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Mine or Alien? The Experience of Body and Corporeality in Sudden Vision Loss
Moje czy Obce? Ciało i cielesność w doświadczeniu nagłej utraty wzroku

ABSTRACT

RESEARCH OBJECTIVE: The goal of the article is to describe the specific perceptions of corporeality of an adult who experiences sudden loss of vision. Special emphasis is put on the process of creating a new representation of one's body.

THE RESEARCH PROBLEM AND METHODS: The text focuses on the issues of deconstructing one's self-image due to the change in experiencing one's body, temporary incapability of performing daily activities, and problems with avoiding pain and discomfort. A literature search and analysis were conducted.

THE PROCESS OF ARGUMENTATION: The main consequences of vision loss in adulthood are presented. A process of creating a new representation of one's own body is described in reference to the concept of the stages of adjustment to vision loss.

RESEARCH RESULTS: When comparing the current appearance and functionality of their body to the situation from before vision loss, persons with acquired vision impairment have a sense of alienation of their body. Along with the loss of vision as a basic cognitive tool, they experience disintegration of their physical "self," loss of confidence in their other senses, and overall bodily inadequacy. The negative approach to their own corporeality tends to be reinforced by reactions of other people.

CONCLUSIONS, INNOVATIONS AND RECOMMENDATIONS: The attitudes and emotions towards one's body influence the dynamics of adjustment to vision loss, including the motivation of a blind person to actively participate in the rehabilitation process. Psychological rehabilitation should support a person who is losing vision in deconstructing the corporeal 'self' and reintegrating a new body image. The issue of the changing body image in the situation of sudden vision loss in adulthood has not been sufficiently researched. There is a need to undertake studies focused on this issue.

→ **KEYWORDS:** **BODY, CORPOREALITY, DISABILITY, VISION LOSS, ADAPTATION**

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STRESZCZENIE

CEL NAUKOWY: Celem artykułu jest opis specyficznych doświadczeń w zakresie odczuwania cielesności przez dorosłą osobę nagle tracącą wzrok, ze szczególnym zwróceniem uwagi na proces tworzenia nowej reprezentacji własnego ciała.

PROBLEM I METODY BADAWCZE: Tekst koncentruje się wokół problemu dekonstrukcji obrazu siebie wskutek zmiany doświadczania własnego ciała, okresowej niemożności wykonywania czynności życia codziennego oraz trudności w uniknięciu bólu i dyskomfortu. Przeprowadzono analizę literatury przedmiotu.

PROCES WYWODU: Omówiono główne konsekwencje utraty wzroku w dorosłości. Opisano proces tworzenia nowej reprezentacji własnego ciała w odwołaniu do stadialnej koncepcji przystosowania do utraty wzroku.

WYNIKI ANALIZY NAUKOWEJ: Osoby ociemniałe, porównując aktualny wygląd i funkcjonalną sprawność z sytuacją przed utratą wzroku, odczuwają obcość swojego ciała. Utracie podstawowej funkcji poznawania rzeczywistości towarzyszy rozpad obrazu Ja fizycznego, brak zaufania do informacji płynących z pozostałych zmysłów oraz odczucie cielesnej niepełnowartościowości. Negatywny stosunek do własnej cielesności może być wzmacniany przez reakcje innych osób.

WNIOSKI, INNOWACJE, REKOMENDACJE: Przekonania i emocje związane z własnym ciałem wpływają na dynamikę przystosowania, w tym motywację osoby ociemniałej do aktywnego udziału w rehabilitacji. Rehabilitacja psychologiczna powinna wspomagać osobę tracącą wzrok w dekonstrukcji Ja cielesnego i rekonstrukcji nowego obrazu ciała. Problem zmiany obrazu ciała w sytuacji nagłej utraty wzroku w dorosłości jest słabo rozpoznany. Istnieje konieczność prowadzenia badań koncentrujących się na tym zagadnieniu.

