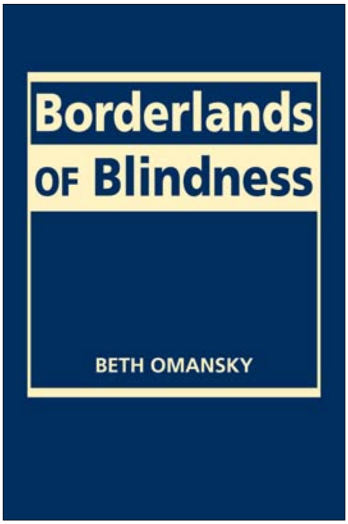
EXCERPTED FROM

Borderlands of Blindness

Beth Omansky



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Introduction

It is no measure of health to be well adjusted to a profoundly sick society.
—Krishnamurti

We placed a hand on the shoulder in front of us and were led single file down a dark hallway. When the floor's angle suddenly shifted, changing in texture as well, I was thrown off balance, physically and emotionally. We had entered the Portland Blind Cafe, an event promoted as "a mind bending/heart opening experience where the audience will dine and enjoy a concert in the pitch dark"—where we would "discuss issues related to visual impairment, celebrate and explore spatial awareness, indulge in unencumbered music listening (without distraction of visual conditioning)."

I felt a little panicked and wondered whatever possessed me to voluntarily plunge myself into total darkness. People around me laughed nervously or murmured similar sentiments.

"I don't want to do this."

"Can we turn around now?"

"I'm not so sure about this."

"Where are we?"

We stopped. Apparently there was a "logjam" at the front of our line. This gave me a chance to get a more solid footing and take a couple of deep breaths.

Finally, blind wait staff guided us to our tables in the main dining area. At the same moment my hand traced the corner of my table, I heard my friend Emily's voice disappearing away into the darkness. Alarmed, I felt like we were falling off opposite sides of a raft. I called out, "Emily! We're getting separated," and to the waiter, "She's my friend. You're separating us. Don't do that!" The waiter responded with great calm, and somehow managed to arrange us next to each other. Now we knew the shape of our table but we still didn't know anything about the larger space. Big auditorium? Small room? How many tables? Where were we in relation to everything else?

We awkwardly located utensils, paper plates, and covered glasses of water with straws. We passed around the family-style bowls of chilled quinoa with broccoli and chopped ginger, and bite-size fresh melon chunks with red onions. We were hesitant at first, but it didn't take long for us to adopt verbal strategies and physical cues with our new tablemates. The person across from Emily said, "Here is a bowl of . . . maybe couscous? Not sure." Emily spooned some on her plate, then leaned in toward me, saying, "Here's the bowl," I scooped a portion onto my plate, not knowing if I had too little or too much because I didn't know the size of the spoon head. I gently elbowed the woman to my left and held the bowl until I could feel she had a good grasp on it. A tablemate announced she found a sticky vegetable roll already resting on her plate, so I ran my left hand across my plate to find mine, and tentatively picked it up with my right. The roll started to unravel but I managed to secure it with my fingers, albeit a bit sloppily. More to myself than to anyone else, I said, "I found mine! But it's falling apart. Ooops. . . ."

The mutual discovery of the sticky rolls bonded us somehow, and we introduced ourselves all around. I relaxed; I could handle the pure blackness for the next two and a half hours.

"Are you guys doing all right? Need anything?" The waiters moved noiselessly and flawlessly through the dark space, their disembodied voices surprising us with each kind query. There is no way I could have moved around that room without bumping into tables, chairs, people, or knocking things over. I couldn't tell if the wait staff carried trays or brought items one or two at a time. However they did it, I was impressed by their ability to navigate in the total dark.

Our new custom of passing bowls, describing their contents, and elbowing neighbors to pass again continued easily until, as often happens at family-style meals, all the bowls inadvertently ended up resting in front of one person. We were full.

A woman seated across from me remarked, "I'm getting comfortable not seeing. I notice I keep closing my eyes. I don't know why since it doesn't matter." Others agreed. Someone else said, "I'm doing okay without my eyesight right now, but then again, I haven't tried moving around."

