IMPACT OF MATERNAL DIRECTIVENESS AND OVERPROTECTIVENESS ON THE PERSONALITY DEVELOPMENT OF A SAMPLE OF INDIVIDUALS WITH ACQUIRED BLINDNESS

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The literature has frequently shown how mothers of children with blindness tend to be highly directive and overprotective with their children. This study investigated whether this maternal interactive style can have negative consequences on the psychological development of persons with acquired blindness, or whether it can be considered functional and appropriate to these individuals’ needs during childhood. This aim was pursued by adopting attachment theory as a conceptual reference and administering the Adult Attachment Interview (AAI) to a sample of participants with early onset blindness. Results suggested that, as long as mothers are loving and are sensitive to their children’s needs, their greater physical intervention and control of child exploration can play an important role in helping their severely sight-impaired children develop secure and well-balanced personalities.

Keywords: attachment, acquired blindness, directiveness, overprotectiveness, personality development.

There is broad consensus in the literature that directive and overprotective maternal behavior can be disadaptive and dysfunctional for children’s
psychological development. Marfo (1992) defined maternal directiveness as any systematic use of commands, requests, and other control behavior aimed at inducing a child to adopt a parent-desired conduct. Highly frequent directive behavior has been thought to be harmful to preschool-aged children’s social and cognitive development (Murray & Hornbaker, 1997), and overprotection also seems to play a determining role in the development of many psychopathological and antisocial disorders (Reti et al., 2002; Thomasgard, 1998).

A high frequency of directive and overprotective maternal behavior has been systematically observed in research investigating the verbal and nonverbal interactive behavior of mothers with their severely visually-impaired children (Behl, Akers, Boyce, & Taylor, 1996; Dote-Kwan, 1995; Hughes, Dote-Kwan, & Dolendo, 1999; Imamura, 1965; Kekelis & Andersen, 1984; Moore & McConachie, 1994; Pérez-Pereira & Conti-Ramsden, 2001). One open question, however, is whether this particular interactive style has the same negative effects on blind children as it does on sighted children, or whether it can be considered functional to the psychological development of the severely sight-impaired.

Behl et al. (1996) conducted a study on the interactive behavior of mothers with their severely or totally sight-impaired children, aged 15-61 months. They found that these mothers were more physically involved during interaction with their children and more frequently used verbal control strategies than did mothers of children with no visual deficit. Kekelis and Andersen (1984) also observed similar behavior during daily sighted-mother/blind-child communicative interaction, finding that the language used by these mothers was highly directive and was characterized by many imperatives and few descriptive linguistic acts. Kekelis and Andersen proposed that this type of maternal behavior had the primary goal of controlling children’s attention and behavior, rather than soliciting a mutual exchange of information and communicative interaction based on sharing. Kekelis and Andersen therefore negatively interpreted directive maternal behavior, considering it deleterious to the psychological development of blind children. Their conclusions diverged considerably from the proposal of Behl et al. (1996) that mothers of severely sight-impaired children are directive because they tend to adapt their behavior to their children’s special needs.

Moore and McConachie (1994) examined the communicative styles of the mothers of eight children with total blindness and eight children with severe visual impairment in daily interaction. Results showed that totally blind children and children with critical visual impairment received more exhortations to act than any other type of request. The authors proposed that mothers use this type of conduct to solicit their children’s participation, teach them the purpose (and rules) of a game, or determine that their children understand instructions. The authors did not rule out, however, that this interactive style might have negative effects
on children with blindness (although they formulated no clear-cut interpretive hypothesis to this effect).

Conti-Ramsden and Pérez-Pereira (1999; Pérez-Pereira & Conti-Ramsden, 2001) also showed how directiveness represents the typical communicative style of mothers of blind children. The authors filmed and decoded many verbal and nonverbal aspects of sighted-mother/blind-child interaction, finding that these mothers used many more instructions and were more directive than sighted children’s mothers were. Yet, contrarily to other authors and similarly to Behl et al. (1996), they proposed that a directive dimension under these circumstances might have a completely different function from that which it has for sighted mother and child pairs.

In summary, the literature reports two opposing interpretive hypotheses concerning the ways in which mothers’ directive and overprotective behavior can influence their blind children’s personality development. Some researchers suggest that this particular maternal interactive style has a negative effect on child development (Imamura, 1965; Kekelis & Andersen, 1984; Rogers & Puchalski, 1984; Rowland, 1984) and that it can be considered an indicator of maternal intrusiveness and insensitivity with blind children. Conversely, other authors conclude that maternal directiveness can be functional to blind children’s development, representing an appropriate response to the particular psychological profile of these children and to the special needs that lack of sight imposes on maternal figures (Behl et al., 1996; Conti-Ramsden & Pérez-Pereira, 1999; Hughes et al., 1999; Pérez-Pereira & Conti-Ramsden, 2001; Urwin, 1984).