→ **SŁOWA KLUCZOWE:** **CIAŁO, CIELESNOŚĆ, NIEPEŁNOSPRAWNOŚĆ, UTRATA WZROKU, PRZYSTOSOWANIE**

Introduction

Recent years have seen a marked increase in the interest of theorists and researchers in issues of corporeality (Labandt and Mechliński, 2020). Experiencing one's body is a natural point of reference for all human experiences, both those of the external world and inner life. To have a body and to form an integrative relationship with it is what makes it possible for people to learn about and actively participate in material-natural and socio-cultural reality. The body is the foundation for the development of the subject's personality, and becomes a source of self-awareness and identity (Mirucka & Sakson-Obada, 2013). Thus, the way a person perceives and evaluates his or her appearance and fitness affects all aspects of his or her psychosocial functioning, and has a clear impact on his or her self-esteem and interpersonal relationships. Self-image, including the representation of the body and especially the emotions felt towards it, can undergo temporal and situational changes (Schier, 2009). A sudden injury to the body is an experience that entails the need to reconstruct one's body image.

The purpose of this article is to describe how one experiences one's corporeality in a situation of sudden loss of sight in adulthood, with particular attention to the processual nature of re-shaping one's body representation. The analysis is conducted based on a review of the literature on the subject.

Experiencing the body and becoming disabled

Injury to the body in the course of life resulting in permanent disability is a critical event that involves a change in the perception of oneself and one's surroundings at every possible level: physical, psychological and social. It becomes a source of suffering, in which physical pain and psychological grief over the loss coexist. The process of coping with such suffering is marked by a disruption in the process of identity formation and consolidation (Wolski, 2010). Suffering is particularly severe in people whose loss of health and fitness occurs during adulthood (Gendek, 2013). The individual's sense of integrity and wholeness is disrupted, and awareness of one's own dysfunctionality leads to intense frustration. A person must confront his or her own reactions to the trauma he or she has sustained, such as sadness, powerlessness, helplessness, fear, anger, rage, shame, including feelings of grief and hurt over the loss of his or her former appearance. The loss of the integrity of one's body, which, compared to the pre-injury body, appears alien, unreal, and useless, becomes a source of intense stress (Kowalik, 2007).

J. Belzyt says that:

> […] when becoming disabled, the individual has to face otherness (one's own), which is considered in rational and emotional terms. While on the rational level the individual tries to tame the otherness that has become his or her lot (experience), on the emotional level, he or she often runs away from the otherness, and tries to push it out of his or her consciousness, thus making it increasingly alien (not one's own). The body is treated instrumentally, seen as something that has failed and becomes an alien body: it is not me, it is not my ambassador (2015, p. 214).

Previously experienced as a medium of subjectivity, experience and security, the body loses its properties and functions (Belzyt, 2015). Injury to the body changes the previous way of learning about external reality and usually limits the possibilities of active participation in it. As a result, the body is temporarily no longer perceived as the main conduit of impressions, experiences and sensations. The functional repercussions of the injury, including, for example, a complete or partial inability to perceive external stimuli, impaired mobility, communication and ineffective performance of practical activities, including taking care of oneself, reduce the autonomy of decision-making and acting that forms the basis of a sense of adulthood and maturity. Not only does a body with a defect fail to promote a sense of agency and independence, but it becomes the main source of the problems and limitations that are experienced every day. The ignorance of the actual capabilities and needs of one's body, coupled with incomplete control over it, which is typical of a sudden dysfunction, disrupts the basic sense of security. Confronting one's intentions and ambitions with the actual capabilities of an uncooperative body sharply lowers one's self-esteem and mood, thus triggering anxiety, frustration and shame.

The perception of one's corporeality in such a situation depends on many factors, including the circumstances and manner in which the dysfunction occurred. An unexpected injury triggers a sense of insecurity and is often associated with idealization of one's pre-injury body and appearance. The potential for post-traumatic stress disorder becomes key (Rybarczyk & Behel, 2002). One of the serious consequences of facing a traumatic situation are changes in the sense of the body, which can come as an internal state of chaos experienced as indiscriminate, diffuse somatic sensations. Limited accessibility to bodily states and disruption of their mentalization cause problems in modulating the intensity and duration of the affect. The person then experiences extremely strong negative emotions, which he or she cannot control (Mirucka, 2018). Helplessness in the face of these feelings and constant psychological stress lead to excessive concentration on bodily sensations or ignoring signals that arouse association with a particular emotion (Sakson-Obada, 2009).