Another voice from somewhere else in the room began speaking. He said his name was Gerry, and that he came from Boulder, Colorado, just for this event. He said he has plastic eyes, and has never had sight. Gerry told us how he became a coffee roaster and café owner. Two more blind people shared their stories, another recited poetry, and an acoustic string group performed music that perfectly fit the ambience—dark, moody, and nurturing all at once.

When they were done, and the wait staff had served us individual bowls of dark chocolate mousse with plump, fresh blueberries folded throughout, I seized the opportunity to ask my tablemates the question that had been gnawing at me all evening.

"Is anyone at the table blind?"

"No," they each responded.

"I am," I said. I had dropped the blindness bomb.

"Can you see anything?"

"Yes. I am legally blind."

Everyone fell silent. That I was legally blind, yet retained some vision—unlike the "blind" experience of total darkness that we were sharing—took a moment to process. Then, the questions spilled out.

"What does that mean?"

"Would you be able to see my face?"

"What is being here like for you?"

"I am as much a stranger to the darkness as you all. This event is not how I experience blindness."

"What can't you see?"

"I don't know. I can't see it."

We all laughed. By then, the couple to the left of me excused themselves and left. Emily and I felt our way to their vacated chairs to be closer to a couple of women to continue our conversation about their filmmaking, about blindness, about borderlands, about identities.

In retrospect, I enjoyed the food, company, poetry, and the music. But the evening left me wondering: what did participants learn about blindness? It heartened me to find people interested in trying out blindness. But I wondered if sitting in the dark for two hours teaches a sighted person as much about blindness as, perhaps, playing a game of Monopoly teaches you about the experience of being Donald Trump. Which is not to dismiss the experience completely; the event did acquaint sighted people with a few aspects of blindness and I hope that it will pique further interest—but it lacks a social context, does not present skills acquisition, and cannot provide experience over time. Specifically, an event like this offers no knowledge about institutionalized oppression; barriers in the built environment, including technology, signage, and inaccessible public transit; or joblessness due to employer prejudice about what blind people can or cannot do.

In any case, total darkness is not my lived experience as a legally blind person nor is it that of the majority of blind people since most have residual, usable vision. I just didn't want the sighted guests to leave with an incorrect idea—a stereotype—about what the lived experience of blindness is. And even more, I hoped I wasn't an inadvertent party to a "freak show"—a circus-like spectacle of human oddity on display for others' curiosity and amusement (Adams 2001; Bogden 1988).

(Here, I should note that I contacted the event organizers afterward. They were very responsive to my concerns and are exploring ways to appropriately enhance the educational value of future Blind Cafe events.)

This book is my chance to present a more complete understanding of the diverse lived experience of blindness. Usually, books and other media representations of blindness portray the phenomenon as a world of complete darkness, like what we encountered at the Blind Cafe. A false binary of sightedness/blindness pervades every aspect of society, including medicine, education, the workplace, the built environment, religion, and personal attitudes and beliefs. This book explores the most common lived experience of blindness—an unfixed borderland within which legally blind participants describe a richer, deeper, more confounding existence than society typically apprehends.

Throughout recorded history, the eyes and the sense of sight—of looking and seeing, of vision and blindness—have been a fascination for artists and scientists alike. Writings about blindness as symbolic of human traits and action, or as a sign of divine intervention, are found across many cultures and societies and date back to ancient times.

Totally blind people fall into a discrete stereotyped classification of blindness as darkness, which, in many ways, is comforting to sighted people because they do not have to guess what the blind person can or cannot see. However, when interacting with legal blindness, sighted people often try to relieve their own dubiety by pressing borderland blind people to choose one side or the other—usually pushing them into the socially preferred land of the sighted—a land in which they experience egregious inequality. Gloria Anzaldúa (1987, p. 3) describes "borderland" as "a vague and undetermined place created by the emotional residue of an unnatural boundary." Such is the case with "legal blindness."

Blind people are treated differently *because* of their blindness—they face environmental, economic, social, attitudinal, and educational barriers. This may be particularly problematic for legally blind people whose families, friends, and potential employers are most likely confused about what a legally blind person can actually see or not see. Because legal blindness is abundantly ambiguous, the sighted might fail to apprehend how legally blind people make sense of the physical world; what is more, they feel tentative about how to treat blind people or even to trust that those who claim the legally and medically constructed identity of legal blindness are, in fact, blind. Unlike totally blind people, borderland blind people are often accused of fraud because they act too sighted. John Hull (1990, pp. 67–69) describes this social phenomenon in a journal entry titled, "You Bastard! You're Not Blind!" Hull tells of a passerby repeatedly yelling at him, insisting that he was not *really* blind.

