mother. She shared that although her mother had no doubts about her ability as a blind person, she was very doubtful about Anita's ability to be a mother. This highlights the biases specific to blind people having children.

My friends were fine. My, the majority of my family was okay. My mom was a little, my mom and my sister were a little skeptical. My brothers

were all “well, you’ve survived everything else you’ve gotten yourself into lately, so I guess...” (She laughs.) My mom wasn’t very supportive at all at first.... She only gets to see us once every couple of months, but when she has she’s seen it can be done.

So that always confused me with, about my mom....Well, she always raised me as “You can do anything.” You know, cause she’s really my grandmother. And she’s always raised me as “You can do whatever you want. Blah. Blah. Blah.” And, made me to be fully independent. But, then when I got pregnant, it was all of a sudden “But, you’re blind. How do you expect to do this?” And I’d never heard that out of her mouth before. So I was like “Wo! Wait a minute!” [AC 19-20]

Amy shared a pitifully comical incident regarding one of her best friends since childhood. Even though they have been friends for years, her friend showed her unconscious biases in her thoughts toward Amy’s abilities as a blind person when she bought a toy for Amy’s child.

My friend who bought that (toy) for me has been a friend of mine since 7th grade, and she said “I bought this because I figured when you put the shapes in it says like circle and square, and that would help you.” And I’m thinking, “You don’t think I am stupid enough to not know the difference between a circle and a square, that I need that little toy to tell me.” [AB 20]

Societal Judgment. A less humorous story was shared by Anne regarding an incident where she was judged by a woman when she did have a mishap. In

this incident, the judgment against Anne was founded because of her lack of vision causing the mishap. However, as Anne indicated, the woman's bias was present before the mishap.

Once I was changing her and she rolled and, rolled off of where I was changing her and one of the ladies in the room goes "I knew that was gonna happen. I was just waiting for it to happen." And I bit my tongue, didn't say a word to her. I wanted to say "Well, if you'd seen it coming then why aren't you over here talking to the baby? I mean it's, yeah, it's my fault, but you're just as much to fault as I am. [ACH 7]

It was apparent that in this study, the mothers experienced biases from society in general and from family and friends that many sighted mothers did not. One area in particular that these mothers experienced biases was in the medical field, specifically during their stay in the hospitals. The results in this sub-category were presented as a separate section due to the significance of information and the implications it may have for the medical community in working with parents with blindness.

Medical Community. Jillian's encounter with her daughter's pediatrician and his reaction to her blindness and her ability to care for her child left her feeling emotionally violated.

And when I walked into the doctor's, you know, I felt like I was the one who was being examined. And the pediatrician, who I changed, he asked me, like (short pause) hypotheticals. Like, "how do you know if Sierra spits up?" Or "how do you know where you put her down? How do you

know she's still there?" You know, and things like that. Or, "how do you know if Sierra is your baby?" As in, you don't want to get her confused with somebody else.... I was floored. I was like, because I'm blind it doesn't welcome inappropriate questions. You cannot ask those questions to people. I feel like it's violating me. [JV 12-13]

Repeated exposure to expressions of doubt of ones ability can potentially impact a sense of confidence. The birth of ones child and the first few days after is an extremely critical and vulnerable time for parent and child to develop attachment and bonding. If blind mothers experience messages of doubt towards their ability to care for their child, levels of stress are compounded. Several mothers shared extensive stories about their hospital stay. Anita's story of her hospital experience captured many of the issues regarding social attitudes towards blind parents. In this account, Anita felt some of the hospital staff was wary of her abilities to care for her child, basing opinions on biases rather than reality. Anita also felt the hospital staff was unprepared to assist her as a blind mother with basic care giving techniques. In this instance she found that the social worker was more aware of her specific needs for her hospital stay.

The hospital was horrible. Labor and delivery was great, but their nurses. But the recovery nurses, first of all they, my nurse, uhm, was really bad. She literally tried to, uhm, pull down my pants and assist me to use the restroom....But the nursery nurses lied to us and they told us that she was having trouble breathing and she was choking, and all this stuff. They made up everything that they could possibly make up short of "she's

dead,” and told us that we couldn’t keep her in the room unless there was a sighted person because if she was choking and we wouldn’t know, and all this stuff....

So, anyway, my sister-in-law had been on the way up there, and uhm, she, when my sister-in-law got there, they brought Amanda to us, cause someone sighted was there. And we, uhm, we fed her and everything, and were like “everything’s fine.” And so her pediatrician came in, who was ten days from being due herself, but uhm, she came in and she looked at her. And she said, you know, she watched her eat and everything, and watched us with her also, and said “There’s nothing wrong here. What’s going on?” And she went to the nursery and, as it turned out the nursery just wasn’t comfortable with us. They didn’t know anything about us....

Our social worker, the social worker we knew was already real nice, helpful person because I was wondering the whole time I was in the hospital “what am I gonna do. I really would rather be in a private room, but Medicaid doesn’t pay for a private room.” So I was trying to scramble and come up with the extra, I think it was \$100 to cover the difference, cause I wasn’t comfortable with being in a room with someone else and other people I didn’t know coming and going, and, with the high rate of child swapping and everything I just wasn’t comfortable. But the social worker thought of that before I got a chance to talk to them, and they arranged for us to get a private room....And uh, so he went down to the

nursery, and he argued with them for a long time. And, he's like, "you know these people? You don't know what they can and can't do." And we're thinking, you know, logically, why don't they come and observe?

Their job is to observe the parents no matter who they are, for a few minutes and see if they know what they're doing. You know?...my whole thinking was, "wouldn't they rather watch us and see what we can and can't do, and offer to help what we can't do, or have trouble, or uncomfortable, or whatever, that way we're not sent home all of a sudden?" "Okay, they said, we can't have our child in here as long as there's no one sighted." Who said there was, we knew anyone sighted in town that could come visit? Okay, so that means we don't see our child for the first couple of days, but then we're automatically sent home with her? [AC 38-42]

When asked about her perception of the hospital's knowledge level to help them, Anita relied.

No, they didn't. I don't think if there had been something that we needed help with, I don't think they would've been able to help us, to teach us. And I don't think really think it's that difficult. I think it's more, I don't think that it's they couldn't do it. I think they're too afraid to do it, because it's really not that difficult....Maybe because they're afraid or whatever, but it depends on what they're learning, but, I don't think that the people doing the teaching are comfortable with it. Not that they don't know how do it. To teach. Cause a lot of infant care, basic infant care

that they would be teaching, there's, there's not anything different that we would do. It's just they're too afraid to do it. You see? [AC 38-42]

Autumn shared that her experiences with the social worker at the hospital were of a negative nature. She felt that the social worker was challenging her ability to care for her child based on her blindness. The social worker considered her a "high risk mom" prior to assessing Autumn with her child or knowing any of her background. Similar to Anita, Autumn was put in a situation in which just 24 hours after the birth of her son, she was feeling threatened and in need to defend her ability as a mother. She later expressed that increased anxiety over the situation, may have caused her to have trouble in lactating and could have compounded the initial problem of breastfeeding.

Of all of the mothers interviewed, Autumn shared more feelings of lack of confidence. This early situation could have impeded her sense of confidence early on and could have been a factor to her being unsure of her care giving abilities. She also was one of the mother's who later in the interviews was concerned with Child Protective Services observing her. Autumn discussed her situation with her first experiences in trying to nurse her son in the hospital.

The first one [nurse] I had showing me was real good, well the second one went and told the social worker that she thought that I was gonna have problems. So the social worker comes in and she's like, uhm, the, the day after he was born and here I am, you know, all drugged up on pain pills, and my hair's a mess, and here comes the social worker and she's like, "Uhm, well, you know, Laurie told me that you're having some

problems,” and blah blah blah. And she started asking me all these questions, which was fine. You know, I told her....She was, like, “do you have a support system?” Well, yeah, my whole family lives here, you know? Uhm, “do you, are, are you gonna be sole provider, taking care of the baby as far as during the day, and blah blah blah.” And I was like, “yes.” You know? And she was like “Well, how are you gonna do that?” And blah blah blah. And, basically she said “You’re a high risk,” uhm, “You’re a high risk mom.” Because of my blindness. I was so mad, and I was just like, “Okay.” Uhm, you know, and I was just real cool with her. You know? And, and I told her, of course I said, “Well I have a very good background.”.... I said, “I’ve got my degree in social work from UT.” You know, “I’ve lived in Austin.” You know, I wanted her to know that she wasn’t just talking to some uneducated mom... She was really impressed with that, and then she was like “Well, we may end up needing to do a home visit, just to make sure that everything’s okay.”.... I was, well, I kinda felt like she was invading me, invading my space. I mean, when you have a newborn the last thing you wanna do is make sure everything is spotlessly clean so that the social worker can come in and evaluate your ability as a mom. [AL 11-12]

Anne felt very strongly about not having her child born in a traditional hospital due to the procedures that she felt were “unfriendly” to the needs of blind parents. She discussed her concerns regarding not being allowed to have her child placed in her hospital room after the birth. Although the incident never happened,

she clearly showed her perceptions of what she thought could happen based on her opinion of society's biases. She shared her concerns with her statement, "your baby is probably gonna get taken away and put in the nursery 'cause they're gonna think you can't do it, and you're not gonna feel very confident 'cause you're gonna be a new mom, and you, you don't know how to take care of the baby anyway." [AB 8]

Clearly, some of the mothers experienced unusual situations and treatments within the medical community solely based on their blindness. The effects of the bias felt by the mothers from the medical community could be unfavorable for the mothers' level of confidence in their ability to care for their child. If the mothers felt that respected professionals doubted their abilities, they potentially may internalize these perceptions and feel less confident. The birth of one's child is a critical time for bonding and if the mother's feel a lack of confidence at this time, future interactions could be affected.

Amazement. While some of the mothers experienced negative attitudes towards them being blind parents or towards their abilities, they also encountered somewhat positive attitudes towards their abilities to care for their child. The mothers found that some people were amazed at their ability as a blind person to care for a child. On one side this could be interpreted as a complement, yet it could also be viewed as a polite way of expressing feelings of disbelief that a blind person could actually have a child and care for it. Anne reflected her perceptions on this sentiment in the following statement.

They just can't understand how you can take care of them, and they're just so amazed about the fact that we can take care of kids. And that's like, it's almost as if they don't think about blind people able to have kids, or take care of them. [ACH 6-7]

Christine perceived herself to be just a typical mother, yet encountered people amazed at her ability to care for her children. At the end of her statement she stated she has been "lucky" not to have someone express negative opinions towards her abilities. This comment demonstrated once again that blind mothers had very unique experiences in raising their child than sighted parents. Not many sighted parents consider the possibility of someone doubting their ability to care for their child, even less so consider themselves "lucky" for the lack of doubt.

I'm quite embarrassed that people are more amazed, I mean, at what they see people like myself can do, as opposed to questioning what I can't do....that they would make such a to do, you know, about something that is so average, in my mind. Or in any, anyone's mind, you know, just adapting like "Oh well. How do you go about measuring your children's medication?" You know? We adapt. Humans, that's what we're made for. Adapt to your environment. Adapt to your situation. That's what I did. But to people, to a lot of people that are not used to that, it's more of an amazement than it is, uh, adapt. So, I've, I've been very lucky. [CW 20]

When asked about how she felt about society perceptions on blind people having children, Lisa's comment carried the sentiment of society's biases disguised as

amazement. Her comment also demonstrated her reactions and how she justified society opinions within herself.

One thing they say “Oh my gosh! How can she take care of that little boy if she can’t see?” “How can she cook for the little boy if she can’t see?”

“How can, how,” I know I’m blind, I mean the people in the society, they’re just so amazed when they see a person that’s visually impaired or blind with a little kid. They can’t believe they can take care of them.

And, uh,...those people that they don’t know any better, you know, they haven’t been around a visually-impaired person long enough to understand and know that we can do everything. So, no I don’t, I don’t get mad or anything. [LZ 13]

Summary for Societal Biases and Judgments

The category of Societal Biases and Judgments clearly demonstrate the many negative messages that blind mothers perceived from society. This sense of external negativity sets up the blind mothers for atypical stressors as parents. Coupled with internal senses of stress based on their blindness as demonstrated in the first theme, blind mothers experienced an undue amount of pressure as parents. External senses of pressure from society often developed into distinct fears and concerns for blind mothers. The fears and concerns that the blind mothers experienced in this study covered a range of emotions. Some of them spur anger, doubt, frustration, and an almost sense of panic.

Fears and Concerns from External Influences

Repeated exposure to negative experiences and comments takes its toll. The fears and concerns of many of the blind mothers stemmed from these negative encounters. Societal biases had such an impact on these mothers that several of the mothers expressed trepidation over the possibility of their child being taken away from them because of being perceived as an unfit mother. Some had actual experiences involving Child Protective Services (CPS) and others had heard “stories” from other mothers with disabilities which haunted them. Other fears and concerns were their child being teased or prejudiced against the mother for her disabilities. Mothers also expressed a concern based on her or her child not being accepted by society because of her disability. Not all mothers described situations specific to them, but they all had fears and concerns about what society thought of their abilities. Nonetheless, these were fears and concerns that most mothers typically do not have to face.

Child Protective Services. Amy was a hard working mother who as a social worker carried a case load of 50 clients. She worked with juveniles who were emotionally disturbed and yet she felt threatened by perhaps having her child removed from her and her sighted husband. One of her closest friends made a comment to her that haunted her and made her feel like she could be put in a position of potentially having to defend herself as a mother. When she and her friend were visiting about the importance of parents keeping their children safe, her friend commented that she would call CPS on her if she felt Amy wasn't competent at keeping her daughter safe.

Uhm, I recently had a friend say to me “if I feel that Elise is in danger, you won’t have her.” That was the comment she made to me.... And we were just talking about the stupidity of parents, ‘cause there were children out in my front yard doing really stupid things like playing with bottle rockets, and they were ten year olds....What in the world would make anybody believe that, or even think, or even make a comment like that? You know? And I was just fuming....So that was real upsetting to me, and it, it still sort of haunts me. I feel like I have to be extra on guard because what are they gonna perceive as danger? You know? Are they gonna perceive that if I forget to close the baby gate, that’s danger? Or is it something more like if I’m abusing my child? I mean, I certainly hope that if I’m abusing my child someone’s gonna protect her. I can assure you that will never happen!

But I don’t understand why someone would even make a comment like that....But, you know, I, I really pretty much cut off most of my contact with her because I can’t take the risk that she’s gonna perceive something I do as dangerous.... And, and maybe commenting to other people. Maybe, maybe calling Protective Services, you know, I don’t want these people nosing around in my house. Uhm, you know, luckily I’m a therapist and know how to deal with all that, but, I mean, still, I don’t, you know, that would be a huge hassle for me. [AB 25]

Christine, the mother of twins, felt lucky and fortunate that she never had any incidences with CPS. However, she did have several blind friends questioned

about their ability as parents by CPS so she worried during her pregnancy about this. She found herself shocked that her thoughts were preoccupied with worries about her children being removed from her, rather than the very real health and care giving issues that face her.

