

Personal and social autonomy of visually impaired people who were assisted by rehabilitation services

Autonomia pessoal e social de pessoas com deficiência visual após reabilitação

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ABSTRACT

Objective: This study aims to identify and critically examine the personal and social autonomy of visually impaired people (blindness) after undergoing rehabilitation services in a single specialized institution. **Methods:** The method used in the study possessed qualitative approach, by organizing interviews and questionnaires to collect data. Study subjects are visually impaired people (blindness), who went through rehab, and their family members who accompanied the process. The study involved the six people with visual impairments, graduates of the Unit for Rehabilitation of the Visually Impaired - URDV between the years 2002 and 2009, and six family members, one member to each person with visual impairment. **Results:** The survey results indicate that rehabilitation provided alternatives for determining changes to people with visual impairments in their social context. **Conclusion:** This research showed that the conquest or reconquest of personal and social autonomy of this population was reached, providing thus a better quality of life.

Keywords: Visual impaired persons;/rehabilitation; Personal and Social autonomy

RESUMO

Objetivo: O objetivo deste estudo visou identificar e analisar criticamente a autonomia pessoal e social de pessoas com deficiência visual (cegueira) após passarem por serviços de reabilitação em uma única instituição especializada. **Métodos:** O método utilizado na pesquisa possuiu enfoque qualitativo, através da organização de questionários e entrevistas para a coleta dos dados. Foram sujeitos deste estudo pessoas com deficiência visual (cegueira), que passaram pela reabilitação, e os respectivos familiares que acompanharam o processo. O estudo envolveu seis pessoas com deficiência visual, egressos da Unidade para Reabilitação de Deficientes Visuais – URDV entre os anos de 2002 a 2009, além dos seis familiares, correspondendo um para cada pessoa com deficiência visual. **Resultados:** Os resultados da pesquisa indicam que a reabilitação proporcionou alternativas para mudanças determinantes para as pessoas com deficiência visual em seu contexto social. **Conclusão:** A pesquisa evidenciou que a conquista, ou a reconquista da autonomia pessoal e social dessa população foi alcançada, propiciando, conseqüentemente, uma melhor qualidade de vida.

Descritores: Pessoas com deficiência visual/reabilitação; Autonomia pessoal e social

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The authors declare no conflict of interest.

Received for publication: 31/8/2012 - Accepted for publication: 6/11/2012

INTRODUCTION

The word *rehabilitation* derives from Latin *re* (again) and *habilitare* (to make fit); thus, rehabilitating means providing new abilities which are personally and socially relevant for the exercise of citizenship, facilitating and promoting the social inclusion of visually impaired people.

The rehabilitation services provided by specialised institutions involve not only training visually impaired people to cope with their environment, with accurate guidance for efficient mobility, but also interventions to facilitate their integration, functioning, and performance in society.

The autonomy of visually impaired persons also involves overcoming the impacts and deficits caused by the visual impairment (either total or partial loss of vision) as well as the social stigma associated with the condition. Another factor relevant to autonomy is social life during rehabilitation in a specialised institution, taking advantage of the similar life histories those who attend the institution. Autonomy is an individual process for any human being. However, humans are relational beings, and, according to Winnicott's theory of maturation, humans build their identity through their relationships with others⁽¹⁾.

Visually impaired persons experience the contact with and recognition of other persons with low vision or blind, which helps them rebuild their personal and social identity during the rehabilitation process. Family involvement in this process helps them achieve personal and social autonomy and is of paramount importance in the quest for independence. The development of persons with disabilities involves "a sociocultural, historical and ecological approach, focusing on family history and culture." This is thus an enabling element which, together with others, offers alternatives for achieving autonomy⁽²⁾.

The lack of studies on the personal and social autonomy of visually impaired persons and the lack of concern for their quality of life highlight the importance of scientific research aimed at enabling this population to live a full and autonomous life.

This study sought to identify and analyse the personal and social autonomy of visually impaired people who underwent a rehabilitation process. We also sought to determine whether specialised institutions can affect their autonomy.

