The role of a guide dog in the process of adjustment to visual impairment

Thesis

How to cite:

For guidance on citations see FAQs.

© 2000 The Author

Version: Version of Record
Volume II of III

Louise Banham

The Role of a Guide Dog in the Process of Adjustment to Visual Impairment
Results

Table 9. Participants’ views about the ‘reasons for wanting a guide dog’

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing independence</td>
<td>1. Obstacle avoidance (7)</td>
</tr>
<tr>
<td></td>
<td>2. Improved mobility (6)</td>
</tr>
<tr>
<td></td>
<td>3. Greater independence (5)</td>
</tr>
<tr>
<td>Reducing isolation</td>
<td>4. Wanting a pet dog (6)</td>
</tr>
<tr>
<td></td>
<td>5. So others know about impairment (1)</td>
</tr>
</tbody>
</table>

Participants reported two main reasons for wanting a guide dog. First, was a desire for ‘greater independence’ [3], that encompassed having safer [1], more ‘improved mobility’ [2]. Second, participants appeared to want to reduce their sense of isolation, through the companionship of a pet dog [4].

"If I wanted to go anywhere I couldn’t expect my parents to keep coming over to take me out when they’re 78 and 75” (F, 13) [3]

"I’d also been thinking of having a dog as a pet for some time” (M, 10) [4]

It appeared that participants were hoping the guide dog would reduce their isolation and increase their independence, but these benefits had to be weighed up against the potential risk that a dog would actually restrict their independence further.

3.1.3 ‘Obtaining and training with guide dog’

Following participants’ decision to apply for a guide dog, two higher-order categories emerged regarding their experience of being matched with a dog and the training they underwent.

‘Securing a guide dog’

Table 10 illustrates the categories that emerged to describe participants’ views about securing a guide dog.
Table 10. Participants' views about 'securing a guide dog'

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Matching process was very quick (6)</td>
<td></td>
</tr>
<tr>
<td>2. Guide dog well matched with owner (2)</td>
<td></td>
</tr>
<tr>
<td>3. Long wait for a more skilled dog (1)</td>
<td></td>
</tr>
</tbody>
</table>

Apart from one person who waited longer for a more skilled dog [3], participants were happy to find they did not have to wait long to receive a dog [1]. They also felt pleased with the particular dog they had been given [2].

"She said it might be up to six weeks to a year waiting time...then my instructor rang me up a month later and said, oh we've got you a dog, we think its suitable...I was lucky to get him so quick" (M,I) [11]

‘Experiences of training’

Table 11 illustrates the categories that emerged to illustrate participants’ views about their experiences of training with the guide dog.

Table 11. Participants’ views about their ‘experiences of training’

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped adjustment to new guide dog</td>
<td>1. Very good facilities at training centre (3)</td>
</tr>
<tr>
<td></td>
<td>2. Reassuring to meet staff prior to training (1)</td>
</tr>
<tr>
<td></td>
<td>3. Sharing anxieties with other trainees (1)</td>
</tr>
<tr>
<td>Hindered adjustment to new guide dog</td>
<td>4. Feeling isolated during training (2)</td>
</tr>
<tr>
<td></td>
<td>5. Heavy training schedule (2)</td>
</tr>
<tr>
<td></td>
<td>6. Unrealistic expectations of owner (2)</td>
</tr>
<tr>
<td></td>
<td>7. Over-emphasis on presenting good image (2)</td>
</tr>
<tr>
<td></td>
<td>8. Inadequate information about dog care (1)</td>
</tr>
<tr>
<td></td>
<td>9. Staff not maintaining confidentiality (1)</td>
</tr>
</tbody>
</table>

Two categories emerged pertaining to positive and negative experiences of training. In terms of what ‘helped adjustment to the new guide dog’, participants’ enjoyed the training facilities [1] and found it beneficial to discuss anxieties about the training with fellow trainees [3] and staff [2].
"I spoke about my worries to the group and my trainer... the group was very reassuring, as much as they all felt the same... My trainer was very supportive and encouraging" (M, 8) [2, 3]

However, several things seemed to ‘hinder early adjustment to the dog’. Some participants found the training schedule demanding [5] and felt isolated [4]. Participants also felt that staff had unrealistic expectations of them [6], which seemed related to a perceived over-emphasis on presenting a positive image to the public [7]

“I had a baseball cap on back to front and they actually corrected me for it... I thought hang on, I'm young, and it's the way I dress. I don't think they'd give a dog to a punk, let's put it that way" (M, 1) [7]

“I was the only woman, the only person under 30, the first new owner... it was very stressful" (F, 12) [4]

Whilst most participants were happy with the process of securing a guide dog, the residential training was not as well received, with many people finding it demanding in a number of ways. It seemed that these experiences might have made the early stages of adjusting to the guide dog more difficult.

3.1.4 ‘Impact of guide dog ownership’

This was the largest of the four stages, comprising six higher-order categories relating to how the guide dog had impacted on adjustment to visual impairment. Whilst there had been many improvements for participants’, some additional difficulties had emerged as a result of the guide dog.

‘Mood’

Table 12 illustrates the categories that emerged to describe participants’ views about how the guide dog had impacted on their mood.
Table 12. Participants’ views about the impact on ‘mood’

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General improvement in mood (7)</td>
<td></td>
</tr>
<tr>
<td>2. Guide dog responsibility enhanced mood (7)</td>
<td></td>
</tr>
<tr>
<td>3. Increased personal confidence (4)</td>
<td></td>
</tr>
<tr>
<td>4. Guide dog makes owner laugh (4)</td>
<td></td>
</tr>
<tr>
<td>5. Improved mobility enhanced mood (3)</td>
<td></td>
</tr>
<tr>
<td>6. Dog aided adjustment to impairment (3)</td>
<td></td>
</tr>
<tr>
<td>7. Feel more motivated (2)</td>
<td></td>
</tr>
<tr>
<td>8. Helps owner cope with stress (1)</td>
<td></td>
</tr>
<tr>
<td>9. Increased social contact improved mood (1)</td>
<td></td>
</tr>
</tbody>
</table>

Overall, participants reported increased self-confidence [3] and a ‘general improvement in their mood’ [1] that was attributed to the guide dog. In addition to the dog making them laugh [4], the responsibility for looking after it [2] and the increased independence it had given them [5] were a positive distraction from negative feelings.

"I feel a lot better in myself. I used to get far more depressed with using the cane" (M, 9) [1]

“You don’t sit and mope with a guide dog, you’ve got to get up and do things with her” (M, 8) [2]

It seemed that the guide dog had led to a reduction in negative feelings, suggesting that it had facilitated participants’ adjustment to visual impairment [6].

‘Quality of life’

Table 13 illustrates the categories that emerged to describe participants’ views about how the guide dog had impacted on their quality of life.

Table 13. Participants’ views about the impact on ‘quality of life’

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improved quality of life overall (9)</td>
<td></td>
</tr>
<tr>
<td>2. Physical health benefits (3)</td>
<td></td>
</tr>
<tr>
<td>3. Increased opportunities for life (2)</td>
<td></td>
</tr>
<tr>
<td>4. Resumed more normal lifestyle (2)</td>
<td></td>
</tr>
<tr>
<td>5. Life more active than before (2)</td>
<td></td>
</tr>
</tbody>
</table>
Most participants reported an ‘improved quality of life’ [1] since having the dog. In addition to physical health benefits [2], this was linked to being able to lead a more active [5] and ‘normal’ lifestyle [4] than the one they had before the dog.

“I suppose its restored more of my normal life, getting around and doing things...I see her as the kind of final thing that helps me accept it and lead as normal a life as I can” (M, 3) [4]

It appeared that participants’ quality of life had improved since having the dog, and was a sign of their improved adjustment.