And I was just so fortunate that, that was not the case for me. But that did really concern me during pregnancy 'cause I thought, you know, "Why should I, why should this be a concern to me more, then I should be more concerned with other things? [CW 13-14]

Anne, a foster mother for over 10 years for older children with severe disabilities, recounted a situation when questioned about her fears of raising a child. She feared, "that there's gonna be that one time that I'm not gonna be watching her, and then she's gonna get seriously hurt, and then have people say 'Well, I knew she was gonna do it.' [ACH 15]

Anne was a woman who the State of Michigan entrusted with the most fragile and severely profoundly disabled people. Yet her initial reaction to the question was that she had more concerned about what people would say about her being an incompetent blind parent rather than her child being seriously hurt. This can be interpreted two ways. The concerns about society's perceptions are extremely profound among blind women, or she is not a concerned parent. After observing her with her child and talking with her before, during, and after the interviews, I found her to be a very concerned and loving parent. This would suggest that the pressure she and the other mothers experienced from society regarding the threat of having their child remove was a pervasive worry.

Teasing and Prejudicing. Other outside concerns and pressures arose from people teasing or prejudicing their child. A couple of the mothers referenced these issues as problems, but were not overly concerned with them as major fears. Jillian shared a story about her concerns of her child being prejudiced against her in the future because of her disability.

We were in the store, we were shopping. This lady says, “Gosh, your daughter is so beautiful,” and I said, “Thank you.” And she says, “What’s her name?” And I said, “Sierra.” And she goes, “Sierra, I’m so sorry your mom is blind.” I just, like, I stepped away. It’s like you better get out of my face, and I..I, you know, but then I, I got scared. I was like, why? Why are you sorry that I can’t see? Are you sorry that I can’t see HER? Or are you sorry that you feel like her life’s gonna be affected by it? You know? It really made me sad. I was really sad about that.

So, I feel like society really (short pause). They have a lot of questions, and they have a lot of doubts about disabilities. And they, and it’s not fair they pass it on to her. You know? You know, like I don’t want...What if she would have said that when she was like 6? And Sierra would have been like, you know, “God, what’s wrong with my mom?”
You know? [JV13]

Sometimes it was not only the mother that shared in the concerns of what society would say or do. Jillian shared another incident with her father that captured not only her concerns about her child being teased, but her father’s concerns.

They're real concerned also, especially my father. He's real concerned of, how, if other children or teachers or anything are gonna make Sierra feel, because I can't see. He's worried. He, he always asks me things like, "What if, what if kids make fun of her because you can't see, and she cries?" [JV 19]

Autumn had a similar conversation with her father who was concerned about Caleb's friends making fun of his blind mother. Autumn, who attended a public school and reported herself to be popular because of her disability, didn't seem to have as many concerns about the teasing as her father did. She felt that Caleb's friends may think it's "cool" to have a blind mom. Elsewhere in the interviews, however, she expressed several concerns over her acceptance by society and bias towards her abilities. The following passage was an example of her concerns about her appearances in public when feeding her son.

So I don't like to feed him in restaurants as much, but I will do it. I've done it, like when me and him have been out with my friends or whatever, I'll feed him. I had some friends come into town and I fed him with them, but I don't like, I mean, a lot of times if me and Joe are out, Joe will feed him. But it, but it doesn't really matter. I don't mind doing it. I just, sometimes I'm like "Oh my gosh. I don't want no one to stare at me."

[AL 38-39]

Autumn's concerns about people staring at her and questioning her ability caused her to avoid a typical parenting task. Jillian also shared in her fears and concerns regarding society's acceptance of her and Sierra. She revealed that social

acceptance is part of a constant worry regarding how her blindness affected her daughter's life. Jillian shared, "Will people accept her because I can't see? Will people accept me because I can't see? How much of her life is gonna be affected by mine, my life, and my situation? I think about it all the time." [JV 63]

Summary for External Fears and Concerns

Almost all of the mothers commented on their fear of someone in authority taking away their child because they may be viewed as inept. Many of the mothers reported that societal biases elevated their level of concern for how they were perceived, and the effects it might have on the child. Several of the mothers also felt that their blindness not only was viewed as a stigma by society, but may also impact the way society viewed the child.

Responses

The presence of societal biases and judgments permeated blind mothers' lives creating fears and concerns that sighted mothers rarely had to experience. As a consequence of these situations and concerns, mothers responded to them in various ways. Mothers responded with feelings of having to prove themselves, overcompensation for caring for their child, being overly-concerned about appearances, a need to educate society about themselves and blind people in general, and an increased reluctance to request support.

Proving oneself was a common response to many of the situations in which the blind mothers felt scrutinized by society. Anita felt that society has influenced the way she raised her child, Amanda.

Well, in public, I guess, yeah. Uh, if I'm in public...I would prefer to, to

carry, to carry her and to do everything. And I'm a little more self-conscious. And a lot of times it gets me in trouble 'cause they [friends or family] go "I never carry her" or "I never get to see her." You know? And I'm like "Well, I wanna carry her," to prove to everybody who's watching me that it can be done. [AC 18]

When referring to a previous incident in which a lady in the grocery store wondered why Anita wasn't going to give her child up for adoptions, Anita countered her feelings of anger over the incident with determination to prove she was capable. Her response was "It made me more determined that I was gonna prove to the whole world that [laughs] as many a people in the world, at least as I could, that it was gonna be done." [AC 23]

Autumn felt self-conscious with her husband's family. She felt they were constantly looking at her and evaluating her abilities. Even more revealing of her level of intimidation, Autumn felt a need to prove to her *own* sighted husband that she was capable. When asked if she felt she had to prove herself as a mother, Autumn responded, "Yes. Yes. All the time. All the time. I mean, not, it doesn't consume me or anything. But, I mean, even with my husband sometimes I'm like 'I can do it.' You know, 'I want to do it.' Just cause I can." [AL 42]

Following this comment, I asked Autumn if she felt it was because of her blindness she felt she had to prove herself of was it because of her own personality trait. She followed with her assessment.

I think it's both. Cause I have that personality too. Cause my mom used to tell me when I was younger "You're gonna have to work twice as hard

at, when you, when you go out into the world to get a job and everything. You're gonna have to work twice as hard because people are gonna be looking at you because you're blind." And I used to be like "She's so stupid. No they're not....I was like "She's so crazy." But she's so right, you know? [AL 42-43]

Jillian also felt she had to prove herself to her family. In the interviews, Jillian expressed several times of having strong sense of responsibility for caring for her child. She shared she didn't want to let anyone take care of her. Jillian was living at home with her parents and younger brother, yet she didn't feel comfortable leaving her daughter with them for any length of time. She stated that her parents had already raised their children and didn't need to be burdened with hers. Even though her parents kept their other grandchildren and offered to keep Sierra while Jillian went out, Jillian purported that Sierra was *her* responsibility and many times refused the offer. At the end of the last interview, Jillian confessed that perhaps her strong sense of responsibility was really disguised as her feeling she had to prove herself. In telling of a situation at a party, Jillian revealed her sentiments.

Well, I feel like it' my responsibility, and my mother is at this party to enjoy herself. And she is not the babysitter. And, and then it's just, I'm just not willing to give that up. And, I don't know if it's right or wrong, but it's just how I am. I don't know why. I don't know why. Like, I don't like to leave my daughter with my mom for a long period of time anyway. Because she's my kid. My mom's already raised her children.

And, and maybe it's, subconsciously it's that I don't want her to think that I have to pawn Sierra off on her because I can't see....And that's because, maybe it is that I don't want her to think that I can't do it cause I can't see but, her and my dad, they've raised their children, and my dad's retired, and, you know, they're grandparents. They're not my babysitters. So, I don't know. [JV 61-62]

Jillian also expressed feelings of needing to prove herself to her daughter. She didn't want Sierra thinking she couldn't rely on her.

No matter what she's doing, even if I can't see something like the puzzle, or something, I'll always try to be there. I always try to be with her and interact with her and talk to her...I always try to be there, cause I don't want her to feel like, "she can't see, so she can't be involved." Like, maybe I can't directly help you, but I can still be there. [JV 54]

Sometimes in order to prove themselves, the mothers reported overcompensating for their actions. Autumn shared "it makes me over analytical of everything I do with him around people" [AL 36-37]. Jillian reflected on how her tendencies to overcompensate may interfere with her relationship with her daughter by being too conscious of it during interactions.

And, the other thing is I have this big fear about [short pause]. I sometimes feel like I overcompensate, because I don't want her to think I can't do anything, because I can't see. I don't want her to not ask me for something 'cause she thinks I can't see. So I gotta prove to her all the time, it seems like. Like I have to overcompensate for that. I can still do

this. I can still help you and sometimes, you know, it maybe it's too much. I don't know. [JV 10]

Anne reflected on society's influences on her interactions with her daughter, Astrid. She felt she had to be guarded out in public. Anne said "I don't want to say paranoid, but I'm more watching what's going on and, not that I'm not watching at home, but I guess I'd have to say more careful watching, almost being guarded." [ACH 7]

Appearances were a critical issue for some of the mothers. In reality, all mothers care what their child looks like in public. They want their child to be clean, dressed appropriately, and "presentable". To some extent, the way children appear does reflect on the mother. However, blind mothers were very conscious of it and felt that society was judging not only them, but their ability to care for their child. Autumn felt that because society placed extra expectations on her as a blind mother, she had to make sure her son's appearance in public was appropriate. She worried about his clothing matching and about his cleanliness. She expressed her feelings on this by saying "I'm pretty neurotic. I mean, I'm like 'Okay, you have to be clean at all times.'...used to, everything that happened I would freak on." [AL 35-36] Lisa claimed she would "change my little boy at least three times a day to make sure he was clean." [LZ 15] When asked about how society's perceives persons who are blind having children, Christine responded with her worries about her twins appearances. She stated, "whenever my children go anywhere, I'm very particular about what they wear and what it looks like when they go out." [CW 18] Jillian summed up her thoughts on the

pressures in public of having her daughter's appearance look well kept by sharing, "I always want her to match and to be clean, and her hair to be fixed. Because I feel like other people look at you, and have higher expectations for you as a mom." [JV 12]

Two of the most "spirited" mothers I interviewed, Jillian and Amy, had strong opinions on educating society on blind women and their abilities as citizens and as mothers. Both of the mothers shared their desire to change the way they felt society perceived blindness. Jillian had given many talks on blindness and developed a curriculum for blind women for adjusting to blindness. Amy also had been active in her state and community on educating people on blindness and the needs of blind citizens. Jillian shared her feelings on educating society.

I've always wanted to be an educator, as far as blind people are concerned. And educating sighted people, and so I don't think it's any more so now. I just think it's just another perspective that you have to touch on. You're always trying to educate them. But this is just something else that you wanna kind of bring to their attention that, blind people have children and we can raise them. [JV 17]

Amy explained that she felt that she could be a model of a capable blind person and use that to change societal biases. She felt it was the blind person's job to make these changes in society's perceptions. Interestingly, she felt society would change its opinions by blind people proving themselves through their actions.

I think it's our job to educate people, and to show them through our actions that we're capable. I think ultimately that is the best teacher. As so,

if we, if we don't have control of our own actions, we're not gonna teach people that we really can handle it. We'll show them that we can't. [AB 66]

Amy also shared a need to train people on her needs. She was in the process of moving to a new town so she was excited about the undertaking of training a small town with few or no blind people on the needs of the blind.

So it'll be interesting to train a town that doesn't have any blind people in it....It's an advantage because I get to train people on what I need from them, and uhm, can help their biases be changed based on me. That's pretty convenient, but it's gonna be inconvenient because it's gonna require work, and probably a lot of stupid comments”.

When asked what she meant by train them, she replied, “you know, sort of training them to respond to me in a positive way.” [AB 28-29] The need to educate society about blind women certainly indicated these blind women's positive attitude on their ability. Even though their confidence as blind women was expressed, they both shared concerns about society's views on their blindness and the impact it might have on their life with their child. They responded to this with a determination to teach society about the competence of blind women as mothers.

Summary for Responses

The various responses generated by the mother's concerns toward external biases evidenced the stressful impact these biases have on them. Acceptance by society was a far-reaching issue for many of the blind mothers. The mothers felt a

need to prove themselves to strangers and family members. Several felt they must overcompensate in their responsibilities as mothers to make up for society's perception that they were lacking because of their blindness, regardless whether the mothers felt this way or not. They were concerned about appearances of their child and of their own actions. The concern of not being accepted by society determined many of their responses to biases.

Conclusion for External Influences on Parenting Experiences

The data recorded in this section suggested that blind mothers most certainly experience extraordinary external influences on their parenting experiences. The mothers' perceptions of society's biases manifested in distinct fears and concerns of societal acceptance and generated responses that are atypical for most parents. In conclusion, blind mothers faced many challenges with parenting, stemming from both internal and external influences on parenting experiences. All of the mothers referenced feeling pressures from society based on unsubstantiated biases toward their ability to be parents. Predominately the biases came from society as a whole or from the medical community, but some came from more personal sources such as family and friends. Pressures that initiate within ones own inner circles can be even more distressing due to the fact that most people find their support from those closest to them. In order to deal with daily pressures, people often turn for support to those in their inner circle or to professionals. The external biases and pressures experienced by the mothers affected their relationship with those around them that provide this support. In the

third theme, Support, data on the blind mothers' needs for and attitudes on support is provided.

Support

All mothers require support. Support is defined in this study as a person, agency, or resource that provides information or tangible items, emotional acceptance or belongingness, respite, or companionship. Support is also gained from previous experiences and knowledge of specific situations. Support needs can be high at some times and low at others. It can come in many forms such as services or material resources. Support can be perceived in positive or negative terms depending on the attitude of the recipient. In this study, the emerging theme of Support encompassed three main categories: Support sources, Support needs, and Support attitudes. Based on the data in the previous themes and the pressures that blind mothers experienced, is it reasonable to assume that blind mothers might require more support than sighted mothers? Do blind mothers need different types of supports? In addition to the research question regarding blind mothers' attitude on support, these questions were also explored on a lesser level during final analysis due to the information on parenting influences and pressures uncovered in the first two themes.

Support Sources

This section identifies the different sources of supports in which the seven blind mothers in this study referred. All of the mothers spoke of support. The types or sources of support referenced by the blind mothers were typical of most support systems. Beginning with the inner circles of support, mothers referred to

family members as sources of support. All of the married women found their husband to be their primary support and then other family members and friends. Anne shared, “I’d have to say my husband is my main support. Um, and then family and friends.” [ACH 7] Anita who was divorced, found her friends to be her primary help with watching her daughter or providing respite. Anne, Autumn, Anita, Christine, and Jillian felt it was important to have sighted and blind friends for support. Jillian expressed her different needs for each type of friend.

I have blind friends. [sigh] Your blind friends are [sigh]. They’re, you need, you need, just like you need single mom friends, you need blind friends, because you can vent and they can understand. And they can suggest, and you can as well. My sighted friends are really really important in, in a way of, not just for me but, my sighted, some of my sighted friends have kids, and Sierra’s sighted, and she needs to play with sighted people [JV 34]

Aside from family and friends, several of the mothers found informational support on pregnancy and parenting through books, classes, and the internet. Many did express frustration of not having the information in accessible forms such as Braille or CDs. Amy reported, “the other thing that was real frustrating to me is none of the books are available. They’re not available on tape or on cassette or, I mean Braille.” [AB 9]. They had to rely on family or friends to read the information to them. There were also no resources specific to the needs of blind mothers. All of the resources and classes were geared toward sighted mothers.