It should be noted that the opinions and reactions of others play an important role in the formation of beliefs about one's body in people who have become disabled (Dobrzańska-Socha, 2013). Appearance that conforms to the cultural ideal of beauty is associated with positive qualities and contributes significantly to social acceptance. Appearance that does not meet social requirements, on the other hand, increases the risk of rejection and stigmatization, which is especially experienced by women, whose value in various arenas of social life is primarily judged through their physical attractiveness (Hoppe et al., 2015). A disabled body is assessed as unattractive, disfigured, repulsive and unpredictable, thus becoming an object of exclusion. Encounter with such a body becomes a source of discomfort, distress and embarrassment, prompting non-disabled people to react in certain ways, ranging from expressions of sympathy, pity and offers to look after the person through avoidance to outright dislike and rejection (Parchomiuk & Szabała, 2012). By suffering injury, a person may internalize the socially assigned label of a subject with a flaw and incorporate it into his or her personal identity. This process is associated with a lowering of one's self-esteem, a lack of acceptance of one's own body, and an inability to consider the distinctiveness of one's body as a kind of beauty (Belzyt, 2015).

The risk of negative social reactions increases mainly due to such characteristics of disability as visible impairment, the person's influence on the occurrence of the injury, and limited mobility (Piątek, 2012). In order to gain acceptance from those around them, people with disabilities often attempt to mask their physical differences. Fear of social stigma can lead to hiding features that raise associations with dysfunction (Szóstyk & Schier, 2015) or even giving up technical aids that compensate for physical deficits

(Kowalik, 2007). It is worth noting that masking strategies involving the refusal to use rehabilitation aids entail a number of negative consequences, for example, a higher risk of experiencing pain and further injury, and being forced to withdraw from certain activities. In some cases, such forms of camouflaging one's disability lead to paradoxical situations in which, while the absence of rehabilitation equipment (e.g., a white cane) allows an individual to avoid being identified as a person with bodily dysfunctions, it simultaneously exacerbates those characteristics (e.g., inability to walk independently) that trigger undesirable social reactions. Belzyt (2014, 2015) writes that excessive focus on attempts to control the body during social exposure can result in a neurotic fixation on one's physical defects.

Trying to hide the visible stigma is just one way of dealing with the social stigmatization of the body that has suffered injury. In contemporary art and social media, one can note trends that focus on the intentional exposure of non-normative bodies. In such works, disability is not only a central aesthetic category that fully illustrates human heterogeneity, but also a manifestation of the body's natural vulnerability to changes caused by illness or trauma. The introduction of physical otherness openly into the socio-cultural space seeks to build a community based on the understanding that any person can experience the destruction of the body. In this perspective, acquiring a disability no longer arouses strong anxiety, as it becomes a universal experience potentially inherent in the course of human life (Kubiński, 2021).

In conclusion, the violation of body integrity that occurs as a result of impairment necessitates the reconstruction of the body image. The process of integrating one's distorted body image with a multifaceted concept of self is linked to the experience of strong affect (Gendek, 2013). A lowered mood accompanies the experience of one's body as negatively altered, and thus alien and abhorrent. The injured body ceases to be an element of the subject's agency, and loses the function of expressing one's individuality and autonomy. The taming of the new body is significantly hampered by the distance that people assume from bodies that deviate from cultural models of physical beauty.