We attempted to build knowledge on which areas in the lives of visually impaired persons changed after rehabilitation, in particular those areas related to personal and social autonomy, including: leisure, culture, personal life, school, and work. Furthermore, we evaluated which issues facilitate or hinder social and personal inclusion and the achievement of a fulfilling, satisfactory life, which is essential to any person in exercising their citizenship.

The word autonomy derives from Greek *autos* (self) and *nomos* (rule, authority or law) and was used originally to express the self-government of independent city-states⁽³⁾. For visually impaired people, autonomy may therefore be interpreted as "self-rule" or "self-authority" in conducting their personal and social life.

The autonomy of persons with visual impairment can be assessed in the activities of daily living, leisure, emotional life, independence to come and go, and professional life, among others.

For example, in order to enjoy their autonomy, visually impaired persons need audio description services to ensure access to information, which is often visual. Such services are being implemented in Brazil and will benefit visually impaired persons through visual narratives⁽⁴⁾.

Audio description involves transposing visual signs into verbal signs, filling the gap between sound and picture, which, together with other audio information, provides a better understanding of the scene. It can be pre-recorded or live, and the visually impaired then use headphones to obtain audio descriptive information.

In some cases, the visually impaired have the stigma of blindness, with greater psychological than physical limitations, thus obscuring all of their other social roles. Social relations within specialised institutions can drive behavioural change towards autonomous and independent behaviour, introducing a new reality to people with visual disabilities and helping them identify new social roles.

In order to fully exercise their citizenship, a disabled person needs security with autonomy, in a way that encourages personal independence and the freedom provided for in the Federal Constitution of 1988.

Rehabilitation should contribute to reducing the isolation often caused by visual impairment and should increase security in relation to the world and people through autonomous and independent activities, such as orientation and mobility, which enable safe and efficient transportation. The different social bonds involved in rehabilitation process can significantly modify and transform the socialisation of different persons with visual impairment.

OBJECTIVE

The aim of this study was to identify and critically analyse the personal and social autonomy of persons with visual impairment (blindness) after rehabilitation in a specialised institution.

METHODS

The survey involved persons with visual impairment who had no other disabilities and who attended the Unit for Rehabilitation of the Visually Impaired (URDV) for at least four hours per week during two years in the period 2002-2009, as well as family members who accompanied their process of rehabilitation.

The study was approved by the Mackenzie Presbyterian University (UPM) Research Ethics Committee. All participants provided their Free and Informed Consent.

Participants were randomly selected from those finishing the rehabilitation programme in the previous five years, totalling 25% of those exiting URDV. A family member of each visually impaired subject was included in the study.

Therefore, the study included six persons with visual impairment (blindness) and six family members, totalling 12 study subjects. Each visually impaired subject was indicated with a number and the letter S. Each family member was indicated with a number corresponding to their visually impaired relative and the letter F.

The study design was qualitative, and the researchers valued situations that manifest in direct contact with the study object. We focused on the personal and social relations of persons with visual impairment in achieving autonomy with safety and independence.

An important aspect of the study is that it assessed the experiences of visually impaired persons in their own words.

Field research involved interviews with all participants and a questionnaire applied to all visually impaired subjects. An institution specialising in the rehabilitation of visually impaired

persons was chosen for the study, in order to assess a single rehabilitation strategy in areas including personal and social autonomy. We used semi-structured interviews, which allowed adaptations based on a basic outline.

The interviews were recorded and transcribed and its contents were then analysed and interpreted, and the questionnaire included questions that facilitated the categorisation of data.

The study methodology used descriptive categories to assess the social and personal autonomy of visually impaired persons, identifying which areas of their lives improved after rehabilitation.

RESULTS

Of the six visually impaired persons that participated in the study, three had acquired visual impairment (S1, S4, and S6) and three had congenital visual impairment (S2, S3, and S5); four of them were male (S1, S2, S4, and S6) and two were female (S3 and S5). Of the family members who accompanied the rehabilitation process, three were mothers (F1, F3, and F5), one was a brother (F2), one was a wife (F6), and one was a member of the same religious group (F4). Of the relatives interviewed, only one was also visually impaired (F5).