‘Level of independence’

Table 14 illustrates the categories that emerged to describe participants’ views about their ‘level of independence’.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving independence</td>
<td>1. More confident when travelling (12)</td>
</tr>
<tr>
<td></td>
<td>2. Gained more independence overall (9)</td>
</tr>
<tr>
<td></td>
<td>3. Safer mobility (7)</td>
</tr>
<tr>
<td></td>
<td>4. Mobility better than with cane (7)</td>
</tr>
<tr>
<td></td>
<td>5. Able to find places more easily (6)</td>
</tr>
<tr>
<td></td>
<td>6. Can get around more quickly (5)</td>
</tr>
<tr>
<td></td>
<td>7. Easier to access public transport (4)</td>
</tr>
<tr>
<td></td>
<td>8. Walking is more pleasurable (4)</td>
</tr>
<tr>
<td></td>
<td>9. Adapt more ‘normal’ walking style (3)</td>
</tr>
<tr>
<td>Reducing independence</td>
<td>10. Guide dog is big responsibility (5)</td>
</tr>
<tr>
<td></td>
<td>11. Guide dog restricts social life (5)</td>
</tr>
<tr>
<td></td>
<td>12. Activities require more planning (4)</td>
</tr>
<tr>
<td></td>
<td>13. Not restored full independence (2)</td>
</tr>
<tr>
<td></td>
<td>14. Mobility still requires much concentration (1)</td>
</tr>
<tr>
<td></td>
<td>15. Anxious if dog makes mistake (1)</td>
</tr>
</tbody>
</table>

Participants overwhelmingly reported ‘more independence’ since having the dog [2] and more confidence when travelling [1]. This was related to the guide dog being a safer [3],
more proficient mobility aid than the cane [4], which in turn had enabled them to locate places more easily [5], and quickly [6].

"I can go shopping and know I'm likely to come to less danger, less likely to bump into something...she automatically takes me round an object whereas with a stick you have to find your own way" (M, 10) [3]

Another advantage for participants' was feeling that the guide dog enabled them to walk more 'normally' than they did with a cane [9], which made them feel less stigmatised.

"I'm basically walking now as a 33 year old rather than someone in their seventies...I was crawling along with the cane and also bending down trying to focus on the ground...it was dreadful" (M, 10) [9]

However, there were aspects of guide dog ownership that served to reduce participants' independence. Participants sometimes found that responsibility for the guide dog reduced independence [10], often restricting their social lives [11] and meaning that activities required more planning [12]. Participants also noted that despite its benefits, the guide dog was not able to restore full independence [13].

"She's like having a toddler, got to watch where she is, that she doesn't escape, make sure I don't trip over her, that she doesn't cause damage...at times you think oh god, it's a bit too much" (M, 10) [10]

"It doesn't mean you can go everywhere, at any time of day, and suddenly you can do everything you did before, it isn't like that at all...there are still lots of places you can't go even with a dog" (F, 11) [13]

It appears that as a result of the dog's apparent skill at guiding, participants reported a marked increase in independence and mobility levels. Guide dog mobility also seemed to be far less stigmatising than cane mobility. However, responsibility for the guide dog could feel overwhelming at times and had the potential to reduce participants' independence.
‘Public perception’

Table 15 illustrates the categories that emerged to describe participants’ views about the impact of the public’s perception of the guide dog.

Table 15. Participants’ views about the impact on the owner of the ‘public’s perception of the dog’

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing social contact and reducing stigma</td>
<td>1. Guide dog is a social facilitator (12)</td>
</tr>
<tr>
<td></td>
<td>2. Owner receives more help with dog (10)</td>
</tr>
<tr>
<td></td>
<td>3. People want to interact with the dog (8)</td>
</tr>
<tr>
<td></td>
<td>4. Become known in local neighbourhood (7)</td>
</tr>
<tr>
<td></td>
<td>5. People like working dogs (7)</td>
</tr>
<tr>
<td></td>
<td>6. Owner enjoys social contact with people (7)</td>
</tr>
<tr>
<td></td>
<td>7. Owner made friends via interest in dog (6)</td>
</tr>
<tr>
<td></td>
<td>8. Guide dog welcomes public attention (5)</td>
</tr>
<tr>
<td></td>
<td>9. Owner feels less stigmatised (5)</td>
</tr>
<tr>
<td></td>
<td>10. Owner has educating role with public (5)</td>
</tr>
<tr>
<td></td>
<td>11. Public respect working relationship (4)</td>
</tr>
<tr>
<td></td>
<td>12. Owner feels proud to be seen with a dog (4)</td>
</tr>
<tr>
<td></td>
<td>13. Owner perceived as more approachable (3)</td>
</tr>
<tr>
<td>Managing public intrusion</td>
<td>14. Problem of people distracting the dog (10)</td>
</tr>
<tr>
<td></td>
<td>15. Owner challenges distraction of dog (7)</td>
</tr>
<tr>
<td></td>
<td>16. Irritation at being ignored in favour of dog (7)</td>
</tr>
<tr>
<td></td>
<td>17. Pressure to respond politely to public (6)</td>
</tr>
<tr>
<td></td>
<td>18. Hard to adjust to being an enigma (6)</td>
</tr>
<tr>
<td></td>
<td>19. Getting held up by people all the time (4)</td>
</tr>
<tr>
<td></td>
<td>20. Pressure to present positive image (4)</td>
</tr>
<tr>
<td></td>
<td>21. Owner tries to avoid the public (3)</td>
</tr>
<tr>
<td></td>
<td>22. Owner feels pressured to accept help (3)</td>
</tr>
<tr>
<td></td>
<td>23. Public don’t like being corrected (2)</td>
</tr>
<tr>
<td></td>
<td>24. Owner fears disciplining dog in public (1)</td>
</tr>
<tr>
<td></td>
<td>25. Owner feels more vulnerable when out (1)</td>
</tr>
<tr>
<td>Managing public exclusion</td>
<td>26. Guide dog refused access to places (6)</td>
</tr>
<tr>
<td></td>
<td>27. Certain cultural groups dislike the dog (5)</td>
</tr>
<tr>
<td></td>
<td>28. Have to enquire about access beforehand (4)</td>
</tr>
<tr>
<td></td>
<td>29. Working relationship seen as cruel (3)</td>
</tr>
<tr>
<td></td>
<td>30. Public challenge owner’s knowledge (3)</td>
</tr>
<tr>
<td></td>
<td>31. Owner upset when dog refused access (2)</td>
</tr>
<tr>
<td></td>
<td>32. Owner challenges when access refused (2)</td>
</tr>
<tr>
<td></td>
<td>33. Owner receives less help with dog (2)</td>
</tr>
</tbody>
</table>

Three categories emerged, the first pertaining to the positive impact on the participant of the public’s perception of the dog, the other two pertaining to the negative impact it had.
The first category described how the public’s perception of the guide dog had served to increase participants’ social contact and in turn, reduce the stigma associated with their disability. It seems the public was very attracted to the guide dog [5, 11], and through their attempts to interact with it [3], the dog became a social facilitator [1], thereby enabling participants to receive more help [2] and enjoy more social contact [6]. Consequently, many participants had become known in their local neighbourhood [4] and had made friends via the dog [7].

“People will say to me, oh isn’t she a lovely dog, what’s her name, and so you start up a conversation…you know, it just breaks the ice” (F, 2) [1]

“They offer me more help when you’ve got a dog…I’d be standing there all day with the cane and nobody would say you know, you can cross now if you like” (M, 9) [2]

The public’s perception of the dog also served to increase the status of the participants, in that they reported feeling less stigmatised [9] and felt proud to be seen with the guide dog [12]. This more positive identity may have been facilitated by finding themselves in an educative role [10], of explaining guide dog mobility to the public.

“I don’t feel like such a marked person, you know you feel normal…you’re a person with a dog but no more than that” (M, 3) [9]

“You have to try and educate people, or they just don’t know what you’re doing” (F, 4) [10]

However, there were problems as a result of the public’s perception of the guide dog, one of which was ‘managing public intrusion’. First, many participants initially found it hard to be such a focus for public attention [18].

“All these people see me every day…cos people notice you with a dog, I’m not an anonymous person…they’re all watching from a distance…it’s sort of like coming out” (F, 4) [18]

Second, participants had a problem with the public distracting the dog whilst it was working [14], which often placed the owner at risk. They also found it irritating when
people interacted with the dog, but completely ignored them [16], particularly when they got held up as a result [19].

"The public do feel because it's a registered charity they have a god given right to go and actually pat the dog... It can be quite dangerous as well, I get people shout across the road to her (M, 10) [14]

"Standing at a bus stop or whatever, all of a sudden people come up to you and say hello, nice dog...which sometimes, first thing in the morning you feel, oh go away, just leave me alone" (F, 12) [19]

It seemed participants found this intrusion difficult because of a pressure to be polite [17] and present a positive image to the public [20]. Within the constraints of this participants did challenge people if the dog was distracted whilst working [15], although some found it easier to try and avoid interacting with the public as much as possible [21].

"The GDBA drum it home to you, you're an ambassador for them...you smile sweetly, let them pat the dog if she's not working...but it's really irritating" (M, 10) [17, 20]

"I've taken to wearing a personal stereo...even if you don't play anything, you just sit there with the earphones in and people tend to leave you alone" (F, 12) [21]

A further difficulty associated with the public's perception of the dog was 'managing exclusion'. Participants reported problems with being refused access with a guide dog [26], often by those whose culture disliked dogs in general [27]. This meant that they typically had to check in advance to avoid any difficulties with access [28].