People who fit the criteria of the medically constructed category of *legal blindness* have idiosyncratic phenomenological and sociocultural experiences that are vastly different from those of either sighted or totally blind people. Borderland blind people are subjected to pressures that totally blind people do not endure; they are pushed and pulled back and forth across the border between sightedness and blindness, resulting in disallowance of citizenship in both lands, which leaves them in a state of what American pacifist civil rights leader, Bayard Rustin, aptly called "social dislocation" (D'Emilio 2004).

Borderland blind people are vulnerable to attempted regulation by disquieted but well-meaning acquaintances, friends, and family, who yearn for their loved one to be "normal." In reaction, borderland blind people might internally monitor and regulate their own behavior or else succumb to external pressures as they try to "pass"—to be perceived by others as sighted, even during times when they clearly reside on the blind side of the pale. The dynamics of such interactions press everyone concerned into denial (French 1993).

Uncomfortable with the contradictions of "border" behavior, a companion requested that Larry, a legally blind participant in this study, refrain from reading the newspaper in restaurants with his guide dog at his side because it would "confuse" sighted restaurant-goers and give them false impressions of what blindness is. Perhaps she was afraid observers would disbelieve Larry's claim of blindness, and by association, this might reflect on her own character.

While totally blind people have no choice about hiding their blindness, legally blind people can make situational decisions about when to "pass" and when to "come out in order to have their environmental access, material, and psycho-emotional needs met at all levels—societal, interpersonal, and personal" (Omansky Gordon and Rosenblum 2001). Thus, legally blind people experience the borderland in both their external and internal existence. In casual conversation with several of my acquaintances who became totally blind from degenerative eye diseases, some mentioned that total blindness is easier for them in some regard because things are more definite, they do not experience the ambiguities of societal misunderstanding, and they no longer feel pressure to assimilate into the sighted world.

Legally blind people experience social pressure to be "sighted," to explain their eye condition to passersby, to answer the same questions over and over again about what they can or cannot see, or even to defend their "blindness" identity. When people mistakenly believe that to be blind one must see only blackness, they think legally blind people fraudulently claim to be blind. Legally blind people often see well enough to witness onlookers staring at them when they use a white cane, guide dog, or low vision aids. On top of ongoing societal pressures, legally blind people may use low vision aids such as magnifiers, computers with screen magnification, sunglasses designed to help lessen the pain often caused by photophobia (intolerance to light associated with some eye diseases), and eyeglasses that require the user to hold objects one or two inches from the face. Chronic neck and back pain and extreme eye fatigue are common side effects of the use of these aids, as well as the ongoing physical stress of straining to see during activities of daily living. Such persistent social pressures and body pain are physically and emotionally draining.

Legally blind people face choices about trading their personal privacy for access to the material world. Both sighted and totally blind people often misunderstand and misrepresent legally blind people because of preconceived expectations that they can do more or less than is actually physically possible. This may be especially problematic for people living with progressively degenerative eye diseases in their relationships with family, friends, and employers. Some people experience conditions, such as multiple sclerosis, that create transient blindness, or eye diseases that create wildly fluctuating vision from day to day, in different lighting situations, or during different seasons when the relationship between shadow and light shifts. Therefore, they are eligible for services or social privileges one day and not the next, which results in them having to confront “border guards” on both sides of the fence between blindness and sightedness.

Unlike totally blind people, legally blind people grapple with institutional regulations that deny them some social privileges, yet they still fail to qualify for blindness services or benefits. For example, someone who is denied a driver’s license based on failing the Department of Motor Vehicle’s vision test may then be turned down for disability discounts on public transportation by their local public transit authority because the two agencies have conflicting policies about legal blindness (Gregory 2004; Omansky Gordon and Rosenblum 2001). Making one’s way through barriers and roadblocks in the borderland can be extraordinarily difficult and troublesome.