The questionnaire survey provided preliminary information such as name, age, sex, whether the visual impairment was congenital or acquired, how the subjects moved indoors or outdoors, whether they used a white cane, and how easily they participated in personal and social activities.

All subjects used canes outdoors, but not indoors. All subjects stated they had no difficulty participating in social and personal activities.

The interviews with the visually impaired subjects and their family members included the same four open questions.

Interviews were transcribed faithfully and in detail to allow proper interpretation and analysis. Finally, a grammatical correction of the reports was made, without distorting them.

After reading and rereading the interviews, data were analysed and interpreted based on four categories: personal autonomy, social autonomy, rehabilitation, and social relations.

Regarding the first category, personal autonomy, it was noted that independent mobility is extremely significant for people with visual impairment.

The right to “come and go” is granted to all individuals by the Brazilian Constitution of 1988. Rehabilitation services help subjects achieve independent mobility, allowing them to perform autonomous, independent activities.

It is worth mentioning the considerations of some of the study subjects: F1 is different from the other study subjects with regard to the autonomy of her family member, stressing that S1 had always been independent in his activities and that he remained autonomous after acquiring his visual impairment, with some changes such as: “Nowadays he doesn’t take taxis and buses very often. The other day he came by bus/underground/bus and he got in trouble, he asked the driver to stop near home, but the driver only stopped in the following bus stop. I’m glad he is familiar with the sidewalks.”

Social participation with appropriate and accessible resources to persons with visual impairment was stressed by F5: “She had difficulties, I do not know if he was embarrassed or whether she had trouble getting around. After rehabilitation, she improved a lot. She changed.” S4 mentions using his mobile phone: “When I lost my sight it was very difficult. Simple things

became difficult, like using a telephone. Doesn’t it seem like such a simple thing?”

Law 9.528/97 grants persons with disabilities jobs proportional to the number of vacancies and employees in a company⁽⁵⁾. However, access to stable, quality jobs providing full satisfaction is still a challenge, as noted by S5: “I didn’t like my job because I rarely used the computer and I wanted to learn how to use it. It was very little, I only worked four hours a day and I had little to do...”. And F5 stated: “Professionally, she had problems again because of depression.”

Persons free from stigma are those “who changed their personality, a change toward what is acceptable”⁽⁶⁾. As S2 commented: “I was able to break the stigma that blind people are ‘pitiable’, when in fact they are not. They are people who need to be trained, need to improve and to be placed in the social environment in order to develop and to get along with everyone, to be able to work and to be a person, to pay their taxes, to be like anyone else, any citizen. To be able to vote and so on...”

The concept of stigma is connected with the notion of normality of the social world in its variety and its norms⁽⁶⁾. We are led to believe that what is common is acceptable, and not to understand what is different. Stigmatisation needs the support of society in their general social function.

After rehabilitation, S2 and S4 had their first affective relationships at 30 and 40 years of age, respectively. S2 stressed: “Until I was thirty I had never had a more stable affective relationship, I had never had a girlfriend. I only had a girlfriend after I achieved an independent life, a more independent private life.” And S4 comments: “Then I met my wife... Through marriage, as we say, it was prepared by God, putting it on my path... It was hard for me, because of I was shy. Ah, ah, I had never had anyone, my first companion, my first girlfriend.” S2 had congenital visual impairment and had been blind since the age of 7, and S4 had no visual impairment up until 40 years of age.

Personal autonomy is also highlighted in situations where participation and performance are essential for satisfaction as a human being, such as the freedom of choice expressed by S3: “You have the freedom to choose your perfume, your clothes, to go to the pharmacy.” And participating in everyday activities promotes personal fulfilment. F3: “Before, she would do nothing... she stayed at home... Nowadays she does it all, if you’ll let her. She even wants to cook, she cooks... She looks after the children.”

