A phenomenological investigation into the impact of parenthood: Giving a voice to mothers with visual impairment in the United Kingdom

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Abstract
Despite psychological support for parents increasing in prominence in recent UK public policy, there has been a minimal focus on parenting with a disability and specifically scant information on the experiences of what it is like to be a parent with visual impairment. Nine UK mothers, aged 32–47 years, each with a child under 10, were interviewed by telephone to examine how the experience of becoming a parent impacted them. Interview transcripts were examined using interpretative phenomenological analysis (IPA). This article focuses on two meta-themes in the findings: (1) ‘struggles around independence’ and (2) ‘visibility and the impact of the other’s gaze’. They raise issues around both theory and practice of interest to those working in psychological services for people with visual impairment, including (1) the possibility of a new integrative model to conceptualise the experience of parenting with a disability and (2) the mothers’ daily experience of stigmatisation and marginalisation in interaction with the other.

Keywords
Counselling, disability, mother, parenting, sight loss, visual impairment

Introduction and purpose
‘You start to think is it me?’ (Sarah:346)

Within the impetus towards improved support services for parents, central to UK social policy initiatives over the past decade, mothers with visual impairment (or indeed parents with disabilities) suffer from the following paradox. There is a tendency towards invisibility at the public policy level, yet the mothers report marginalisation and stigmatisation of visibility, apparent through
societal attitudes experienced in daily life. This unwanted exposure and visibility can lead to dam-
aging effects on the mothers’ self-confidence.

This article focuses on two key findings from research that began as an exploratory piece around
the question: what was the participant’s experience of the impact of becoming a mother? It aims to
offer a contribution to practitioners working with parents with visual impairment, who face issues
such as those raised by the paradox above. It is my belief that a thorough exploration of meaning
around disability and therapeutic practice remains underexplored in many psychology training
programmes, yet ‘the representations and expectations held by psychologists and the institutions
that train them will directly affect the lives of disabled people’ (Supple & Corrie, 2004, p. 5).

My family has a history of poor eye health – my mother was diagnosed with a rare and aggres-
sive form of glaucoma in both eyes. Now a parent myself, it remains important that my children
and I have regular check-ups. While this research inherently lacks the insider perspective afforded
of the absorbing material offered by Dale (2008) or Thurston (2010), an important part of what
Wilkinson (1988) calls ‘disciplinary reflexivity’ has been around my position, as both insider (a
mother of young children) and outsider (a sighted mother).

Visual impairment is a term that encapsulates everything from partial sight loss to total blind-
ness. Those who are registered blind possess varying degrees of sight loss, and ‘how people refer
to their visual impairment probably says more about how they perceive it than their actual degree
of sight’ (Supple & Corrie, 2004, p. 5).

The Royal National Institute for the Blind (RNIB stats, July 2013, www.rnib.org.uk) states there are
an estimated 2 million people with significant sight loss, with nearly two-thirds of them women. Both
the practical and emotional difficulties of living with visual impairment have long been documented,
with vision loss potentially compromising the ability to read, drive a car, and so on (Pey, Nzegwu, &
Dooley, 2007). Issues around isolation and the importance of social support for people diagnosed with
visual impairment are well documented in the research literature (Thurston, 2010; Thurston, McLeod,
& Thurston, 2012; Thurston, Thurston, & McLeod, 2010; Wang & Boerner, 2008).

Negative, individualised medical notions of disability remain prevalent in research generally
concerned with parenthood. With the important exception of a few voices in the field, namely,
Conley-Jung and Olkin (2001), Kirshbaum and Olkin (2002), and Rosenblum, Hong, and Harris
(2009) – all US based – and Olsen and Clarke (2003), there is still at best an ambivalence or exclu-
sion from the mainstream in terms of research on parents with sight loss, at worst an attitude of
pathologising.

