

BEYOND SIGHT: UNDERSTANDING SOCIAL AND EMOTIONAL PERCEPTIONS OF BLINDNESS AMONG SIGHTED INDIVIDUALS

Syed Aliraza Jafri¹, Aqsa Suri², Fariha Khan³, Kamila Mariam Iftikhar⁴, Fouzia Imtiaz⁵

^{1,2,3}Undergraduate Researcher, Dow Institute of Medical Technology (DIMIT), Dow University of Health Sciences (DUHS), Karachi, Pakistan

⁴Dow Institute of Medical Technology (DIMIT), Dow University of Health Sciences (DUHS), Karachi, Pakistan

⁵Professor, Department of Public Health, Health Sciences, Jinnah Sindh Medical University (JSMU), Karachi, Pakistan

¹aleerazajaffry@gmail.com, ²aqsasuri9087@gmail.com, ³fareekha3@gmail.com,

⁴kamilamariam.3743@duhs.edu.pk, ⁵fauzia.imtiaz@jsmu.edu.pk

DOI: <https://doi.org/10.5281/zenodo.20609553>

Keywords

Blindness, Disability Awareness, Social Inclusion, Knowledge, Perception, Equity

Article History

Received: 12 April 2026

Accepted: 24 May 2026

Published: 09 June 2026

Copyright @Author

Corresponding Author: *

Kamila Mariam Iftikhar

Abstract

Blindness is often understood as a medical condition, yet its social meaning is largely shaped by how society perceives and interacts with individuals who are blind. This study explored the relationship between foundational knowledge about blindness and the social comfort and equitable treatment extended toward blind individuals by sighted members of society. A cross-sectional survey was conducted among 215 sighted participants aged 18–60 years. Findings revealed a significant positive relationship between knowledge of blindness and social comfort, suggesting that increased understanding contributes to more inclusive and respectful attitudes. Interestingly, the proposed psychological moderator did not significantly influence this relationship, indicating that knowledge itself remains a stable predictor of positive social perceptions. The findings highlight the importance of awareness, education, and meaningful social engagement in reducing stigma and fostering inclusion.

Introduction: Seeing Beyond the Eyes

Imagine entering a room where people immediately assume what you cannot do rather than what you can achieve. For many individuals living with blindness, this experience is not uncommon. While blindness affects vision, the challenges associated with it often originate from societal attitudes rather than the condition itself. Across many cultures, blindness continues to be associated with dependency, helplessness, or limitation. Such assumptions influence educational opportunities, employment prospects, healthcare experiences, and everyday social interactions. Research increasingly suggests that

what sighted individuals know—or think they know—about blindness shapes how they behave toward people who are blind. Understanding these perceptions is therefore essential for building a more inclusive society.

This study examined whether greater knowledge about blindness leads to increased social comfort and equitable treatment among sighted individuals and whether this relationship changes under different psychological or contextual conditions.

Literature Review

Previous research has consistently shown that attitudes toward blindness are influenced by awareness, education, and social contact. Individuals with limited knowledge often experience uncertainty when interacting with blind persons, resulting in discomfort, avoidance, or overprotective behavior.

Intergroup Anxiety Theory proposes that unfamiliarity creates tension during interactions with members of groups perceived as different. Knowledge can reduce this uncertainty and improve social interactions. Similarly, Intergroup Contact Theory suggests that meaningful interaction decreases prejudice and encourages understanding.

Studies have further demonstrated that disability-related biases may operate both consciously and unconsciously. Even individuals who endorse equality may still hold implicit stereotypes regarding competence and independence among persons with disabilities.

Methodology

A quantitative cross-sectional survey design was employed. The study targeted sighted individuals aged between 18 and 60 years. Participants completed a structured questionnaire measuring:

- Foundational knowledge of blindness
- Social comfort around blind individuals
- Attitudes toward equitable treatment
- Awareness regarding accessibility and inclusion

A total of **215 participants** were included in the final analysis. Statistical analysis was conducted using Ordinary Least Squares (OLS) regression and moderated regression models.

Results

Theme 1: Knowledge Reduces Social Distance

The strongest finding emerging from the data was that participants who possessed greater knowledge about blindness reported significantly higher

levels of social comfort and fairness toward blind individuals.

