# Embodiment and Visual Impairment: Economic Considerations and The Social Construction of Blindness

Manos Savvakis [#], Giorgos Alexias[*], Lina Koutra[#]
[#]Assistant Professor, University of the Aegean, School of Social Sciences, Department of Sociology, Basement, Marine Building, Room 2.12, Xenia, Hill, Lesvos, 81 100, Greece, Corresponding Author
msavvakis@soc.aegean.gr
[*]Associate Professor, Department of Psychology, Panteion University, Suggrou Avenue 136, 176 31, Athens, Greece
galexias@panteion.gr
[#] Psychologist, Department of Psychology, Panteion University, Suggrou Avenue 136, 176 31, Athens, Greece
linakoutra@yahoo.gr

*Abstract* –**This study examines the multiple and energetic ways the visually impaired persons perceive the image of their body in relation to their social identity. It as well examines the issue of disability, blindness and chronic disease regarding the social construction of everyday life of these people. The contribution is based on the qualitative sociological analysis of empirical material that was collected mainly in the form of semi-structured interviews with participants that experience severe difficulties with their vision. Triangulation was applied in order to ensure increased reliability and validity of the results. People with vision problems construct their social identity based on a strong relationship to their senses and bodies. More particularly, the interpretative schemes of the participants in research reveal that they follow concrete strategies promoting personal care and hygiene in order to increase the possibilities to interact with other social groups. Visually impaired people, as the interviews reveal, seem to emphasize more on their personal experiences than their external appearance, always compared to subjects with "normal" vision levels. The findings demonstrate that there is a significant difference in the ways people with visual impairment understand social reality and interact with others according to whether they have this problem since their birth or faced it at a later stage of their biography. The results may allow investments in medical economy with important repercussion in the well being of these people and in this sector of socio-economics. These investments may assist these people to get socially included and be energetic and active instead of being dependant and passive. That implies that some of these people may be included in some tasks with economic value.**

***Keywords*** - *Blindness, body, applied social research, socio-economic sector, mixed methods.*

## 1. Introduction

The body in sociology is considered to be a dynamic, energetic condition which receives meaning and real substance through the interaction between biology and society. It is, in other words, beyond a mere "natural quantity", the raw material upon which society matriculates through socialization and carries valuable historical and cultural signifiers regarding the specificity of each individuality (Featherstone and Hepworth 1991; Savvakis, Alexias and Tzanakis, 2015; Turner, 1999; Alexias and Dimitropoulou, 2011).

In this context, this research attempts to approach the multiple ways in which the visually impaired perceive their body and that of others. Based on the assumption that the image people form for their bodies derives on a very high percentage in relation to visual observation, it seems that the population of people with visual impairments is anticipated to be of great research interest.

The present contribution focuses on the one hand how the visually impaired perceive the image of their body in relation to their social identity. On the other hand, it examines the issue of disability, blindness and chronic disease. In particular, the interpretative shapes on knowledge about their bodies, the respect on personal care and hygiene, are analyzed using narrative material from interviews with people with visual impairments.

The lack of conditions of people visually impaired brings the need of a new socio-economic reality to these people with implications in their day-to-day way of living but also in the way communities have to integrate them and to adjust their way of being and living. There are consequently limitations that some communities have (very particularly in some regions in the world, which are less developed). A new economy may be brought to be closer to this reality, by investing in modern medical advancements to bring these people to the light part of the economy and bring their inclusion in the society allowing their participation in the active part of

IJLTFES, E-ISSN: 2047-0916

socio-economic strand and wealth creation. Some studies also show that visual impairment and blindness cause a considerable and increasing economic burden in all high-income countries due to population ageing (Karolina, Schaffert and Finger, 2013).

## 2. Statistical figures on blindness

According to the World Health Organization, 285 million people are estimated to be visually impaired worldwide: 39 million are blind and 246 have low vision. About 90% of the world's visually impaired live in low-income settings and 82% of people living with blindness are aged 50 and above. Globally, uncorrected refractive errors are the main cause of moderate and severe visual impairment; cataracts remain the leading cause of blindness in middle- and low-income countries. The number of people visually impaired from infectious diseases has reduced in the last 20 years according to global estimates work. 80% of all visual impairment can be prevented or cured.