The aim of this study was to determine whether or not the directive and overprotective behavior of mothers of individuals with acquired blindness necessarily has negative effects on child development, or whether this behavior can be considered functional and appropriate to the specific psychological profile of severely visually impaired children.

We investigated the issue by adopting the conceptual reference of attachment theory (Bowlby, 1969/1980), which proposes the existence of an innate human tendency to form relationships based on demands for protection and care in moments of need. It also proposes the existence of cognitive structures (Internal Working Models, IWM), which develop as a result of an attachment figure’s response to this innate tendency. Indeed, IWMs can be considered mental representations concerning the attachment experiences of individuals during infancy – that is, the core around which people organize their knowledge of self and of others.

The instrument of choice for studying attachment and its relative IWMs in adulthood is the Adult Attachment Interview (AAI) by George, Kaplan, and Main (1985). The AAI was directly inspired by attachment theory and is a
semistructured clinical interview examining adults’ first attachment experiences and the effects these experiences have on their later development. Thus, the AAI reveals an adult’s state of mind regarding his or her own childhood attachment experiences, by classifying these mental states into four main categories, described by Main (1996) as follows:

**Secure/Free-Autonomous (F)** Interviewees maintain coherent and collaborative discourse while describing and evaluating their attachment experiences, whether these are described as being positive or negative.

**Dismissing (Ds)** Interviewees neither support nor contradict a normalizing and positive description of their parents with memories of specific events. Any effects of negative experience are denied.

**Entangled-Preoccupied (E)** Interviewees seem worried, but can also be angry or confused or passive concerning the experiences they report. Some sentences are grammatically incorrect or senseless and some responses are not relevant.

**Unresolved-Disorganized (U/d)** Interviewee discourse presents monitoring errors, for example, speaking of dead people as if they were still alive, remaining silent, or speaking highly of a person who committed sexual abuse of the interviewee.

In an extensive meta-analysis, van IJzendoorn and Bakermans-Kranenburg (1996) found the following percentage distributions for 487 women into these four categories: 16% Ds, 55% F, 9% E, and 19% U/d. Similar results were found for 241 men: 15% Ds, 57% F, 11% E, and 17% U/d.

Various studies have shown that the Free-Autonomous mental state can be considered a protective factor against psychopathological risk, whereas the other categories are significantly correlated with clinical status, particularly the Unresolved-Disorganized state (Fonagy et al., 1996; Liotti, 2004). In fact, Van IJzendoorn and Bakermans-Kranenburg’s meta-analysis (1996) also examined a sample of 165 people suffering from clinical disorders, with the following percentage distributions for the four categories: 26% Ds, 8% F, 25% E, and 40% U/d.

As mentioned previously, the purpose of our study was to determine whether or not the directive and overprotective behavior characterizing sighted-mother/blind child interaction is deleterious and has a negative impact on the development of these children, or whether it is a functional and appropriate communicative style, given the circumstances. In the light of attachment theory, then, we predicted that if this type of maternal interactive behavior is adaptive for the psychological profile of children with early onset blindness, then the percentage of blind adults presenting a Secure/Free-Autonomous mental state with respect to attachment should be similar to that of the sighted, nonclinical population. Conversely, if this interactive modality is dysfunctional, then the percentage of blind adults with a Secure/Free-Autonomous mental state should be lower, with a greater incidence
of insecure mental states, and therefore with a higher incidence of blind persons at greater psychopathological risk.

**METHOD**

**PARTICIPANTS**

In order to involve an homogeneous sample, inclusion criteria required that participants a) had acquired total blindness (with “total blindness” meaning total lack of sight or the mere perception of light), and b) did not suffer from neuropsychological-type deficits or from any other perceptual deficits of a nonvisual nature. This latter is a particularly stringent condition, such that even Pérez-Pereira and Conti-Ramsden (2001) underlined the difficulty of obtaining a large sample of participants with no additional impairment.