"You can't take her into Chinese or Indian restaurants...their cultures don't treat dogs the same as we do, they're sort of seen as pests, dirty, diseased things (F, 12) [27]

Some participants' also had difficulty with people who challenged the owner's handling of the dog [29, 30] and with finding they received less help [33] because of assumptions that they could manage on their own.

"There are people who will say, this won't hurt her or that won't hurt her, and sort of challenge, as though perhaps you're not treating her in the right way. I find that really irritating" (F, 2) [30]

"I'll stand at the road and nobody will say, do you want me to help you cross, its because we look as if we know what we're doing" (F, 11) [33]
Results

It appears that the perception of the guide dog by the public had a positive impact on participants' adjustment in terms of increasing social contact and reducing stigma. However, at times the public could be either over-intrusive or exclusive regarding the dog, both of which caused difficulties that seemed to compromise participants' status.

'Personal relationships'

Table 16 illustrates the categories that emerged to illustrate participants' views about how the guide dog had impacted on 'personal relationships'.

Table 16. Participants views about the impact on personal relationships

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and Friends - positive impact</td>
<td>1. Guide dog close to family members too (3)</td>
</tr>
<tr>
<td></td>
<td>2. Family reassured about owner's safety (1)</td>
</tr>
<tr>
<td></td>
<td>3. Family support guide dog relationship (1)</td>
</tr>
<tr>
<td></td>
<td>5. Family worry about responsibility for dog (1)</td>
</tr>
<tr>
<td></td>
<td>6. Friends find public focus difficult (1)</td>
</tr>
<tr>
<td>Work – positive impact</td>
<td>7. Employers accept dog in workplace (3)</td>
</tr>
<tr>
<td></td>
<td>8. Guide dog added humour to workplace (1)</td>
</tr>
<tr>
<td>Work – negative impact</td>
<td>9. Complaints by colleagues with allergies (1)</td>
</tr>
<tr>
<td></td>
<td>10. Company refuse guide dog in workplace (1)</td>
</tr>
</tbody>
</table>

Regarding the positive impact on 'family and friends', participants' noted that family members also enjoyed a close relationship with the dog [1], and felt more reassured about the owner’s safety when travelling [2]. However, some participants experienced conflict with family or friends who did not really like the dog [4].

"Some of my friends who are not keen on dogs are a bit wary of me going round with him...I feel a bit awkward... if I go round she wants him in the garden and guide dogs are not used to that" (F, 2) [4]
In terms of the positive impact on work relationships, most employers accepted the guide dog into the workplace [7] and were understanding about the owner's commitments to it.

"My boss is fine about it, I had to have time off one day because she was poorly and he was absolutely fine about it" (F, 12) [7]

It seems that there was a mixed response to the guide dog among those who had a personal relationship with the participant. Whilst it had a positive impact when the dog was accepted by family, friends and employers, it did cause tension in relationships with people who did not like the dog.

'Relationship with the guide dog'

Table 17 illustrates the categories that emerged to describe participants' views about their 'relationship with the guide dog'.

The first category referred to the 'working relationship' between dog and owner, which was viewed as a partnership [4]. Participants' thought the dog was an excellent worker [1] and had total trust that it would guide them safely [3]. This was facilitated by the protection the dog offered even when not working [7].

"I mean I feel just as safe now with her as I did when I had sight, I put a lot of trust in her" (M, 9) [3]

"Even when he's off duty he's still watching me and he's soon over if he sees me going towards the seafront, he nudges me with his nose and pushes me" (M, 5) [7]
Table 17. Participants’ views about the ‘relationship with the guide dog’

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working relationship</td>
<td>1. Dog is excellent worker overall (6)</td>
</tr>
<tr>
<td></td>
<td>2. Dog well behaved when working (5)</td>
</tr>
<tr>
<td></td>
<td>3. Total trust in dog’s abilities (6)</td>
</tr>
<tr>
<td></td>
<td>4. Dog and owner work in partnership (5)</td>
</tr>
<tr>
<td></td>
<td>5. Owner is ultimately in control (4)</td>
</tr>
<tr>
<td></td>
<td>6. Dog responds quickly to commands (3)</td>
</tr>
<tr>
<td></td>
<td>7. Dog is protective of owner (3)</td>
</tr>
<tr>
<td></td>
<td>8. Dog helps owner recognise people (2)</td>
</tr>
<tr>
<td></td>
<td>9. Dog is occasionally disobedient (2)</td>
</tr>
<tr>
<td></td>
<td>10. Dog enjoys working (1)</td>
</tr>
<tr>
<td></td>
<td>11. Dog acts as owner’s eyes (1)</td>
</tr>
<tr>
<td>Dog’s relationship role</td>
<td>12. A good friend (8)</td>
</tr>
<tr>
<td></td>
<td>13. A child (5)</td>
</tr>
<tr>
<td></td>
<td>14. Member of the family (4)</td>
</tr>
<tr>
<td></td>
<td>15. A human being (2)</td>
</tr>
<tr>
<td></td>
<td>16. A sibling (1)</td>
</tr>
<tr>
<td>Companionship offered by dog (6)</td>
<td>17. Cheers owner up when down (4)</td>
</tr>
<tr>
<td></td>
<td>18. Wants to be close to owner (4)</td>
</tr>
<tr>
<td></td>
<td>19. Very dependent on owner (3)</td>
</tr>
<tr>
<td></td>
<td>20. Very loyal (2)</td>
</tr>
<tr>
<td></td>
<td>21. Loves owner unconditionally (2)</td>
</tr>
<tr>
<td></td>
<td>22. Always affectionate (1)</td>
</tr>
<tr>
<td></td>
<td>23. Fetches objects for owner (1)</td>
</tr>
<tr>
<td></td>
<td>24. Provides security in the home(1)</td>
</tr>
<tr>
<td>Owner's attachment to guide dog</td>
<td>25. Concern for dog’s welfare (6)</td>
</tr>
<tr>
<td></td>
<td>26. Close bond with guide dog (5)</td>
</tr>
<tr>
<td></td>
<td>27. Dog and owner in tune with each other (5)</td>
</tr>
<tr>
<td></td>
<td>28. Owner finds dogs behaviour endearing (5)</td>
</tr>
<tr>
<td></td>
<td>29. Owner misses dog when its not around (4)</td>
</tr>
<tr>
<td></td>
<td>30. Bond develops gradually (3)</td>
</tr>
<tr>
<td></td>
<td>31. Needs time away from dog sometimes (3)</td>
</tr>
<tr>
<td></td>
<td>32. Closer to guide dog than pet dog (3)</td>
</tr>
<tr>
<td></td>
<td>33. Owner worries about dog (2)</td>
</tr>
<tr>
<td></td>
<td>34. Owner takes dog everywhere (2)</td>
</tr>
<tr>
<td></td>
<td>35. Attachment based on mutual respect (1)</td>
</tr>
<tr>
<td>Anticipating loss of guide dog</td>
<td>36. Keep dog as pet after retirement (5)</td>
</tr>
<tr>
<td></td>
<td>37. Dread thought of being without dog (4)</td>
</tr>
<tr>
<td></td>
<td>38. Retire dog to family to maintain contact (2)</td>
</tr>
</tbody>
</table>

The second category referred to the role of the dog in relation to the owner. Participants described their relationship with the dog as if it were human [15]. The closeness of their attachment was exemplified in their description of the dog as a ‘good friend’ [12] and
‘member of the family’ [14]. Some participants described how the dog’s dependence on them, and the degree of responsibility involved, meant that it felt like having a child [13].

“You kind of look at them as human, kind of like somebody with you” (M, 3) [15]

“I suppose it’s a bit like being a new parent, because a baby can’t communicate and you have to learn to um, read their behaviour and how they respond to you, and build up this bonding” (F, 2) [13]

The third category referred to the companionship offered by the dog. Participants’ described the dog as ‘very loyal’ [20], unconditionally loving [21] and able to cheer them up when feeling miserable [17]. It seems the dog wanted to be close to them all the time [18] and for some people their degree of dependency [19] took time to adjust to.