For information on adaptations, they relied on blind friends, or developed their own.

Most of the mothers had some experience earlier in their lives with either baby sitting or caring for a younger sibling. They relied a lot on these experiences when caring for their babies. Prior experiences in child care enabled the mothers to have some knowledge of basic child care techniques which supported them with some sense of capability. As Anita put it though, “It was just a matter of learning to do it 24/7, on demand.” [AC 5]

Some of the mothers mentioned using agencies for support. Some used Women, Infants, and Children agency (WIC) for support with purchasing formula and other basic supplies for the infant. Christine used Mothers of Multiples and Any Baby Can (for five 2-hour respite sessions so she could sleep). However, Christine did not seek them out. The agencies were put in touch with her by the social worker at the hospital because of her children being in the Neonatal Intensive Care Unit (NICU) due to the twin’s low birth weight and health problems. The help she got from these agencies was only initially after the babies were born and it didn’t continue but for a few months. She did feel that they both were of great support to her at the time, but commented they had no knowledge of how to assist areas of need for blindness.

Amy was very happy with her support group at La Leche and felt that they were very open to her disability and treated her as any other mother in the group. Amy shared that although they didn’t have information specific to a blind mother’s needs, they were a good support and resource for her. Amy said, “That

is the place where I know I could go and get whatever I need parenting-wise. They may not know how to do it from a visual impairment standpoint, but if I say I'm having problems with something they would come up with a thousand ideas for me to try." [AB 6] Anne used her parish's Catholic Family Services to help her with extra educational toys for her child and for counseling for family communication techniques after the baby was born.

Agencies working with people with disabilities and specifically the blind were not identified as sources of formal support. However, Jillian did recognize her teachers at Texas School for the Blind and Visually Impaired as being "a huge support system in my life." [JV 33-34]. She went on to say she contacted one teacher in particular who taught the Child Development class and who maintained her friendship with Jillian. She was able to get some parenting information on adaptations specifically for the blind and also emotional support. Some of the mothers mentioned in the interviews that they did not attempt to contact agencies working with the blind because they typically didn't receive services from them.

Autumn stated, "I don't really associate myself too much with a blind agency, so to speak. I mean I deal with the Commission for the Blind but I don't deal with, I don't even know if there's any other services out there like that. Hopefully there is for blind moms who don't know a lot." [AL 39]. A few of these mothers were graduates from public schools and never accessed many services from agencies for the blind as adults. When asked about a specific organization or agency that they knew of for helping with parenting issues related

to blind mothers, all of the mothers could not identify one that they knew of that provided specific information for blind parents.

Summary for Support Sources

Sources of support for blind mothers according to the data came in a variety of forms and places. All mothers identified their immediate circle of family and friends as the people who supported them the most. From this source they got emotional support, information, and sometimes help with daily care giving activities for their child. Some mothers reported searching for resources and information from reading materials and classes. A few of the mothers accessed assistance from agencies or professionals. Yet most mothers found practically all the sources to be unconnected to the specific issues and needs of blind parents.

Support Needs

All of the mothers gave information on multiple types of supports they needed. Most needs were related specifically to being a blind mother and yet others could be seen as typical needs of all mothers. However, even though some needs could be similar to the ones sighted mothers may require, many times they are mentioned in this context because of the mothers' blindness. Therefore, the support needs that the mothers revealed will be discussed jointly with the relationship of being blind.

Basic assistance support. One area in which the blind mothers perceived they needed support was in the area of basic assistance from family and friends. Basic assistance consisted of help doing daily activities with the child, providing

assistance with common chores or activities, or support in creating an environment conducive to her needs. Some blind mothers needed help during the first few weeks to let them know what their child was doing, such as what their facial expressions were, interpreting the child's emotions, and to tell if they were sleeping. They found it helpful for people to describe the delicate nuances of their newborn.

Another area of basic assistance blind mothers needed was transportation. All but one of the mothers felt positive about taking public transportation on their own, but when traveling with their child, they were not. Either they were concerned for their safety or it was a huge hassle. Several felt they were limited to their homes and were frustrated by the limitations it put on their child. Jillian described the situation well when she shared what caused her the most stress about parenthood.

Transportation. That's the thing I feel most guilty about, the thing that frustrates me the most....And it, it helps me think about our future and where we should live. In as far as location, location in the city, what we want to, what I want to be around...as a blind mom there's just certain places like, we probably can't live [JV 31]

Amy also felt that transportation was a big issue. Additionally, she felt it was important to have the location of where she lived "conducive to enriching her [daughter's] life." She stressed the importance of being within walking distance to a park, store, and other families with children in her neighborhood. [AB 16]

Most of the mothers indicated needing help with monitoring their children in new environments. They often took someone, either an adult or another child, with them to play locations to help keep track of their child. Lisa commented that if she goes somewhere she "...always go with my family or my husband, and when he [her son] goes to my mother's house I just let him go and play with my little nephews." [LZ 14].

As stated in an earlier section, the education of their child was a big issue for many of the mothers such as color identification. They expressed needing help with teaching their child colors or help with adapting toys by labeling colors on the toy. They also needed help with Brailing books so they could read to their child. Amy, Anita, Autumn and Anne all mentioned a need for toys that are adaptable for them to interact with their children.

Another area of basic assistance was in the area of daily chores such as laundry. Babies and toddlers can be very messy and go through a lot of clothes in a week. As was common with several of the blind mothers, their child's appearance was a big concern for them. They wanted their child to be especially clean so as to show society they were capable mothers at caring for their child. A specific visual need was help making sure their child's clothes were not stained. Autumn had her sister-in-law agree to come in once a week and tell her which clothes were stained. She also needed support with basic care giving routines for the first few months of motherhood. She felt she needed a lot of help bathing Caleb and still needs help cutting his nails. Amy needed a lot of support doing

basic daily chores. When asked by an acquaintance, why she and her husband are moving and leaving her support system, she replied.

You know, people are like “Why are you moving away from all your supports?” Well, okay, I’m moving away from my friends of a long time, and that is true, and that is hard. But, it’s not very supportive, because these people aren’t here taking us to the park. They’re not here helping me clean the house when I, you know, they’re not here going to the grocery store for me. They never have been. You know, we go to dinner and we do fun stuff, and that’s great but they’re not, they’re not meeting the needs that I have now, which are different than the needs that I had a year and a half ago....They’re completely different. [AB 17]

Clearly Amy’s needs for support changed since she became a mother. Her previous support system or social network was not meeting her current needs. She and her husband were moving to a small town in hopes to develop an environment that was more conducive to her current needs. One might argue that all mothers have new and different needs after they have a child. However, several of the needs she mentioned could be seen as dependent on transportation, therefore, they could be associated with her needs as a blind mother.

The last need in the area of basic assistance, respite support, is fairly common to all new mothers. A few of the mothers felt that respite, particularly early on was important. Several of the mothers felt they needed time to sleep or get other daily chores done while someone watched their child. Christine reported that an Early Intervention agency, Any Baby Can, offered respite care.

She shared, “a lady would come like for two hours, and that two hours was like heaven to me, help me watch my kids. And, uh, you know, while I just took a nap.” [CW 22]

People support. Lisa relied heavily on support from her sighted husband to perform many tasks that she felt required vision such as reading and other educational activities. She also used a system for organizing everything she needed for specific task such as diapering, bathing and dressing.

Another type of unique need for a few of the blind mothers was not having other people rearrange their system for doing things. Blind people need to have a fairly consistent environment and system in order to keep track of things. Jillian disclosed that her mother would continuously move items in her room such as medicine bottles or diapering items. The “messaging with her system” was a big concern for her and caused her great distress. She shared her situation, “You have a certain way that you wanna do things....But it’s harder to function independently when people are messing up, rearranging what you’re doing.”

[JV 4] She needed her parents to support her by not rearranging her system. She also had a system for behavior for her daughter, Sierra. She insisted her daughter come to her whenever she called her. She did this to ensure if in a dangerous situation she could find her daughter quickly. Sometimes her family didn’t understand the purpose of her making Sierra come immediately when called. They would tease Sierra by holding on to her when her mother called. This was extremely frustrating to Jillian that her family would not follow her needs for raising her child. As unique as Jillian’s situation was, a few of the other mothers

remarked on similar situations of family and friends not providing the personal support they needed.

Anita also commented on needing a consistent support system. She moved a lot and would have to start over again with developing her support system. Each time she moved, she would have to teach her new friends what she needed as a blind mom from them.

Mine's [support system] been kinda wobbly. Since I've moved so much, everybody's like "well?" They just start to figure out ways they can really help you, both emotionally and physically, and then you go and move away, and you gotta start all over. [Laughs]. [AC 20]

Similarly, Amy in moving to a new town felt she would have to "train" the people in the town to what her needs were. She also expressed a need for the town to accept her as a blind person. Acceptance by society was an issue for many of the mothers in the theme of External Influences on Parenting Experiences. In response to the critical biases mothers felt, they shared they did things to gain approval and acceptance by others. Amy again mentioned the need for acceptance from her La Leche support group. She described this organization with its mothers as a "safe place" in which she felt accepted as a mother first and a blind women second. She got much of her parenting information from them. The need for acceptance is important for all people, but as discussed in previous sections in this study, it was a critical response to external biases that many of the blind mothers experienced.

Another need that a few of mothers mentioned was the need for their children to be around other children such as playgroups or mother's day out programs. Christine found one solution to this by using the childcare room at her gym while she worked out. She felt it was important for her children to be socialized with other children. She mentioned it had nothing to do with her disability; it was purely for a play situation for her children. The other mothers felt it was important for their child to be around sighted friends of similar ages.

Medical Community Support. Three of the mothers, Anita, Christine and Amy all discussed the needs they felt when in the hospital. There were some special accommodations needed by them due to their blindness. Amy actually refused to have her child in the regular hospital saying it was not conducive to her needs as a blind mother. Instead she went to a Birthing Center.

I birthed at a birthing center. I think that's a much better place for a woman with any disability to be because they're all about trying different things. Uhm, and they're, they're more into the mother's comfort than they are into procedures and policies... So if I had to pick an environment for anyone to birth it would be that, but especially a woman with a disability because they're always gonna be more flexible. There's gonna be less procedures, plus it's more personal.

You know, we birthed in a place where my husband was able to sleep in the bed with me. It was a queen-sized bed. You know? My baby was in a cradle right next to us. The bathroom was attached to the room... [Other hospitals were] Noisy. Uhm, and that wasn't gonna work for me.

That was not gonna work for me regardless of my visual impairment....But, I just, I don't know how women do it, and I especially don't know how disability, women with disability do it, because it's, it's not an environment that's conducive to that. [AB 7-8]

Anita also felt she needed a private room at the hospital. Fortunately, she had a very sensitive social worker at the hospital that got one for her. She and her blind husband were able to stay together in the room as they got acquainted with their new child and care giving routines. This was a big relief to Anita because she worried about sharing a room with someone else because she couldn't see them and their visitors. It also helped her husband not have to take public transportation everyday to the hospital.

Christine's daughter was going to have to go home on an apnea machine for three weeks until she was able to breath on her own. The hospital accommodated her plead for her daughter to stay at the hospital during that time because both she and her husband were blind and unable to read the apnea monitor. Many of the needs that the mothers experienced in the hospital were related to their lack of vision.

Resources and informational support. Another need that several of the mothers mentioned was the need to have informational material available to them in an accessible format. Anita found several pregnancy books on tape or Brailled at the Texas State Library. She was able to order them to be sent to her for borrowing. Amy who was from Michigan, didn't access these services from her state. Amy commented "the other thing that was real frustrating to me is none of

the books are available. They're not available on tape or on cassette or, or I mean in Braille." [AB 10]

Last, a few of the mothers expressed a need for financial relief. Even though the need for financial relief is common among many, particularly these days, blind mothers may be even more susceptible to this need. It has been well documented that persons with disabilities, blindness particularly, have greater financial needs than the average citizen.

Summary for Support Need

An array of support needs was identified by the mothers. Support in basic daily activities was needed to provide help with tasks such as care giving and transportation. Specific assistance from other people was needed to help support parenting interactions. Support needs within the medical community helped accommodate the unique needs the mother's faced at the birth of their child and helped alleviate some of the stressors experienced in these settings. Last, resources and informational materials in an accessible format were needed. The support needs the mothers identified were required at different periods during their child's life and were required on varying levels of degree. For example, one of the mothers just needed help her right after the birth of her child, and another mother still required someone to come and help her with care giving routines several months after her child was born. It would seem if the mother perceived herself to be competent in caring for her child, then one would think that she would possibly have fewer needs. However, there seemed to be little relationship to the mother's perception of her efficacy and specific needs she may have. All of

the mothers interviewed perceived themselves to be competent mothers, but they also definitely identified needs they had due to their blindness.

Attitudes on Support

In response to the need for support or the receiving of support, the mothers had strong opinions. When inquiring about what would be helpful advice to give to new blind mothers or pregnant blind women, several of the mothers encouraged them to ask for help if they needed it. Christine shared her opinions.

And also don't be afraid to ask for help when you need it. A lot of times people who are blind are so set on "I have to show the world I'm independent." But it's not just you anymore. It's your child. So sometimes you have to set that pride, or whatever you wanna call it, uh, some people have that crusade where they have to prove to the world for the rest of their lives. At times you're gonna have to let go of that, and it's okay to say "I need help." Uhm, not because I'm blind, but because I'm a new mother. Or maybe because I'm blind. That, that may be an issue too. Uhm, but it's not just, it's not just about you anymore. ..Uhm, because it's a lot to have, a big transition. And it helps to ask. Don't be afraid to ask.

[CW 24-25]

Christine went on to say later in the interview that it was important to ask for help even though it may appear to others that it's needed because of blindness.

I think that, the only thing I can really think of is don't be afraid to ask for help when you need it. It has nothing to do with whether you're independent or not. A lot of women are afraid "If I ask for help they

might think because I'm a blind mother I'm not capable." To remember that it's your child, it's not just you, it's your child now. And asking for help is going to make you an independent person, cause once you ask for the help you're gonna know. If you don't ask for the help you're gonna be called ignorance. It's stupidity, if you do something cause you know and ignorance when you do it because you don't know. [She laughs] And so, don't be afraid to ask, and it doesn't mean that you're not a capable mom. And always be eager and willing to find different resources, different sorts of help, if you need them. [CW 41]

Amy felt that people with disabilities should be assertive with what they need.