What is more, legally blind people often fall through the cracks of educational institution policy by not receiving accommodations and training that are unquestioningly offered to totally blind people, such as braille instruction, orientation and mobility training, access technology, or information and referral to blindness resources. Strained by limited financial and human resources, agencies for the blind are directed to serve the most “severely disabled”; hence, totally blind people receive services, while legally blind people are categorized as less severely disabled and then placed at the bottom of service provision waiting lists.

Nowadays, blindness is framed as a major public health problem, which is addressed by health, economic, and charitable organizations, and by governments at international, national, state, and local levels. Modern medicine has constructed specific definitions of blindness and visual impairment in which to arrange data collection, research findings, and public policy.

Purpose of the Book

This book examines the experience of legal blindness in a unique way, cross-fertilizing the best elements of an American cultural studies approach with a British social model of disability. Lumping legally blind and totally blind people into the same studies harms medical model–based blindness research in that it tends to ignore these critical differences. Moreover, such positivistic research typically designs survey instruments that assume in advance what is important to know about blindness and blind people; hence, researchers maintain unequal power relations over their subjects and may miss central aspects of the blindness experience. As evidenced by a lack of research designed to learn what legally blind people want to say about themselves, medical model research has failed to express interest in these matters, and so legally blind people's stories have mostly gone untold (with the exception of blindness memoirs as a genre).

As one means of redress, in this study I used emancipatory disability research principles and postmodern theories to analyze the stories, and thus I sought to maintain equal power relations between the researcher and the researched. In this research monograph, participants told their stories in their own words, they chose what was important for us to know about them, and they maintained control over their stories throughout the research and writing processes.

I am interested in how society treats blind people and what meaning blind people make of such treatment. Furthermore, with this disability studies research I strayed from orthodox disability studies research in that I wanted to learn and record the embodied experience of legal blindness as well as issues of blindness identity formation. Using postmodern methods of analysis, these aspects were not framed within a medical model, even though they are related to impairment; instead, they were analyzed within a social model of disability.

In Chapters 2–4, I set the scene for the study by laying out my methodology, and the participants introduce themselves. The next few chapters take up the issue of ocularcentrism in a political economy: Chapter 5 on education, Chapter 6 on the perils of rehabilitation, and Chapter 7 on work. The next section addresses social life outside, inside, and across borders: Chapter 8 on social constructions of blindness, Chapter 9 on being blind from the inside out, and Chapter 10 on identity. Finally, I share my thoughts on intersections along the border in Chapter 11, and in Chapter 12, the participants conclude the study by sharing their own continuing experiences.

Intersections of Postmodernism, Social Constructionism, and Disability Studies

Over the past twenty-five years, the emergence of disability studies as a distinct and respected academic discipline has been remarkable in its growth and its influence on academia worldwide. In this section, I trace some of these developments and argue that both postmodernism and social constructionism laid the foundation upon which disability studies is building its discourse of difference.

The nature and attributions of postmodernism, social constructionism, and disability studies demonstrate many intersections, including rejection of traditional science, and "a questioning of the modern idea of progress, official forms of knowledge, expertise and 'paper qualifications'" (Ross 1988, p. xiv; Luke 1989c; Melucci 1990, all cited in Rosenau 1992).

Concerning blindness, some scholars apply postmodern principles by rejecting the medical model, deconstructing blindness, and reconceptualizing it as a "natural" bodily experience whose negative aspects are socially constructed. As Moshe Barasch (2001, p. 3) points out, blindness is as natural a phenomenon as sight:

> Blindness itself is, of course, a natural condition. . . . (It goes without saying that the rapidly changing developments in the medical treatment of blindness are not part of the condition itself.) . . . Our understanding of blindness, our views concerning its "meaning," are matters of culture.

It is important to note, however, that while the etiology of vision loss manifests as "natural"—a condition that is the result of biological processes—"blindness" and "sight" are culturally constructed in similar subjective ways that "sex," "race," and "gender" are; such categorization presumes a nature/culture binary, which is itself an interpretive cultural distinction.

Characteristics of Postmodernism and Social Constructionism

Postmodernism

Postmodernism, a twentieth-century political, art, and literary theory advanced by the social sciences, posits: “Instead of single sets of values or political loyalties [as modernism asserts], there is a wide variety of groups and classes, aims and ideologies” (Bothamley 1993, p. 424).