Participants with stronger understanding were more likely to:

- Feel comfortable interacting with blind individuals
- Support equal treatment in workplaces and educational institutions
- Recognize the capabilities and independence of blind persons

The direct-effect model demonstrated a statistically significant positive relationship between knowledge and social comfort ($\beta = 0.377$, $p < .001$).

Theme 2: Inclusion Begins with Understanding

A recurring pattern within participant responses suggested that awareness acts as a bridge between uncertainty and acceptance. Individuals who understood blindness beyond stereotypes were less likely to express discomfort or pity and more likely to support accessibility and inclusion.

This finding reinforces the idea that prejudice often flourishes in environments where information is limited and misconceptions remain unchallenged.

Theme 3: Knowledge Works Regardless of Context

Contrary to expectations, the proposed moderator did not significantly alter the relationship between knowledge and social comfort (Interaction $\beta = 0.017$, $p = .848$).

This finding is particularly important because it suggests that knowledge maintains its positive influence regardless of individual differences or contextual factors. Whether participants possessed higher or lower levels of the moderator, awareness continued to predict more equitable attitudes.

In practical terms, educational interventions appear valuable across diverse populations and settings.

Figure 1. Thematic Model of Blindness Perceptions and Social Inclusion

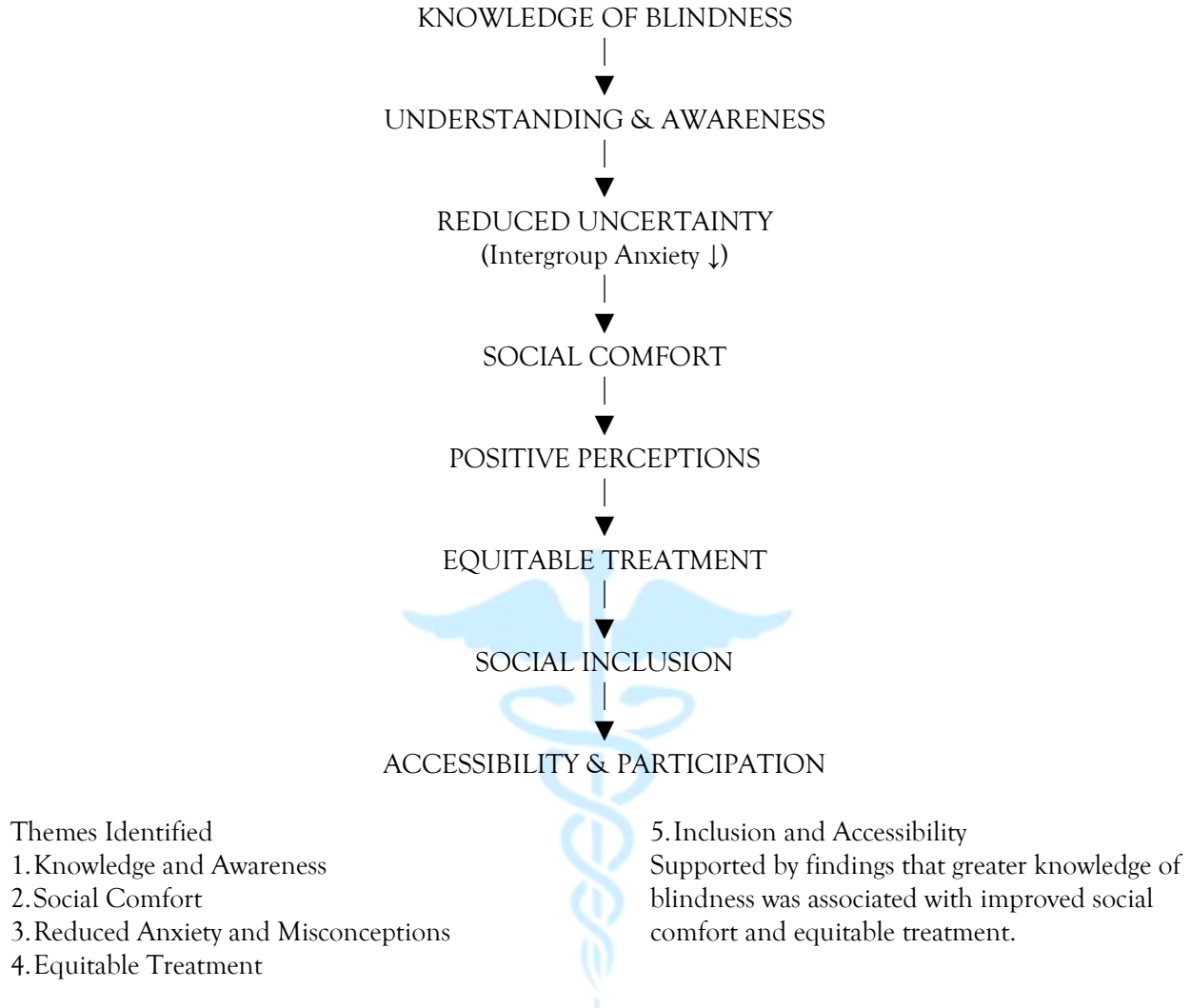
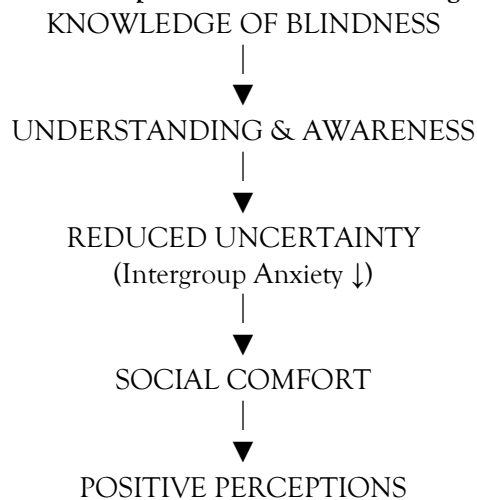