S6 noted that he regained his autonomy through his relationship with work: “An autonomy I thought I would no longer have. I thought I would never again be able to take a paintbrush in my hand.” In their relationship with work, human beings obtain a number of extremely relevant achievements⁽⁷⁾. For example, S1 states: “I know what I like to do, which is what I used to do; I could no longer be a professional athlete as I was before, but I could still have the same entrepreneurial spirit. But for that, I would have to prepare myself...” Recognising the concept of disability related to limitations in activity⁽⁸⁾, as pointed out by S1 as a professional athlete, was relevant to rebuilding his professional activity.

According to the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), the sociocultural factors that can be minimised need to be taken into consideration when assessing a disability⁽⁹⁾. Quality of life is extremely important, since the incapacity resulting from an impairment is a limiting factor in certain activities which are considered normal for other people.

The second category assessed by this study was social autonomy, where social participation and relationships with

others are relevant; in that respect, good communication helps achieve social autonomy. This was highlighted by S1: "If you communicate well you can go anywhere, that is, you have more autonomy, it is easier for you to develop your activities, whether personal or social." S6 highlighted the discovery of continuity in personal and social life: "Without sight, without sight, how could I go back to what I was before? So I said: oh my!"

Professional activities are a major aspect of social adjustment⁽¹⁰⁾. This is highlighted by S1 and S6, who were professionally active before acquiring their visual impairment and went back to work after rehabilitation. S1 highlights work and family life as the main things that changed in his social life; and S6 points out that the autonomy to carry out a professional activity gives meaning to his life.

S2, S3 and S5 only started their professional lives after rehabilitation. S2 recalls that "Before, I had no profession, I did not know how to make money on my own efforts... I was an office boy, sort of speak, I did certain internal and external jobs, mostly external jobs, I would go out to do some job, to buy something, to make deposits or cash cheques at the bank... Then, after I left URDV, I went to a company to work as a Junior Customer Service Assistant, where I had to learn to deal with customers, but on the telephone; so I was not very successful at that, but it helped me develop my communication skills...". S3 states: "I work with massage therapy. At first, I worked with Natura and Avon products, selling cosmetics." And S5 concludes: "I ended up working with something I had never expected. I've already worked in two companies."

F3 highlights that S3 not only acquired autonomy as a professional, but also had the possibility of finding another occupation to her taste: "She is persistent... if she doesn't like a job, she looks for another one." The autonomy of persons with disabilities to seek a professional activity of their liking is guaranteed by Decree No. 6,949 of August 25, 2009, which grants people with disabilities the right to work in a job of their choice, recognising equality of opportunity in respect to other people⁽⁴⁾. Our study noted the importance of personal achievement in different areas, which reinforces the full exercise of citizenship.

F2 noted that rehabilitation reduced her family's tendency to stereotype S2 and contributed to his social autonomy, allowing him to effectively participate in the world. "He changed, because in the past he was more shy, more quiet, more still, he was very still, he would sit and stay there rocking, you know, he lived in his own world." Stereotypes generally impair the social relations of blind persons, and overprotection is often a compensatory attitude by the family⁽¹¹⁾.

The introduction of universal design by Decree 6949 of 2009 facilitates access to leisure, sports and cultural life, as noted by S3: "My leisure activities have changed, I've got to know many places I did not know. I started going to libraries, cultural centres and parks with friends. I had gone to places like that before, but not alone; to parties, to some places such as the Legislative Assembly..." S6 also states: "I've biked, I've ridden horses, now I'm back to swimming, I've climbed the Jaragua Peak with my wife. There were people stumbling there, sighted people stumbling on the trail, but my wife and I, we didn't stumble once." And F6 pointed out: "His leisure activities have changed a lot... Now we can go to a park, sit down, listen to the sound of birds or go on a picnic. We even go to the cinema, where he listens."

This study highlights the importance of audio description services. This kind of assistive technology translates visual signs into verbal signs, benefiting people with visual impairment as well as those with intellectual disabilities⁽⁴⁾. S3 cited the benefits

of audio description: "I went to the movies with audio description these days... it's very good". S4 also stated: "I got to know audio description in a film. I found it very interesting. We watched 'The Well Beloved One', at Banco do Brasil." According to F6, S6 likes going to the movies, but has not yet had the opportunity to watch a movie with audio description. F6 says that S6 would probably participate more if audio description was implemented in cinemas and other services, and perhaps S6 would actually watch movies and just not listen.