“If ever I’m feeling down… I notice he will come up and he’ll sit with me, and lean on me” (M, 60) [17]

“This sort of animal is with you twenty-four hours a day, it’s a bit much to take in at first” (F, 12) [19]

The fourth category described the nature of the ‘owner’s attachment to the guide dog, which was said to be closer than that with a pet dog [32]. Just as with close human companions, participants reported being concerned for the dog’s welfare [25], missing the dog [29], and having a close bond [26] that developed gradually over time [30]. This bond appeared to be facilitated by the dog’s endearing behaviour [28] and through the owner’s perception that they were ‘in tune with each other’ [27].

“They get your mood, particularly if you’re nervous they pick it up, also if you’re in a silly mood they pick that up too and want to play” (F, 11) [27]

“He means a lot to me now, he’s everything…just try and let them take him away from me” (M, 8) [26]

The final category concerning the relationship with the guide dog referred to participants ‘anticipating the loss of the guide dog’ through retirement, something they dreaded [37]. Their attachment to the dog was exemplified in their desire to maintain contact with it
after retirement [38], ideally by keeping the dog as a pet if possible [36], even if this meant reverting to a cane.

“I don’t think I could say okay bye, off you go... I’d keep him and if they said my place was too small to have another guide dog, I’d stick to using a long cane instead and have him as a pet” (M, I) [36]

Clearly, the relationship between guide dog and owner was very close and based on a high degree of interdependency facilitated by mutual trust and understanding. The dog was highly praised as a worker, but also as a companion that could provide the qualities evident in close, supportive human relationships. Not surprisingly, there was a fear about the loss of this relationship.

3.2 Results of inter-rater reliability study (Appendix 10)

An independent rater was asked to sort all the segments of text pertaining to three higher-order categories into the respective subcategories (or categories if no subcategories existed) generated by the researcher. The higher-order categories included in this were 'coping with visual impairment', 'factors against getting a guide dog' and 'mood'. Percentage agreement on subcategory assignment with the researcher was calculated for each of these higher-order categories. Table 18 shows high inter-rater reliability.

Table 18. Results of inter-reliability study

<table>
<thead>
<tr>
<th>Higher-order category</th>
<th>Percentage Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping with visual impairment</td>
<td>90%</td>
</tr>
<tr>
<td>Factors against getting a guide dog</td>
<td>82%</td>
</tr>
<tr>
<td>Impact of the guide dog on mood</td>
<td>84%</td>
</tr>
</tbody>
</table>

The limitations of this study are discussed in section 4.4.
3.3 Results of respondent validity study

A feedback report containing the main findings was sent to all participants (Appendix 11), which they were asked to comment on. There was a disappointing return with only two participants returning comments (Appendix 13). Both thought the account generally reflected their experiences and felt nothing important had been omitted, although two points were raised. One participant disagreed with the negative perception of the cane, whilst the other participant commented that because she had been visually impaired since childhood, the issues pertaining to Stage 1 of the model were not applicable to her. These results are discussed in section 4.4.
4.0 DISCUSSION

The theoretical framework proposed to account for the findings of this study is discussed first. There follows a discussion of how this emerging theory incorporates and contrasts with existing theory in this area. The research design and methodology are critiqued, including an evaluation of the reliability and validity of the findings. Finally the clinical implications of the findings are discussed, and recommendations are made for future research.

4.1 Proposed theoretical framework

From the analysis emerged a number of higher-order categories, which together appeared to represent a sequential, theoretical framework describing the role of a guide dog in the process of adjustment to visual impairment. The first stage of the framework represented the context within which a guide dog was chosen. It seemed that as a result of their visual impairment, participants experienced a loss of social roles and reduced independence. They alternated between active and avoidant coping strategies in an attempt to adjust to their changed circumstances, and underwent training with a long cane. However, participants found the cane was ineffective as a mobility aid and increased the stigma of their disability. Their adjustment was not aided by inadequate contact with professional services that failed to address the difficulties they were experiencing. Consequently, participants reported feeling frustrated, depressed and stigmatised, which suggested significant adjustment difficulties.

It would appear that participants were seeking alternative methods to improve their adjustment, and therefore, were amenable to the suggestions of others to have a guide
Discussion

dog, the second stage of the framework. A guide dog presented participants with the opportunity of increased mobility, independence and companionship. However, there was a risk that responsibility for the dog would further reduce independence, and that the relationship would not be successful. To help them make a decision, participants sought advice from other owners and staff at the Guide Dogs for the Blind Association.

It appeared that talking with other people helped participants decide that the advantages of a guide dog outweighed the disadvantages, and so they proceeded with their application, stage three of the framework. The process of being matched with a dog was well received by participants and everyone was happy with the particular dog they acquired. Early adjustment to the dog was facilitated by the opportunity to discuss initial worries with other new owners and staff during the residential training. However, some participants found the training isolating and demanding, believing that staff had high expectations of them regarding their management of the dog. It seemed that these experiences might have made the early stages of adjusting to the guide dog more difficult.

The fourth stage of the theoretical framework referred to the overall impact of guide dog ownership. Participants reported improved mood, self-confidence, quality of life and independence since having the dog. This appeared to be related to the improved mobility, social contact, companionship, and reduced stigma that came about through the dog. Whilst responsibility for the guide dog could feel overwhelming at times and restrict independence, it also had the positive effect of distracting participants from negative emotions.
The guide dog had a significant effect on the public, which in turn impacted on the participants. Through the public’s attempt to interact with the guide dog, it became a social facilitator, enabling participants to enjoy more social contact, receive more help and feel less stigmatised. However, participants experienced difficulties when the public became over-intrusive, attempting to distract the dog or the owner from their business. There were also problems with the guide dog being refused access to places. Participants felt a pressure to be polite that was associated with the GDBA emphasis on being an ambassador for the charity, which made it hard for them to deal with such difficulties, and ultimately compromised their status. Generally, the guide dog had been well received by family, friends and employers, but there had arisen conflicts in relationships with people who did not like the dog.

Finally, the relationship between dog and owner appeared to be very close and mutually interdependent. The dog’s skills and companionship were highly prized by participants, many of whom, drew parallels between this and close human relationships. This relationship seemed to go a considerable way to reducing participants’ social isolation and improving their psychological well-being.

4.2 Discussion of the findings

This framework will now be discussed in relation to the existing theoretical literature, although it is important to re-emphasise the general dearth of literature in this area.
4.2.1 Adjusting to visual impairment

Prior to getting a guide dog participants described feelings of frustration and depression in relation to their experience of visual impairment, which suggested they were having difficulty adjusting. As ninety percent of people with a visual impairment are over sixty years (Evans, 1995), this sample group appeared atypical, as all but three were younger than sixty. Therefore, the high prevalence of psychological symptoms seen here leads one to suggest that younger people may have more difficulty adjusting to visual impairment. This is in accordance with previous studies that have reported higher rates of psychological distress in people below the age of seventy (Wulsin et al., 1991; Karlsson, 1998). This distress cannot be attributed to the effects of recent visual loss either, as the majority of participants had been visually impaired for some time, which suggests psychological distress can be persistent over time (Fitzgerald et al., 1987) and may fluctuate according to the progression of the impairment.

So what explanations are there for the reports of psychological distress made by participants and why did they have difficulty adjusting? It seems that visual impairment resulted in a fundamental loss of independence and social roles. In terms of the WHO model (1980) participants' visual loss (impairment) lead to restrictions in mobility (disability), which restricted their independence and therefore prevented them from participating in social roles (handicap). However, this appears too simplistic in that it does not account for the disabling impact of the socially constructed barriers participants faced (Oliver, 1990).
Consistent with the discriminatory experiences of other disabled people (Oliver & Barnes, 1993), more than half the participants were unemployed because employers would not, or could not accommodate them, and they were forced into dependency on welfare benefits in order to survive. Their exclusion from the workplace not only deprived them of financial reward, but also the opportunity to establish satisfactory social relationships (Oliver, 1993), therefore increasing their sense of isolation. Participants were also isolated by the negative attitudes of others, which led them to feel stigmatised by their impairment. In accordance with previous research, this was particularly evident when using a long cane (Welsh, 1997), which helps to explain why participants were so dissatisfied with it and resorted to avoiding activities.

A further way in which participants’ adjustment was comprised was through their contact with services. It seemed that after being registered as partially sighted or blind, many participants felt they received inadequate support, information and follow-up, with the emphasis on their deficiencies, rather than on developing existing skills. Together these findings almost mirror those in the report commissioned by the Royal National Institute for the Blind (Ryan & McCloughan, 1999). This suggests there are widespread problems regarding the provision of services for people with visual impairments, which is consistent with reports of a deterioration in services promoting rehabilitation (Nocon & Baldwin, 1998). It is likely that failure of these services to respond to the individual’s needs is implicated in the adjustment difficulties participants experienced (BPS, 1989).