According to WHO International Classification of Diseases, there are 4 levels of visual function, normal vision, moderate visual impairment, severe visual impairment and blindness. Moderate visual impairment combined with severe visual impairment is grouped under the term “low vision”: low vision taken together with blindness represents all visual impairment. Globally the major causes of visual impairment are: uncorrected refractive errors (myopia, hyperopia or astigmatism), 43%, unoperated cataract, 33% and glaucoma, 2%.

Approximately 90% of visually impaired people live in developing countries. About 65% of all people who are visually impaired are aged 50 and older, while this age group comprises about 20% of the world's population. With an increasing elderly population in many countries, more people will be at risk of visual impairment due to chronic eye diseases and ageing processes. An estimated 19 million children are visually impaired. Of these, 12 million children are visually impaired due to refractive errors, a condition that could be easily diagnosed and corrected. 1.4 million are irreversibly blind for the rest of their lives and need visual rehabilitation interventions for a full psychological and personal development.

Overall, visual impairment worldwide has decreased since the early estimates in 1990s. This is despite an ageing global elderly population. This decrease is principally the result of a reduction in visual impairment from infectious diseases through:

- overall socioeconomic development;
- concerted public health action;
- increased availability of eye care services;
- awareness of the general population about solutions to the problems related to visual impairment (surgery, refraction devices, etc.).

Globally, 80% of all visual impairment can be prevented or cured. Areas of progress over the last 20 years include:

- governments established national programmes and regulations to prevent and control visual impairment;
- eye care services increasingly available and progressively integrated into primary and secondary health care systems, with a focus on the provision of services that are high quality, available and affordable;
- campaigns to educate about visual function importance and raise awareness, including school-based education; and
- stronger government leadership on international partnerships, with increasing engagement of the private sector (http://www.who.int/mediacentre/factsheets/fs282/en/).

Today, there is an estimated 180 million people worldwide who are visually disabled. Of these, between 40 and 45 million persons are blind and, by definition, cannot walk about unaided. They are usually in need of vocational and/or social support. The loss of sight causes enormous human suffering for the affected individuals and their families. It also represents a public health, social and economic problem for countries, especially the developing ones, where 9 out of 10 of the world's blind live. In fact, around 60% of them reside in sub-Saharan Africa, China and India. Approximately 50% of the world's blind suffer from cataract. The majority of the remaining persons are blind from conditions that include, among others, glaucoma, trachoma, onchocerciasis (also known as river blindness) and different conditions of childhood blindness. Despite a half century of efforts, commencing with organized trachoma control activities, the global burden of blindness is growing largely because of the population growth and ageing. The figure 1 shows the relevant situation on a global scale.

According to WHO estimates, about 80% of global blindness is avoidable: either it results from the conditions that could have been prevented or controlled if the available knowledge and interventions had been timely applied (e.g. trachoma and river blindness); or it can be successfully treated with the sight restored (e.g. cataract).

Significant progress in the prevention of avoidable blindness has already been made through individual efforts of the international community, including those by the World Health Organization (WHO) and its Member States, other UN agencies, nongovernmental organizations (NGOs) and the private sector. The figure 2 demonstrates some global initiative for avoiding blindness.