Postmodern social scientists have shifted their reliance on goals, choices, behaviors, and attitudes (Potter and Wetherell 1987), instead, directing attention to

> what has been taken for granted, what has been neglected, regions of resistance, the forgotten, the irrational, the insignificant, the repressed, the borderline, the classical, the sacred, the traditional, the eccentric, the sublimated, the subjugated, the rejected, the non-essential, the marginal, the peripheral, the excluded, the tenuous, the silenced, the accidental, the dispersed, the disqualified, the deferred, the disjointed. (Rosenau 1992, p. 8)

Postmodern social scientists problematize the idea that “evidence” is an empirically valid concept; therefore they prefer alternatives to such traditional scientific methods when conducting and reporting research. Rosenau (1992) asserts that modernists search for elemental aspects of whatever they examine, detail relationships between these elements, and draw generalizations. In contrast to modernism, postmodernists prefer indeterminacy and diversity, and they honor difference, looking for “complexity rather than simplification” (Rosenau 1992, p. 8). Unlike modernists, they are not particularly interested in either causality or repeatable experiments. Postmodernism’s “confidence in emotion” (Rosenau 1992, p. 8) is highly congruent with the aims and goals of life story research and disability studies.

In *Researching Life Stories: Method, Theory, and Analyses in a Biographical Age*, Goodley et al. (2004) assert that “expert discourses are being challenged by exposing their narrative construction” (p. ix). Disability studies as a discipline scrutinizes how medical narratives of impairment and disability are socially constructed through examination, diagnosis, treatment, and prognosis.

Social Constructionism

According to Gonzales, Biever, and Gardner (1994), social constructionist theory

1. Views meanings and understandings of the world as developed through social interaction;
2. States that those constructions of meaning are derived from the social context;
3. Places knowledge of the world—reality—within the process of social interchange;
4. Emphasizes the social nature of understanding, with knowledge of the self and emotional experience also evolving from such interchanges;
5. Views language as the primary vehicle for the transmission of such meanings and understandings;
6. Views actions and behaviors as secondary vehicles of social interaction, since some language or unspoken understanding has to precede the initiation of most meaningful acts;
7. Considers the social origins of taken-for-granted assumptions about psychological processes, which can differ markedly from one culture to another; and
8. Recognizes that historical contexts can play a significant role in how our interactional experience is constructed.

Social constructionist analysis can therefore be aptly applied to the experience of legal blindness for several reasons. First, "legal blindness" is a socially (medically, legally, and attitudinally) constructed category of impairment. Second, society perceives legal blindness as pathology rather than difference. Third, blindness is culturally constructed across time and geography, having different meanings in different ages and cultures. Lastly, linguistic constructions, such as metaphor and medical and legal terminology, help define and express how society thinks about blindness.

Conversely, medicine takes an essentialist approach to blindness, since it thinks of blindness solely as a physiological condition with its locus in the eyeballs and relevant neuronal paths to the brain. Medicine perceives blindness as an *essential* experience directly relational to ocular dysfunction. Rosenblum and Travis

(2003, p. 3) explain differences between essentialism and social constructionism:

> While the essentialist presumes an external world with distinct categories existing independent of observation, the constructionist argues that reality cannot be separated from the way that a culture makes sense of it. From the constructionist perspective, *social processes* determine that one set of differences is more important than another. . . . The constructionist assumes that "essential" similarities are conferred and created rather than intrinsic to the phenomenon. . . . The way that a society identifies its members tells us more about the society than about the individual so classified.

The essentialism/constructionism debate is a key feature used in feminist theory to examine sex, gender, and sexual orientation, and several disability studies scholars have utilized this earlier work to help make sense of social constructions of impairment, disablement, and disability. However, blindness scholars, including feminist disability studies scholars, have rarely applied social constructionist theory to examine sexuality and blindness. This is a significant gap in the literature and does nothing to dispel societal stereotypes of blind people as asexual. White (2003) relies on an interdisciplinary approach that utilizes queer and feminist theory, disability studies, and blindness literature to examine the social construction of blindness as a heterosexual experience. He critiques the social construction of heterosexuality in sex education for young blind people, inquiring into dominant beliefs that construct sexuality as a visual process and how this frames young blind people as sexually underdeveloped. He writes, "Blind people are in a sense queer, in that heterosexuality, at least in its institutionalized forms, presumes a sighted subject" (White 2003, p. 134). Hence, blind children are presumed to fall into two statuses—heterosexual and sighted—either of which may be relevant (or not) to each individual. As will be discussed in Chapter 5, blindness education has been, and is still, dominated by sighted values, by sighted people.