It appeared that the impact of physical and social barriers was significant and continuous for participants. Looking at existing research it is possible to see how the effects of
reduced independence and social contact, stigma and unemployment, lower self-esteem and result in psychological distress (Dodds et al., 1991; Finkelstein & French, 1993; Coughlan, 1997).

4.2.2 Acquiring a guide dog

It seemed that participants were hoping to confront the physical and social barriers that were limiting their lifestyle, specifically their lack of independence and social isolation, through ownership of a guide dog. Very few had considered acquiring a guide dog prior to it being suggested to them, which might indicate that they did not believe they were eligible or that it would have too many disadvantages. Certainly, there were concerns that the responsibility involved in guide dog ownership would lead to an even more restricted lifestyle. However, professionals did seem to have an important role in helping them to consider the benefits of a guide dog, as did other owners.

Whilst the process of being matched with a suitable dog was well received by participants there were some difficulties in relation to their experience of training. Several people thought there was a degree of pressure by the GDBA to be 'good ambassadors' for the charity. This may be difficult to tolerate at the early stages of training when participants are likely to be anxious about whether they can relate to the dog and complete the training successfully.

4.2.3 Impact of the guide dog

It appeared that guide dog ownership led to significant improvements in mood, self-confidence and quality of life, which suggested it was able to help participants overcome
some of the physical and social barriers associated with visual impairment and therefore, facilitate their adjustment.

First, the guide dog increased their level of mobility and independence. It is likely that the restoration of independence enhanced the self-esteem of participants by raising their feelings of self-efficacy (Dodds, 1993). Participants reported feeling more confident about travelling, experienced safer mobility and resumed a more active lifestyle. Second, the guide dog was able to indirectly reduce the social isolation and stigma participants experienced prior to acquiring a dog, primarily as a result of the impact it had on the public. Not only did the dog allow participants to access their social environment more easily but, consistent with previous research (e.g. Zee, 1983; Eddy et al, 1987), the guide dog appeared to reduce social barriers between the owner and the public. Through their increased interaction with the public, participants also secured more help and developed their social network. The dog was able therefore to reduce the awkwardness that many non-disabled people experience in the presence of a person with a physical impairment (Thompson, 1982) and consequently, participants felt far less stigmatised than when using a cane.

The guide dog also seemed to have a more direct effect in enhancing participants' mood and quality of life. Participants described a very close relationship with their dog that was based on a high degree of mutual interdependency. In accordance with the findings of Zee (1983), the guide dog was described as a loyal, reliable companion and worker, and participants often referred to it as if it were a human companion. Also consistent was participants' belief that they were in tune with their dog and vice versa, which was used
Discussion

to explain how the dog was able to detect if they were feeling unhappy and cheer them up. In addition, although the responsibility for caring for the dog could be restrictive, participants reported how it was a positive distraction from negative emotions. It seemed therefore, that the close relationship with the guide dog acted as a buffer against negative feelings, which is in accordance with existing research on the positive effects of companion animals for psychological health (e.g. Garrity et al., 1989; Siegel, 1990).

Whilst the guide dog did seem able to overcome some of the socially constructed barriers and improve the psychological well being of participants, there were challenges associated with guide dog ownership, largely associated with the impact it had on others. First, it took time for participants to adjust to being such an enigma in the community. Several people prior to acquiring the guide dog had been managing by concealing their visual impairment, seemingly in order to subscribe to ideals of 'normality' and avoid the stigma associated with their impairment (French, 1993b). It was as if people were 'coming out' when they acquired a guide dog, as they could no longer conceal their impairment.

Second, many participants had problems with people distracting either themselves or the dog when it was working. Whilst participants did attempt to challenge the public when the dog was distracted, they seemed to feel under pressure to respond positively to the public’s interest in them or the dog, which appeared to cause tension. At times participants did not want to stand out or be approached by people, which led some to resort to strategies to avoid the public. Another difficulty was in relation to the problem of being refused access to certain places. This was a common experience that seemed to
occur when they encountered people that did not like the dog or who challenged the concept of guide dog ownership. Whilst most family, friends and employers accepted the guide dog, this was also an issue amongst those who were less accepting of the dog. Some participants managed to assert themselves and challenge this exclusion, but again this seemed to cause them irritation and inconvenience. Together it appeared that both long-term public intrusion and exclusion had the potential to limit the improved independence, mood and quality of life that participants had gained through the dog, thereby reducing their status and adjustment. However, whilst there were challenges associated with guide dog ownership, it is important to note that it was the many advantages that the dog brought which seemed most prominent for participants.

4.3 Evaluation of the Findings

Auditability

The aim was to make the process of analysis and interpretation as clear as possible to enable it to be scrutinised by the reader so they could develop their own understanding of the data (Tindall, 1994). A number of steps were taken to enhance the auditability of the findings. First, the analytic and interpretative procedures undertaken by the researcher were described in detail in the Method and Results sections, and an example was given in Appendix 9. Whilst open coding was done from the 'ground up' and was therefore close to the participants' words, axial and selective coding relied more on the interpretative skills of the researcher. In order that the reader could assess the impact of the researcher's assumptions in shaping the emerging framework, a research diary was kept to provide a reflexive account of the process (Appendix 8).
Discussion

Inter-rater reliability

An independent rater judged the accuracy of the researcher’s coding (Appendix 10) and the degree of convergence indicated a high level of reliability. However, because of the demands involved in this task for the rater, only text pertaining to three higher-order categories was examined, so the reliability of the other categories and codes is unknown.

Respondent validity

An attempt was made to validate the findings by sending a report of the emerging analysis to all participants (Appendix 11). There was a disappointing return with only two participants returning comments (Appendix 13). In general the findings appeared to accurately reflect their experiences, although some caution should be exercised as Henwood and Pigeon (1995) have commented how participants may find it hard to challenge the researcher if they are perceived to be an ‘expert’. However, participants did disagree on two points. One participant disagreed with the negativity expressed about the cane, claiming that it was “better than nothing”, whilst the other commented that because she had been visually impaired since childhood, the issues pertaining to Stage 1 of the model were not applicable. Regarding the cane, whilst others may have held this belief, this was not evident as participants’ were comparing it to guide dog mobility, against which it was regarded as inferior. The second point raises the issue of whether individuals who have been visually impaired since childhood experience the physical and social barriers in the same way as those who acquire the impairment during adulthood. As the sample only contained three participants who had lost their sight during childhood any differences may have been under-emphasised, but it does suggest this group may
have been motivated towards guide dog ownership for alternative reasons. This remains to be seen.

**Generativity**

The extent to which this study generates clinical implications and issues for further investigation, is dealt with in subsequent sections.

**Rhetorical Power**

This refers to the extent to which the analysis and emerging theoretical framework provide a convincing account (Seale, 1999). Whilst the aim of this research was to enable people with visual impairments to express their own opinions about their impairment and the guide dog, ultimately the interpretation and final presentation of this rested with the researcher. Therefore the issue of researcher bias is a potential weakness in terms of the credibility of the present findings. However, whilst the reader is ultimately left to decide this, the findings were reviewed by peers, by the research supervisor and by the participants through respondent validity.

4.4 **Critique of the methodology**

One of the strengths of this study was the good response rate and enthusiasm participants demonstrated towards discussing the impact of a guide dog. Arguably this highlights the importance of this issue. However, it prompts questions about whether the sample volunteered to participate because they were more successful with their dog. Did those who did not respond have more difficulty adjusting to the guide dog, or find that it had little impact on their adjustment to visual impairment? Given that some participants felt a
pressure to present a positive image of themselves and the guide dog to the public, this could have made it more difficult for those who were not doing so well, to talk about it. Consequently, one criticism of this study is that the small sample may have been atypical in demonstrating a particularly good response to the guide dog.

Indeed, participants were on average, younger than the majority of people with a visual impairment, which suggests they were atypical. Alternatively, this might simply reflect a trend whereby guide dog owners tend to be younger, perhaps because of the reluctance of older people, to take on the responsibility of a large dog? Furthermore, the research only selected people with their first guide dog. Would those who had previously had a guide dog be more adjusted to visual impairment? Does the new guide dog continue to ease adjustment or do the difficulties associated with the response from the public accumulate so the dog has a more negative impact?