The third category assessed by this study was rehabilitation, which involves interdisciplinary work on therapeutic, social, communication, and professional aspects related to activities of daily living, orientation, and mobility⁽¹²⁾. These elements are essential for the quality of life of visually impaired persons, giving them independence and autonomy beyond the simple use of techniques.

S1 highlights: "Empowering is different than rehabilitating, it is quite different from enabling again — I was able one day, I needed to regain my ability, and then I was empowered to do something. So that's why I speak of the process... because without rehabilitation, I couldn't do it myself, or it would take me longer to adapt..." S5 points out that rehabilitation taught her to reflect and to act in everyday situations, emphasising the concept of comprehensive rehabilitation. F4 concludes that S4 has changed: "Once he started coming to URDV, he started asking some questions you would not believe!"

Comprehensive rehabilitation also involves rebuilding identity, which was highlighted by S5 with regard to the exercises performed at URDV. S5 concludes about her behaviour: "There were changes because I had to learn braille... we did exercises. We usually don't do that a lot at school. The exercises helped me a lot." The exercises were activities undertaken at URDV to promote reading and writing, as well as reflections on various topics.

Family members play an important role in the rehabilitation process, as noted by F2 with regard to S2's autonomy during the rehabilitation process. Relatives are the foundation of mental health, helping an individual affirm him/herself as person, a process that starts at birth⁽¹³⁾. F2 recalls what happened during the S2's rehabilitation: "You see... he would go out with his little cane, he would get to the gate and come back; you could see that he wanted to go, but we did not allow him. But then we saw that he began to go out alone, and I told my father: If it wasn't for that school, he would not have been able to free himself, he would have remained stuck." Family members can contribute positively, being a constant presence which is necessary during the rehabilitation process, as pointed out by F3: "It changes a lot. So, she changed a lot. I think it's important for anyone who is disabled to do something... I sat on a chair at the school and I waited... I knitted wool shoes."

Of the six study subjects with visual impairment, five changed their lives in terms of affective stability. Such transformations arising from emotional relationships were established after rehabilitation. For example, F4 states: "Now, he got married... He is a very dedicated man... Marriage changed his life." F2 recalls: "He only started dating after he came here." And S4 states: "I had the opportunity to talk to her. So we started dating, and we ended up getting married. We've been married for three years and five months." S5 recalls: "I met my husband while I was a trainee at a company. For a year we only talked on the phone, nothing ever happened, it was only a friendship." S6 comments: "My wife, the friendship we have, the respect we have for each other, you know? I think this is something I didn't have, and now I have it." And F6 concludes:

“He is a different person now. After he got married, he changed even more... He grew up, he matured.”

The fourth category assessed by this study were social relations. Social conditions are one of the major problems encountered by blind persons; in this regard, important elements are the time when the impairment was acquired and whether its onset was sudden or progressive. The earlier the visual loss, the greater it affects the development of personality⁽¹¹⁾.

Subjects S2, S3 and S5 had congenital blindness and had more difficulty establishing social relations favouring autonomy before rehabilitation. S2 states: “I only knew a few sighted people, I had some friends; despite my disability, I still managed to have some sighted friends, but I did not contact them as much as today, calling them on the phone...” S3 also points out: “I got together with a friend who is also disabled, and we went shopping in Osasco. They had many things, dresses, clothes that I bought, and when I got home they told me: ‘They are lovely! They are so beautiful! Who chose them?’ I did. And that gave me great pleasure.” And S5 concludes: “Yes, having contact with other people with disabilities can increase your experience with daily activities.”

F3 stresses the importance of strong relationships as a source of experience: “They strengthen each other, because everyone has their own life. So they get together and they tell each other about their life, they assess things and realise what they can do... that they can do it, and so they do it... I think this is very important. That happened to my brother, that helped him succeed.”