One cannot get a complete story of blindness without examining its phenomenological aspects based upon features of *embodiment*. For the most part, disability studies has chosen to reject essentialism, opting instead to concentrate on social, material, and cultural factors. While I used social constructionism as a primary method of analysis, I simultaneously challenged the binary of essentialism/social constructionism because impairment, disablement, and disability are complex and do not all fit into either stance. The experience of impairment is integral to understanding the lived experience of blindness; therefore, I departed from the orthodoxy of traditional disability studies, which fails to address directly how impairment has significant effects on the everyday lives of blind people.

Bridging the Gap

While ideas are not always disparate along geographical boundaries, the US model of disability studies is characterized largely by attention to cultural constructions of disability and an exploration of phenomenology, whereas the British model, with its Marxist orientation, emphasizes materialist factors and draws a clear line between *impairment* and *disability*. The British social model has been criticized for its lack of attention to phenomenology (Hughes and Paterson 1999) and for its underestimation of the importance of culture in the processes of disablement (Shakespeare 1994; Riddell and Watson 2003). Conversely, American works have been criticized for a lack of a materialist perspective (Barnes 1999a). However, noted British scholars Tom Shakespeare (1994), Carol Thomas (1999), and the late Mairian Corker (aka Mairian Scott-Hill) and Sally French (1999) found fault with strictly materialist disability studies for its inattention to cultural factors. Shakespeare (1994) writes:

> If the social model analysis seeks to ignore, rather than explore, the individual experiences of impairment (be it blindness, short stature or whatever), then it is unsurprising that it should also gloss over cultural representation of impairment, because to do otherwise would be to potentially undermine the [materialist] argument. (pp. 283–284)

This book attempts to bridge the American and British paradigms by exploring the concomitance of both material *and* sociocultural factors in the disablement of blind people.

Reconceptualizing Impairment, Disablement, and Disability

Disability studies literature generally concentrates *either* on impairment or disability, but not both. The distinctions between impairment and disability are perplexing because many times authors use these terms interchangeably. Such conceptual obfuscation can cause confusion and linguistic chaos; it is problematic to grasp theoretical concepts when key terms such as *disability* and *impairment* are used in inconsistent or ambiguous ways. Of course, much of this indistinctness can be attributed to the complex forces that create master statuses; thus, disability language is reflective of larger social questions about the meaning of the lived experience of impairment, disability, and disablement. Words are often carefully chosen to represent particular theoretical or political stances.

In what is frequently considered the seminal book in disability studies, *The Politics of Disablement*, Oliver (1990) coined the term *disablement* to describe disabling social processes, but in subsequent works, he opted to use *disability* instead. This type of word-switching causes confusion both within and outside of the organized disability community. Ongoing discussions, dissent, and confusion occur within the disability community about what terminology to use to describe and interpret various aspects of the disability experience.

Language Confusion and Lack of Consensus

One way disabled people pay a high price for indecision and inconsistency is that we fail to understand each other because we use terms interchangeably that have opposite meanings. For example, how do we know what a person means when they call an *impairment* a *disability* or use both words interchangeably? Is the person discussing a biologically based condition or a social barrier? Moreover, because the disability community doesn't agree about how to say what we mean when we describe our individual and social conditions, the nondisabled community becomes befuddled about what to say to disabled people, and so may distance themselves to avoid discomfort.

While language cannot solely account for the historical legacy of discrimination and segregation disabled people have experienced for many generations in many societies, it may, indeed, contribute to lack of interaction between disabled and nondisabled people. This may be especially true for nondisabled people exposed to "disability etiquette" who find the language issue daunting in interpersonal exchanges with disabled people.

Sorting It Out

Impairment is most often understood to mean the physical, cognitive, emotional, or sensory condition within the person as diagnosed by medical professionals. *Disability* is used to describe social, economic, political, and cultural processes that produce oppression and stigma experienced by people with impairments. *Impairment* is located inside the person, while *disability* is externally situated. British activists and scholars sometimes use *disablement* to describe what people in other countries more often identify as *disability.* But *impairment* and *disability* are most commonly used, which makes for uneven linguistic parallels.