And so, you know, being assertive, I mean, I think that's just a good thing when you have a disability anyway, asking for what you need... And people will assume you need things you don't....Uhm, and people will tell you what you need and, and, you know, any mom who's been blind for a while knows what she needs. And, uhm, so that's, that's just it. You know, be assertive and ask for what you need from the beginning because your, your best training is from the start, not, not after people are doing it wrong, and you have to correct their behavior. [AB 66-67]

However, Amy also felt annoyed that when she asked for help on occasion, it was interpreted as because she was blind. She felt there were many times she just needed help because she had an active toddler. On one hand the blind mothers reported adhering to the need for support due to their blindness, but on the other hand sometimes the request for support or information were made because it had

to do with general issues facing all mothers. Jillian gave advice on support systems and the importance of acknowledging the support one needs.

I think it's important that you have a lot of support and a lot of people around you.... And, you have to really, really be open to your support system so you can say, so you don't feel bad for telling them, "I really appreciate your help but I really need to do this particular thing on my own." Or, "this is how I want this." Have your support system, but have it strong so that it'll work for you, instead of against you. [JV 33]

It was important for mothers to receive the kind of support they needed. In Jillian's case, she did her best to communicate to her family her needs, but she felt they did not respect her requests at times. Perhaps this influenced her advice on being assertive with what needs are necessary. Jillian continued to share her stress when it came to having a support system within her family.

I think they're scared that they can't [short pause & sigh] that we can't be completely independent from their help. It's evident in how they treat me and how they want to take care of Sierra. Or, they want to help her, like, overly help her... it's hard, because it's so discouraging, as far as you're trying to raise your child to know that she can count on you, but then other people, they want to be so involved and feel like they have to protect her from something...From me. Protect her from me as far as, I can't see and other people are gonna take advantage of that. I was blind before Sierra came. I mean, I have a really good [short pause]. I have a good hold on it. And I know the ins and outs of being blind [JV 17-18]

Jillian went on to say that when a support system isn't working for a person it is best to not have them involved. She found that the less people involved in her system, the less people there were to "break" her system. [JV 4-5, 16-17] In Jillian's case, people may look at her situation of living at home with her family and interpret it as a good solution for her support needs. However, her case demonstrated that if the support doesn't meet the needs of the mother, then it may cause more stress than it helps.

Summary on Attitudes on Support

It is critical to understand the attitudes that blind mothers have toward their support needs and the format in which they can be met. Of the blind mothers in this study that discussed support issues, they were not intimidated to acknowledge that they had needs due to their blindness. They also declared it was important to assert one's needs to insure the type of support received matched the type needed. Yet some admitted to be reluctant to request support at times because they thought it would reflect on their abilities to be competence mothers.

Interactions

Mother and child interactions are foundational to theory of child development. Research indicates that a mother's sense of efficacy in her role of mother is tied to the quality of the interaction between her child and herself. The quality of the interaction between mother and child can be dependent on many variables such as cue reading, contingent interactions, and sensitivity and responsivity to specific communicative signals.

Much of the literature in early childhood considers interaction to be direct one-on-one transactions, however, for this study interaction takes on a broader meaning and concept. Interaction is asserted as situations that the mother and child are involved with each other in which interaction is enhanced by specific cues, modifications, or settings. This definition is more inclusive of the whole communicative intent rather than specific child or maternal attributes commonly found in the literature. The mothers reported more on the summation of the communicative process rather than the specifics of it. Yet, the information derived from these communicative processes showed that the mothers used cue reading, contingent interactions and responsivity within their interactions. Results yielded data that blind mothers felt that even though they and their child made modifications for their blindness in conjunction with their interactions, they had successful interactions.

In this study's last overarching theme, Interaction, there were three main types of interactions that surfaced in the data. The first category was Communication. Communication consisted of any form of cues, verbalizations or actions related to expressing or understanding meaning, such as the mother's interpretation of the child's cries or the child's attempts to gain the mother's attention. The second category under interaction was Safety-actions. Safety-actions were variations of interactions or directives revolving around maintaining the child's safety. The third category in this theme, Activities, related to activities that the mother or child did to increase quantity and quality of involvement with one another. Examples are usage of toys or specific actions to enhance

interactions. Much of the data connected to the theme of Interaction emanated from needs specifically associated with blindness. Within each of the main categories, Communication, Safety-action, and Activities, there are situations or issues specifically related to each participant, yet all link to the overall category. Each category will be discussed and examples from the interviews will illustrate the quintessence of the findings.

Communication

Interactions for communication usually involve one person doing or saying something to get their point across and the receiving person responding to it. Successful communication is dependent on clear expression of the meaning so the other person can understand it, and respond appropriately to what the person intended. Strategies used to relay the meaning or the response may or may not be conventional when a person with a disability is involved. Even though this study primarily focuses on the mothers' feelings of success regarding communication between her and the child, strategies used to communicate between mother and child are included to show interactional patterns that support communication.

Information obtained on communication strategies between the mothers and their child found some interactions to be typical of sighted parent-child interactions and others to be uniquely modified for blind parent-child interactions. In some situations communications appeared to be typical interactions for all parents, but could be considered unique for blind parents due to the nature of the situations in which they occurred coupled with the parent's lack of vision. More so, the modified interactions were modified not only by the mothers, but by the

children as well. The results in the following section present the strategies used by both parent and child to communicate, and the mother's perceptions of the successfulness of them.

Process of elimination. Using process of elimination to help one understand what a child is communicating is a typical method utilized by all mothers at times. Blind mothers also reported on having to use it to understand their child because they couldn't read their child's visual cues or environmental cues. Some of the blind mothers indicated using this method to understand what their child was requesting because they couldn't see what the child was reaching for or they couldn't visually find the object that the child was requesting to play with. Lisa describes what she did with her son, Carlos, when he was crying because he couldn't find a toy.

Let's see, when he got older, like, let's say a year old, when he would cry about something, I would try to, uh, find, you know, something to calm him down, or I would, uh, show him different things and he would let me know what he wanted. [LZ 8]

A few of the blind mothers mentioned using process of elimination to determine why their infant was crying. They checked all of the typical reasons for an infant to cry such as hunger, wet diapers, and needing to be held. Autumn shared about using the process of elimination when her son is crying. She remarked, "if he's already eaten and had a bottle, I know it's not that. If I rock him and that doesn't work, [short pause], I just try everything until something works. [AL 58-59] Many sighted mothers when unable to read their child's pre-verbal cues use

process of elimination to identify what their child is trying to communicate. Blind mothers in these situations had to rely closely on this process to ascertain what their child was trying to communicate particularly when their child was an infant.

Although direct observations of interactions weren't a part of this research, in these findings the blind mothers reported to be very conscience of their child's communicative intent and used multiple strategies to read their child's cues and to be responsive to their needs. Christine related her sensitivity in reading her twin's cues when they weren't feeling well.

A lot of it was like their body language...I guess it's, it's telling, in seeing their personalities in general and seeing the change in the, the normal personality I could tell that there was something not quite right. Uhm, [short pause]. There's not anything specific, like, but other than, you know, observing them, just looking, observing what they naturally do, and, and if there's something that's different then you start trying to figure out what's going on. Are they having a tummy ache or they have a, you know, and that's when you start the process of elim.... [CW 25-26]

Christine was aware of her children's subtle changes in activity and personality enough to know there was something wrong. Her blindness didn't impact her ability to read her child's moods or be aware of their health needs. She felt confident that she was able to understand her twin's emotions and needs.

Communication Break-downs. Each of the mothers felt they were successful overall in communication between their child and themselves, however, they did acknowledge there were times in which they were aware of the

potential break-downs that their blindness may cause in understanding their child. Some indicated they tried to overcompensate for it. Other mothers were cautious not to put direct responsibility on the child for the occasional frustrations caused by these breakdowns. Anita showed her sensitivity towards her daughter with her reluctance to discipline her daughter in an incident Anita was not able to understand what she wanted.

Like the other day, I was eating something. A chip, I think it was. And I was like “What do you want?” And she was just standing there and finally she reached up and snatched it. I felt, well, you know, on one hand it’s like what do you do? They, you, you need to teach them not to snatch things from you but, yet you couldn’t figure out what they wanted. So, how do you discipline for that? [AC 15]

Jillian related her way of addressing the problem of not being able to locate an item and dealing with her daughters frustrations. She used alternatives or distractions to re-direct her daughter’s wishes.

So, if she can’t find something, or she doesn’t know what to do cause she can’t find something, I usually try to help myself, to problem solve, and her as well. And if we can’t, we absolutely can’t find it, that’s when (sigh), because I can’t see then I have to give her other ideas. “Well, we can’t find this color, so let’s find”... Maybe there’s something else that we can use, or, you know, cause, I mean, it’s probably really frustrating to her that I can’t find something. [JV 53]

Christine shared that interactions were a big form of communication. Words and physical contact were all a part of communicating. She stated “If you can’t see facial expressions, uhm, you have to find other ways.” [CW 9]. She found that because of her blindness she used physical contact a lot with her twins to understand what they were feeling and communicating. She acknowledged that before her children were verbal, it was sometimes difficult to know what they wanted because of her lack of vision.

Mothers’ strategies for cue reading. Although there were some incidences of miscommunication, they were not overly prominent in the mothers’ stories. One reason for this could be due to the mothers’ use of many strategies to understand their child’s signals. Jillian’s desire to be sensitive to her daughter’s cues was very important to her.

When she was born, I initiated a lot of contact, because, just because I didn’t know yet what her verbal cues would be. So, in order to learn that I, I held her a lot. Uh, I was around. Uhm, I took a semester off of school, so I was around her all the time. So I could know her, her routine, things that she liked, things that she doesn’t like. And things like that. [JV 37]

Asserting that communication in this study can be any part of the communicative process, including cue reading, several of the mothers reported on reading their child’s cues by attending to their child’s body language or activity levels. Anita shared “And if she wasn’t active you knew she wasn’t feeling good. Something was wrong.”[AC 26-27] Differentiating between their child’s cries or pre-verbal sounds also were methods mothers used to understand their child.

Christine shared "...his cries were very unique depending on what he needed." [CW 10-11] Mothers reported using touch to tell what their child was doing or to read their child's cues. Christine could tell when her twins wanted to play "by the little motions that they would make with their hands." [CW31] Anita reported that by using a schedule, she was able to predict what her daughter was wanting at the time. She knew if her daughter cried when it was close to feeding time then that was what she was most likely to be communicating [AC 9-10]. Once again these are all techniques that most mothers use to understand their child in conjunction with visual cues. These mothers reported to utilized the same techniques to understand their child, but without the added component of vision. Although they were not visual strategies for communication, the mothers felt these strategies were successful for their purpose.

Communication modifications. Another reason the mothers felt success in communicating with their child could be because of the many modifications that occurred during interactions. Sometimes the mothers were the ones to make modifications in communicating with their children, and other times the children learned to adapt their actions to communicate. As with most interactions between a person with a disability and one without, there are times in which modifications will need to be made to ensure communicative intent. Sometimes it is the person without the disability who is modifying communication, and other times the person with the disability will have to modify communication interactions. Results showed that with interactions during early infancy the mothers most often modified their interactions and communicative intent with their infant. A few

mothers reported consciously using mutual gaze and facial expression with their child. Although this isn't an unusual practice when sighted mothers are looking at their child, blind mothers had to make it a deliberate action for it to be a meaningful interaction with their child. Amy commented on using mutual gaze during nursing time by sharing "I try to make facial contact with her. Like even when we're nursing, you know, and, and that kind of thing." [AB 40] As the child matures, some of the mothers reported more incidences of the child beginning to adapt communication strategies with them. In some incidences the child developed adaptations on their own and other times the mothers taught adaptations to them.

Mothers reported that their child chose to use touch a lot in their interactions. They used touch with their mothers to get attention, or sometimes to initiate interactions. Jillian stated "she knows that if she goes and touches you, you're hers." [JV 45-46] Amy also shared that her daughter is "learning to put things in my hand. She's, you know, learning all those things." [AB 28]

Other accommodations that the children made in order to communicate their needs to their mothers were moving their mother's hand to touch an item. Lisa told of a time when her son actually thought she had vision through her *hands* instead of her eyes and would put her hands on items for her to *see* them. [LZ 23] Christine shared "they'll take my hand and show me where something is." [CW 11-12] Lisa said that before her son Andrew learned to talk, he would "take[s] me by the hand, and her shows me things. You know, he used to show me what he wanted. He would take my hand and put it directly on what he

wanted.” [LZ 9] When she and Andrew went to the store, “he wants me to touch everything he likes at the store.” [LZ 23]

Some of the mothers mentioned teaching their child to communicate in a method that they needed to understand them. Amy has taught her daughter to communicate with her by touch. She shares “she’s really good about pulling at my hand, but I, you know, told her I need her to do that.” [AB 40] When asked if she felt her twins got frustrated if she misinterpreted what they were asking, Christine responded that she would give her twins options.

I kinda redirect them and try to show them a way that they could relay what, what they’re wanting me to know, in other means...I’ll say ‘ You know I can’t, Mommy can’t see it, but you can show me. Take me to it and show me what it is’...I show them different ways to interpret that so that they don’t feel like, that frustration, like that communication can’t be there. (short pause) And a lot too, is I remember. I have a visual memory, so a lot of the stuff they describe to me I know. [CW 26]

Whether the child was taught to make accommodations to communicate by the mother, or the child acquired the skills through successful contingent episodes, the results reported by the mother show modifications were made by the child to create successful communication. Even at a pre-verbal stage the children were modifying communication strategies for their blind parent. Interestingly, the mothers also reported that their child could distinguish between a sighted person and a blind person and would use different methods of communicative intent depending on one’s visual status.

Some of the mothers indicated that their child interacted differently with them than they did with sighted persons, demonstrating that even infants and toddlers can learn to distinguish their communicative actions depending on the person or situation. Christine found that her children differentiated between blind people and sighted. When asked if Christine thought her twins communicated differently with her blind husband and her, she stated

Well, the only thing that really comes to mind is that they point and use a lot of body language. They're aware of that, but when they're around someone sighted they would do that. But with me and with their father they would lead us to stuff, or they will, you know, put our hand on it. They know that there has to be that hand contact. Uhm, and typically they won't, I haven't observed that they've done that with sighted people.

[CW 32]

Other mothers also noted that their child interacts differently with them to communicate needs and wants, than they do with sighted people. Autumn shared that with her sighted husband, her son "points and reaches for stuff a lot. And with me he doesn't do that as much. But I've gotten pretty good at knowing what he wants." [AL 24-25] She said with her, Caleb went closer to where the item was and "he just says "Eh, eh, eh, eh" and I try to figure it out." [AL 24-25] Jillian recalled an incident in which her daughter, Sierra, and she were in her mother's kitchen with cookies on the table. Sierra first pointed to the cookies with her grandmother, but when her grandmother ignored her request, she then

took her mother's hand and put it on the cookie jar. She had learned to use person specific methods to communicate that she wanted a cookie.

Lisa shared that her son Carlos, who is three years old, could also tell if his mother's friends were sighted or blind. She shared a situation in which she had a blind friend visit and even without being told she was blind, he determined she needed similar communicative interactions that his mother needed.