Autonomy gives individuals the ability to make choices and perform actions supported by self-reflection⁽¹⁴⁾. We found that social relations with people with a similar life history strengthen the bonds between persons.

S1 states: “I chose a path; the people who were with me at that moment, none of them decided to follow that path.” However, he values the social relations established within URDV, as they were important for his successful rehabilitation: “In addition to the professionals who are there guiding you, you learn from each one of those people... I have five senses and only one is missing, gee!; with these four I can manage, hearing, feeling, touching, speaking and whatever else I can do, I don’t even know anymore, this is what a school is.”

Others stress the importance of relations established during rehabilitation. S2 says: “I began to socialise with other visually impaired people... Now I have many colleagues, I have some friends, I have many colleagues; I sometimes call them and we talk. I know other visually impaired persons, as well as those that became my friends, I have this network of contacts thanks to this whole process.” F2 comments: “The friends he has, he met them at URDV.” And F5 says that “Before, she was more quiet... after she entered URDV she developed greatly... she has good relations with girls she met in the rehabilitation process.”

For F2 and S4, hanging out with visually impaired people is part of their leisure and cultural activities, which are individual and social rights granted to all persons with disabilities according to Law 11,424 of 30 September, 1993.

S4 states: “I got to know people who had the same problem... Now, for example, we go to the movies a lot... in the shopping centre; so, from time to time we watch a movie and have dinner... So we hang out together as much as possible.” Such socialisation was mentioned by F2 as a positive change after rehabilitation: “Yes, they remained friends. They make a barbecue at home, at their place, and they keep in touch, they call me to do the barbecue at their place, they ask me to bring some meat, so I take it to them.”

According to S3, new social relations after rehabilitation are established not only with visually-impaired people: “You need to become friends with all kinds of people, and I used to talk a lot to a receptionist; since I spent the whole day at URDV and I went back home late, we walked together.” And F6 values the various types of relations established due to rehabilitation: “Rehabilitation is very important, they relate to each other and to other people.”

The social behaviour of S3 changed after rehabilitation. F1 states that S1 lost the social relations he had established before his visual impairment. And S4 strengthened the relations he had prior to acquiring his visual impairment.

Observing how other visually impaired persons use their remaining senses helps incite and encourage the use of the remaining senses as a new way of acting in the world.

The value of the remaining senses and perception in general involves a number of factors to characterise and provide appropriate educational conditions to persons with disabilities during rehabilitation, because the “perceptual specificities are not accessible to those who intend to rehabilitate them”⁽¹⁵⁾, and in many cases, specific developmental conditions are not considered.

S4 mentions observing how other visually impaired persons used their remaining senses: “She was cleaning the shelf over that bench, so he said: ‘You’re so short, you have to climb on the bench to clean the shelf’; so, knowing that he couldn’t see anything, I asked: ‘How do you know she climbed the bench?’. And he said: ‘By the height of her voice.’ And then one day... at our street, a guy was working on top of a ladder. I heard his voice, I heard the height it was coming from and I concluded that he was on the ladder, so I managed to find my way around it...”

DISCUSSION

This field study aimed to answer questions about the personal and social autonomy of visually impaired people after they went through a rehabilitation programme.

Our questionnaire survey found that three participants had congenital and three had acquired visual impairment, and all of them were blind. Their age ranged from 30 to 50 years, and they had concluded their rehabilitation programme in the previous five years. All of them took part in the rehabilitation program offered by the Unit for Rehabilitation of the Visually Impaired (URDV), in São Paulo. The study initially developed through an important theoretical framework and then through field research. A qualitative approach was adopted based on interviews with all study subjects as well as a questionnaire for the six participants with visual impairment. The open, semi-structured interviews allowed us to interpret and analyse situations which can affect the autonomy of visually impaired persons after going through a rehabilitation programme.

Using a white cane was highlighted by all participating subjects as essential for independent autonomous activities. This finding is in agreement with the literature. The value of mobility can be equated with life itself, and freedom of movement is extremely significant for self-respect.⁽¹⁶⁾

The study participants also stressed the importance of using their remaining senses, which provide greater perception and the possibility to engage in everyday activities, in agreement with findings in the literature⁽¹⁵⁻¹⁷⁾.