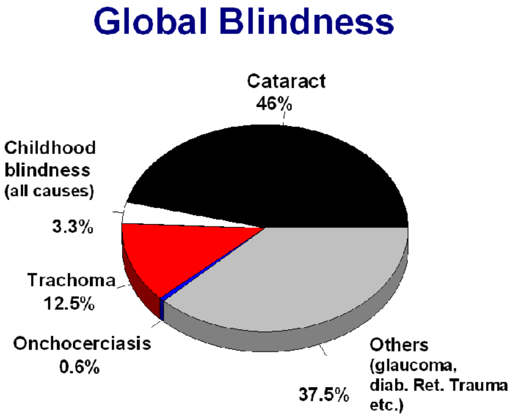

**Figure 1.** Global Blindness

Source: http://www.who.int/mediacentre/factsheets/fs213/en/

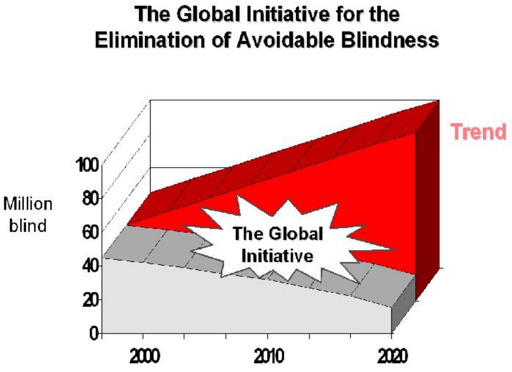

**Figure 2.** The Global Initiative for the Elimination of Avoidable Blindness

Source: http://www.who.int/mediacentre/factsheets/fs213/en/

### Body, self and social identity

Every human body responds, certainly not in the same way, in a space-time specific situation, which is also biologically and culturally defined (e.g. the body of a woman, a mother, a daughter, an engaging body, an aged body, the body of a white or a colored, etc.). The biological dimension is the core on which the socio-cultural body image is built, which differs depending on the social and historical time, giving the visual construction of the body a dynamic and potential dimension.

A basic condition for the development of the individual is the control of the physical body and its capabilities (Hockey and Allen-Collinson, 2007). This control and reflexive knowledge that the person retains, provides a sense of stability of the embedded self and quasi ability to plan and predict future actions. Perhaps the most obvious way in which the naturalness of the body affects the social life is that physical appearance mobilizes social identity and creates the bedrock for specific social relationships and partnership (Allen-Collinson and Hockey, 2001).

Identity, in turn, affects the position of the individual in the social interaction, by connecting the self to the social structure. Within each small or large social gathering, people occupy positions, respond to a situation and interpret social roles. The identity defines the person as a member of a social group and as a modulator of an array of cultural and social relations (Kelly 1991; Radley, 1995). The human bodies evolve; they grow and change over time. Therefore, they satisfy social conventions and conditions variously. In other words, the body is a constitutive, although changing element, of each person (Altabe and Thompson, 1996).

Changes over identity, as the person moves from childhood to adolescence and “old age”, are accompanied by changes both in physiology and physical appearance of the body (Featherstone and Hepworth, 1991). To recognize someone as competent and worthy social performer they must be able to give the impression that they control, to some extent, the use and presentation of their body (Burkitt, 1999).

The phenomenological approach, inter alia, highlights the importance of the body as an asset and not as passive biological existence to the formation of society and the expression of social action. The individual, as embodied underlying body is subjected to limitations, ultimately producing the social activity, which is a complex set of rational elements (Alexias, Savvakis and Tzanakis, 2015a). At the same time though, it experiences the body as both a biological objective element and a vibrant subjective reality.

## 3. Disability and chronic illness

The relationship that an individual forms with their own body determines their social identity as the body is considered to be an integral element for the creation or the dissolution of any relationship (Alexias, et. al, 2015a). At this point, the body’s functionality is central in the sense that a body that performs the basic functions sufficiently results in a supporting relationship of the individual with himself and contributes to the creation of personal and social identity (Kelly, 1991). For this reason it is a case of exceptional interest the person’s reaction in cases of illness or disability (e.g. diabetes, AIDS / HIV, multiple sclerosis, blindness, etc.) in which the body ceases to adequately serve the desires or creates problems even for participation in social contacts (Alexias, Savvakis and Stratopoulou 2015b).

In the cases of these diseases basic bodily functions such as eating, washing and relaxing, often require the assistance of third persons (family, friends or professional staff), thus creating a new relationship of the individual with his body. In chronic illness and disability the relationship of the individual with their body and self but also the image of other people for them is dramatically modified. Consequently, the "obvious body' that was considered to be something given, a safe and established domain of privacy, is treated in a new way giving a new identity and a different self in the individual (Kelly, 1991; Kelly and Field 1996: 249).

Almost all forms of disease and disability carry a negative connotation. As a result, people with disabilities that are visible are faced with speculation about the intellectual and educational level, sexuality and their overall ability to succeed in life in an independent and dignified way. Those who have a permanent disability, which made its appearance at birth or early in life, have a very good chance to live an independent life, despite the restrictions in mobility or sensory impairment. When people acquire a deficiency when already living a "normal" life, then a series of challenges emerges in order to help them adapt to the changes coming to both the body and the perceptions of others towards them (Savvakis, et. al., 2015).