**TABLE 1**

**PARTICIPANTS’ ANAMNESTIC DATA**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Age</th>
<th>Cause of blindness</th>
<th>Sight currently remaining</th>
<th>Perceptual deficit onset</th>
<th>Total blindness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>59</td>
<td>Measles</td>
<td>None</td>
<td>18 mos.</td>
<td>18 mos.</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>59</td>
<td>Optic nerve atrophy</td>
<td>None</td>
<td>12.5 yrs.</td>
<td>12.5 yrs.</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>42</td>
<td>Infant glaucoma</td>
<td>None</td>
<td>18 mos.</td>
<td>18 mos.</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>51</td>
<td>Corneal opacity</td>
<td>Light perception</td>
<td>Unknown&lt;sup&gt;2&lt;/sup&gt;</td>
<td>22 yrs.</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>55</td>
<td>Infant glaucoma</td>
<td>None</td>
<td>2 yrs.</td>
<td>2 yrs.</td>
</tr>
<tr>
<td>6</td>
<td>M</td>
<td>31</td>
<td>Retinitis Pigmentosa</td>
<td>None</td>
<td>3 yrs.</td>
<td>9 yrs.</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>50</td>
<td>unknown</td>
<td>None</td>
<td>7 yrs.</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>28</td>
<td>Retinitis Pigmentosa</td>
<td>Light perception</td>
<td>5 yrs.</td>
<td>15 yrs.</td>
</tr>
<tr>
<td>9</td>
<td>M</td>
<td>59</td>
<td>Septicemia</td>
<td>None</td>
<td>5.5 yrs.</td>
<td>5.5 yrs.</td>
</tr>
<tr>
<td>10</td>
<td>F</td>
<td>52</td>
<td>Infant glaucoma</td>
<td>None</td>
<td>5 yrs.</td>
<td>30 yrs.</td>
</tr>
<tr>
<td>11</td>
<td>M</td>
<td>29</td>
<td>Eye trauma</td>
<td>None</td>
<td>7 yrs.</td>
<td>15 yrs.</td>
</tr>
<tr>
<td>12</td>
<td>F</td>
<td>55</td>
<td>Eye trauma</td>
<td>None</td>
<td>2.9 yrs.</td>
<td>2.9 yrs.</td>
</tr>
</tbody>
</table>

**Notes:**
1. The period of life ranging from 0 to 3 years is considered a crucial period for the later development of many psychopathological disorders. Our sample criteria also included participants who declared a visual deficit onset age later than age 3. We based our choice on the fact that, although an individual’s Internal Working Models (as assessed by the Adult Attachment Interview) tend to stabilise as early as age 1, these models are not necessarily unmodifiable. Indeed, they can undergo dramatic changes when individuals experience emotionally significant situations. We believe that the onset of a disabling deficit, such as a visual deficit, profoundly modifies parental interactive style in a family and a person’s self-perception and should therefore be considered an experience that can significantly transform an individual’s Internal Working Models.

2. This participant was unable to indicate with certainty the onset period of his perceptual deficit, declaring that it had probably occurred during his second year of life.

These two constraints allowed us to examine a total of 12 participants with acquired blindness (4 men and 8 women; mean age in years = 47.5; SD = 11.96),
10 of whom had no residual sight and two of whom perceived only light. Table 1 shows participants’ anamnestic data.

**MATERIALS AND PROCEDURE**

We used the Adult Attachment Interview (AAI) by George, Kaplan, and Main (1985) to pursue our research goals. AAI transcripts were coded by an experimenter (E.I.) who had trained with Mary Main and Erik Hesse. In addition to generally assigning an AAI mental state with respect to attachment (F, Ds, E, and U-d), our attention was also focused on two of Main and Goldwyn’s (1994) scales: the Involving/Role Reversing Scale and the Loving Scale. The Involving/Role Reversing Scale is quite detailed and covers many childhood experiences. This scale was particularly interesting for our aims because it is useful for surveying the extent to which interviewees’ parents had directly solicited interviewees’ attention and involvement during childhood and to what extent these parents acted overprotectively. The Loving Scale assessed the degree to which interviewees felt their parents had been capable of providing security and love, especially during difficult moments experienced in childhood. The coder assigned a score of 1 to 9 to each of the scales under consideration. We then later assigned a minus sign (-) to indicate lack, or low degree, of behavior assessed by a scale for scores of 1 through 5, and we assigned a plus sign (+) to scores of 6 through 9.

**RESULTS**

As shown in Table 2, six participants reported a significant degree of maternal directiveness and overprotectiveness for the Involving Scale. In only one instance was this type of conduct reported for a participant’s father. The difference between the two parental figures bordered on significance (Wilcoxon test; \( z = 1.890 \) \( p = .059 \)). Loving Scale results revealed a positive score for the maternal figures of 8 out of 12 participants. A positive score was found for the paternal figures of 7 out of 12 participants. The difference between the two parental figures scores was not statistically significant (Wilcoxon test; \( z = 0.577 \) \( p = .564 \)).