We found that visual impairment often affects autonomy and that the work conducted by URDV offers the visually impaired the possibility to engage in autonomous and

independent activities. In cases of congenital visual impairment, rehabilitation can help subjects discover or rediscover their potential for autonomous behaviour in personal and social life; for persons with acquired deficiency, it may help them rediscover their autonomous and independent life, although it is a different life than before acquiring the disability.

To understand a disabled person, it is necessary to consider their social context and how they are treated and conditioned to act as a disabled person⁽¹⁸⁾. Our study showed that rehabilitation allowed participants to change their attitudes in their social context.

Difficulties in maintaining an autonomous and independent life were identified in persons with acquired visual impairment, as social stigmas assigned to blind persons often arise from their inability to lead their own life and in their own terms. In such cases, rehabilitation offered them the chance to regain their independent life.

Social stigma is even greater for people with congenital blindness as they try to achieve their personal and social autonomy; overprotection and the belief that they are unable to manage their own life often reach exaggerated proportions. Rehabilitation offered these people a chance to adjust to social conditions in the pursuit of independence and autonomy, which certainly contributed to a better quality of life.

Participants reported changes in autonomy resulting from rehabilitation. In many situations, rehabilitation led to a new, rewarding life; in others, it allowed participants to rebuild their life, resuming social participation and individual and social activities.

Rehabilitation involves “specific therapeutic planning of a medical-psychosocial nature aimed at improving physical, psychological and social conditions.”⁽¹⁹⁾ The results of this study show that rehabilitation affected subjects globally, with changes involving not a single area of their life, but their whole condition as human beings.

Public policy measures are needed that ensure the dignified presence of visually-impaired people in the work environment, which is essential for any human being to exercise their citizenship. It has been said that “exclusion is not the opposite of inclusion”, and true independence requires a coherent and consistent approach toward the role of visually-impaired persons as citizens⁽²⁰⁾.

CONCLUSION

The study results show that rehabilitation gave subjects the opportunity to establish new relations with persons with similar life histories, helping them rebuild their personal and social identity.

Independent mobility was highlighted by all participants as essential to autonomy. Assistive technology was mentioned by all participants with visual disabilities and some family members as important for independence.

Performing a professional activity was highlighted by ten subjects as a significant element which allows human beings to lead a useful, complete and fulfilling life, favouring autonomous and independent attitudes.

The legislation grants persons with disabilities jobs proportional to the number of vacancies and employees in a company. However, three participants had not yet managed to remain in a quality job. One participant reported that they had few roles in the company; another stated that they had no function at all in the work environment; finally, another participant

said that their freedom to “come and go” was not respected in the company.

There is a need for training courses for health and education professionals in developing the skills of visually impaired persons, as well as information on the different disabilities and their particular characteristics. Many persons with visual impairments are reduced to visual incapacity, a situation that often conditions them as incapable of autonomous attitudes involving cognition. The importance of social relations during and after rehabilitation was highlighted by 11 participants as very important in achieving autonomy; only one person did not consider this was a relevant factor. Ten subjects considered that their leisure and cultural activities had improved.

Regarding education, of the six study subjects with visual impairment, one started studying after rehabilitation and completed five years of education; one completed elementary school; one learned English and computing; one started university; and all of them enrolled in training courses in various areas.

Access to quality education is still precarious according to some reports; subjects with visual impairment cited sustained, quality education as a persistent challenge, as inclusion requires participation in equal conditions as the rest of the population. Subjects also mentioned the lack of training of many professionals in dealing with the issue.

It is important to emphasise the importance of rehabilitation for achieving autonomy, stressing the need for public policy aimed at promoting this social and human approach. A visually impaired person living an autonomous and independent life can help fight the stigma of disability and approach the social standards of normality.

Social participation is essential for autonomy, as it favours quality of life and human fulfilment. This study assessed the social inclusion of visually impaired persons and their achievement of personal and social autonomy after undergoing rehabilitation, allowing them to lead a dignified life and to fully exercise their citizenship.