Body image and vision loss

The loss of sight is a landmark event, which, due to a number of negative consequences, is a risk factor for disruption of a person's functioning in every area. The rapid development of visual culture increases the participation of sight in cognition of the world, hence some researchers estimate its involvement in relations with external reality at close to 90% (Belzyt et al., 2021). Therefore, visual impairment results in the loss of the primary channel used to receive and transform data. The subject loses the ability to quickly register changes in the surroundings and experiences difficulties in adapting their actions to current circumstances. The techniques of acquiring, processing and creating written and pictorial information become periodically inaccessible, which adds to the sense of being cut off from the mainstream of public life. Problems in spatial orientation, coupled with difficulties in daily activities, lead to a reduction in independence. The consequence of a temporary inability to do one's current job is a worsening of one's material situation and a decline in social prestige. The negative effects of losing one's eyesight are also felt in terms of playing family roles. An adult who has suddenly lost his or her vision is not able for a period of time to fulfill their household obligations and responsibilities, and becomes mainly a recipient of help and support.

The qualitative research by I. Berndtsson (2001) attempted to explore the changes taking place in people affected by vision loss, with a particular focus on how they cope with their new life situation. For the subjects, blindness is a moment of breakdown of the previous lifeline, one that clearly divides the biographical path into two stages "before" and "after vision loss." The dominant feeling is that of being objectified: the body without sight is perceived as an object in need of repair, treatment, and correction. The narratives of the respondents prove that this feeling is reinforced by the reactions of the people around them, who treat those losing their sight as dependent children in need of care and (or) handicapped individuals with special needs. The impairment was combined with a sense of time stopping and a limitation of the ability to act, as the functional consequences of the disability became apparent when they tried to carry out daily activities. The researcher used the horizon metaphor to interpret re-learning processes to remain active. According to this metaphor, the horizon of action is linked to the horizon of possibilities, when the visually impaired person regains a sense of self-confidence through interaction with people with similar impairments who, despite their physical handicap, effectively cope with everyday life challenges. Observing the successful activities of visually impaired people motivates the subject to learn alternative strategies for accomplishing day-to-day activities, and the successes they experience reinforce their sense of agency and shift the focus to the developmental potential inherent in the body. In describing the re-establishment of the horizon of activities, Berndtsson notes that

> […] the arena for these activities is the individual's world, described as integrated in the body existing in the world. In the first place […] the body continuously seeks to orient itself toward the world, which can be called basic intentionality. The body strives toward the world with all its other senses (Berndtsson, 2001, p. 7).

Notably, those who considered vision loss a trauma viewed the process of adapting to the new situation in terms of identity transformation, while those respondents who did not associate vision loss with trauma stressed the need to practice and learn new skills. When the subjects used a white cane, a socially recognizable attribute of blind people, they were instantly identified as members of this social group and were ascribed qualities stereotypically associated with this type of disability. Thus, the use of a white cane, so to speak, deprived them of their individuality and proved problematic especially in moments of identity confusion, when the respondent did not yet feel that he or she fully belonged to the group of visually impaired people, but was treated as its member in social interactions. As Inger Berndtsson points out:

> […] referring to the metaphor of the horizon, it can be said that losing one's sight means limiting one's horizons, while learning to cope with this situation means expanding them once again. […] horizons are defined in relation to time, the physical surroundings and the performance of activities. Learning processes are seen in relation to a person's life world anchored in the body. Moreover, they are intersubjective processes, involving both learning previously known things anew and learning entirely new things, which together affect a person's sense of identity. The processes of learning are temporarily seen as completed as soon as the person re-establishes key relationships with the world, i.e. with time, the physical environment, and activity towards the world (Berndtsson, 2001, p. 9).

The deconstruction of the corporeal self during adaptation to sudden vision loss can be analyzed in relation to the stage model of coping with unexpected trauma. In the first phase of adaptation referred to as the stage of becoming disabled (Kowalewski, 1999), the reaction of shock protects the subject from personality disintegration. Thanks to this reaction, the previously adopted self-image is maintained. At the level of bodily sensations, dissociative states can occur with a sense of leaving one's body, an impression of the unreality of the situation (derealization) and one's existence (depersonalization), and an altered perception of time (Mirucka & Sakson-Obada, 2013). Somatic sensations, including pain, can compound a person's emotional disorganization.