Table 2 also shows AAI mental states for all our participants: In terms of the four AAI categories, the data showed that seven participants were found to belong to the F category; one participant was Ds category; another participant belonged to the E category; one participant showed an Unresolved-Disorganized mental state, with a second classification of Entangled-Preoccupied (U-d / E); one participant showed an Unresolved-Disorganized mental state, with a second classification of Dismissing (U-d / Ds); and lastly, one participant showed an Unresolved-Disorganized mental state with a second classification of
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Secure/Free-Autonomous (U-d / F). We followed instructions requiring that all participants with a first Unresolved-Disorganized classification be considered insecure, even if they showed a second Secure/Free-Autonomous classification (Crowell & Treboux, 1995).

Table 2

**State of Mind with Respect to Attachment of Each Participant and Presence of the Behavior Measured on the Involving Scale and the Loving Scale**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Father Involving scale</th>
<th>Father Loving scale</th>
<th>Mother Involving scale</th>
<th>Mother Loving scale</th>
<th>State of mind</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>F</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>F</td>
</tr>
<tr>
<td>3</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>Ds</td>
</tr>
<tr>
<td>4</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>F</td>
</tr>
<tr>
<td>5</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>U-d / F</td>
</tr>
<tr>
<td>6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>E</td>
</tr>
<tr>
<td>7</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>U-d / Ds</td>
</tr>
<tr>
<td>8</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>U-d / E</td>
</tr>
<tr>
<td>9</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>F</td>
</tr>
<tr>
<td>10</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>F</td>
</tr>
<tr>
<td>11</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>F</td>
</tr>
<tr>
<td>12</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>F</td>
</tr>
</tbody>
</table>

The most interesting result that emerged was that although half of the people with acquired blindness reported highly directive and overprotective behavior by their mothers, the percentage of participants with the Free-Autonomous mental state was similar to that of the nonclinical, sighted population. In fact, 58% of our participants had a Free-Autonomous mental state. As discussed previously, van IJzendoorn and Bakermans-Kranenburg’s (1996) extensive meta-analysis found that 55% of women in the nonclinical sighted population had a Free-Autonomous mental state (N = 487) and that the percentage for men was 57% (N = 241). The meta-analysis also revealed a much lower percentage of participants with a Free-Autonomous mental state in the population with clinical disorders, that is, 8% (N = 165). The percentage of our participants with a Free-Autonomous mental state was therefore practically identical to that reported in the literature for the sighted population not suffering from any clinical disorders.

This result tends to refute the hypothesis affirming that directive and overprotective maternal behavior necessarily has a negative impact on the development of individuals with acquired blindness. As can be observed in Table 2, however, one necessary condition for avoiding negative developmental effects is that this type of directive behavior be accompanied by explicit and positive maternal affectivity: Indeed, five of our seven F participants reported maternal
directivity and overprotection (involving +) as well as maternal security and love (loving +). In only one instance did the copresence of these factors interfere with the development of a secure mental state. No participant with a negative score on the Loving Scale showed a secure mental state. As can be expected, the two people in our sample with a positive score on the Loving Scale and a negative score on the Involving Scale were secure (as assessed by the AAI). Conversely, the four people with a negative score on both the Loving and Involving Scales were insecure on the AAI.

**CONCLUSIONS**

The literature is divided about what valence should be assigned to directive and overprotective maternal behavior. Some authors maintain that this interactive style has negative effects on the personality development of children with severe visual impairment. Other authors, however, affirm that this type of behavior is functional and is appropriate to the psychological profile of children with blindness. The aim of the present study was to discriminate between the two hypotheses. Although our results are preliminary and refer to a limited sample, they tend to falsify the idea that the directive and overprotective behavior of mothers of children with acquired blindness necessarily has disturbing consequences for their children’s development. The results of this work extend results reported by Ardito, Adenzato, Dell’Osbel, Izard, and Veglia (2004) concerning a group of adults with congenital blindness and demonstrate that the mental state with respect to attachment of a person with blindness does not depend on the onset age of visual impairment.

As shown by the correlations with Loving Scale scores, blind individuals can experience their mothers’ directive and overprotective behavior as encouraging and functional, as long as it is accompanied by an affectionate and loving attitude. Directive and overprotective maternal behavior should, therefore, not be considered negative in absolute, as part of the literature devoted to the topic has conversely tended to suggest. Indeed, this interactive style must be contextualized and examined in relation to other interactive modalities, especially in relation to the role of loving support in times of difficulty and need. Hence, it seems that in cases of severe visual deficit, highly physically present mothers who strongly orient their children’s exploration can represent an important variable for the gradual development of secure and well-balanced personalities, as long as children experience this behavior as sensitive and loving.
REFERENCES