## 4. Research Questions

The present research examines the blindness as a sensory impairment and presents an empirical attempt to associate it with the concept of embodiment and body image. The key research questions are related to: a) how a person with very limited or no sight perceives its own body, b) the bodies of others, and c) if people with visual impairment are aware of the changes and the functions of the body. In other words, the article explores the extent to which people in this social group are actively engaged in their appearance and beauty standards and if the image they have of their bodies and themselves is "embodied" as the others' or just "optical" (Rodaway, 1994).

Finally, it discusses how the sense of identity of people with vision impairment grows. People with visual impairment and other disabilities may have problems with developing and maintaining a positive image of the body for various reasons. Firstly, in visual impairment, physical attractiveness is often adversely affected because of a cosmetic defect, as eye damage or deformation of the face (Webster and Roe, 1998). In addition, some young people with serious level of visual impairment have difficulties in meeting the aesthetic standards of our society due to stereotypical specificities as shaking or rubbing of the eyes (Wolffe, 2000).

Secondly, young people who are blind or have a serious level of blindness cannot get visual information on the appearance of the mirror or by comparisons with the people around them, which could cause uncertainty. They also have little control over the application of makeup or wear fashionable clothes. Thirdly, the lack of direct visual information about appearance creates a greater dependence on social evaluations of physical appearance.

The basic source of knowledge for people with vision problems is the senses. Out of necessity, people with visual disabilities need to use audio, tactile and olfactory perception to a much greater extent than people with normal vision, so they can understand the environment. So a personal set of benchmarks and non-visually perceptible elements is used such as changes on the texture of a surface, typical sound and smells that potentially form stable and consistent shapes of the surrounding area. In a next level, the contribution analyzes the image of these people about themselves and their bodies.

## 5. Methodology

This research is an attempt to understand the way in which the visually impaired perceive their bodies and "construct visual" reality. It is also analyzed whether their perception affects - and to what extent - their identity as members of society. The main research hypothesis claims that the visually impaired give greater emphasis on their personal experiences than in their appearance. This assumption is based on the notion that, if these people are not able to visually see themselves and others around them, they probably won't give much importance to appearance in general. In other words, they seem more interested in the communication and the emotional part of the interaction with other people and quasi bring the appearance in a second place.

A second research hypothesis is that people who have congenital complete loss of vision, comparing to those who have low vision or failed to see after some operations at some time in their life, do not pay so much attention to their appearance. On the other hand, people who have seen or see very faintly are more concerned with body image and self presenting outward, namely the visual construction of reality.

For the analysis of these research hypotheses two main axes of work were created. The first pillar refers to the "knowledge of the body". In particular, the awareness of the subjects examined for changes that the body undergoes during the transition from adolescence to adulthood and later in the state of aging. For the analysis of these research hypotheses two main axes of work were created. The first pillar refers to the “knowledge of the body”. In particular, there is an examination of the subjects’ awareness of the changes that the body undergoes during the transition from adolescence to adulthood and later in the state of aging. In this first section is categorized the degree on which changes in the picture and in body shape troubled (puberty) or preoccupy (old age) the subjects. The second shaft is connected to the ‘appearance and personal hygiene and care and deals with the management of the external image that the visually impaired have of their bodies, and their views on the ideal body, the idea of beauty and fashion.

Overall in the research project seven people were involved, six men and one woman. All participants experience chronic vision problems. Three of them have congenital, complete vision loss. Of the remaining subjects, one has very poor vision to a degree that he can distinguish only a general set of very faint and close objects, but not details. Another participant had partial sight until ten years old and then completely lost his eyesight. Another subject had partial sight until twenty years old when he completely lost his sight, and finally, the last participant who was born with 100% blindness after treatments obtained partial sight which, after a certain age, lost entirely.

The ages of the subjects ranged from 23-32 years old. All participants were residents of Attica though most of them originate from provincial cities (Zakynthos, Ioannina, Chania, etc.). It is worth noting that the participants belonged to the middle class. Also noteworthy is the fact that four of the seven subjects are living alone and away from their family. The contact with the subjects was conducted via CERB (Centre for Education and Rehabilitation of the Blind) based in Athens, Greece. The subjects of the survey were high school graduates, students (undergraduate and postgraduate) and graduates of Universities and Technical / Vocational schools.

