**Self-Esteem and Adjusting with Blindness - Stages Chart**

**Taken from Tuttle & Tuttle: Self-Esteem and Adjustment to Blindness: The Process of Responding to Life’s Demands**

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**SUMMARY OF STAGES**

1. **Physical or social trauma**
2. **Shock and denial**
3. **Mourning and withdrawal**
4. **Succumbing and depression**
5. **Reassessment and Reaffirmation**
6. **Coping and mobilization**
7. **Self-acceptance and self-esteem**

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| **Phase** | **Emotional indicators** | **Behavioral indicators** | **Needs** | **Activities** | **Support types** |
| **1. Physical or social trauma** | **Severe discomfort****Anxiety, stress****turmoil** |  | **Honesty, frank discussion, kind/ gentle approach – gradual approach of sharing news over time** | **Information seeking****Counseling****Support** | **Listening, physical and emotional support****An extensive intervention program is not recommended** |
| **2. Shock and denial** | **Disbelief, mental numbness, Immobility, depersonalization, feelings of detachment and unreality, unable to think or feel,** | **retreating, sort of a personal anesthesia****use of defense mechanisms: denial, repression and rationalization (is normal for short time)** **Denial: refusal to believe or unrealistic expectation (ie from God or scientific discovery)** | **Time, physical and emotional support, comfort****Factors that may influence intensity****1. significance of loss****2. suddenness/ unexpectedness****3. degree of loss** | **Space, time to process, ask questions, express emotions****In Denial folks may: refuse services and help that could benefit or partake in risky behavior (ie driving) because they think can still see more than really can** | **DO NOT NEED to “deal with denial” or be “pushed” along or given additional information or resources****NEED TIME****If denial Is persistent, gentle, consistent and honest support and conversation will be needed.** |
| **Phase** | **Emotional indicators** | **Behavioral indicators** | **Needs** | **Activities** | **Support types** |
| **3. Mourning and Withdrawal** | **Sadness, pity, “all is lost” feelings, as increasingly aware emotions spring out: fear, bitterness, apathy, boredom, helplessness, despair, frustration,** **Withdrawal: physical, social, emotional** | **Physically pull away, emotional distancing, anger, irritability,** **Feels incompetent and inadequate to meet life or work demands** | **Needs a good supportive and discerning listener, allowed to mourn, but acknowledge it as a step.****Some reassurance** | **Develop coping skills****Talking, working through feelings of sadness and self-doubt, simple success-oriented activities.** | **Listening, talking, teaching in a calm, patient way.****Mentorship from someone who has been there.****Productive activities to get the mind off of self and fight isolation.** |
| **4. Succumbing and Depression** | **Lethargy, mild or moderate depression, withdrawal, isolation, loneliness, helplessness, boredom, hostility, anger, frustration** | **Itemizes and analyzes implications of loss,** **Negativism and Pessimism “I Can’t”****Feels inadequate and incompetent****Focus on losses** | **Listening, reassurance, realistic perspective from trusted sources,****Emotional support, care for managing daily needs** **See page 159** | **Continued reminders of skills and aptitudes focus on what can do.****Learn and do new things on own****Redirect thought patterns and mental images to positive****Additional medical information re: eye and disease** | **Social contacts, activities outside of the home, set attainable and realistic goals.****Discussing attitudes of others/ community vs. self****Challenge unrealistic losses and perceptions****Support groups/ group activities** |
| **5. Reassessment and Reaffirmation** | **Reassessment of identity, value and goals, reaffirmation of life possibilities as VI person****Turning point towards more positive outlook** | **Reevaluation of self and meaning of life,** **To what degree does an individual have VI as the focal point of self? (168)** | **Role of hope and Faith, needs help to form positive frame of mind, discussion, literature, role models****Frank information re: eye condition prognosis, etc.** | **Participate in support networks & activities****Work on re-framing importance of personality values such as compassion, wisdom and kindness****Goals; search for explanation of trauma****Reconsiders meaning of life****Resolution of identity crisis****Clarifies personal assets, goals and values** | **Provide realistic feedback on skills, and abilities (p. 167)****Focus on Assets & strengths****Do not overprotect or shelter** |
| **6. Coping and mobilization****“I can. Some things I do in a different way.”****Coping: learning to manage demands of social & physical environment** | **Pain related to disability is manageable****Learning to cope requires energy, may report frustration at time and fatigue level to accomplish tasks****Occasional self-pity/doubt (temporary and less emotional as learn to cope)** | **Action-focused****Problem-solving mode****Learning & applying new skills, tools and strategies****May feel self-conscious as try new skills/ tools (may tend to withdraw/ isolate)** | **Active – action focused behaviors** | **Learning new skills****Mobilizing one’s internal & external resources****Focus on solving problems****Substitution of new skills or activities for those things they maybe cannot do now****Success-oriented activities to build confidence and allow for skills practice** | **Emphasize what the individual CAN DO****Show appreciation for the ways they help and support their family and community****Provide emotional support and opportunities to try new skills, provide encouragement** |
| **7. Self-Acceptance and self-esteem****“I like me; I am someone of Value”** | **Dynamic, may at times experience positive and negative emotions, they come & go.****Overall emotional stability** | **Realistic emotional acceptance of blindness****Favor independence****Self-directed****Good interpersonal skills****Appropriately assertive****Use tools and strategies without reservation** | **Opportunities to practice and use skills in home, work and community life****Social integration** | **Enjoy and participate in recreational activities****Are or have participated in rehabilitation programs, using new skills, tools****Demonstrate good mobility and ADL skills** | **Accept blindness & its implications is prerequisite for self-acceptance & self-esteem****Be understanding of bad days, and occasional bouts of emotion and anger, it’s a fluid process****Family & supports also need to demonstrate realistic understanding & acceptance of blindness** |