But I guess he can tell when they're blind because I have another friend who's blind, and if she comes over she, he tells her what's going on. And he takes her. He, for example, if she spills something, he'll say "You spilled something." And he will put her hand on the table. [LZ 9]

Renditions of touching and reaching as communication modifications by the children occurred most often when they were pre-verbal. Once the children started verbalizing, they were encouraged by their blind parent to communicate by talking. In this study, there were three mothers whose children were older toddlers and had verbal skills. Christine said that her twins learned to talk as a sort of "survival thing" [CW 9]. She shared that "they've gotten even to the point now where they're on the floor and I'm walking, they'll go 'Mommy, I'm on the floor here.' It is very obvious that they know I can't see." [CW 11-12]

Jillian expected her daughter to use her words when expressing herself. Jillian shared that her daughter found if she used language their communication was less frustrating. Jillian noted that "it's a good way that we learn to communicate. That she understands that it's better if she talks to me because I can't see what she's pointing at..." [JV 41] Lisa also shared that once her son

Carlos started talking he rarely used touch to communicate his wants. His vocabulary was sufficient to express most of his needs, however, he still used touch to show his mother the things he was talking about even when he had the vocabulary to express it [LZ 9].

Summary to Communications

Communicative intent is a very important part of interactions. Within this study, blind mothers felt they had successful communication between them and their child. Blind mothers used multiple strategies to read their child's cues. Both they and their child modified interactions, such as the use of touch, to produce successful communication. Last, a few of the children in the study were reported to be able to distinguish between persons with and without sight and communicate accordingly to their needs.

Safety-actions

There are various types of communications particularly in the realm of motherhood. Communications can be daily conversations and at other times it can be an imperative directive. The code of Safety-actions in this study was assigned as any variations of interactions or directives revolving around maintaining the child's safety. Although communications can be an important part of retaining safety, there were other interactions that also lent themselves to maintaining the child's protection. As noted in the first theme of Internal Influences on Parenting Experiences, the child's safety was a primary concern for blind mothers. However, the way the mother dealt with these fears and concerns through interactions with their child is the premise for this category. As reported in the

first theme, all of the mothers had fears and concerns for their child's safety. Most of the incidences in this section related to interactions concerning monitoring their child. A couple of the mothers described that they repeatedly kept contact with their child by verbally questioning what they were doing. Jillian revealed that she was afraid that her daughter was going to start resenting her for constantly questioning her every action. Jillian was also very conscious of teaching her daughter, Sierra, to come to her when she was called. She shared that "the reason I do it is that, if we're in a place and, we get separated or something it's gonna be harder for me to find her than it is if, if I was sighted." [JV 25] Jillian contented that consistency with interactions was very important to ensuring safety. When describing the importance of teaching Sierra to cross the street with her, she was adamant that it was important to do it the same way each time. Jillian shared "if I know, and she knows, what our plan is, what we're gonna do, she's less likely to, like run, or, you know, do something else. So, as long as we're consistent, and we're, keep doing those things, then she'll learn faster, you know. And she'll also probably be more independent." [JV 50]

When asked if she thought she raised her daughter, Elise, uniquely from other mothers with vision, Amy answered,

No. Uhm, I think you probably teach them a few more basic boundaries that other moms should teach their children, like "You HAVE to hold my hand." Uhm, you know what I mean? That kind of thing like out at, like out at the store, if you're walking outside, you know, "Stay on the sidewalk." I mean, you, I think you have to enforce some, some safety

rules, maybe more than other moms do... Uhm, I think if you, if you have a visual impairment you HAVE to do that. It is not an option. [AB 38-39]

Autumn also felt there were just some basic rules that had to be enforced due to her blindness. She felt that once her son was older he needed to understand “when mommy calls you answer her” [AL 23-24]. She feared if he did not learn this then if he was in trouble, she may not be able to locate him. She stated, “I mean, there’s just certain rules that are gonna have to apply.” [AL 23-24]

Christine felt that she was at a disadvantage compared to sighted parents if there was an emergency situation so she to felt it was critical to teach her children to come when called.

They have to respond. And, because that’s gonna be the only way that I’m going to be able to have that, you know, that bridge of communication. Whenever, especially when it comes to emergencies, I think about, you know, if there’s a fire or some, something, I want, if I call my kids that they’re gonna, not just look at me and walk away. Especially at this stage when they don’t really know, uhm, I want that if I call them that they’re gonna come. And so I can get them out, you know, or, or, that I’m gonna prepare them so in case something were to happen.

You know, I can’t, I wouldn’t be like some of those parents who can see who grab their child and, and, remove them from a dangerous situation. That’s, that’s gonna be something that’s gonna be more difficult for me, but if I can teach my children that when I call them, to use their words and let me know where they are so I, I always, I always have that

security that I know what they're doing. Uhm, it, it makes me feel a lot
[short pause] more at ease. [CW 9-10]

Summary to Safety-actions

One can only imagine the fear of not being able to locate one's child in an emergency situation. The mothers in this category described the importance of being able to monitor their child and for their child to come when called. These interactions are crucial for all parents in emergency situation. However, the blind mothers felt these interactions were imperative. Because of their blindness, these mothers purposefully taught their child specific interactions to ensure safety.

Activities

The third category in this theme related to activities that the mother or child did to increase quantity and quality of involvement with one another. This category highlights the activities that the mothers reported on during daily interactions and play. Despite the fears and concerns the blind mothers had about the impact of their blindness on their child's development, the external influences of society's biases, and often a lack of an appropriate support system, all of the mothers in this study felt overwhelming confident in their interactions with their child. The mothers reported numerous accommodations they made in their daily activities to care for the child or during playtime.

Care giving activities.

Care giving activities such as bathing, feeding, and giving medicines, the mothers shared many accommodations they used to ensure quality interactions and involvement. Christine when referring to bathtime shared.

I figured the smaller the space the more I, the closer they feel to my body, so I have that contact, and I know constantly that, what's going on with my baby. So I bathed them in the sink till they were about [pause], about fifteen months. Uh, and then I started bathing them in the regular bathtub.... It felt so much more comfortable, to stand there and have that...right there next to you instead of having to lean over the bathtub....There's just some, more of a sense of security, because of they're closer to your body. [CW 40]

Anita and several other mothers attached bells on their child's shoes or clothes to help monitor their movements. Anita also used plastic diapers so she could hear the rattling sound when her daughter crawled. Amy used a baby backpack instead of a stroller to keep her hands free when traveling in public and to know where Elise was at all times. When spoon feeding, several of the mothers would touch their child's nose with one hand and use it as a guide for the other hand to locate their child's mouth with the spoon. During daily interactions, Jillian modified Sierra's choices to provide her a sense of choice with options as an infant and currently as a toddler.

Or you, you know, give her options, even when she's a baby, you know, "Is the bottle what you want?" "Is the pacifier what you want?" ...And even when they're like 9, even at 7 or 8 months, if you give them options like, do you want this?, do you want this? They'll reach at what they want, because they know. They know what they're crying for. So, I did that, a lot of that, like even now when we go shopping or anything like

that, if it's something that I'm gonna give her a choice of what she wants, but, maybe I can't read it, like a certain kind of cereal, or something, she, you know, she looks at the options of what I'm giving her and she'll, like, point it out. [JV]

These accommodations were techniques that the mother used to enhance interactions between her and her child, and facilitate smoother care giving interactions with their child.

Playtime activities. Several of the mothers commented on interactions during playtime. To enhance the mothers' participation, they would modify the activity or the use of the toys. Jillian captured the essence of what she did in order to make playtime successful for her and Sierra.

So, it's like, we can't always, I mean, if you're a blind parent, you can't, you cannot always, you cannot pretend that you can't see, to your kid. Cause they know. They know you can't see, so you have to find other things of, playing and interacting, things that you can be involved in. That way it's gonna take their frustration away more. It'll help them. They won't be quite so frustrated with you, if you find things that you can do with them. And that's what's important, is to find the things that you CAN do, that's why I was saying it's to kind of evaluate yourself and your vision, and what you CAN do. You don't wanna, you know, to start an activity with your child that you can't do. Cause it's not fair to you, and it's definitely not fair to them. And, there's gonna be frustration between you guys. [JV 55].

Jillian tried diligently to make sure her daughter was confident in their interactions together. When asked about what she did to assure her daughter's sense of comfort during interactions, she replied,

Well, the one thing that I'll always try to do is no matter what she's doing, even if I can't see something like the puzzle, or something, I'll always try to be there. I always try to be with her and interact with her and talk to her. Even if, my little brother's helping her with the puzzle, I always try to say, you know, "Sierra, look at the pictures." And, "You see what Paul's doing?" I always try to be there, cause I don't want her to feel like, "she can't see, so she can't be involved." [JV 54]

Jillian wanted to be active with her daughter during playtime so she tried to figure out ways to modify the activity for her to play along. She was conscious of letting her daughter initiate the activity of her choice, and then Jillian adapted it in order for her to participate.

She'll, she'll initiate what she wants to do. Then, I kind of modify maybe what we do or how we do it, so I can participate more with her. I can be more involved with her. But she usually suggests, uhm, what she wants to do. A really big thing, I don't know, with Sierra, is dress up, clothes. She got some for Christmas and she's, and that helps me a lot, because, one...she's learning how to dress herself, put on stuff, or whatever. And that really is something that we can both get involved in and she can tell me what she wants to wear. Like, like she'll say, "You know mom, put this hat on." Or, "You know, put these, these, they came with these

gloves.” Or, you know, or, “Do this.” Or, you know? That, she can touch me, and she can rearrange my hair, and she, she brushes my hair, and...That’s a really good thing, a game, or playtime. So, she likes dressing up, or she likes to dress me up. And that way I don’t have to do anything. [JV 30]

Jillian reported that she was involved with Sierra during play activities, but recognized that most of the times she followed Sierra’s lead not only because she chose to be child- directed, but because of her blindness too. She found herself imitating her daughter’s play actions in order to participate sometimes. Both Anne and Anita also reported imitating their daughter’s play actions particularly when they were pre-verbal. Although imitation is a common interaction for children in pre-verbal stage, these two mothers found they imitated more for reasons of their blindness. When they were unsure of what the intent of the play was, they just followed their daughter’s actions. [AC 12 and ACH 6]

Jillian recognized there were times in which her blindness prevented her daughter from an activity. To counter this, she gave her daughter alternative activities to do instead.

I know that she gets frustrated sometimes that I can’t see. But as long as I can give her alternatives, and I can say “We can’t do this, but we can do this,” and, you know, and “and maybe Paul can help you through this later,” and, you know, things like that, if you keep doing that, if you keep giving her alternatives and giving her other ways, then her frustration won’t last as long. She won’t feel quite as frustrated. So, as long as you

keep doing that, and I think that's, I mean, that's just sighted parents as well. [JV 55]

It is true that sighted parents use this technique of giving options when they won't let their child do an activity, yet in this instance it was because of Jillian's blindness that prevented her from doing an activity. Just as in the first theme where it was reported that several activities had to be limited due to the mothers' blindness, this example reflects the interactions the mother did in order to limit those activities.

Other playtime interactions included alternative toy choice or toy use. Mothers tended to gravitate towards toys they felt comfortable using. Anne used toys that "we can do together". She made sure "that there's different sounds and toys that she can play with, and that I can interact with her." [ACH 9] Jillian related that catching a ball was difficult for her. She and Sierra first used a small sized ball to play catch but Jillian soon realized that it was very difficult for her to catch. She modified the ball play by purchasing a bigger ball that didn't bounce much. She and Sierra were then able to play catch.

[Sigh]. I'm telling you, the whole ball thing...There's different types of balls, and there's different sizes, and for some reason I had to pick the smallest ball, and the, I was like "This is not a good idea." So we, you know, like the next day or whatever, I went to the store and I bought her one of those big red balls, you know, and we could, and we could play, and she probably liked it better, but, you know, that whole thing is, that in

itself, the whole throwing something at me really, [she laughs], it's scary.

[JV 56]

When asked about her interactions with her daughter, Anita said

I just like to play with all the time on the floor...And we play with all of her toys...sometimes she'll bring me toys, and we'll like, she'll bring me her phone and we'll both pretend to be talking on it back and forth, you know? Just different stuff, you know, I'll show her how her toys work and, and uh, it depends on what toy she brings me...or what toy I feel like playing with her. [AC 7]

Anita also shared that she preferred to play with the toys she could identify. She also expressed a need for other people to buy toys that are appropriate for her as well as her daughter.

I know that I try to play with the toys that I know the best what colors they are and stuff, so I can tell her and try to teach her...You know, like, if I know what color a certain stuffed animal is, then I'll probably, I think I tend to grab it more because I can, cause it's identifiable to me...My mom's real good about buying her toys that I can play with her. [AC 29]

In addition to using specific toys to facilitate play interactions, a few of the mothers prefer physical play activities such as dancing, Peek-a-Boo, rough housing on the floor or on the bed, and singing. They found that it was easier for them to participate in physical play than more sedentary or passive play that sometimes required a lot of vision such as puzzles, drawing, cars, and even

watching cartoons. Christine shared how she was involved in her twins play by encouraging active play.

Well, let's see. We go, go to the playground out here, and, because it's closed in. And we'll, I'll take them to the playground, or, uh, or we just sit in the living room and we, uh, we tickle each other. We roll on the floor and, and, uh, or I'll put on music and I'll pretend to have them dance. Or we'll watch cartoons together, I'll just sit them on my lap. And uh, or, a lot of, I'll sit there and, and uh, I'll have them, they'll play with toys and I'll pretend to, to play with them. Or sometimes I'll put, you know, have bubble bath and throw a whole bunch of toys in there, and let them play, and I'll sit there and watch them, you know, play with them, or. Uhm, making cookies, I have them help me make, you know, cookies, and put them on the cookie sheet. And they like to see the result of course. [She laughs.]...Uhm, [short pause] that's, you know, things like that that are more contact stuff, definitely very, very, uh, even when they watch cartoons, like I said, they'll be "Mommy's gonna sit down here and watch this" one on each lap. There's all the room on the floor, and on the couches, but they want to sit on my lap, because they're just used to that. So, anything we do is a lot of contact. [CW]

When asked about things she did to make it easier for her to interact with her children, Christine shared that she need the activity to be stimulating for her and for her twins.

My thing is I always look for things to do with them that are gonna be more contact. Like, we love to sing little songs. And even when they were like five months I would sing little songs to them, make up little songs, or sing songs about their hands and their feet, and I'd touch their hands and show them where their hands, and their eyes, and, uh, so, uhm, finding games, uhm, things to do where it becomes fun for both them and for myself, as stimulating to me, where I can become, you know, part of their, uhm, their growth, their development. [CW]

Jillian shared that in order for her to participate in more sedentary play with her daughter she needed to prepare the activity ahead of time by modifying it for herself. She commented that to help her know what her daughter is drawing she outlines the pictures with puffy paint to create a raised outline of the picture. In this passage Jillian also reported that she participates in several physical activities with Sierra.