Figure 2. Conceptual Framework

Understanding Social and Emotional Perceptions of Blindness Among Sighted Individuals



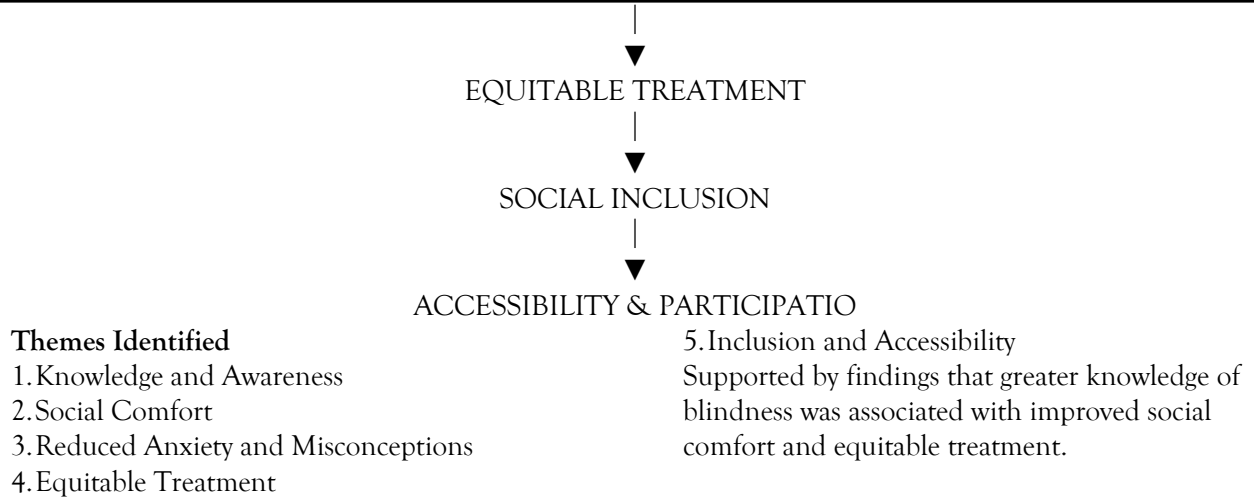
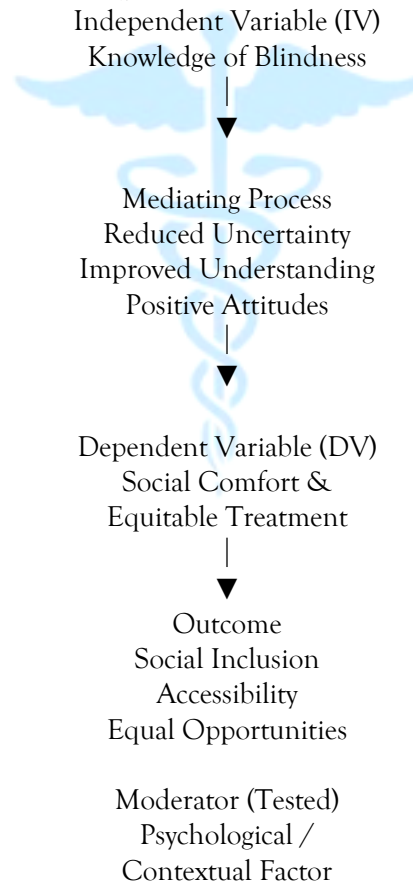