As recently as May 2010, in Missouri, USA, Erika Johnson, a mother with sight loss, had her
2-day-old daughter taken away from her by the authorities for 57 days. A nurse on the maternity
ward deemed her to be an incompetent mother, having noticed her struggling with breastfeeding.
Erika stated, in the Kansas City Star, ‘We never got a chance to be parents, we had to prove that
we could’. As Kirshbaum and Olkin (2002) have concisely commented, parenting can be seen as
the ‘last frontier for people with disabilities’.

Notable exceptions in the field of parenting within the disability movement include the feminist
perspective put forward in the works of Morris (1991, 1996), Wates (1997) and Morris and Wates
(2006). This presents the idea that a disability rights perspective is necessarily entwined with the
feminist perspective, on the basis that a disabled woman faces oppression from two angles, one
being disabled and the other, a woman. Both Morris and Wates emphasise the part played by the
barriers created in societal attitudes and practice to participation in parenting, and their effect.
These are seen against their understanding of the dominant social norms that see caring roles in
general, and child-caring in particular, as an important element of female adult identity. However,
I hold the feminist agenda to be fluid, and even within the last decade, the shift in such identity is
palpable, for example, one in five women in the United Kingdom will not have children, many by choice (Hakim, 2011).

**Methodology**

This work sits within the developing genre of post-positivism research, apart from the hegemony of traditionalist social scientific enquiry with its claims to objectivity and value neutrality. This contextual constructionist perspective can be seen to fit within the critical realist tradition (Guba & Lincoln, 1994). Preoccupied with the ontological and phenomenological realm, it addresses the real sociopolitical concerns faced by minority groups, such as mothers with visual impairment.

Given the overall idiographic aims of this project, interpretative phenomenological analysis (IPA) appeared to be a natural fit, being a form of phenomenological enquiry that aims to capture an understanding of the ‘lived’ experience of the participant, with me as researcher employing interpretative skills through a systematic approach (Smith, 2003).

**Participants**

I recruited (through purposive and snowball sampling) and interviewed a diverse range of mothers, varying in levels of visual acuity, sight conditions, geographical location, employment status, marital status, and age (from 32 to 47 years; Table 1). The project was advertised nationally on RNIB Insight Radio. Five of the mothers were registered blind from birth or early childhood. The remaining four had experienced sudden or gradual decline in their sight in adulthood.

**Interviews**

The data were generated by nine in-depth 75-min telephone interviews, guided by semi-structured questions, under the following themes:

- Visual impairment
- Previous history of counselling
- Becoming a mother
- Practicalities of childcare and accessing support services

**Analysis process**

The IPA process entails a cyclical interrogation between reader and text. Unlike hermeneutic analysis (Van Manen, 1990), which also does not seek objective meaning but the meaning as reported by the participant, I am not looking to entirely bracket off myself in the process. On this view, research will necessarily be contaminated by the researcher – an aspect that should be fully examined. IPA differs too from discourse analysis in its exploration of the participant’s experience. The latter focuses on the role of language, while IPA is concerned with how the meaning is ascribed by the participant to their experience of living in the world (discussed by Biggerstaff & Thompson, 2008).

With interviews complete, each recording was transformed into a verbatim transcript. I broke the text down into numbered lines in Excel – each new phrase or sentence (meaningful unit) corresponding to a number (and a possible code). Then followed a reduction at each stage of analysis until a column of themes (some remaining verbatim phrases, so-called in vivo themes) was generated. Finishing with a set of approximately 30 themes for each mother, I created a pivot table for
Table 1. Participant stats.