For the collection of the survey data the method of “semi-structured interviews” was used. The duration of the interviews ranged from 30-45 minutes and the data collection method was “sound recording”. One of the interviews took place in the space of CERB while the rest were conducted in a quiet cafe so that the subjects won’t be significantly distracted. The duration of recording of all interviews was from April 5th to July 1st 2014. It is worth mentioning the conduction of a pilot interview which contributed to a better organization of the axis of the research, the omission of some of the initial questions and the addition of new that enhance and complement the research hypothesis.

Data analysis of the interviews in this research came after determining specific categories of encoding the text on the relevant topics. Specifically, the main categories analyzed are: a) knowledge of the body, referred to the awareness of subjects for body functions and the changes it undergoes during adolescence, adulthood and old age. b) daily care and hygiene, which is related to how often and to what extent the people take care of their bodies in terms of cleanliness, treatments with various formulations and maintaining an “acceptable” body siluete.

The research was fully complied with the instructions and the guidelines of Panteion University of Athens research ethics committee. Interviewees completed an application to participate in the survey and we assured them that the results will be anonymous and that they could withdraw at any stage of the investigation. For the analysis of the results the method of triangulation was used, where a psychologist, a sociologist and a methodologist were involved. Finally the main conclusions were discussed with 5 of the 7 subjects and they agreed with their interpretation.

## 6. Results

### 6.1 Knowledge of the body

The category of body knowledge, which means the perception of people with visual impairments of their bodies during adolescence and aging, is a key element of understanding the relationship that people have developed with their body. The main source of knowledge were close relatives and family environment, teachers but most of all their own self.

A participant of the research, P., 35 years old, was born with low vision and lived with it till he was 10 years old when he completely lost his sight. The first two years of his education he attended a special school and afterwards he attended a classic elementary and high school. In an older age he studied Political Science and Public Administration and nowadays he works for the National Confederation of Disabled people and he is also General Secretary of the Panhellenic Association of the Blind. He comes from the province of Atalanti but he lives in Athens on his own. Concerning the issue of body knowledge he mentions:

*When I was younger I knew what the adult body looked like by touching my parents, my uncles who were adults but I used to have partial sight until I was 10, so I could also see them and aside from relatives I had my teachers and generally people from my environment.*

However it seems that, most of the times, less attention is given by their close relatives to explain to individuals how their body works and how it is going to change during adolescence, a crucial period for the creation of identity and relationship with the body. Participants state that more often they, on their own, were trying to learn their bodies and the bodies of others, mainly through touch.

Childhood is a period of life where people do not have many inhibitions. It's easy for a child to touch someone to see how they are. Nobody will prevent nor berate it exactly because it is just a "child". Considering the specificity of the visually impaired, it is considered imperative when being at a young age to touch the world around them so they can acquire the necessary knowledge of objects and individuals in their environment.

Concerning the issue of aging and how this process of progressive wear of the body concerned subjects, most participants say they do not employ a great deal. They consider it as a normal process and outcome and they are not particularly troubled by the appearance of their body after several years. In a few words, the majority of the participants declare reconciled with the idea of the aged body, and their only concern perhaps is the subject of health.

As characteristically B. remarks:

*Generally, I wouldn't say that ageing concerns me that much. I think about it at times, but I am a person who would not mind. I consider it a natural conclusion of man, that after some time the human body begins to age. Every age has its own characteristics. So I never had this question. However I am concerned mainly about the health problems older people use to have. And when these problems occur due to bad nutrition a habit, which is when I am most concerned. But, mainly as a matter of health, nothing more.*

It is worth mentioning that when the subjects were asked whether they would be more concerned about the issue of aging if they had their sight, a certain concern by some participants was observed. Although they say they have accepted the issue of aging, they retain some reservations considering the case where they would have their sight. Specifically, P., who as a child used to have partial sight, thinks that perhaps the issue would concern him:

*If I had my vision I would not be concerned about the issue of aging. The point is that I have accepted myself. If I hadn't, whether I could see or not, I would have the same problem. Now if I could see, I do not know whether I could accept myself or not.*