A further issue to consider is whether the researcher influenced the participants’ answers. Open-ended questions were presented to try and eliminate respondent bias, and the researcher tried to pursue the participant’s line of thinking as much as possible, whilst still covering the main issues. However, there remains the issue that despite the researcher’s best intentions, in any study there is a power imbalance in favour of the researcher, who ultimately has control over the direction and outcome of the findings. This has led disabled people to refuse to participate in studies by able-bodied researchers who fail to involve them in the process, and interpret their difficulties solely in terms of their functional limitations (Oliver, 1993). As an able-bodied researcher, I felt acutely aware of this power differential during the interviewing, which I believe helped me to
remain open to the experiences of the participants, rather than enforce my own agenda. Ultimately, the benefit of qualitative research is being able to obtain rich understandings of participants' experiences that promotes their own voice and therefore, redresses the power imbalance.

**Ethical issues**

One of the concerns prior to interviewing was that the study would raise painful issues for participants regarding their visual impairment, particularly if this had occurred recently. Whilst participants did describe symptoms of depression and suicidal feelings, they did not show any evidence of distress or express any intent to harm themselves during the interview. In fact, they seemed to welcome the opportunity to discuss their experiences, which highlights the validity of this area of investigation and the method employed.

**4.5 Implications of the research**

**The importance of qualitative research in the field of visual impairment**

To date, there has been little qualitative research exploring meanings and perspectives about adjustment to visual impairment. Although the present study employed only a small sample, the findings indicate the importance of gaining a more detailed account from participants, particularly in areas where the existing research is equivocal. Similarly, outcome research would be unlikely to generate the range and depth of responses relating to, for example, satisfaction with professional services. The risk is that whole areas of peoples' experience are missed, resulting in the continuation of inadequate services. Fundamentally, qualitative research gives people with visual impairment a
voice in the research process, which is an important step in promoting their empowerment.

4.5.1 Implications for clinical work

Provision of better services for people with visual impairments

This study suggested that people who acquire visual impairments are at risk of experiencing psychological difficulties, which might be protracted if the visual impairment is progressive or fluctuates. Further, it has been reported how these difficulties seemingly emerge within a context of physical and social barriers, which impose a number of limitations. These findings suggest several implications.

Despite the high rate of depressive symptoms reported by this sample, only two of the participants had received any specific help with this in the form of counselling sessions. Overall, it seemed that the rehabilitative and mental health needs of participants were not receiving adequate attention. This suggested that people need to receive information about the range of low vision services, including information about a guide dog, at the earliest possible stage, perhaps at the point of diagnosis. This could have a preventative effect in terms of reducing some of the physical and social barriers visual impairment imposes and therefore, reducing the risk of psychological distress. Information about sources of practical and emotional support could be disseminated so that people could refer themselves if necessary. To ensure that those people who do not feel able to refer themselves do get access to suitable services, there also needs to be a system of follow-up whereby professionals in social and voluntary sectors maintain ongoing contact with people in the community (Ryan & McCloughlan, 1999).
In addition, it is important that psychological problems are detected and that people who are having difficulty adjusting are referred onto appropriate mental health services. Whilst low vision workers may be able to provide emotional support, it is unlikely that they are trained to address symptoms of depression and anxiety, and so it is important that there are close links with mental health services. The *National Service Framework for Mental Health* (DoH, 1999) set as one of its standards, systems to ensure people with mental health problems got better access to services and treatment. Ultimately, this requires greater inter-disciplinary working by professionals (Keefe, Lovie-Kitchin & Taylor, 1996), a move that is being encouraged by developments in social and health care policies at national level. The circular, *Better Services for Vulnerable People* (DoH, 1998b) made it clear that health and local authorities will be expected in future to jointly develop rehabilitation services. There will also be a requirement on health and social care agencies to review their current multidisciplinary assessment practices, which will hopefully lead to improvements in the detection of mental health problems and other individual needs in people with a physical disability.

**Therapeutic work**

The findings from this study suggest clinical psychologists have a role in working with visually impaired people that are having difficulty adjusting, both individually or in group settings. There is a danger however that the focus will be purely on the functional limitations of the individual or their individual psychopathology. Oliver (1993) maintains that any interventions, whether they are in the medical or rehabilitative context, need to be guided by an analysis of the social and physical barriers that need to be overcome. Practitioners may need to address the impact on the individual of negative
attitudes, unemployment, poor access and social isolation, whilst being mindful of particular individual personality and coping styles that may be contributing to any difficulties. Narrative and systemic models of therapy may be particularly useful as they explicitly draw attention to the impact of the external environment. Health workers have traditionally applied the WHO (1980) model of disability, which may not be adequate in understanding the experience of visually impaired people. This study suggests that practitioners may need to consider the social model of disability to understand and facilitate adjustment to visual impairment. In working with this group, practitioners also need to be mindful of their own biases, as they too will have been influenced by the pervasive constructions of disability as an individual and 'tragic' problem (Lenny, 1993).

Training

Clinical psychologists are trained in the assessment, formulation and treatment of psychological distress and consequently, could have a role in training rehabilitation workers and other professionals who work with visually impaired people, how to recognise when somebody is having difficulty adjusting. They could also be involved in helping rehabilitation workers to understand who might benefit from having a guide dog.

In addition, a further way in which psychologists could intervene would be in the design of social skills training packages for new guide dog owners, focused around how to manage the public's intrusion or exclusion. These could be implemented in group settings, by rehabilitation staff in the GDBA, during the three-week residential training with the guide dog.
The place of psychology in rehabilitation has become increasingly recognised. However, there are relatively few psychologists working in the rehabilitation of people with visual impairments. As Dodds (1991), one of the few psychologists involved in this area has pointed out, the "whole of psychology is there". He refers to the fact that perception is distorted, behaviour is disrupted, people's cognitions change, people feel differently about themselves and others, and the meaning of their life changes. Clinical psychologists receive little, if any training on the rehabilitation of physically disabled people. This research suggests that social models of disability should be incorporated into the training programme if psychologists are going to understand the experience of psychological distress, poor adjustment and rehabilitative needs of physically disabled people, such as those with a visual impairment.

4.6 Future Research

The generative power of this research is considerable and there is scope to develop the proposed theoretical framework, and advance clinical practice.

Developing the proposed theoretical framework

There was insufficient time to test out or develop the emerging theoretical framework through further theoretical sampling, as described by Strauss and Corbin (1998). Future research could attempt this by working towards the saturation of the categories in terms of their properties and the conditions under which they varied. For example, in testing and developing the theory that a guide dog facilitates adjustment to visual impairment, it might be useful in future to sample for 'adjustment' under different conditions. This might include interviewing visually impaired people who do not have a guide dog, those
who did not succeed with a guide dog and had to return it, and those who have had several guide dogs before. In addition, it might be helpful to sample for different conditions associated with guide dog owners, including acquisition of visual impairment in childhood versus adulthood, employed people versus unemployed, people living in rural versus urban areas, and those living alone versus those cohabiting.

Further research in this area

There is scope to further validate and develop the theoretical framework through the use of larger quantitative studies. A cross-sectional between-group design could be used to compare people with a guide dog, matched with a group that only use a cane, on psychometric measures of adjustment. Similarly, a longitudinal within-group design, employing a matched control group could be utilised to determine psychological adjustment before and after acquiring a guide dog.

This research has generated other questions that would be interesting to explore in future, which could be of benefit to people with visual impairment. These include, how does the process of adjustment to visual impairment differ among people who are unable to have a guide dog, perhaps because of cultural reasons? What impact does it have on individuals when a guide dog has to be returned after an unsuccessful adjustment? Do people who acquire a visual impairment in childhood experience the physical and social barriers to adjustment differently to those who acquire it during adulthood, and if so what motivates them to acquire a guide dog?
4.7 Conclusion

The findings from this research constitute the beginning of working with people with a visual impairment to understand the role of a guide dog in their adjustment. A theoretical model has been proposed from participants' responses to the research questions that emphasises the role of socially constructed barriers to adjustment, and the ability of the guide dog to be able to overcome some of these. Yet this must be treated with caution, as the sample was small and heterogeneous. Further research is required to confirm and develop the theory to determine whether it can be generalised beyond the realms of this sample. However, the theory has several implications for clinical practice and wider service delivery, which could have an important impact on the psychological well being of people with a visual impairment.
REFERENCES


References


References


References


93
References


SEMI-STRUCTURED INTERVIEW SCHEDULE

Introduction

- Introduce myself
- Check the participant is still happy to do the interview and to be taped.
- Set up the recording equipment.
- Discuss confidentiality and anonymity of the data, including instances where confidentiality may need to be broken (emphasise professional code of conduct).
- Remind participant that they can withdraw at any time.
- Does the participant have any questions to ask?