<table>
<thead>
<tr>
<th>no. of participants</th>
<th>9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>geographical areas</td>
<td></td>
</tr>
<tr>
<td>South England</td>
<td>34%</td>
</tr>
<tr>
<td>Central England</td>
<td>22%</td>
</tr>
<tr>
<td>North England</td>
<td>22%</td>
</tr>
<tr>
<td>Wales</td>
<td>11%</td>
</tr>
<tr>
<td>Scotland</td>
<td>11%</td>
</tr>
<tr>
<td>ethnic background</td>
<td></td>
</tr>
<tr>
<td>White British</td>
<td>78%</td>
</tr>
<tr>
<td>Asian British</td>
<td>22%</td>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

| paid work           | before children | 100% | after children | 22% |
| voluntary work      | 11%             |
| studying            | 11%             |
| at home             | 56%             |
|                     |                 |
| married/long term partner | before children | 100% | after children | 90% |
| % of mothers with sighted partner | 89% | 78% |
| % of mothers with visual impaired partner | 11% | 11% |
| % of mothers without partner | 0% | 11% |
| % of mothers with guide dog | not known | 55% |
| % of mothers with PND diagnosis from GP | not applicable | 55% |
| Ages:               |                 |
| 32                  | 2               |
| 33                  | 1               |
| 35                  | 2               |
| 38                  | 1               |
| 40                  | 1               |
| 44                  | 1               |
| 47                  | 1               |

PND: postnatal depression.

each mother, plus a large table with all 95 themes generated, identifying from this two primary meta-themes.

Validity and trustworthiness

In considering quality, trustworthiness, and coherence within qualitative research, for me, validity is seen as a process of interactions between the participants, researcher, critics, and community (Atkinson, Heath, & Chenail, 1991). As opposed to ‘the trinity of reliability, validity and generalisability’ (Janesick, 1994, p. 215) to be expected within the positivist paradigm, I have attempted to adhere to those outlined by Elliott, Fischer, and Rennie (1999) – researchers located within the hermeneutic/phenomenological tradition and therefore a good fit with this study’s epistemological background (Willig, 2008). Thus, I have attempted to engage with the following pieces: (1) owning one’s perspective, (2) situating the sample, (3) grounding in examples, (4) providing credibility checks, (5) coherence, (6) accomplishing general versus specific research tasks, and finally (7) resonating with readers.


**Ethical considerations**

This study was undertaken within the context and ethical guidelines of my academic institution (approved by the Metanoia/Middlesex ethics committee), and guided by my training as a therapist governed by the British Psychological Society (BPS) and the United Kingdom Council of Psychotherapy (UKCP). Participants were given the opportunity to access information throughout the project in the format of their choice. Each interview was recorded with the participant’s consent, on the understanding that they could withdraw from the project at any time. If further support was needed, one of my colleagues was available to offer a psychotherapeutic session.

**Findings**

Below I discuss the two primary meta-themes ‘struggles around independence’ and ‘visibility and the impact of the others’ gaze’, highlighting the salient points from these and some of the 95 original themes behind them.

**Struggles around independence**

The first meta-theme makes explicit the latent or, in some cases, overtly expressed frustration, anger, and envy expressed by all the mothers in comparing the perceived freedoms and automatic right to independence of lifestyle enjoyed by mothers with sight. One way of conceptualising the differences between the mothers on this issue is as a spectrum of attitudes and emotions, from the theme of ‘resigned acceptance’ of dependence on others to totally ‘rejecting the dependent self’ and ‘wanting to prove independence to self and others’ with independence central to their perception of being a mother.

At the former end of the spectrum, there are those who gain security and confidence through dependency upon a solid, reliable partner as daily helper: ‘They didn’t offer like a letter in large print or letter in Braille or email or – or no nothing like that . . . But then I never asked to be honest because I’ve got Jeff’ (Caitlin:333-336). At the latter end is the mother who describes herself as: ‘fiercely independent almost to the point of being belligerent’ (Sarah:123).