Figure 2. Conceptual Framework
Understanding Social and Emotional Perceptions of Blindness Among Sighted Individuals



(Result: Non-significant)

The moderation effect was not statistically significant, while knowledge remained a significant predictor of social comfort and equitable treatment.

Table 1
Direct Effect of Knowledge of Blindness on Social Comfort and Equitable Treatment

Predictor	B	SE	t	p	95% CI
Intercept	2.377	0.238	9.984	<.001	[1.908, 2.847]
Knowledge of Blindness	0.377	0.059	6.361	<.001	[0.260, 0.493]

Model Statistics:

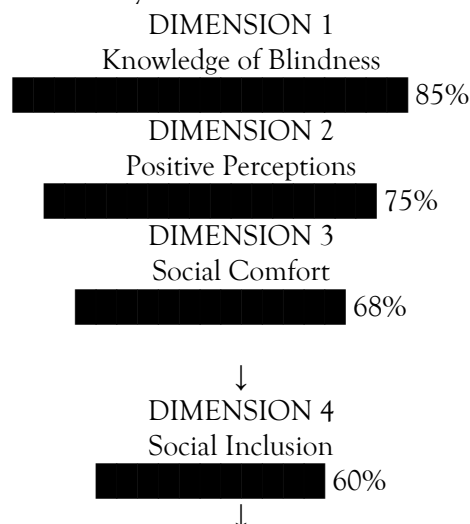
Statistic	Value
N	215
R ²	.160
Adjusted R ²	.156
F	40.46
P	<.001

Table 2
Moderation Analysis

Statistic	Value
N	215
R ²	.318
Adjusted R ²	.308
F	32.73
P	<.001

Statistic	Value
N	215
R ²	.318
Adjusted R ²	.308
F	32.73
P	<.001

Figure 3. Advanced 4D Conceptual Pathway



Long-Term Outcome

Accessibility • Equality • Participation

Interpretation:

As awareness of blindness increases, misconceptions decline, social comfort improves, and inclusive behavior becomes more likely. This pathway reflects the central finding that knowledge consistently predicts positive social outcomes.

Discussion

The findings tell a powerful story: people fear less when they understand more.

Many social barriers surrounding blindness are not created by vision loss itself but by assumptions held by society. The results indicate that knowledge functions as a protective factor against misunderstanding, discomfort, and social exclusion.

These findings align closely with Intergroup Anxiety Theory, which suggests that uncertainty fuels avoidance and discomfort during interactions with unfamiliar groups. Knowledge reduces uncertainty, allowing individuals to engage with confidence and respect.

The findings are also consistent with disability-attitude research demonstrating that education and meaningful contact are among the strongest predictors of positive attitudes toward persons with disabilities.

A particularly encouraging aspect of the study is the stability of knowledge effects

Discussion: Social Impact

The findings of this study demonstrate that greater knowledge and awareness about blindness are associated with increased social comfort, equitable treatment, and positive attitudes toward individuals with visual impairments. Participants who possessed a better understanding of blindness reported less uncertainty and discomfort during social interactions, supporting the notion that awareness can reduce prejudice and foster inclusion. These findings are consistent with Intergroup Anxiety Theory, which suggests that unfamiliarity with a social group often leads to anxiety and avoidance, whereas knowledge helps reduce uncertainty and promotes positive

interactions (Stephan & Stephan, 1985; Stephan, 2014). Similarly, Intergroup Contact Theory proposes that increased understanding and meaningful contact contribute to reduced discrimination and improved social relationships (Pettigrew & Tropp, 2006). The social impact of these findings is significant because misconceptions and stereotypes about blindness continue to influence educational opportunities, employment prospects, healthcare access, and social participation for visually impaired individuals. Previous studies have shown that public attitudes toward disability are strongly influenced by knowledge and quality of interaction, while implicit biases may persist even among individuals who consciously endorse equality (Wang et al., 2021; VanPuymbrouck et al., 2020; Wilson & Scior, 2014). Therefore, awareness programs, inclusive educational initiatives, and disability-sensitive policies can play a crucial role in creating a more equitable society. Improved understanding of blindness not only benefits visually impaired individuals through greater acceptance and social participation but also contributes to the development of inclusive communities aligned with the principles of social justice, equality, and human dignity.