A. is 25 years old, has congenital low vision and is able to see a whole but no details. She attended the first grade of elementary school at the Centre of Education and Rehabilitation of the Blind and afterwards she went to a classic elementary school with parallel support. High school grades were attended at the island of Zakinthos (where she originates) with no parallel support. A. Is now having her post graduate studies on English Literature and lives in Athens. Concerning the matter of aging she is moving in the same direction with B.:

*If I had my vision the issue of aging would not bother me further. I think it has to do with the character and the way you perceive things. Because for example, I might not have a lot of vision but I am interested in being attentive to my image. So, of course if I had a higher level of vision I could see details that I cannot discern now, so maybe I was entering in more thoughts on how to deal with everything.*

The other participants didn't seem to differentiate their answers to this question. The fact that these two people have lived even having partial sight may be able to give a preliminary explanation to distinguish them from the responses of others. Since these individuals have an even blurred, visual, framed body image, it enables them to be able to imagine how the ageing body may be. Therefore, the appearance of the body accompanied by its imperfections, the loss of its freshness and strength, perhaps created some concern.

In conclusion, in this chapter it is understood that the optical construction of the body of people with visual impairment is significantly affected by the lack of knowledge about the physiological maturation processes. These people do not always have the opportunity to thoroughly learn about the body and its functions as well as their families do not often give sufficient attention to these issues. Usually they explore their own environment and bodies as well as the bodies of others - but only as children - and thus acquire a representation of them. However, based on their senses, especially touch; it seems that they have managed to form a picture of body quite coherent and practical. This perception stems from the relationship that the visually impaired have with aging. They state to be reconciled with it and regard it as something perfectly normal and acceptable.

## 6.2 Personal care and hygiene of the body

This axis refers to the care that people with visual impairments provide their body in terms of hygienic and beauty care. Presented in other words, how often they wash their body, skin care, hair, using various formulations such as deodorants, cosmetics, perfume. These are habits that indicate the extent to which these people are interested in their body and the image sent out. Also the choice of clothes and their care, such as washing and ironing, are equally important factors of body care. Overall, participants observe the basic rules of hygiene and often perhaps to a greater extent than usual.

K., 32 years old, is another participant who used to be partially sighted since he was an infant. But as he was growing up he was gradually losing his sight and till the age of 20 he had total vision loss. As he had a very good vision level as a child he did not attend any special school. He now lives in Athens with his wife who is also blind. K. Characteristically mentions:

> *Every day, because I exercise (I go to the gym), I take a bath because I sweat, and of course I wash my teeth twice a day. If there is a morning when I am in a hurry I may not have time to brush them. But usually I make sure I have time in the morning. My teeth, my face. I am generally a bit obsessed with frequently washing my hands. If I touch something again I wash. I want to have wipes, antiseptics and such.*

Another participant, G., 26 years old, was born with complete vision loss and after several treatments in the age of 7 he acquired partial sight. However he gradually lost almost all his vision ability and now all he can see are light changes. As a child he attended a special school for some hours and alongside with a classic elementary school at the provincial town of Ioannina. Nowadays he studies music technology and audio and he is also a champion in judo. G. also makes great effort to keep his body clean:

> *Okay. You get up in the morning. Some people may bathe in the morning, take a shower. Okay I will do it too. They may shave when I know my beard has grown for example, I will shave. You will fix your hair, you will brush your teeth, I do not think there is any difference. It's the simple everyday survival and health issue, being clean and not being dirty because the image you show outward fits more easily into society rather than being sleazy, having long hair, long beards and dirty clothes. For example it is certain that I will take a shower twice and bathe once a day. I will make sure I change clothes soon and not wear the same clothes more than one and a half day. I do not wear them more because I know that they may get dirty either from coffee or something I have eaten, anything. Or I may have leant on something colored. I mean not being aware of it and lean my pants, my shirt, even my face on it! And in general I try to wash my hands frequently.*