‘Loss of previous freedoms, knowledge and skills’ was another significant theme, relating chiefly to the four participants (already mothers) that experienced sight loss in adulthood. While the visual contact may be lost or severely impaired, common to all the mothers is their challenge to the sighted world’s assumption that sight is our primary sense. This is particularly pertinent in terms of the bonding behaviour that underlines the attachment configuration between mother and child. This point is illustrated effectively again by Sarah who goes on to say

> But then there’s – you know I do a lot of making little movies of them and their giggles and stuff, which is just as precious . . . I mean I think I much more tune into the little giggles and the little subtleties . . . I do have very acute hearing, very acute sense of smell. And I’m a very touchy-feely mum, which I’m not sure that I would be if I wasn’t blind. (Sarah:256ff)

Two themes around ‘struggles around independence’ represent contrasting experiences around support. The first ‘Angry at others for lack of support’ was the one and only theme of the 95 common to all the mothers. It highlights the anger and sense of being let down by others at the time when support was most needed or requested. Support here is defined by the mothers in both emotional and practical terms At best, the root cause of the anger was the inflexibility of a health professional. At worst, the mother experienced discrimination and thoughtless behaviour resulting in a serious impact on her feelings about her ability to cope.
The second theme around support is ‘accepting and appreciating others’ support’, the praise and appreciation of the good, reliable, but flexible support provided (whether that was a professional, volunteer, family member, guide dog, friend, or on a community-wide level – locally or online). The mothers reported clear benefits in the secure feeling that arose from that support, expressed in the following themes: ‘reflecting on self as happy and confident’, ‘feeling in control, resourceful and independent’, and a ‘secure sense of self and family unit within wider community’.

Many expressed how useful it was to access others online in a ‘vi mums’ group’ with similar experiences through the website reduced feelings of isolation, sharing knowledge and experience:

You know, like you put your post up and get your messages and people will help you if they can, and if they can’t they’ll probably know somebody that can . . . – I think it was really nice to know that I wasn’t on my own. (Penny:420ff)

The unsaid around accepting support from others was as important as what was said by the mothers:

there’s an awful lot of acting goes on and cover up and you know doing things in a different way and pretending and stuff like that, so that other people don’t pick up that you are needy in any way. A big cover up job. (Bridget:789ff)

This comment picks up the fear and paranoia of being judged by others as failing in some way as a mother. The paradox is thus: although a mother might crave for support, her anxiety around asking for help is that by doing so, she fears it indicates a lack of competency and therefore casts ambiguity about her ability to look after her children (as explained by Claudia, who described feeling pressurised by a health visitor to put her son into nursery).

Visibility and the impact of the other’s gaze

The second meta-theme further explores this notion of feeling judged by the other as lacking and its impact. Again, a paradox is evident. The mothers report experiencing both a sense of invisibility to others (the theme of ‘feeling invisible in mother role’), but also feeling noticeably visible and different, expressed by two themes: ‘being a target for others’ assumptions about visual impairment’, and second, an in vivo theme from Sarah, ‘they seem to think they have a right to, to, to comment on or pass judgement on your – the things that you do in your life’. Different elements emerge from this paradox, illustrated below.

The theme of feeling ‘defensive, withdrawn and feeling secondary to others’ appears across all but one of the mothers’ accounts; for example, several report a poor experience socialising with parents at playgroups or school. Desperate to avoid negative assumptions embedded in the other’s gaze, two mothers express views suggesting they have internalised the stigma they feel those in the sighted world too often put upon people with obvious visual impairment. ‘I’d probably rather fall over and hurt myself than use a stick and have people look at me I guess’ (Sharon:125).

Conscious that her appearance provokes comment, Caitlin adds ‘I’m not too bad, it’s just I tend to wear dark glasses, for, for the sake of, not actually for any vision improvement or whatever, it’s just for the sake of people leaving me alone’ (Caitlin:579). Such avoidant behaviour suggests that the result of consistently meeting others’ negative assumptions can be a shift from external views held by others about the self to the taking in of an introject of shame and stigma, or as Sarah said: ‘You start to think is it me?’ (Sarah:346).
There were differences too acknowledged by the mothers around their experiences. Gail, without sight from birth, expresses her perception of the double challenge of motherhood and loss for those mothers diagnosed with sight loss through pregnancy or later on. Sharon and Penny both give moving vignettes of their experience of that loss, in which Kubler-Ross’s (2008) cycles of denial, anger, bargaining, depression, and acceptance are clearly still alive and vivid.