This is an issue that obviously requires further studies using various approaches, so as to produce knowledge that supports rehabilitation services for persons with visual impairment, allowing them to live active and independent lives.

Acknowledgements

This study received financial support from the Mackenzie Research Fund — São Paulo/SP, Brazil.

REFERENCES

1. Amiralian ML, Galvan GB. Diferentes possibilidades de intervenção a partir da teoria winnicottiana do amadurecimento. *Nat Hum.* 2009;11(1):127-52.
2. Sialyus MO, Ormelezi EM, Briant ME, organizadoras. A deficiência visual associada à deficiência múltipla e o atendimento educacional especializado: encarando desafios e construindo possibilidades. São Paulo Laramara Associação Brasileira de Deficiência Visual; 2011.
3. Ribeiro DC. Autonomia: viver a própria vida e morrer a própria morte. *Cad Saúde Pública.* 2006;22(8):1749-54.
4. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Decreto n 6.949, de 25 de Agosto de 2009. Promulga a Convenção Internacional sobre os Direitos das Pessoas com Deficiência e seu Protocolo Facultativo, assinados em Nova York,

- em 30 de março de 2007. Disponível em: http://www.planalto.gov.br/ccivil_03/_Ato2007-2010/2009/Decreto/D6949.htm
5. Brasil. Ministério da Justiça. Secretaria Nacional dos Direitos Humanos. Programa de ação mundial para as pessoas com deficiência. Brasília(DF): Ministério da Saúde; 1997.
 6. Goffman E. Estigma: notas sobre a manipulação da identidade deteriorada. Rio de Janeiro: Zahar; 1988.
 7. Pereira BR. Gestão educacional e alunos com necessidades especiais: novos desafios. In: Pereira BR, Nascimento ML. Inclusão e exclusão: múltiplos contornos da educação brasileira. São Paulo: Expressão e Arte; 2006. p. 59-71.
 8. Centro Colaborador da Organização Mundial da Saúde para a Família de Classificações Internacionais. CIF: classificação internacional de funcionalidade, incapacidade e saúde. São Paulo: Editora da Universidade de São Paulo; 2003.
 9. Organização Mundial de Saúde. Secretariado Nacional de Reabilitação. Ministério do Emprego e da Segurança Social. Classificação internacional das deficiências, incapacidades e desvantagens (Handicaps): um manual de classificação das consequências das doenças. Lisboa: OMS; 1989.
 10. Mazzotta MJ. Educação especial no Brasil: história e políticas públicas. São Paulo: Cortez; 1996. 208 p.
 11. Amiralian ML. Compreendendo o cego: uma visão psicanalítica da cegueira por meio de desenhos-estórias. São Paulo: Casa do Psicólogo; 1997. 321p.
 12. Unión Latinoamericana de Ciegos - ULAC. Manual técnico de servicios de rehabilitación integral para personas ciegas o con baja vision en América Latina. Montevideo: 2000.
 13. Winnicott DW. Os bebês e suas mães. São Paulo: Martins Fontes; 1988.
 14. Peixoto J, Carvalho RM. A noção moderna de autonomia e o papel do aluno na educação a distância. *Educativa*. 2010;13 (2):275-84.
 15. Masini EF, organizadora. Do sentido... pelos sentidos... para o sentido... Niterói: Intetexto; 2002. 303 p.
 16. Lowenfeld B. O impacto social da cegueira sobre o indivíduo. *New Outlook for the Blind*. 1964;58:273-85.
 17. Amiralian ML. Deficiência visual: perspectivas na contemporaneidade. São Paulo: Vetor; 2009. 270 p.
 18. Omote S. Deficiência e não deficiência: recortes do mesmo tecido. *Rev Bras Educ Espec*. 1994;1(2):65-73.
 19. Mazzotta MJ. Trabalho docente e formação de professores de educação especial. São Paulo: Epu; 1993. 147 p.
 20. Carvalho RE. Educação inclusiva: do que estamos falando? *Rev Educ Espec*. 2005; (26):19-30.

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