We play outside a lot. We play outside. I got her a bike, a little bitty bike. It has training wheels on it. It's so cute. And, so right now we're trying to like learn how to pedal. So, we play outside a lot. I get paper, construction paper, and I make like, a picture. But I use glue or puff paint, I let it dry, and the next day she, we can color together. So it's easier for me to color stuff, if I can feel it. And she thinks it's really cool...And like, she can feel the, the puffy stuff, or whatever. And, so we do that a lot. And then, we make stuff a lot. She'll come home from school and you can tell that their project for the week is gonna be like animals or

something. So, I can get a pattern of something for tracing. Like tactual stuff...she has like a little karaoke thing, and it's like, uhm, it has 2 mikes on it, and it can record our voices. She thinks it's very cool. Like, she'll put a tape in and we'll sing something in the microphone and then play it back...And then, Pat A Cake, and Ring Around the Rosies and, things that we can move. She's very into dancing... So, those, those are the kind of things we do. We do a lot of playing together. [JV 20-21]

Summary for Activities

The mothers conveyed that they participated in a variety of activities with their child, yet needed to modify some of them to enhance the level of interaction or to make them more conducive to their needs. Daily care giving activities were modified by the mothers to facilitate their ability to perform the task, thus creating a smoother interaction. During playtime some mothers preferred to follow their child's lead or imitate the child. Some mothers also preferred more physical play or to use contact to better identify with the context of the activity and follow their child's actions.

Conclusion for Interactions

The theme of Interaction exhibited many of the complexities of motherhood that were faced by blind mothers. Considerations for the impact of their blindness on interactions altered several of the mothers' exchanges in communication and activities. Daily activities such as care giving and playtime were more modified by the mothers than by the child, as opposed to

communication interactions in which both the child and the mother modified communicative intent.

The results conclude that blind mothers perceived they successfully interact with their child. They reported using multiple strategies to read their child's cue and to respond sensitively to their child's signals. Results demonstrated that contingent episodes between the mother and the child were effective based on the mother's reports. Several of the children even learned to modify interactions for sighted and blind persons. Activities for safety issues care giving task, and playtime included purposeful objectives by the mother to enhance interactions.

CHAPTER V

FINDINGS AND IMPLICATIONS

The purpose of this qualitative study was to explore the parenting dynamics between blind mothers and their sighted infants and toddlers. Even though each of the seven mothers articulated her own perceptions about being a mother with blindness, several overlapping commonalities among all of the mothers were reflected in their experiences, attitudes, and responses related to motherhood. Although at times the findings for each of the participants manifested themselves uniquely, they shared common or central ideas. These findings were encapsulated in the overarching themes presented in the previous chapter as data results.

The original literature reviewed for this study revealed little in-depth information specifically related to the topic of this research. As a result, the literature supporting the intent of this study came from the areas of mother-child interaction, disability presence, and external social and environmental factors influencing parenting. Based on information from these areas, a semi-structured interview guide was developed and used during the interviews with the mothers. However, the information obtained in these interviews expanded the scope of this study far wider than was expected. Analysis revealed an even more encompassing view of motherhood for these women. Factors that were not originally included in the literature review or in the original research questions became apparent

during analysis. Therefore, the research questions driving the initial proposal for this study were refined to better direct the information derived from the analysis.

Based on these revised research questions, the conclusions of findings will be discussed along with implications. The limitations of the study will follow with suggestions for future research. Although the data analysis in the previous chapter was organized into categories and themes, the information in this chapter addressing the research questions will show that much of the data from these themes intersect within each question. For instance, the themes of Support and Interaction may both have data that pertains to the first research question.

Findings for Research Question One

In attempting to gain information on the perspective of blind mothers regarding parenting, the first research question goes straight to the core of parenting with a disability: What are blind mothers' beliefs about how their blindness impacts parenting? In this study, the term 'parenting' has a very broad scope, and includes many issues pertaining to the role of being a parent.

Because the women in this study were first time mothers, they experienced many situations and emotions common to most new mothers. All of the mothers experienced a sense of being overwhelmed at times, not knowing what to do in care giving situations, or an adjustment to a change in lifestyle. Many also initially experienced feelings of less competence in care giving after the birth of their child, and later felt increased efficacy as they became more proficient in caring for their child. These factors, although could be considered components of blindness influencing parenting, were not attributed by the mothers as problems

associated with blindness. However, the women did assert there were other factors regarding parenting that were impacted by their blindness.

Safety

Safety was an issue that came up several times throughout the interviews in regards to the mothers' blindness impacting them as parents. These blind mothers had different safety considerations than sighted parents. Monitoring their child was one area of concern for them. As a parent not able to visually watch their child, their parenting style was dynamically altered. They had to stay within close proximity to their child all of the time in order to monitor their child's safety. This was particularly acute when out of the confines of their familiar environments. The impact was mothers felt less confident in taking their child on outings. This limited exposure to different opportunities and a variety of settings affected the mothers' sense of providing an appropriate lifestyle for her child. At times they felt limited and remorse in their parenting obligations and opportunities. As a result their sense of competency to provide a normal lifestyle for their child was diminished.

Another issue involving safety was the mothers' fear of their child being abducted. Some of the mothers felt vulnerable in keeping their child safe because of their blindness. They feared not being able to monitor their child even when they were in fairly close proximity and were concerned with someone taking advantage of their blindness and kidnapping their child. Once again the inability to monitor their child impacted their parenting behavior in avoiding many group activities where they and their child were exposed to strangers. Many of these

women purported to be very comfortable in public situations prior to having their baby, therefore, it was their sense of safety and responsibility for their child that altered their parenting style. Most outing situations with their child were with another sighted adult or in familiar environments with family and friends.

The mothers' need for safety also impacted their parenting when it came to setting some boundaries and rules for their child. The need to have their child hold their hand, come when called, and verbally check-in with them when asked of their whereabouts are all aspects of how their blindness impact their parenting. Although most mothers would dream of having their child be so responsive, blind mothers made it an imperative rule as a result of them not being able to visually monitor their child.

Safety issues most definitely impact parenting strategies for blind mothers. Blind mothers reported needing a sense of control over their child and the environmental situation to be able to monitor them. The limitations due to restricted exposure to many activities and environments may impact the child's development and knowledge. A few of the mothers in this study tried to counter these limitations by providing their child with exposure to other children their same age at mother's day out programs or by taking them to visit friends who had children of similar ages. However, many felt as though they had limited options.

A mother's reliance on others to help her monitor her child may also cause a two-fold issue as a parent. First, it sets them up as being dependent on other people to help them as a parent. Second, the frustration of relying on others to parent their own child could reduce their sense of competency. Support networks

to assist in providing settings or activities in which blind mothers can participate with their child and feel safe are important. Blind mothers also should attempt to seek out mothers groups or parent organizations that may be more sensitive to their needs and provide a situation in which they and their child could participate regularly. Amy found this type of support with La Leche in which she indicated was a safe place for her and her daughter to participate.

La Leche is probably one of the most accepting groups...that is like my safe place. That is the place where I know I could go and get whatever I need parenting-wise. They may not know how to do it from a visual-impairment standpoint, but if I say I'm having problems with something they would come up with a thousand ideas for me to try. [AB 6]

Some mothers may not attend many social activities because of the mothers' sense of responsibility to maintain their child's safety and the difficulty of monitoring their child that is posed by attending such activities. The result not only impacts the child's exposure to social situations but the lack of social contact may impact the mother herself. She may experience a greater sense of isolation or even feel "trapped" at home or even trapped in her role as mother. Several of the mothers expressed a need to be around adult friend and to have respite on occasion just to "get away" for a while. While most mothers feel this way it is possible for blind mothers to have even a greater need. First, all of the blind mothers interviewed felt constantly on guard having to monitor their child. This can be very exhausting. Second, the potential for blind people to be more isolated from social situations is already high (Norden, 1994). Parenting as a blind person

may emphasize this situation and is a consideration for those in a position to provide guidance, respite and support to blind mothers.

One area of safety that did not emerge from the interviews but is a consideration based on fieldnotes is the need to help the mother to child-proof her home for infants and toddlers. In my visits to these mothers' homes, I noted that the environments were not set up for curious young children. One occasion I noticed a disposable razor lying on the living room floor. I noticed heavy objects that could easily be pulled off onto the child's head. There were several mothers who referenced the difficulty of keeping their child out of a certain part of the house or the constant battle to keep the child away from a breakable item in the room. With reorganizing the items in the room to prevent the child from reaching them, the problem would be solved.

In some houses there was a lot of clutter and small items laying around that the child could put into his or her mouth. Based on these fieldnotes, I concluded that because of their blindness, many of the mothers didn't have the visual scope of seeing the potential dangers for their children. All of the mothers were very concern for their child's physical safety such as choking on an item. However, due to their blindness they may not be able to visually monitor the safety of the environment or a potentially dangerous situation for their child. This is one area in which the mothers' blindness definitely impact safety concerns although they were not aware of it. Safety information that describes some child proofing strategies would be warranted for blind mothers.

Parenting Pressures

Another parenting area impacted by the mother's blindness was the extreme amounts of pressure the mothers faced to be exceptional parents. This pressure came from the mothers' own expectations for themselves and from undue biases from society. Many of the mothers felt internal pressures on them to provide the best possible parenting for their child. They perceived that their blindness placed limitations on their child's lifestyle, educational needs, and activities and felt they had to sometimes overcompensate to make up for them.

The mothers in this study implied that the internal pressures they experienced stemmed from their concern of the impact of their blindness on their child. They differentiated that these pressures were not from those imposed by society's biases and judgments on the blind. A few of the mothers reported that the internal pressures of not impacting their child's life with their disability originated from internalization of external preconceived notions (Scholl, 1986). Long term exposure to negative attitudes about the blind may have conditioned these mothers that their disability was a problem. Fears of inflicting their disability on their child could have been an impetus for overcompensating and perhaps maintaining such a vigil of safety on their child. Christine shares her concerns. "I think my main concern is will I be able to provide, if there's a thing as normal, a normal or average childhood to my kids? ...I don't want my children to lose that because of the disability that I have, that's not their fault."

[CW 12-13]

The numerous pressures from external sources generated many fears and concerns among these mothers. Almost all of the mothers expressed society placed higher expectations and standards on them than those placed on sighted parents. One of the greatest concerns being blind and a parent was the fear that they would be perceived as incompetent, and perhaps have their child removed from them by Child Protective Services. Therefore, their blindness did impact many of their public parenting actions and attitudes. The mothers claimed they were constantly self-conscious or on-guard of their parenting behaviors in public or even with family and friends.

Another impact that the mothers' blindness had on her parenting was their expressed need to be accepted by society. Part of the need for acceptance was exhibited in their concern for appearances. They were concern about both their and their child's appearance in public. The mothers also felt a need to prove that they could perform task just like sighted mothers. Although this study was not a comparative study between blind and sighted mothers, several of the mothers mentioned such comparisons. They felt they experienced greater pressures on them than sighted parents. Remarkably, despite the internal and external pressures assaulting their sense of efficacy, the mothers expressed an overall attitude of competency in parenting.

Although these mothers experienced an occasional incidence of self-doubt in their ability to provide for their child, and a barrage of doubt from society, their sense of efficacy was basically intact. This could be attributed to the quality of interactions between mother and child and the efficacy perpetuated by them.

Goldberg (1977) placed great value in the mother's development of competency based on interactions. In the results, mothers reported feeling competent at understanding their child and being responsive to their needs. The dyadic interactions between the mothers and their child were perceived by the mothers to be successful contingent episodes, thus perhaps supporting positive feelings of competency.

Even in the situations at the hospital and the onset of their child's birth which Fogel (1991) claims to be a very vulnerable time for mothers' feelings of self-confidence, these mothers were defending themselves as competent mothers. Conversely to the theories on interactions attributing to the mothers sense of efficacy, the mothers had this attitude before any interactions actually took place. Therefore, one could surmise that some of these mothers' sense of competency may not only come from successful interactions with their child but could also be attributed to the mothers' history of being a self advocate as a blind person. If the mothers already had a strong self-esteem as a competent blind person, then the pressures they experienced in the hospital or society may have been diminished (McWhirter, 1994). The mothers' own psychosocial adjustment to her blindness may have impacted their parenting and their perceived capability.

Not to say that they were not affected by the unwarranted biases. Some of the mothers reacted to the atrocities of others' biases with anger and frustration. Others attributed the attitudes of society as ignorance of blind people's abilities. Lisa shared her opinion on society by stating, "...those people they don't know any better, you know, they haven't been around a visually-impaired person long

enough to understand and know that we can do everything.” [LZ 14] A couple even saw these situations as opportunities to train society to develop more positive attitudes about the abilities of the blind. Overall, the blind mothers did acknowledge that their blindness increases pressures place on them as parents, but it didn’t affect their core sense of being a good parent.

Even though all mothers acknowledged they were capable, there were times they didn’t feel capable at specific activities. Some mothers reported having difficulty with activities because of their blindness. Interestingly, a few of the mothers contended that due to the pressures they experienced from society they felt self-conscious in certain situations, which temporarily altered the mothers’ feeling of competency. When some mothers occasionally needed assistance, they were resistant to ask for help because they didn’t want to be perceived as incapable. Christine expressed her thoughts of blind women requesting support by sharing, “A lot of women are afraid ‘If I ask for help they might think because I’m a blind mother I’m not capable’...If you don’t ask for the help you’re gonna be called ignorance.” [CW 41]

Professionals in the field of rehabilitation for the blind recognize that with successful personal adjustment comes the knowledge that none of us are totally independent, but we are interdependent (Hillyer, 1997). In this study, the mothers expressed a variety of sentiments regarding their independence. Some strongly wanted to be independent from other people and support, and others felt they were more interdependent on their support systems such as husbands and friends. The life changing effects that parenthood had on these blind women, combined with

the exposure to additional pressures from society may have implications for support. Both of the areas of support needs and societal influences impacted the blind mothers' thoughts, attitudes and actions toward parenting. Christine gives some insight to her views on society's pressures and support.

And asking for help is going to make you an independent person, cause once you ask for the help you're gonna know....It's stupidity if you do something cause you know, and ignorance when you do it because you don't know. And so, don't be afraid to ask, and it doesn't mean you're not a capable mom. [CW 41]

Modifications for Blind Parenting

Modifications were a significant aspect of parenting with blindness. As with blind people who daily use alternative strategies to function in this world, these blind mothers found that parenting added a whole new realm of modifications. As mentioned earlier, monitoring their child's whereabouts was an area of concern and an area they had to develop strategies to do this. Some attached bells to their child's diapers or shoes, others used plastic covering over the diapers to hear the rattle of the plastic. The mothers reflected they had to make numerous modifications and develop alternative strategies in care giving, communication, and daily activities.

The amount of time and effort used daily to devise modifications or alternative ways of doing things with the ever-changing situations that children presented occupied much of the mothers' day. Just caring for a child is time consuming, but to have to develop alternative ways of doing it required these

mothers to put in extra efforts into raising their child. This extra responsibility coupled with feelings of outside pressures of having to be “good” parents, created disproportionate amounts of pressure and forced increased efforts for blind mothers.