Three main responses are identifiable in the data to this first theme of ‘defensive, withdrawn and feeling secondary to others’, as follows:

1. ‘Almost to prove a point that we are just as good parents as anybody else’

This is an in vivo quotation from Sarah, angry and defensive at an assumption made by the health worker on meeting her autistic daughter for the first time that her mother’s visual impairment is at the root of her daughter’s behavioural and emotional difficulties: ‘And the lady from [. . .] said – “it must be incredibly difficult for a child to have a blind parent”. It’s like, why? It doesn’t have to be’ (Sarah: 545-6).

This in vivo theme, together with the theme ‘shame and anger at others’ perception of self as unfit parent’, gives a thorough and sad picture of the level of discrimination, thoughtlessness, and stigma reported in the interviews as experienced by six of the nine mothers, across both public and personal realms.

2. Self as detached and not understood by others

The second response to the theme in the data of ‘defensive, withdrawn and feeling secondary to others’ comes from five of the mothers. It takes up the idea of actively withdrawing from the sighted world. All but one of the mothers are keen to seek out those with similar experiences. This response in its strongest form leads one mother to express extreme ambiguity about the value of interacting with those in a sighted world:

My closest friends are my blind friends, and I think that will always be the case . . . I can, you know, I can get on fine with, with sighted acquaintances, but the sorts of thing that people do say to you, you can’t really feel on a level with people who have very little understanding of what life’s like I think behind closed doors . . . It’s like, there’s such a gulf between what it is like for me and what you think. I haven’t the energy anymore to try and explain. I just kind of can’t be bothered . . . (Claudia:258ff)

For this mother, there is a big ‘gulf’ between her and the sighted world, including me as a sighted person interviewing her – ultimately, she feels others do not and cannot understand her experience of the world.

3. Secure sense of self and family unit within wider community

The third and final response is found in four of the mothers’ accounts, where the mother recognises and comments on aspects of these feelings. However, these are outweighed, largely due to a strong support network, contributing to a feeling of security around her parenting style. Ayesha comments on how she enjoys her identity as a busy mother going places with her children and guide dog in tow:

We’re quite famous around (the town) wherever we go. We go round with the guide dog and two children . . . I think they know us very well, and they look out for us, which is nice . . . So I’ve never had any negative response at all. (Ayesha:233ff)
Discussion

In previous studies on parenting with visual impairment, a shift is evident from the medical model (Ware & Schwab, 1971) to the social (Conley-Jung & Olkin, 2001; Rosenblum et al. 2009). Thus, the perspective has moved from where the visual impairment is seen as a parental deficit with care or treatment around that deficit as the appropriate response to the social model, emanating from societal attitudes rather than intra-individual, (Oliver, 1996). Solutions centre around policy changes and the removal of attitudinal barriers.

Reflecting on how the two meta-themes fit into existing theoretical models in the field, I am drawn to seek an alternative possible model from the polarisation of the social and medical. Thomas (2007) looking at the sociologies of disability and illness highlights the poststructuralist critique of the Cartesian dualisms (medical/social, mind/body, and normal/abnormal) that underpin much academic discourse, and arguably play a key part in giving a language and rhythm to the oppression of disabled people.

This investigative article is an attempt to provide a view alongside those writers who have sought to break through the constraints of this divided approach, taking the poststructuralist stance that a definition of disability is meaningless without the assumed non-disabled other, ‘Disability is not excluded from “normativism”: it is integral to its very assertion’ (Corker & Shakespeare, 2002, p. 7). In this sense, the theoretical and empirical findings in this article fit well, for example, with Thomas’ (2007) focus on ‘the psycho-emotional dimensions on disability’ – the intended or unintended negative reactions from non-disabled others in interactions with people with disabilities, dimensions that shape or limit the latter’s ‘inner world’ or sense of self. Thomas’ exposition of the lived experience to such reactions, similar to negative experiences from others reported by the mothers in this study, goes beyond a binary division approach, requiring an engagement with the individual’s subjectivity.