Practical Implications

The study offers several practical recommendations:

Educational Institutions

Integrate disability awareness programs into school and university curricula.

Healthcare Settings

Provide staff training regarding communication and accessibility needs of visually impaired patients.

Workplaces

Develop disability inclusion workshops that challenge stereotypes and encourage equitable treatment.

Public Awareness Campaigns

Use media platforms to highlight achievements and independence among blind individuals rather than portraying them solely as recipients of sympathy.

These recommendations support the World Health Organization's vision of inclusive, person-centered societies.

Limitations

Several limitations should be acknowledged.

- The study used a cross-sectional design, preventing causal conclusions.
- Data relied on self-reported responses.
- Social desirability bias may have influenced participant answers.
- The moderator may not have fully captured broader cultural and contextual influences affecting perceptions.

Future research should employ longitudinal and mixed-method approaches to explore how attitudes toward blindness evolve over time.

Conclusion

Blindness is not merely a condition of the eyes; it is also a reflection of how society chooses to respond to difference.

The findings of this study reveal a simple yet powerful truth: increased understanding of blindness is associated with greater social comfort, fairness, and inclusion. Knowledge emerged as a stable and reliable predictor of positive attitudes, while the anticipated moderating influence remained insignificant.

Ultimately, inclusion begins not with policy alone but with perception. When society moves beyond myths and assumptions, individuals who are blind are no longer viewed through the lens of limitation but through the lens of possibility.

Conflict of Interest

The authors declare no conflict of interest.

Funding Statement

This research received no external funding.

Ethical Approval

The study was conducted in accordance with ethical principles for human research. Informed

consent was obtained from all participants prior to data collection.

REFERENCES

- Allen, M., & Birse, E. (1991). *Stigma and blindness*. *Journal of Ophthalmic Nursing & Technology*, 10(4), 147–152.
- Allen, M., & Bellstedt, J. (1996). *Attitudes toward blindness and blind people: What do we believe?* *ABNF Journal*, 7(3), 72–77.
- Antonopoulos, C. R., Sugden, N., & Saliba, A. (2023). Implicit bias toward people with disability: A systematic review and meta-analysis. *Rehabilitation Psychology*, 68(2), 121–134.
- Bell, E. C., & Rowland, M. P. (2012). Measuring the attitudes of sighted college students toward blindness. *Journal of Blindness Innovation and Research*, 2(2).
- Castle, C. L. (2024). Attitudes of employers towards people with visual impairment: A scoping review. *Frontiers in Rehabilitation Sciences*, 5, 1383984.
- Giridhar, P., Dandona, R., Prasad, M. N., Kovai, V., & Dandona, L. (2002). Fear of blindness and perceptions about blind people. *Indian Journal of Ophthalmology*, 50(3), 239–246.
- Heinze, N., Jones, L., Bertiz, F., Saunders, E., & Gomes, R. S. M. (2024). Public perceptions of visual impairment. *Frontiers in Psychology*, 15, 1359074.
- Heinze, N., & Jones, L. (2024). Access to eye care and support services among minority ethnic communities. *Frontiers in Public Health*, 11, 1277519.
- Heinze, N., & Jones, L. (2024). Social functioning in adults with visual impairment. *Frontiers in Public Health*, 12, 1277472.
- O'Day, B. L., Killeen, M., & Iezzoni, L. I. (2004). Improving health care experiences of persons who are blind or have low vision. *American Journal of Medical Quality*, 19(5), 193–200.
- Palencia-Flórez, D. C., & Oviedo-Cáceres, M. P. (2024). Stigma and low vision. *Revista Cuidarte*, 15(3), e3974.