The vividness of G.'s words clearly emphasizes the importance of cleanliness in the image of a man, both as it is perceived by him and the society. The indifference and neglect of the body does not make one acceptable by the society, it marginalizes them. Therefore, issues such as social respect, recognition and survival depend greatly on how one presents himself and his body. It is worth mentioning that through the words of G. Emerges his perception that there is no substantial difference to the daily body care habits of people with visual impairments. He considers that anything the average person does to treat their body can also be done by a visually impaired. As he refers:

> *I may shave, when, for example, I know that my beard has grown, I will shave. If I think that my beard's length is okay, I will not shave. Or I may want to do another shape. Like some people use to do to their beard, I'll do it myself. It's not difficult; there is a way to do.*

The concept of body care is associated with maintaining a good shape and an acceptable physical condition. We asked subjects in what extent they are involved in any kind of exercise or what they do to keep their body in a good state (physical and outer appearance). All participants - except G. Who is champion in Judo and K. who is actively involved in gymnastics- show little or minimal involvement in gymnastics. Due to the increased activities and obligations of the participants there is no time to deal with systematic training of their bodies. Their contact with gymnastics was only confined within school.

A final factor to consider the importance people with visual impairments place on their body has to do with the moment they have to go on a date. When we go out with someone of the opposite gender, let alone for the first time, we make sure to pamper our appearance more than usual. That's because we want to create a good impression on the other person and be liked. So we enter in the process to take more care of our body, clothes, make use of a perfume, etc. The survey participants say they would not do anything different than they usually do, except for a better dressing and perhaps using some perfume. More, specifically, P. comments:

> *When I go on a date or a night out I don't do anything special to show tidier, more handsome. I do everything I do daily. I will take a bath, comb my hair, and wear nice clothes. Things like that.*

It is worth noting a slight variation on the subject of hygiene and body care among participants with congenital complete vision loss and those who lived a few years of their lives with partial sight. The first ones meet the hygiene rules satisfactorily and are not preoccupied with their appearance and care of their body. As a result, maintaining the body in good physical condition and appearance does not consist a priority and urgent need for the participants as they dedicate their daily lives in other activities and do not find the time to deal with it.

The second ones take much care of them and ensure that they are clean and groomed daily. They often even consider themselves a bit exaggerated with cleanliness (frequent hand washing, use of antiseptics, etc.). Most had dealt for some time of their lives actively with gymnastics and sports. Although now they no longer have that option, they appreciate the value of exercising the body and say they would like to deal more with it.

## 7. Discussion

In this research we tried to approach as closely as possible the image of people with visual impairment about their bodies. Also, we tried to explore how through their image they form their perceptions about themselves and their social identity. The basic hypothesis was that the visually impaired emphasize more on their personal experiences than their external appearance, always compared to subjects with normal vision levels. This hypothesis stems from the view that if these people do not always have the opportunity to see visually in a clear way themselves and others around them, they will not place great importance on appearance in general. In other words, it seems that they want a more substantial approach of their own bodies and those of others through the senses. This means that their bodies are not viewed simply as passive objects but as acting subjects who are aware of their functions (physiological, emotional and social) and the space where they are and perform their actions (Alexias, et. al., 2015a; Alexias, et. al., 2015b).

Following the presentation of results and considering of all axes of the research hypothesis we could come to some basic conclusions. The "body knowledge" is culturally mediated by body image of people with vision problems and is significantly influenced by the absence or lack of knowledge about normal body maturation processes. These people learn empirically for the body and its functions without through and institutional information. Therefore they develop a practical sense of the body, based on the touch and their other senses.

Regarding the second pillar, that of "daily care and hygiene", it is clear through the participants' answers that the standard daily hygiene is followed by all of them. Cleanliness plays an extremely important role for people with vision problems and counts a lot on the image of themselves. However, those who lived a few years of their lives with partial sight seem to pay more attention to hygiene and sometimes perhaps too much. Here appears their tendency to pay more attention to their appearance which partly confirms our second hypothesis.

These two concepts studied seem to play an equally decisive role for a person with vision problem. This is partly because physical experiences are essential for the survival and crystallization of the person's environment, secondly, because external appearance constitutes a component of self-image. The only case where the physical experiences have priority on the external appearance seems to concern interpersonal relations. At this point the visually impaired people use their senses to decode the signals other people send via their own bodies to the bodies of these people (the visually impaired). In other words, this experience is further embodied (Webster and Roe, 1998, Alexias and Dimitropoulou, 2011).