"I am going to switch the tape recorder on in a minute and begin the interview. While you’re talking I will at times be writing down some main points from what you say, to act as a reminder for me to ask you more about this later on. Are there any questions you want to ask me before we begin? OK, I will now turn on the tape recorder”.

“The first few questions are just so that I can collect some background information about you, your guide dog and the extent of your visual impairment”.

Section 1 – Background Information

1. Can you tell me how old you are?
   Are you married?
   Do you work and if so what do you do?

2. Can you tell me how long you have been visually impaired and whether you have any residual vision?

3. How long have you been home with your dog now?
   What is your dog’s name?

Section 2 – Decision to get a guide dog

4. Prior to getting a guide dog, were you using any other mobility aids (e.g. long cane), and if so what was your experience of them?

5. What made you decide to get a guide dog at this point in time?

6. Once you had decided to get a guide dog, what was the process of getting (dog’s name) like? Were there any difficulties with this?
Appendix 1

7. What was your experience of doing the residential training with the dog?

Section 3 – Impact of having a guide dog

8. So you have had (dog’s name) for (number of months) now. Compared to life before you had (dog’s name), how would you say your life is different now?  
(Note down main points to use as prompts for further questioning)  
(Now return to each point, exploring responses to each in more depth).

9. What impact has the dog had on your:
   a) Mobility
   b) Levels of independence
   c) Relationships with spouse/family
   d) Social life
   e) Work and leisure activities
   f) Mood
   g) View of yourself
   h) Overall quality of life

10. What things have become easier since having a guide dog? Are there any things which have become more difficult to do now?

11. Is there any difference in how people treat you now you have a guide dog?

Section 4 – Relationship with the guide dog

12. How would you describe your relationship with (dog’s name)?

13. How does your relationship with (dog’s name) compare to that with pets you may have now or had in the past?

14. How important do you think the actual relationship you have with (dog’s name) is in terms of the overall effect that having a guide dog brings?

Section 5 – Contact with services

15. We have almost finished the interview now but I would just like to ask you about your experiences of contact with medical, social and psychological services after you lost your sight? Was this helpful or not?
16. Has it been more or less difficult to access these services since having a guide dog?

"OK, I have no further questions. Are there any other important issues that you feel have not been covered?"

"That is the end of the interview. I will now turn the tape recorder off"

Debriefing

"How do you feel the interview went"? (Monitor negative effects and if necessary, suggest appropriate source of help, e.g. GP, Mental health services, RNIB).

"Now the interview is over, would you like any further information about this study"?

"If you would like to discuss any issues arising from this study at a later stage, you can contact me or my supervisor at the Salomons. (Hand them paper with the contact numbers on it).

"Just to remind you, I will be using this information in the production of a dissertation and possibly for publishing in an academic journal, but everything will remain anonymous and personal details will be disguised. The interview tape and transcript will by destroyed by December 2000 at the latest. Are you still happy for the information you have given to be used anonymously in any reports?

"Once the analysis has been completed, I will send you a copy of the main findings and you will be given the opportunity to comment on this if you choose". (ask them in what format they would like to receive this feedback, i.e. printed or audio. If printed what font size?)

"I don’t have anything else to say, but is there anything you would like to ask me before I leave?"

THANK THEM FOR THEIR HELP.
REPLY TO ETHICS PANEL.

Mr M Maltby
Acting Chair of Ethics Panel
Salomons
David Salomons Estate
Broomhill Road
Tunbridge Wells
Kent TN3 0TG

3 September 1999

Dear Michael

Re: Ethics Approval – The psychological factors associated with ownership of a guide dog amongst people with a visual impairment

Thank you for your letter of 1 September 1999 informing me that my study has received ethical approval.

Regarding the point made about the management of the written transcripts following the completion of the study, I have now had a chance to consult with my supervisor on this issue.

It was decided that the written transcripts would be kept securely until September 2001 at which point they will be destroyed. This would allow for any unforeseen difficulties emerging from the examination of the research project, and the possibility of publishing the study at a later date, both of which could require a re-examination of the transcripts.

I trust this meets with your approval.

Yours sincerely

Louise Banham
Psychologist in Clinical Training

c.c. Tony Lavender
NOTICE OF ETHICAL APPROVAL

Salomons Centre for Applied Social & Psychological Development

1st September 1999

Dear Louise,

Ethics Approval - The psychological factors associated with ownership of a guide dog amongst people with a visual impairment

The Ethics Panel is pleased to provide full ethical approval for your research project. The Panel felt that you should be complimented on the careful consideration and presentation of ethical issues contained within the proposal. This was exceptionally thorough and clear.

There is one issue we would like you to consider: it has been made clear that the audio-tapes will be destroyed by a specified date but it is not clear how the written transcripts will subsequently be managed. It would be worth considering this in conjunction with your supervisor.

We wish you well with the project and would be extremely interested to see the results.

Yours sincerely,

Michael Maltby
Acting Chair of Ethics Panel

cc. Caroline Hogg
Nigel Armstrong
ENDORSEMENT FROM REGIONAL CONTROLLER OF GDBA

The Guide Dogs for the Blind Association

Southern Regional Centre:
Folly Court, Barkham Road,
Wokingham, Berks. RG41 4BT
Tel: 0118 979 1911
Fax: 0118 989 1603

Patron: H.R.H. Princess Alexandra,
The Hon. Lady Ogilvy, GCVO

Registered Charity No. 209617

Hello, I am Ray Smith, the Regional Controller at The Guide Dogs for the Blind Association Centre in Wokingham.

We are sending you this tape and the accompanying printed documentation as part of our involvement in a research project.

This project is looking at the psychological factors associated with guide dog ownership.

I would be grateful if you would volunteer to participate in this research which will be of future benefit to Guide dogs for the Blind.

The information which follows will give you information about the research and how you can become involved. Of course, you may decline to participate at any point in the process but I hope you will become involved.

Thank you for listening.

\[Ray Smith\]
INFORMATION SHEET

An Exploration of the Psychosocial Impact of Guide Dog Ownership: A Qualitative Analysis

NB. All the printed information you have received has been recorded onto the enclosed audiotape and you may prefer to listen to this instead.

I am a psychologist doing postgraduate training for the Doctorate in Clinical Psychology at the Salomons, Tunbridge Wells. This is a faculty of Canterbury Christ Church University College. As part of this course I am required to undertake a substantial piece of research leading to the production of a Doctoral Dissertation. I am very interested in researching the psychological factors associated with having a visual impairment, and more particularly, the impact of the guide dog on different areas of a person’s life. I have a personal interest in this area as some members of my family, including my mother, have a significant visual impairment.

Many people with a guide dog have talked about the significant impact that the dog has on their life. However, incredible though it may seem, there has been no previous psychological research addressing this relationship.

The aims of this research study are to understand why and how people decide to apply for a guide dog, to explore the nature of the relationship with the dog, and finally, to explore the ways in which the guide dog relationship affects different areas of a person’s life.

I am looking for first-time guide dog owners who would be willing to spend approximately one hour talking with me about their experiences. This would be at a time and place most convenient
for you. I could arrange to come to your house to meet you, or arrange a meeting at your nearest Guide Dogs for the Blind centre. Alternatively, we could meet at the Salomons where I am based.

During this meeting, I will ask you about your decision to get a guide dog, and how you would describe your relationship with your dog. This will be followed by a series of questions about how you feel having a guide dog has impacted on different aspects of your life, including your mobility, mood, social and family relationships, work, identity and overall quality of life.

With your permission I will audiotape the interview purely so that I can remember all the information you have told me. After all the interviews have been transcribed these audiotapes will be subsequently destroyed, by September 2001 at the latest. The information will contribute to the development of my Doctoral Dissertation, which I intend to publish in a professional academic journal. This will also be made available to the Guide Dogs for the Blind Association who are interested in the findings of this research.

However, it should be emphasised that all information will remain totally anonymous and that any identifiable information will be disguised. The full transcript of the interview may be used in the final Dissertation in which case my research supervisor and two examiners would also see it, but again any identifying information will be removed prior to this. In addition, it should be noted that although the Guide Dogs for the Blind have endorsed this study, I am not connected to the Association in any way and no personal details from this study will be reported back to them.

As there has been no previous psychological research in this area, it is anticipated that this study will be able to contribute to existing knowledge in the area of visual impairment. More specifically it is hoped that it may provide wider recognition of the psychological
Appendix 5

and social impact of having a guide dog and reveal information that could be useful to the Guide Dogs for the Blind Association when selecting and training people in future. It is also hoped that the study may reveal helpful information for professionals working alongside people with visual impairments, particularly those involved in facilitating adjustment and rehabilitation.

