

Book Review

Title: *Living with Low Vision and Blindness: Guidelines That Help Professionals and Individuals Understand Vision Impairment*

Authors: John M. Crandall, Jr., Ph.D. and Lee W. Robinson

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Reviewer: Beth Omansky

Take two parts developmental psychology; add one part special education; sprinkle with one part blindness/low vision rehabilitation and you have *Living with Low Vision*. Chapter subjects address concept, growth, cognitive development; science and the visually impaired; measurement and assessment; learning theories; the senses and perception; motivation, emotion, attitudes, self-concept, and memory; orientation and mobility; advocacy; transition; mainstreaming; and psychology of blindness. Even though authors Crandall & Robinson claim to challenge negative attitudes toward blindness, unfortunately their text perpetuates 'individual' medical model notions of 'limitation,' 'weakness,' and 'overcoming.' For example, they ask, "[t]he question for professionals who work with the blind, 'Can the effects of vision loss be totally overcome and if so, how?'" (p. 92). As a social model advocate, I would much prefer the question be framed, "How can education and rehabilitation best understand and adapt to students and clients' lived experience of blindness and low vision?"

Some blind people have mannerisms unique to blindness which rehabilitation negatively labels as blindisms--behaviors rehabilitation seeks to eradicate while training clients to act sighted. While many blind activists and scholars resist this model of 'lack' or 'loss,' Crandall & Robinson do not challenge the rehabilitation viewpoint. They write, ... [blind people] "often lack facial expression, engage in repetitive rocking, light filtering, and other 'blindisms,' dress inappropriately, and lack personal care. These are socially limiting behaviors" (p. 105).

Considering their extensive expertise and experience in psychology, special education, and blindness rehabilitation, it is not surprising Crandall & Robinson heavily rely on traditional psychological concepts, theories, and scientific research. However, I was disappointed to find copious use of the language of 'normality': "handicap," "vision limitation," "normal," "deficits," "overcome," as examples, belying their stated desire to help change negative public attitudes toward blindness and blind people. Another shortcoming of the text is how often the authors state "studies have shown..." but fail to provide citations to back their assertions. For example, they write, without supporting evidence, "[o]bservers have noticed that blind children seem to lack 'normal' motivation (p.102), and... "[I]n the end, most people would rather be remembered as a friend and mentor than as a blind person" (p. 128). Crandall & Robinson also conjecture as to why sighted people are more afraid of blindness than any other impairment, "... many individuals, as children, played 'Blind Man's Bluff' and felt foolish because they could not do even simple tasks when blindfolded" (p. 112). This is a rather reductionist explanation which

ignores complex social processes that construct blindness, such as charity's perceptions of blindness as tragedy, negative media images, and segregationist methods of blindness education.

Living with Low Vision contains much more information about psychology and special education, in general, than the topic of blindness. It reminds me of books marketed as specific to particular dog breeds when, except for photographs, the material, in fact, is applicable to any and all breeds. If you are interested in developmental psychology concepts and theory, or if you want a refresher intermediate level education research methods course, then this book is for you. But, if you seek a practical "how-to" about living with vision loss, as the title might lead you to expect, look elsewhere.

Beth Omansky, Ph.D., is an activist and disability studies scholar in Portland, Oregon. Her book, *Borderlands of Blindness*, will be published by Lynne Rienner Publishers in April, 2011.