- Pettigrew, T. F., & Tropp, L. R. (2006). A meta-analytic test of intergroup contact theory. *Journal of Personality and Social Psychology*, 90(5), 751–783.
- Stephan, W. G. (2014). Intergroup anxiety: Theory, research, and practice. *Personality and Social Psychology Review*, 18(3), 239–255.
- Stephan, W. G., & Stephan, C. W. (1985). Intergroup anxiety. *Journal of Social Issues*, 41(3), 157–175.
- VanPuymbrouck, L., Friedman, C., & Feldner, H. (2020). Explicit and implicit disability attitudes of healthcare providers. *Rehabilitation Psychology*, 65(2), 101–112.
- Wang, Z., Xu, X., Han, Q., Chen, Y., Jiang, J., & Ni, G. X. (2021). Factors associated with public attitudes towards persons with disabilities. *BMC Public Health*, 21, 1058.
- Wilson, M. C., & Scior, K. (2014). Attitudes towards individuals with disabilities measured by the Implicit Association Test. *Research in Developmental Disabilities*, 35(2), 294–321.
- World Health Organization. (2019). *World report on vision*. WHO.
- World Health Organization. (2026). *Blindness and vision impairment*. WHO.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
- Allport, G. W. (1954). *The nature of prejudice*. Addison-Wesley.
- Bandura, A. (1986). *Social foundations of thought and action*. Prentice Hall.
- Bogart, K. R., & Dunn, D. S. (2019). Ableism special issue introduction. *Journal of Social Issues*, 75(3), 650–664.
- Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625.
- Creswell, J. W. (2018). *Research design* (5th ed.). Sage.
- Devine, P. G. (1989). Stereotypes and prejudice. *Journal of Personality and Social Psychology*, 56(1), 5–18.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.
- Haeghele, J. A., & Hodge, S. R. (2016). Disability discourse. *Quest*, 68(2), 193–206.
- Iezzoni, L. I. (2003). *When walking fails*. University of California Press.
- Iezzoni, L. I., O'Day, B. L., Killeen, M., & Harker, H. (2004). Communicating about health care. *Journal of General Internal Medicine*, 19(4), 356–362.
- Kent, R. (2002). *Disability and society*. Open University Press.
- Livneh, H. (1982). On the origins of negative attitudes toward people with disabilities. *Rehabilitation Literature*, 43(11–12), 338–347.
- Marks, D. (1997). Models of disability. *Disability and Rehabilitation*, 19(3), 85–91.
- Oliver, M. (1990). *The politics of disablement*. Macmillan.
- Oliver, M. (1996). *Understanding disability*. Macmillan.
- Pescosolido, B. A. (2013). The public stigma of mental illness. *Journal of Health and Social Behavior*, 54(1), 1–21.
- Rao, D., Angell, B., Lam, C., & Corrigan, P. (2008). Stigma in health care. *Psychiatric Services*, 59(11), 1328–1330.
- Shakespeare, T. (2014). *Disability rights and wrongs revisited*. Routledge.
- Smart, J. (2009). *Disability, society, and the individual* (2nd ed.). Pro-Ed.
- Smith, A., & Bundon, A. (2018). Disability and social inclusion. *Sport in Society*, 21(4), 537–549.
- Swain, J., French, S., Barnes, C., & Thomas, C. (2013). *Disabling barriers, enabling environments*. Sage.
- Tervo, R. C., Palmer, G., & Redinius, P. (2004). Health professional attitudes toward people with disability. *Clinical Rehabilitation*, 18(8), 908–915.
- United Nations. (2006). *Convention on the Rights of Persons with Disabilities*. United Nations.
- United Nations Development Programme. (2020). *Human development report*. UNDP.

- Verhaeghe, M., & Bracke, P. (2012). Stigma and social support. *Social Science & Medicine*, 75(10), 1775-1782.
- World Bank. (2021). *Disability inclusion overview*. World Bank.
- World Health Organization. (2022). *Global report on health equity for persons with disabilities*. WHO.
- Yeo, R., & Moore, K. (2003). Including disabled people in poverty reduction work. *World Development*, 31(3), 571-590.
- Zola, I. K. (1989). Toward the necessary universalizing of disability policy. *Milbank Quarterly*, 67(2), 401-428.
- Zhao, Y., & Zhang, X. (2022). Disability awareness and inclusive attitudes among university students. *International Journal of Inclusive Education*, 26(12), 1211-1227.