A different approach again in overcoming the impairment/disability dualism is the continuum suggested in Shakespeare & Watson’s embodied ontology model (2002). They argue that while the social model has been useful in political terms, it has become a bit of a ‘sacred cow’ by those in the disability movement, limited through the rigidity of issues such as its preoccupation in trying to break the definitional link between impairment and disability.

On the basis that this model, rooted in its 1970s origins, has failed to move on sufficiently, they propose a paradigm shift, through the adoption of an embodied ontology. The basic assumption is there is no qualitative difference between disabled people and non-disabled people because we are all impaired (i.e., everyone has limitations, for example, carrying recessive genes that cause impairment or disease in some way, and at root level, the ageing process in general).

The basic universality of this argument is appealing, but weakened by their assertion that it is difficult to achieve a core definition of ‘disabled people’ due to ambiguity as to who is disabled or not precisely because we are all placed on some kind of continuum of impairment and embodiment. Additionally, looking to the findings of this investigation as the evidential base, the ontological model fails to honour sufficiently the detail and difference in the experience.

Instead, the two meta-themes attempt to encapsulate key aspects from the perspective of the essential experience of the person with the disability, taking into account the ontological reality of the person’s impairment, within the context of the ‘interhuman’ space (Hycner, 1993, p. 4). It attempts to show the psychologist looking to work with someone who is visually impaired something of the internal struggle and nuances often behind the integration process either at the intra-individual or interpersonal level.

This focus entails both positive and negative aspects of their lived experiences and is in the vein of Morris (1992) and her challenge to the normative social distinction made between the ‘personal
and the political’. This rejects Oliver’s (1996) view that a personal focus, within the social approach, runs the risk of unhelpfully diverting to the micro and becoming less relevant politically or falling into a ‘personal tragedy’ approach to disability. In fact, in its emphasis to include the many celebratory or joyous aspects (e.g., the exploration of the closeness of mother–child bond through senses other than sight), this integrative phenomenological approach is similar to Swain and French’s (2000) affirmative model of disability, in its active rejection of the default ‘tragedy’ view of disabled status and experience, and emphasis on positive self-identity.

Thus, the first key recommendation from this study would be (1) for psychological practitioners to consider an integrative phenomenological approach as a possible theoretical model for therapeutic practice with people with disabilities.

The independence paradox

Issues of independence, lack of spontaneity, and the restrictions on freedom of having to use public transport have previously been brought up as major issues (Conley-Jung & Olkin, 2001; Kirshbaum & Olkin, 2002).

Through the lens of an integrative approach, the picture that emerges from the participants’ experience is more complex than the notion of physical (e.g., poor public transport options) or attitudinal barriers preventing freedom of movement (e.g., social services’ predetermined ideas around what it is that a mother with visual impairment might need in terms of help with transport). For example, looking at the piece in terms of the intergenerational dynamics, the meta-themes evidence mothers keen to impress upon and model a sense of independence upon their children (Bandura, 1977).

The situation was different for each mother, with economic and geographical realities being the most important factors. Rural isolation, with little support from family or friends, and partner out at work all day, understandably was a key contributory factor for postnatal depression (PND). Four of the nine mothers reported experiencing severe PND lasting over a year.

Bridget spoke about ‘a big cover up’. A basic mistrust of the other can result in the following paradox: although a mother might require support, the fear in asking for help is that by doing so, she proves the unsaid assumption, held by many of the mothers and explicitly expressed by some that she is in fact less competent than a sighted mother. This ‘good enough mothering’ theme (Winnicott, 1965), expanded in Claudia, Bridget, and Sarah’s accounts, is echoed in Conley-Jung and Olkin (2001). Strategies in managing others’ reactions to them as a parent with visual impairment and their children constituted a significant part of the mothers’ experience detailed in the study, summed up by one parent who felt she has to “give (of herself) 110%” to be viewed as good as other (sighted) parents’ (Conley-Jung & Olkin, 2001, p. 23).