Simply, *impairment* and *disablement* were created out of the same suffix, *ment*, which is defined by *The American Heritage Dictionary of the English Language* as "1. Action; process: 2. Result of an action or process; and 3. Means, instrument, or agent of an action or process" (Pickett 2002). *Disablement*, marked by the suffix *ment*, more accurately depicts the highly active social, medical, and cultural processes commonly discussed in disability studies than does the more passive term *disability*. By using this terminology, *impairment* would retain its current reference to the internal causality, symptomology, effects, and prognoses of physical, cognitive, psychological, or sensory conditions. *Disablement* would refer to the external forces that are imposed on people with impairments. *Disability* would then refer to the result of *disablement*, to describe otherness; social, cultural, political, and economic oppression; exclusion; institutionalization; hate crimes; abuse; and so forth. In this context, *disability* would then be interpreted as an identity that the disabled person may choose to claim, to resist, or to accept, claim, and then resist or challenge.

By using *impairment* and *disablement*, disability studies scholars and disability activists and advocates could more precisely draw parallels and contrasts between the two experiences. Disability could also be understood in similar ways within both the medical and social model communities, which might assist communication efforts between the two often-opposing fields. Furthermore, this usage could help bridge the divide between those who choose "person first" language (as in *people with disabilities*) and those who prefer *disabled person.* Since *disability* would mean more than *impairment* alone, both groups would be less likely to feel offended by either phrase.

As I make these suggestions, I remain aware that impairment, disability, and disablement are, to some degree, socially constructed, and that they are not necessarily binaries. Constructing these categories helps us make sense of the world around us and our relationship to and with it. Society creates constructs to clarify impairment and disability. People with impairments use these categories to form personal and social identities, and to make sense of their relationship to conflicting societal interpretations of the space where disabled people reside between their own condition and experience and what society tells them about that condition or experience.

Definitions of Blindness

The US Bureau of the Census (1996) defines blindness simply as unable to see regular size newsprint, while most other US agencies have adopted the medical profession's three constructed categories of visual impairment, which are used to determine eligibility for services and financial compensation. They are as follows:

1. *Totally blind.*
2. *Legally blind.* Visual acuity is 20/200 or less in the best corrected eye (this means that what a fully sighted person sees from 200 feet away, a person with 20/200 vision sees from 20 feet away) and/or visual field is 20 degrees or less.
3. *Partially sighted.* Visual acuity is 20/70 in the best-corrected eye or visual field is 20 degrees or less.

The World Health Organization's "International Statistical Classification of Diseases, and Related Health Problems" (ICD), defines *blindness* as visual acuity of "less than 3/60 (0.05) or corresponding visual field loss in the better eye with best possible correction (visual impairment categories 3, 4 and 5 in ICD-10). This corresponds to loss of walk-about vision." *Low vision* is classified as visual acuity of "less than 6/18 (0.3) but equal to or better than 3/60 (0.05) in the better eye with best possible correction (visual impairment categories 1 and 2 in ICD-10)."

For the purpose of this study, I use "blind" to describe both legal blindness and total blindness, which will help keep the language unencumbered from several discrete medically and legally constructed categories. Even though I use "visually impaired," "legally blind," and "totally blind" to describe biological (embodied) conditions, I remain fully aware that such categories are cultural constructions, and my use of them in no way implies that I accept or endorse them as "truth." Most often, these categories are created to soothe the discomfort of ambiguity that societal institutions experience when confronted with difference.

Conclusion

This chapter introduced the reader to the role society plays in the creation of legal blindness and began to describe some problems arising from false notions about what it means to be legally blind as opposed to being fully sighted or totally blind. The concept of the "borderland" of blindness was introduced, wherein those labeled "legally blind" are pressed to choose one territory or another and so do not fit as equal citizens anywhere.

Next, the chapter introduced theoretical concepts undergirding the research, such as postmodernism and social constructionism, which are employed within the overarching social model of disability, initially created by the Disabled People's Movement in the United Kingdom and developed by the academic discipline of disability studies in the United States and elsewhere. Finally, language and medical definitions of sight and vision were offered.