A few of the mothers recounted they had to plan play activities ahead of time and get everything in place because it took them longer to do so because of their blindness. Spontaneity for some activities with their children was prevented. Another mother didn’t want her child to get frustrated by waiting on her to get everything ready, so she would stay up late at night to get the next day’s activities prepared. Occasionally when some activities couldn’t be modified, the mothers would have to propose alternative ideas. One can imagine telling a two-year old that “we can’t do that” and the aftermath of tantrums. Some of the blind mothers related that not being able to do an activity because of their blindness and having to tell their child “no” made them feel frustrated with their blindness. The implications for having to deny their child because of their blindness may affect the mothers’ sense of ability to provide fully for their child. Most of the other mothers shared that reading to their child was an area that although some modifications could be made, they still felt remorse and sometimes frustration of not being able to do it to the degree they wanted. Christine shared that she felt not being able to read to her twins interfered with bonding. Lisa shares how not being able to read a book to her son affected her.

This is the one thing that causes me stress...it breaks my heart...when he was younger he would come up to me and say “Mom, what’s this?” “What

animal is this?"And I use to feel bad 'cause I couldn't tell him what it was....I'd feel bad 'cause he wanted to know, and I wished he would have known. [LZ 23]

Issues related to competency, modifications, and self-esteem may be of concern for blind mothers if the situation of having to deny one's child a desire due to the mother's blindness is repeatedly present.

Being organized and planning were a large part of modifications that blind mothers had to do. The mothers all found it important to have a system of doing things or organizing objects. If someone interfered with their system, it placed added stress and efforts on them. Blind women who are considering motherhood should realize that all of the mothers emphasized the importance of being organized. Lisa gave advice to potential blind mothers by saying, "you gotta be organized...you know, you can't see...." [LZ15] A few mothers emphasized that having to organize themselves and incorporate the actions of their child into the system too was difficult and time consuming. Additionally, a few of the mothers commented on the importance for their child to develop organizational skills that complement those of their parents, such as putting items back where they belong and leaving their cup in a certain spot in the room so the mother could find it.

A couple of mothers also found that to feel comfortable to take their child to an unfamiliar location to play, they would visit alone the first time or with a friend to help them get familiar with the location and the situation. Assistance with orienting to unfamiliar environments is important information for support systems for blind parents. Prior planning, organizing, and modifying demonstrate

the great amount of effort that these women invest in to provide their child an excellent childhood. All of the mothers in this study reflected that their blindness did impact their parenting experiences, yet they believed they were competent and successful mothers.

Findings for Research Question Two

The second research question involved support for blind mothers. What are blind mothers' thoughts on support systems? The study's results related to this question covered several different aspects of support. Support sources were identified by the mothers as primarily family and friends, then books, parenting classes, prior experiences, and least of all, agency assistance. Mothers also acknowledged different types and amounts of support they needed such as transportation. Last, they expressed specific attitudes regarding these needs and how people could provide support to them.

Available resources

Many of the mothers reported a considerable issue related to support needs was accessing parenting resources and modifying child related items. Mothers reported on relying on books and parenting classes to prepare for motherhood. However, the literary resources they obtained were not in an accessible format for them to read independently nor did they have any information for parents with blindness. Mothers had to be dependent on family members or friends to read the information to them, or in some cases they weren't able to use the resource.

In addition to the books and pamphlets not having information for blind parents, many of the agencies and medical professionals the mothers had contact

with didn't have information on how to parent with blindness. Mothers had to develop alternative methods, modifications, and parenting skills for themselves. Some of the mothers contacted their blind friends who were parents to learn how to do tasks. However, most of the mothers had prior experiences in caring for children. They found this experience to be very helpful in preparing for motherhood and after the birth. This actual hands-on practice helped many of the mothers feel more confident in the care giving skills, but didn't address other parenting issues they encountered such as parenting on a full time basis or the emotional components of parenting.

A lack of resources and information geared for blind parents really did cause them to be "parenting blind". One of the mothers interviewed suggested that there be an internet network or website just for blind parents. Amy searched for one but couldn't find anything similar. She expressed a her desires for creating available resources when stating, "You know I was talking about how I'd like to get in on that website for moms to be able to access....Because, you know, there's limited things." [AB 31-32] Understanding the needed resources and types of information that blind parents required was one of the focal points that initiated this study. Availability of parenting resources geared for blind parents were, and are, hard to find. Not only should the resources for pregnancy and parenting information that are available for all parents be accessible for blind parents, but information unique to blind parents needs to be available.

Transportation issues

The need for transportation was one of the areas that had many complexities surrounding it related to blindness (McWhirter, 1994). Ask almost any sighted mother and they will expound on the amount of driving they have to do for their child. Blind mothers don't have the option of transporting their child in the conventional ways that most sighted mother do. All of the mothers commented on transportation and the parenting inconveniences it caused because they were blind.

All of the mothers were independent in traveling alone, yet with their child they were reluctant to travel on public transportation for safety concerns. They feared that their child would get lost from them or be abducted. Therefore, they had to adjust their usual transportation modes to different ways. Some relied on friends and family members, but this caused them to feel dependent on others. More so their inability to get out of the house with their child frustrated them. Jillian thoughts on transportation issues due to her blindness affected her. "I feel most guilty about [transportation]...the thing that frustrated me the most...we can't go, just get up and go. It's so structured. It's so organized." [JV 31] This also lead to fewer outing with their child, thus adding to the issue of limiting their child's exposure to various environments and activities. One mother was remorse in the fact that her son would probably not be able to play in softball or soccer programs because of the tremendous amount of transportation required to participate. A few mothers commented that because of transportation issue they

were limited as to where they could live with their children. Being a blind parent created additional transportation issues and support needs.

Requesting and Providing Support

There were a variety of ideas and opinions from these seven mothers about requesting support. Many of them when answering a question about giving advice to future blind mothers, promoted asking for help when needed. They wanted to reassure the future mothers that it was important for their child's sake to assert themselves and ask for assistance. However, some of these same mothers also reported elsewhere that they were wary of asking for help because they didn't want to appear incompetent, or face people's judgment of them as unable to care for their child. The conflict caused by the pressure of society's bias and their own experiences with it, sometimes made them contradict their beliefs about requesting support.

In the field of rehabilitation many times a client can intellectually incorporate a philosophy into their adjustment to disability, but not totally embrace the attitude into their sense of self (Omvig, 2002). Several of these mothers intellectually embraced the philosophy to ask for help, but because of their fear of public criticism or appearing incompetent they were reluctant to do so.

A few of the mothers also encouraged the importance of assertiveness to let other people know about their needs. Yet they became frustrated when after asserting themselves, people attributed their needs to their blindness, and not for being a parent with needs. Amy shares her experience in asking for help and

people's misinterpretation of it. "So it's like almost every time I ask for help, people think that it's because I'm blind that I need help. And it just annoys me...." [AB 19] A couple of mothers referred to the importance of making their support system work for them. They believed that the support received needed to match their need. Several times they reported someone trying to help them when they didn't need help, or the help was not what they needed and it made the situation worse.

The results found that family and friends were the greatest sources for providing support. Mothers indicated that it was important for those providing support to be responsive to the blind person's needs. They emphasized that what blind mothers needed was to feel acceptance from people when requesting help and not judgment. Some mothers acknowledged that their family and friends were very accepting of their ability as a blind person prior to having their child. However, after the birth of their child, family and friends were skeptical of their ability as a mother. They reported similar skepticism with the medical community.

Medical professionals are generally valued by society as having great knowledge and solutions to problems or needs (Myers, 2003). If a member of the medical profession exhibits doubt of the mother's ability then this may cause the mother to begin to doubt herself (Scholl, 1986). The hospital scenario in the second theme of Chapter Four in which the nurses tried to provide Anita too much help by pulling down her pants to go to the bathroom, and keeping the baby in the nursery actually made her feel as though she was incompetent. Determining from

the mother the types of support they need is important to providing assistance in the format that's best for them (Hillyer, 1997). Additionally, blind mothers may not need assistance and attempting to provide it may be insulting or damaging to their level of confidence such in the case with Anita.

Much of society today still follows a medical model of the professional having definitive standards of how things should be done (Myers, 2003). However, sensitively balancing the blind mothers' needs with the uniqueness of their situations might prevent them avoiding requesting assistance when needed. Any support network whether it be professional or informal needs to address the blind mother's attitude towards support.

The incidences reported in this study reference that blind mothers may be potentially at risk for not requesting assistance when needed. Why is this? There may be no more area of human nature more innately revered than that of motherhood. Today's society places a "Super Mom" expectation on mothers' role to be perfect. This expectation, coupled with the already present biases from society placed on blind people as being incapable of normalcy (Omvig, 2002) truly can set the blind mother up for a sense of failure if she felt she couldn't do it without help. In two scenarios Jillian shared her thought on this. The first scenario was her thoughts on society's expectations, "Because I feel like other people look at you, and have a higher expectation for you as a mom. Even though it's not fair, they have this thing that you have to be a really, a really good mom because you can't see." [JV 12] The second scenario illustrated Jillian's attitude about needing to care for her child because of these expectations. "By the fact that

I can't see, even though I live with my parents, I'm not one of those who pawns her off on other people. She is my responsibility and no matter how much my mom wants to help, I do everything for Sierra." [JV 8] The blind mothers' shared many thoughts on support systems. Issues related to transportation, available resources, and support attitudes related to a person-centered approach were common among all of the mothers.

Findings for Research Question Three

Research question three addresses the area of interactions. How do blind mothers perceive their blindness to impact their mother-child interactions? The mothers in this study perceived that their interactions with their child on a whole were successful. An overall impression left on me as the researcher was the mothers were all very conscious of their interactions with their child. Just as a parent who has a child with a disability can be deliberate about their interactions with their child, the mothers in this study described very purposeful strategies to interact with their child. Jillian described her thoughts on learning about her child. "The thing is that you have to take some time to get to know your child...get to know what you can do and what you can't do as far as your vision being limited" [JV 33]

Impact of Blindness on Interactions

Although the mothers did report having successful interactions with their child, they did acknowledge that their blindness sometimes affected their interactions with their child. Some of the mothers felt that on occasion the effect of their blindness was negative and impeded interactions, and other mothers

acknowledged that their blindness impacted interactions but couldn't specifically identify the effect. An example of the negative effect was the mothers' admission to being a little slow because of their blindness at preparing a care giving or play activity such as preparing the child's formula or a painting activity. They were aware that their child would get frustrated by having to wait on them. Although all children have to wait for food or to play every now and then, the mothers felt it was their blindness causing the delay resulting in their child's frustration, not the fact that it could be a typical situation.

The mothers also were conscious that because of their concern for their child's safety, they set up definitive boundaries and rules that the child must follow. Interactions by the mothers to monitor their child such as being within close proximity or constantly asking them what they were doing, were also used. These rules and interactions left the mother with concerns that they may be perceived by their child to be overprotective or controlling which eventually may cause the child to rebel at some point. However, the mothers were not willing to capitulate on their child's safety. This situation could set up potential interaction or relationship problems between mother and child in their future.

Reading their child's cues was a very important position for these mothers. Because of their blindness, mothers commented on using alternative methods as opposed to visual cues to understand their child. They used a lot of touch and stayed in close proximity to their child in order to understand their child's cues and be appropriately responsive. The mothers also verbalized a lot to their child

to reassure the child she was attending to them and to connect with the child to monitor them.

The use of physical touch and proximity to their child to promote understanding of their child's cues and also in order to monitor their child, may have prompted the responses from these mothers to feel bonding and child attachment. The increased physical interaction and proximity could have facilitate the mothers' learning their child's cue and the child learning the mother's cues, thus producing mutual readability, sensitivity and responsivity to each other. Contingent episodes resulting from the aforementioned situation, may have facilitate a sense of interactional competency between mother and child (Tronick & Gianino, 1986). Additionally, a predictable environment may have been created by the contingent episodes, which may have produced a sense of control over the situation for the mother and enhanced her sense of self efficacy. In turn, when a parent has a greater sense of efficacy, there is an increase in quality and quantity of interactions.

An additional and perhaps equally important potential outcome may be the child's sense of security fostered by the mother's almost continual presence and attention. Some of the blind mothers were concerned that because of their insistence for safety that the interactions between them and their child may be negatively affected. Sighted mothers often use visual monitoring of their child from across the room, or make attentive facial expressions and mutual eye contact at a distance to "check-in" with their child. As an alternative method, these blind mothers reported they tactually monitored their child, which could cause them to

be more intimate and physically present for their child. Paradoxically, these interactions may lead to the possibility of the child and mother having very close attachments and bonds as a result of her being “overly protective”.

Other findings regarding the mother and child interactions emerged during playtime. Several of the mothers reported wanting the child to know they were capable partners during playtime. Jillian in particular didn't want her child to think she couldn't be relied on as capable, so she constantly tried to be as involved with her daughter's play as much as possible. “I always try to be there, ‘cause I don't want her to feel like, ‘she can't see, so she can't be involved’.” [JV 54] She admitted that she may be trying to overcompensate for her blindness and prove she was a responsible mother that her daughter could get help from. This could potentially lead to three different scenarios. One, the mother's constant involvement might make the child too reliant on her presence, creating passivity or helplessness during play. A second possibility could be the mother's presence may be too overbearing and the child may want to escape from it. Third, despite the tendency to be overcompensating, the mother successfully balances the amount of interaction with her child to serve as a competent play partner. Observational information would shed further light on the possibility of these scenarios.

Another attribute of interaction that emerged was several mothers reporting that they usually followed the child's lead during play. Some mothers claimed to do this so they could determine what the child was doing during play since they couldn't see it. Once the mother established the intent of the play she

joined in or imitated the child's actions. Although this may be an alternative method the mothers employed to interact with their child due to their blindness, it is a very age appropriate interactional strategy to use with young children (Mahoney, 1988). The mothers' blindness may facilitate a more appropriate interaction style by allowing play to be child-guided. All of the mothers reported being capable of understanding what their child was trying to communicate and how he or she was interacting during play, however, the veracity of this postulation is unknown as there was no observation made of maternal-child interaction.

The mothers reported that the child also developed alternative communications and interactions with them. It is unknown if this was due to the mothers' inability to read the child's cues and with the lack of contingent situations, the child needed to make interaction alterations to achieve successful interactions. Or did the interactions developed from the mother reading the cues appropriately and encouraging and reinforcing the child's interactions that met her interaction needs? Future observational studies exploring the interactions between the blind mother and her child would be warranted. This type of research could reveal the cause and effect nature of the interactional patterns and the potential adaptations motivated by maternal blindness.

Implications of the Findings

The findings from the study provide several considerations for persons working with persons who are blind, the blind community, the medical community, parenting organizations, and for persons working in early childhood

education. Areas such as safety, transportation, parenting resources, and support issues revealed factors related to the blind that need to be addressed. Based on these areas of considerations, implications for stakeholders delivering instruction, services and policy support are proposed.

Instructional implications

The mothers in this study reported that the safety of their child was of great concern for them. The findings showed the mothers' fear of abduction of their child was originated by the mothers' limitations in monitoring their child. Unfamiliar environments or situations, in which the mothers couldn't monitor their child using auditory means, caused the mothers to feel out of control of their child safety. Additionally, orientation and mobility skills when transporting their child was another area of safety concern for some of the mothers. Based on these safety concerns, instructional techniques to assist blind mothers' in monitoring their child both in and out of the home would be warranted. Additionally, safety information that describes some child-proofing strategies for the home would address the blind mothers' concern for having to physically monitor her child.