I would be very grateful if you could indicate whether or not you would like to participate in this study. It would be preferable if you could do this by completing the printed consent form that is enclosed. However, if you prefer, you can indicate your decision using the Consent Form recorded on the audiotape. There are spaces left on the tape so that you can record your response using a microphone on your cassette player, if you have one.

Once you have completed this I would be grateful if you could return either the printed consent form, or this tape in the stamped addressed padded envelope enclosed, as soon as possible. If you agree to participate I will contact you as soon as I have received your consent, to arrange a suitable interview time. It would be helpful if you could leave a telephone number so that I can contact you directly to arrange a convenient time for us to meet. If you do not wish to leave a number, I will contact you in writing to arrange this. If after having agreed to participate you change your mind, you have the right to withdraw at any time.

If you would like to discuss this research further with me before deciding, I would be very happy to talk with you about it. You can leave a message for me at the Salomons on 01892 507666 and I will get back to you as soon as possible. Alternatively my Research Supervisor, Tony Lavender, would be happy to speak with you. He can be contacted on 01892 507665.
In the meantime, thank you very much for taking the time to read this. I greatly appreciate your help.

Louise Banham
Psychologist in Clinical Training
CONSENT FORM

An Exploration of the Psychosocial Impact of Guide Dog Ownership: A Qualitative Analysis

NB. Should you choose not to participate in this study, I would be grateful if you could complete and return the consent form/tape anyway, indicating that you do not wish to participate. In this event, you need only supply your name and signature. If you complete the printed consent form, you do not have to return your audiotape, although it would reduce the cost of duplicating more tapes in future if you could.

(Please circle as appropriate)

1. Have you read the Information Sheet? Yes No

2. Did it offer you the opportunity to ask questions and discuss this research further? Yes No

3. Do you feel you have received satisfactory information about this research? Yes No

4. Have you sought further information about this research? Yes No
   If so whom did you speak to? ..........................

5. Do you understand that you are free to withdraw from this research:
   • at any time? Yes No
   • without having to give a reason for withdrawing? Yes No
6. Do you agree to take part in this research and be interviewed by the researcher?  
   Yes  No

7. Do you agree for the interview to be audiotaped?  
   Yes  No

8. Do you agree for any material you provide to be used anonymously in any publications submitted to professional academic journals?  
   Yes  No

9. Do you wish to make any comments? ..........................................
   ..........................................................................................
   ..........................................................................................
   ..........................................................................................

Signed .......................................... Date  .................

Name (block capitals) ..........................................................

Address .............................................................................
   ..........................................................................................
   ..........................................................................................
   ..........................................................................................

Postcode .............................. Tel  .................................

Once you have completed this form please return it in the stamped addressed envelope provided as soon as possible.

Thank you once again for your help.
Appendix 7

"AUDIOTAPED VERSION OF INFORMATION SHEET AND CONSENT FORM

An Exploration of the Psychosocial Impact of Guide Dog Ownership: A Qualitative Analysis

Please note, a printed copy of the information that will follow on this tape, along with the Guide Dogs for the Blind endorsement from Ray Smith, have also been enclosed and you may prefer to read these instead.

My name is Louise Banham and I am a psychologist doing postgraduate training for the Doctorate in Clinical Psychology at the Salomons, Tunbridge Wells. This is a faculty of Canterbury Christ Church University College. As part of this course I am required to undertake a substantial piece of research leading to the production of a Doctoral Dissertation. I am very interested in researching the psychological factors associated with having a visual impairment, and more particularly, the impact of the guide dog on different areas of a person’s life. I have a personal interest in this area as some members of my family, including my mother, have a significant visual impairment.

Many people with a guide dog have talked about the significant impact that the dog has on their life. However, incredible though it may seem, there has been no previous psychological research addressing this relationship.

The aims of this research study are to understand why and how people decide to apply for a guide dog, to explore the nature of the relationship with the dog, and finally, to explore the ways in which the guide dog relationship affects different areas of a person’s life.

I am looking for first-time guide dog owners who would be willing to spend approximately one hour talking with me about their experiences. This would be at a time and place most convenient for you. I could arrange to come to your house to meet you, or arrange a meeting at your nearest Guide Dogs for the Blind centre. Alternatively, we could meet at the Salomons where I am based.

During this meeting, I will ask you about your decision to get a guide dog, and how you would describe your relationship with your dog. This will be followed by a series of questions about how you feel having a guide dog has impacted on different aspects of your life, including your mobility, mood, social and family relationships, work, identity and overall quality of life.

With your permission I will audiotape the interview purely so that I can remember all the information you have told me. After all the interviews have been transcribed these audiotapes will be subsequently destroyed, by September 2001 at the latest. The information will contribute to the development of my Doctoral Dissertation, which I intend to publish in a professional academic journal. This will also be made available to the Guide Dogs for the Blind Association who are interested in the findings of this research. However, it should be emphasised that all information will remain totally
Appendix 7

anonymous and that any identifiable information will be disguised. The full transcript of
the interview may be used in the final Dissertation in which case my research supervisor
and two examiners would also see it, but again any identifying information will be
removed prior to this. In addition, it should be noted that although the Guide Dogs for
the Blind have endorsed this study, I am not connected to the Association in any way and
no personal details from this study will be reported back to them.

As there has been no previous psychological research in this area, it is anticipated that
this study will be able to contribute to existing knowledge in the area of visual
impairment. More specifically it is hoped that it may provide wider recognition of the
psychological and social impact of having a guide dog and reveal information that could
be useful to the Guide Dogs for the Blind Association when selecting and training people
in future. It is also hoped that the study may reveal helpful information for professionals
working alongside people with visual impairments, particularly those involved in
facilitating adjustment and rehabilitation.

I would be very grateful if you could indicate whether or not you would like to participate
in this study by completing the consent form that follows on this tape shortly. There are
spaces left on the tape so that you can record your response using a microphone on your
cassette player, if you have one. However, if you prefer you can indicate your decision
on the printed version of the consent form that has also been enclosed.

Once you have completed this I would be grateful if you could return either the printed
consent form, or this tape in the stamped addressed padded envelope enclosed, as soon as
possible. If you agree to participate I will contact you as soon as I have received your
consent, to arrange a suitable interview time. It would be helpful if you could leave a
telephone number so that I can contact you directly to arrange a convenient time for us to
meet. If you do not wish to leave a number, I will contact you in writing to arrange this.
If after having agreed to participate you change your mind, you have the right to
withdraw at any time.

If you would like to discuss this research further with me before deciding, I would be
very happy to talk with you about it. You can leave a message for me at the Salomons on
01892 507666 and I will get back to you as soon as possible. Alternatively my Research
Supervisor, Tony Lavender, would be happy to speak with you. He can be contacted on
01892 507665.

In the meantime, thank you very much for taking the time to listen to this tape. I greatly
appreciate your help.

The audio-taped version of the consent form will now follow, with instructions on how
this should be completed". 
Appendix 7

Please note. Should you choose not to participate in this study, I would be grateful if you
could complete and return the consent form or tape anyway, indicating that you do not
wish to participate. In this event, you need only supply your name. If you complete the
printed consent form, you do not have to return your audiotape, although it would reduce
the cost of duplicating more tapes in future if you could.

You will now hear a sequence of eight questions that require a yes or no answer. There
will be a space lasting 30 seconds after each of these questions so that you can record
your response onto the tape using a microphone. You will then be asked to supply your
name, address and contact telephone number in the space provided. At the end you will
be asked if you wish to make any comments for which there will be a 60 second space for
you to respond. Remember that if you do not have a microphone, or would simply prefer
it, you can complete the printed Consent Form.

Question 1. Have you listened to the Information Sheet? Yes or No

Question 2. Did it offer you the opportunity to ask questions and discuss this research
further? Yes or No

Question 3. Do you feel you have received satisfactory information about this
research? Yes or No

Question 4. Have you sought further information about this research? Yes or No. If
yes, did you speak to either Louise Banham or Tony Lavender?

Question 5. Do you understand that you are free to withdraw from this research
at any time and without having to give a reason for withdrawing? Yes or No

Question 6. Do you agree to take part in this research and be interviewed by the
researcher? Yes or No

Question 7. Do you agree for the interview to be audiotaped? Yes or No

Question 8. Do you agree for any material you provide to be used anonymously in any
publications submitted to professional academic journals? Yes or No

There are no further questions regarding consent. You will now be asked to supply your
name, address and telephone number in the spaces provided.

What is your full name?
What is your full address including your postcode?

Can you give a telephone number so that I can contact you to arrange a suitable interview
time with you.