In the next stage, of so-called realization of the consequences of the injury, the person analyzes his or her current situation, and makes comparisons of their current functioning with the condition prior to vision loss. Lack of sight inhibits orientation in space and mobility, as well as the ability to do practical tasks, including hygiene, so, according to S. Kowalik (2007), a blind person usually avoids exertion and all motor activity during this period. He or she evaluates the capabilities of his or her body negatively and focuses attention on the desire to heal the body and regain mobility. Thus, his or her motivation to participate in rehabilitation is extremely low at this point, and attempts to help from loved ones can trigger violent emotional reactions. The individual idealizes the lost functions and is convinced that visual disability will thwart all his or her goals, plans and aspirations in life. Self-loathing is typical of this stage, and is generally combined with a pronounced feeling of alienation from one's own body. Loss of control over many bodily functions due to lack of perception of visual stimuli, incorrect interpretation of signals coming from the other senses, restriction of free movement and clumsiness in practical tasks leads to treating one's own body as dysfunctional, worthless, and damaged (Dobrzańska-Socha, 2013). The body arouses repulsion and disgust, and these feelings are also noted in those blind people who have not had any visible changes in their appearance (Dobrzańska-Socha, 2005). Bodily disorientation is associated with emotional grief expressed in deep sadness and longing for the lost body. Negative assessment of one's corporeality can result in alienation, understood as a qualitative deterioration of feeling connected to the body and disruption of interpersonal relationships (Kowalik, 2007).

In the next stage, the person makes attempts to function with the new disability and shows more motivation to participate in rehabilitation (Kowalewski, 1999). With the help of motor activity, the blind person gradually becomes familiar with their bodily sensations and learns the typical reactions of the body in various situations. Recognizing the potential of their body, they gradually expand the range of activities available to them and strengthen their sense of agency. The acceptance of the consequences of the disability may differ in different areas of functioning, with the greatest mental barriers occurring for activities carried out during social exposure situations and/or with the use of tools perceived by the people around as symbols of disability. Anxiety and shame begin to dominate among the emotional states associated with a blinded body exposed in social spaces (Mirucka & Sakson-Obada, 2013). Having less control over one's appearance (e.g., inability to quickly notice stains, or dirt on one's clothes), awareness of the threat of the objectifying gaze of another person who naturally occupies a dominant position due to the lack of reciprocity in being looked at, and the perceived still relatively low efficiency of visionless walking generate a strong fear of social exposure. In turn, shame flowing from the necessity to reveal the weakness of the body and the difference of one's body from socio-cultural patterns triggers the desire to hide, which can lead to a reduction in activity and life ambitions. In overcoming emotional barriers, it is important to have support from people with similar experiences (Kowalewski, 1999), to arrange the space appropriately and optimally adapt the organization of rehabilitation activities to the person's current needs and abilities (Czerwińska, 2015), and to positively orient the people around to the subject's increasing autonomy (Belzyt, 2012).

In the final stage, the dominance of positive emotional feelings is observed, including feelings relating to one's body. The subject perceives the disability in the area of one sense as their unique characteristic, which is an integral part of their overall self-concept. The subject shows awareness of his or her rehabilitation needs and is able to accurately assess his or her ability to perform a given activity. He or she is capable of more emotional distance than before, expressed, for example, through the use of humor in varying social reactions to his or her otherness.

Conclusion

Despite the fact that the body and corporeality are the focus of research within a wide variety of disciplines, knowledge about the course and determinants of the reconstruction of the corporeal self in a situation of sudden vision loss in adulthood is still relatively lacking. While the research to date makes it possible to describe some specific experiences in the process of coping with the consequences of blindness in the functional, cognitive and emotional areas, understanding the mechanisms underlying this adaptation, including the identification of key factors and resources in taming the alienation of the damaged body requires further analysis. The increase in the number of people losing their sight over the course of their lives entails the need to design interdisciplinary research geared toward a deeper understanding of the essence of transformations in the experience of one's body when the ability to use the primary sense is lost. The negative attitude towards one's body that occurs after vision loss increases the risk of developing psychopathological symptoms. It therefore becomes a special challenge for researchers and representatives of the helping professions to design therapeutic measures that enable constructive adaptation to this occurrence.

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