In addition to safety issues, mothers also reported issues with needing to modify care giving and interactional strategies, needing extra planning time to get activities ready, and requiring specific organizational skills and systems for caring for their child. Mothers also reported having frustrations with reading to their child, and providing educational information, particularly information about visual concepts. These needs of blind mothers would have implications for

persons working within rehabilitation for the blind, schools for blind adolescence, or even early childhood professionals.

Developing information and instruction to address the safety issues that blind mothers encounter, and alternative care giving and interactional strategies would provide blind women with specific knowledge on raising a sighted child. Additionally, for early childhood professionals, facilitation of maternal-child interactions and working with the blind mothers to assist with educational information and strategies, would benefit the child's educational development.

Service Implication

As a consequence of trying to maintain their child's safety, several of the mothers confessed that they limited their outings and social activities with their child. The difficulty of monitoring their child in social situations, and unavailability of a safe place to let their child play without constant supervision, left several of the mothers feeling discouraged at the possibility of their child not having opportunities to participate in activities with other children. The limited availability of social settings and activities for the mothers to take their child also left many of the mothers feeling isolated. Additionally, the ability to access potential outings was compounded by the limitations the mothers reported in transportation availability.

Implications for support systems and service agencies providing transportation for the blind need to be aware of the unique requirements that blind parents may have and that increased individual transportation services may be required. Both formal and informal support systems for blind mothers need to

offer outings for both the mother and the child and to assist with monitoring the child if needed.

Additionally, organizations for sighted parents and young children may need to expand their scope of services to include blind mothers in their service population. As one mother reported, La Leche provided a haven for her to be included as a mother and a blind woman. Other organizations providing parenting support or child activities need to consider a means to make the services accessible and appropriate for blind mothers.

A few of the mothers in this study made it clear during member checking that although blind mothers definitely have common areas of experiences and needs regarding parenting, each mother has her own unique needs and ways of doing things, just as sighted mothers do. A one size fits all does not apply for sighted mothers or for blind mothers. Therefore providing services or information labeled for all blind persons isn't always feasible or responsible. A person-centered approach appears to be more applicable for blind parents. Conversely, this model has been embraced by many rehabilitation and vocational service providers for the blind, it has not been incorporated into services reaching out to blind parents.

Based on the findings from this study, there appears to be a need for specific and appropriate information developed for agencies and medical staff to facilitate pre-natal preparation and post-natal information covering basic care giving tasks, interaction strategies, and support systems. Many of the mothers expressed that medical staff and social workers had limited knowledge on how to facilitate a

blind mother in caring for her child after the birth. Implications for social services and the medical community to develop a person-centered protocol for the blind and develop non-bias information on the blind for staff are warranted.

Another area that several of the mothers felt there was a service need was the provision of resources for parenting information. Many of the mothers obtained parenting information from general parenting books. However, they found the accessibility of the books to be limited. Few were able to access the information on tape or in Braille. Yet another need was information specific for blind mothers. Although several of the mothers reflected that it was important to treat each blind mother with a person-centered approach, they did acknowledge that there was a place for basic, common information for all blind mothers. Some of the mothers relied on blind friends who were parents, and only one obtained information from an agency. None of the mothers reported accessing information from national organizations for the blind and visually impaired. When asked why they didn't access these organizations for information, some didn't know why they didn't go to them and two stated they didn't associate them with having that parenting information. The implications for organizations and service agency to provide resources for blind mothers is indicative that perhaps there are not enough unified sources of information or not enough research has been accumulated to provide the information. Nevertheless, the development by service providers of formal and informal social networks to provide information specific for blind mothers and general parenting information in an accessible format is a critical.

Policy Implication

Policy implications based on this study reflect the needs expressed by these mothers for information and services for blind parents. The blind consortium has long received services in the area of rehabilitation and vocational assistance, yet the area of parenting has not been addressed in many of the philosophies, policies, models and curriculums involving the blind. Although findings from this study showed that these blind mothers felt competent in caring for and raising their child, it also showed that all of these mothers face challenges that sighted parents typically don't have to face. Similarly, parents who have a child with a disability face challenges that most parents don't have to face, yet these families receive services and information regarding their child's disability and service opportunities. Parent who are blind have yet to receive services, information, or sometimes even public acknowledgement as parents. Policies set by national organizations for the blind and visually impaired need to acknowledge the abilities of blind women to be capable mothers. Policies specific to the service needs of blind parents, that encourage unified and accurate sources of information that are accessible for the blind, and that use a person-centered approach for blind parents are due.

Limitations of Research

The limitations of this study stemmed from the actual nature of qualitative research. Data relied on the mothers' self-reports about their perceptions of their blindness and the impacts it had in their role as a parent. What these mothers do and say they do actually may be different. Due to the mercurial nature of

feelings, the mothers at the time of interview may have perceived their situations differently than at other times. Many of these mothers referenced a feeling of having to prove themselves, so it is unknown if some of the information provided during the interviews was biased to attest to their capability. Lack of observational data created some limitations on this study. Nevertheless, the majority of the mothers' stories and perceptions did corroborate with each other to provide well-founded categories and themes.

Given that this research examined the views of seven blind mothers, the generalizability of the findings is limited. Generalizability refers to "the ability to generalize or transfer the use of qualitative findings to other populations, settings, and context" (Marshall & Rossman, 1995, p. 144). The diversity of visual acuity in the blind community is vast. Totally blind and persons with minimal light perception are but a portion of the blind and visually impaired community. Additionally, persons with blindness are a diverse group across all of society, therefore, to generalize common characteristics of the finding to all blind mothers based on this group is not viable. Applications based on the findings would not be warranted without further research.

Recommendations for Future Research

A significant void exists in research literature, regarding child-rearing practices of parents with visual impairments. It is hoped that the results from this study will provide information that leads to future exploration in this area. Findings for this research contribute information to the fields of early childhood education and rehabilitation counseling by combining the areas of mother-child

interactions with the impact of blindness on parenting. Future studies based on these findings may contribute to increasing the knowledge base in this area. One area for future exploration that was specifically pertinent to findings in this study, would be to study interactional dynamics between blind mothers and their sighted infants and toddlers by using observations combined with mother interpretation of the activity.

Another area of study would be a focus on the interactional adaptations the child of a blind parent makes to enhance communication and play activities between the parent and the child. The findings in this research revealed that the child, as well as the mother, used specific alternative techniques during communication and activities. The mothers reported the child learned at an early age to differentiate between sighted and blind persons. Although interaction is a circular response pattern, researching the dynamics of the child's adaptations with the blind parent in this cycle would give insight to the child's role as a social partner. Once again, data collections using observations would be idealistic.

This study revealed that the mothers felt there was a scarcity of practical information specifically related to and available on blind parenting. In particular, the medical community these mothers came into contact with had limited knowledge of how to support blind parents. Other potential support systems such as agencies and organizations were for the most part not formally accessed by these mothers for parenting information. Most of the mothers related a need for parenting information, therefore, the lack of accessing the information was not

because there wasn't a need. Perhaps it was because there was a paucity of unified parenting information for the blind in an accessible format.

In researching the literature on blind parents, there were several studies and resources for blind parents, each with their own specific piece of information related to the blind. Sighted parents have a multitude of materials available on parenting. As discovered in this study, the experiences of parenting as a blind mother are sometimes different from parenting as a sighted mother. There are occasions in which there are some very specific needs, techniques, and social issues that do occur. An exploratory study into the availability and quality of resources for blind parents, and for the organizations, agencies, and professionals who they may come into contact with would be valuable information for future support issues for the blind.

Appendix A

Participant Descriptor Chart

Mother name	Mother age	Visual acuity	On-set of blindness (yrs.)	Child name	Child age (mths.)	Primary living arrangement	State
Amy	41	Limited light perception	1+	Elise	12	husband	MI
Anita	20	Minimal light perception	2	Amanda	16	friend (temporary)	TX
Anne	35	Totally blind	14	Astrid	8	husband	MI
Autumn	27	Totally blind	birth	Caleb	18	husband	TX
Christine	27	Totally blind	13	Chase and Journey (twins)	36	alone	TX
Jillian	23	Light perception right eye only	20	Sierra	24	family	TX
Lisa	25	Light perception only	birth	Carlos	24 +	husband	TX

Appendix B

Interview Guide 1

Home life information

1. Do I have permission to tape the interviews?
2. Does your child attend a mother's day out program or a childcare center?
3. Do you and your infant live alone?
4. If not, who do you live with?
5. If you have a spouse, is he visually impaired? What is his general visual acuity? Visually impaired/ Legally blind/ totally blind?
6. How does he take care of the baby?
7. Where do your or your spouse's family members live? How often do you spend time with them?
8. How do you feel about spending time with them?
9. Describe the people who you socialize with the most? Are these the same people you feel you can rely on the most? Why or why not?
10. What are some of the most important things in your life?
11. What previous experience around babies or young children have you had before the birth of your child?
12. Did you ever babysit as a teenager? Or take care of siblings?

Motherhood

13. How did you prepare for motherhood? (read about it, talk with other mothers, parenting classes)
14. Tell me about your experiences as a mother. How has motherhood been for you? (feelings of efficacy, coping, qualities as a mom)
15. Is motherhood everything you thought it would be?
16. What are your best qualities as a mom?
17. Individuals sometimes have difficulty adjusting to a new situation in their life such as having a new baby. Have you had any difficulties adjusting to motherhood? If so, in what areas of your life have these difficulties affected you most?
18. Have you found that motherhood has made you revisit your own thoughts (or issues) regarding your blindness?
19. What are your fears about raising a child?

Appendix C

Interview Guide 2

Parenting experiences

1. Many mothers feel that being a parent is at times overwhelming. Have you ever felt this way? Could you talk with me about a time in which this has occurred?
2. What makes an activity with your baby fun for you?
3. How do you feel you are most effective as a mom?
4. How do you feel you are least effective as a mom?
5. Describe a successful playtime with your baby? Why do you think it was successful?
6. To what do you attribute your successes/difficulties in being a mother?
7. What causes stress in your life?
8. How do you think society perceives persons who are blind having a child? Do you think this has influenced you with raising your own child?
9. What do you think your family and/or friends feel about people who are blind having (raising) a child?
10. Parenting experts say it is important for mothers, particularly new mothers, to have a support system to help them with the baby in the first few years. Tell me what you think about this.
11. Who or what do you feel supports you with your baby? Do you feel this is all the support you need or want?
12. Have you received services to help you as a mother or help you with your child? Who? And When?
13. Do you know of any groups or organizations that help blind mothers with issues related to motherhood?
14. In your opinion, what would be the best help for new mothers who are blind?
15. Tell me when you acquired your blindness. Did you lose your sight all at once or was it a gradual process?
16. How does your blindness affect you personally?

Appendix D

Interview Guide 3

Interactions

1. What are some of your favorite ways to interact with your baby?
2. How can you tell how your baby is feeling? What are some ways that you read your baby's cues?
3. At times babies will want to discontinue a play situation with their mother, how can you tell when your baby wants to stop playing?
4. How do you know when your baby wants to initiate an interaction with you?
5. In what situations with your baby do you feel you are at your best? Why?
6. At what times with your baby do you feel you are not as good of mother as you want to be?
7. What are some things that you do to make it easier for you to interact with your baby?
8. When your baby starts to fuss or cry and you don't understand what he or she wants, how does this make you feel?
9. Do you feel you interact with your baby better when you are doing a care giving task such as feeding, bathing, or dressing , or when you are simply playing with your baby?
10. Are there things that your family or friends do to facilitate your interactions with your baby?
11. Can you share some ways you would like them to facilitate you.
12. Is there anything else that you would like to share regarding your experiences as a mother?

Appendix E

Final Codes for Themes Among All Participants

Internal Influences on Parenting

Self competence

Feelings related to competency common to new mothers [SCNM]

Feelings related to competency associated with mother's blindness [SCB]

(either of these can be positive or negative feelings of competencies)

Fears and concerns

Safety for the child- physical, abduction, monitoring [FCS]

Affects of disability on child- education/ child's personal development, participation/activities [FCA]

Disability limiting parenting ability to provide "typical" life for child or "reliable relationship" between mother and child [FCL]

Financial [\$]

Drugs/ accidents [FCD]

Positive affects of disability [FC+]

Joy of parenting- statements of enjoyment, love, devotion to child by mother [JP]

External Influences on Parenting

*society is defined as: general public, family, friends, service providers or agencies.

Societal views on blind parenting

Bias Expectations- statements containing bias, unfounded, ability-doubting, prejudices, questioning comments by society related to blind parenting [EXSB]

Judgments- statements containing founded (true or witnessed by society) comments related to blind parenting [EXJ]

Fears and concerns [EXFC] (can be current or future)

Prejudicing- prejudicing child against mother because of blindness/ or society views worrying child about mother's blindness [EXPJ]

Teased- child is teased because of mother's blindness [EXTZ]

Acceptance- concerns over child or mother being accepted by society [EX-A]

[CPS]- fear of child being removed, fear of loss of maternal rights, or agency scrutinizing ability

Responses to external influences

Overcompensates for blindness by doing more, better, etc. [EXROV]

Overly concerned with appearances- matching, cleanliness [EXRAP]

Feels she has to "prove self" or ability to others [EXRPV]

Feels there is a need to educate/train society on blindness, needs, or ability [EXRTR]

Support

Support Attitude

Mother's attitude toward support- general "philosophy or attitude" about support which may include the following components:

Fear of requesting because of pride, internal reluctance to be dependent for help, feelings of self-responsibility [SADI]

Reluctant to ask for support because fear of being thought of as incompetent or dependent by society (i.e.: due to external bias or judgments) [SADEX]

Assertiveness [SADA]

Accepting/unaccepting willingness [SADAC]

Support needs

Due to blindness [SNB]

Due to being a new mom [SNM]

Sources of support [SR]

Agency, services, hospital

Family, friends

Resources- books, internet

Prior experiences

Environmental conveniences

Interactions

Safety

Interaction related to safety issues:

Monitoring [ISFM]

Rules/boundaries [ISFR]

Systems [ISFSY]

Activity- interactions to promote child's development/ or play [IP]

Modified- interactions modified for the child or the mother to promote understanding, participation, or communication [IMU]

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VITA

Stacey Lynn Shackelford was born in Austin, Texas on December 23, 1964, the daughter of William and Dawn Shackelford. After graduating from Kirby Hall School, Austin, Texas, in 1983, she attended Southwestern University in Georgetown, Texas. She received a Bachelor's of Science in Elementary Education with a minor in Special Education from Southwestern University in 1988. During the following years she was employed as a special education teacher by the Dripping Springs Independent School District, Dripping Springs, Texas for seven years. As a teacher she taught special education students at all grade levels, primarily teaching children with disabilities three through five years of age. In 1991 she entered the Master's Program at the University of Texas at Austin and earned a Master's of Education in Special Education in 1994. She entered that Doctoral program in 1997 at the University of Texas at Austin. Presently, she is employed at the Education Service Center Region XIII in Austin, Texas as an early childhood specialist.

Permanent address: 6501 Harrogate Dr., Austin, Texas 78759

Dissertation was typed by: Stacey Lynn Shackelford