Mitigating against this, the positive impact of peer support (explored through online groups) on the frustrations and celebrations of social interaction was clear. While Rosenblum et al. (2009) and Pey et al. (2007) have touched on the increasingly important role new technologies can play, this study stresses again the centrality of online social networks in the lives of many of the mothers with visual impairment. Therefore, a second recommendation is (2) for research into how access to psychological services online can be improved and their reach extended.

It is notable that only two of the nine mothers talked about the world of employment and the important role it played in their life in terms of giving them confidence in society (although two others mentioned volunteering on an ad hoc basis). This links with the idea above, within the feminist tradition Morris (1991, 1996) and Morris and Wates (2006), that those mothers evidenced their working life as a key part of their role as a mother, embracing modelling autonomy and a sense of independence to their children. This 22% is broadly in line with an employment rate (taking
full-time, part-time, and self-employed together) of 28% of people registered blind aged less than 60 years and not retired. This contrasts with the overall employment rate for mothers of 67% (Office for National Statistics, March 2011, www.statistics.gov.uk) and for all working-age people in the United Kingdom of 75% in 2004 (Pey et al., 2007).

The visibility paradox

Eight out of the top 20 themes by frequency relate to the visibility paradox – the tension around visibility and invisibility that exists in the mother’s self-identity, constructed through interactions with others. On the one hand, several of the mothers spoke about their sense of invisibility as a mother: in the school playground or at toddler group. They reported a sense of being ostracised or ignored by others who were, clearly and perceptibly to the mothers, nervous and uncomfortable around a visible difference and inability to make eye contact.

Two of the mothers, Caitlin and Sharon, spoke about their embarrassment around the visual stigma of their sight loss. They reported they would rather go without obvious mobility aids so as not to draw attention to themselves and thus avoid another’s stigmatising gaze. The very visibility of their impairment seems to trigger a social response different from that of an invisible or less obviously visible impairment (e.g., a mental health condition or hearing impairment), a distinction Goffman (1968) draws between ‘discrediting’ and ‘discreditable’ stigma. Negative metaphors betray entrenched attitudes about physical impairment within UK society and culture, for example, that the person will have a negative self-identity, or be reduced to their impairment, which is dehumanising and disempowering (Corker, 2008).

The impact of others’ stigmatising and marginalising reactions to the visible difference contributed to a perceptible sense of isolation, active withdrawal, and invisibility, something not given prominence in previous studies relating to mothers with visual impairment. The meta-theme also adds weight to Olkin’s (1999) idea of ‘internalised ablism’, the idea that the constant exposure to negative attitudes from others could face a person with a disability to internalise such attitudes.

However, the findings themselves underline that such discourse is a delicate and sensitive matter. In addition to being ignored frequently on a daily basis, the majority of participants also felt their identity as a mother with visual impairment gave them a sense of unwanted visibility in public. The possible negative impact from this visibility within health and education services due to their status as a mother with sight loss is also detailed, for example, Sarah’s reporting of the Child and Adolescent Mental Health (CAMH) worker’s assumptions around her daughter’s referral and Caitlin’s experience of her general practitioner (GP) and antenatal care from a hospital doctor. Such evidence suggests that poor experiences with professionals are still prevalent (noted in Rosenblum et al., 2009), and support Thurston et al. (2010) on the power imbalance felt by patients at diagnosis.

Therefore, the final recommendation follows Rosenblum’s et al. (2009) call for the medical community to be better advised on the abilities of parents with visual impairment, both for (3) for health professionals to challenge their attitudes and assumptions around mothers with visual impairment.

Conclusion

It has not been the aim of this research either to seek out the single experience of being a mother with visual impairment: the participant group itself demonstrates the heterogeneity within it, as within any parent group. Instead, the aim has been to create a space for the mothers’ voices to be heard and active debate generated. My final hope is that this piece of work has gone some way to reducing the ‘gulf’ that Claudia reports as being at the heart of her daily experiences of otherness between her as a mother with visual impairment and those with sight in the world.
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