At several points during the presentation of the results a variation was observed among individuals with congenital complete visual loss and those that lived for some time in their lives-or even still live- as partially sighted. In particular, in the external appearance, the last ones place greater emphasis on personal care and hygiene and on how to present themselves outside. This is reflected by the relatively high scores of these people regarding their external appearance. The presentation of the body and self counts a lot for a person, regardless of the possible peculiarities he may present. This conclusion is therefore reasonable (Savvakis, et. al., 2015a).

From the analysis of the empirical material it is indicated that there is a need for further empirical research to explore the social and psychological factors and mechanisms that favor this differentiated picture of the self and a different visual construction of reality by people with visual impairments. However, it is evident that it is vital to know how these people perceive social reality, understand them and interact with other social groups. This is the case if we seek to increase the possibilities of communication and real empathy between people with visual impairment and practitioners, families, professional of health and social and working environment.

## References

[1] Alexias, G., Savvakis M. and Tzanakis M. (2015). "Breast cancer in contemporary Greece: Economic dimensions and socio-psychological effects", International Journal of Latest Trends in Finance and Economic Sciences, Vol 5, No. 3, pp. 933-940.

[2] Alexias, G., Savvakis, M. and Stratopoulou, I., (2015b). "+HIV/AIDS, stigma and coping strategies: A qualitative study regarding contemporary Greece", International Journal of Recent Scientific Research, Vol 6, No. 10, pp. 6807-6811.

[3] Alexias, G. and Dimitropoulou, E. (2011). "The body as a tool: professional classical ballet dancers' embodiment", Research in Dance Education, Vol 12, No. 2, pp. 87-104.

[4] Allen-Collinson, J. and Hockey, J. (2001). "Runners' Tales: autoethnography, injury and narrative". Auto/Biography, Vol 9, No. 1 and 2, pp. 95-106.

[5] Altabe, M. and Thompson, J. K. (1996). "Body image: A cognitive self-schema construct?" Cognitive Therapy and Research, Vol 20, No. 2, pp. 171-193.

[6] Featherstone, M. and Hepworth, M. (1991). "The mask of ageing and the postmodern life course". In Featherstone, Hepworth, M. and Turner B., (Eds.), Theory, Culture and Society: The body: social process and cultural theory, pp. 371-390.

[7] Hockey, J. and Allen-Collinson, J. (2007). “Grasping the phenomenology of sporting bodies”. International Review for the Sociology of Sport, Vol 42, No. 2, pp. 115-131.

[8] http://www.who.int/mediacentre/factsheets/fs282/en/, last accessed 2/6/2016.

[9] http://www.who.int/mediacentre/factsheets/fs213/ en/, last accessed 2/6/2016.

[10] Kelly, M. and Field, D. (1996). “Medical sociology, chronic illness and the body”. Sociology of Health and Illness, Vol 18, No. 2, pp. 241-157.

[11] Kelly, M. (1991). “Coping with an ileostomy”. Social Science and Medicine, Vol 33, pp. 115-25.

[12] Radley, A. (1995). “The elusory body in social constructionist theory”. Body and Society, Vol 1, No. 2, pp. 3–24.

[13] Savvakis, M., Alexias, G. and Tzanakis, M., (2015a). “Biographic strategies of Greek women with breast cancer: From the “injured” to the “contributing” body”. The Journal of Sociology and Social Work, Vol 3, No. 1, pp. 90-97.

[14] Turner, B. (1999). “The possibility of primitiveness: Towards a sociology of body marks in cool societies”. Body and Society, Vol 5, No. 2, pp. 39-50.

[15] Webster, A. and Roe, J. (1998). Children with visual impairments: Social interaction, language and learning. London: Routledge.

[16] Wolffe, K. E. (2000). “Growth and development in middle childhood and adolescence”. In Koenig, A., J. and Holbrook, M., C. (Eds.), Foundations of Education, 1: 135-156. New York: AFB Press.

[17] Köberlein , Beifus K., Schaffert, C. and Finger R., P. (2013). “The economic burden of visual impairment and blindness: a systematic review”, BMJ Open, Vol 3, No. 11.