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## Personality, Social Support, and Quality Of Life as Determinants of Coping Behaviour among Visually Impaired Individuals

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### Abstract

This study examined personality, social support, and quality of life as determinant of coping behaviour among the visually impaired individuals. Fifty (50) visually impaired individuals drawn from Benin City participated in the study. Four hypotheses were stated and tested using independent t. test and regression analysis. The results confirmed three out of the four hypotheses stated. High social support was found to significantly determine high coping behaviour ( $t = 3.261$ ,  $df 48$ ,  $P < 0.05$ ), high quality of life significantly determine high coping behaviour ( $t = 5.136$ ,  $df 48$ ,  $P < 0.05$ ), and that personality, social support, and quality of life jointly predict coping behaviour among visually impaired individuals ( $R = 0.647$ ,  $R^2 = 42\%$ ,  $F(34.626) =$ ;  $P < 0.001$ ). Based on the findings of this study, it is recommended that parents/guardians, teachers/counselors of visually impaired individuals should not relent in supporting them. Also relevant authorities should facilitate programmes that will enhance quality of life of individuals with visual impairment to enable them cope better.

**Key words:** *coping behavior, personality, social support, quality of life, visually impaired individuals*

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## Introduction

One of the most important sources of obtaining information and co-ordination factor between individuals and their environment is the sense of sight. Lack of ability of this sense will create numerous problems and obstacles for the person, (Bosanquet, 2010). Being able to see gives us tremendous access to learning about the world around us – peoples' faces and the subtleties of expression, what different things look like and how big they are, the physical environments where we live and move, including approaching hazards. But when an individual is visually impaired, the above mentioned function becomes complex. In such situation, the assistance of parents, family members, friends, care-givers, and educators becomes indispensable.

Visual impairment is most likely to interfere with an individual's life goals such as achieving material wealth, social status, and planning for and raising families. In addition, people with visual impairments may further be impacted upon by a disturbance of mental health, which will affect their life goals, (Popikver, Wang, and Boerner, 2010). Lamoureux, Fenwick, Moore, Klaic, Borschmann, and Hill, (2009) contend that vision impairment threatens to restrict the individual from being able to conduct daily tasks and maintaining the dignity and respect which is earned by the ability of being independent. Individuals who have impaired vision often need assistance from their family members and other people to conduct daily tasks as it is increasingly difficult for them to move around.

Eye-health problems and diseases, such as refractive errors, cataracts, glaucoma, diabetic retinopathy and trachoma, amongst others, that cause visual impairment and blindness, affecting millions of people worldwide, are included in the disability spectrum. At present, nearly 25% of the population in developing countries are affected by eye diseases or are vision impaired, (Jaggernath, Overland, Ramson, Kovai, Chan, and Naidoo, 2014). According to Frazier, M and Kleinstein, (2009), visual impairment is more exacerbated in the developing world – where access to eye-health services is already limited, especially for the poor. Also good quality information and advice concerning eye-health have not been widely available to the public, especially in developing countries.

Blindness is a major health problem globally, yet more prevalent in developing countries such as Nigeria where childhood infections and malnutrition are rife, and eye-care services are inadequate. Federal Ministry of health posited that 42 out of every 100 adult are blind in the country. The Lagos state branch of the Nigerian Optometric Association (NOA) also confirms that over one million Nigerian adults are blind, while three million are visually impaired. Two out of every three blind Nigerians lost their sight to preventable diseases such as cataract (The Sun Newspaper Editorial, October 9, 2014.)

There are famous men and women who had or has the impairment of vision, yet they made or are making meaningful contribution to mankind – the likes of Louis Braille (1809-1852) who invented the Braille writing system despite his predicament, Alec Templeton (1909-1963) who was born blind but yet became a satirist and a pianist, the great Galileo Galilei who was an astronomer, a mathematician, physicist, and even a philosopher, Stevie Wonder (1905-present) who is an American singer, song writer, multi-instrumentalist and record producer, Cobhams Asuquo-Nigerian musician, producer, and songwriter, Taiwo Lawal-a totally blind photographer, and many other visually impaired persons who may not be famous but yet are coping well with their impairment. It is in light of these aforementioned that one begins to investigate some of the factors that could be determinant of high coping ability among persons with vision impairments.

Visual impairment refers to a significant functional loss of vision that cannot be corrected by medication, surgical operation, or ordinary optical lenses such as spectacles. Visual impairment is not necessarily accompanied with emotional and social incongruence, but its acceptability and ability to cope with such condition may depend largely on the individual's personality. Personality is the sum total characteristics of a person which influences his or her interaction with the external world. It induces the individual's cognition, emotion, and behaviours in diverse situations. Personality affects all aspects of life of an individual, (Bosanquet, 2008). In fact, reflection of family and social behaviour specifies the power of adaptation in visually impaired people (Asghari, 2012).

People differ greatly in their ability to tolerate stressful experiences. Often, adjustment and maladjustment are not phenomena that can be generalized; they are often personalized, peculiar and depending on the individual in question. Studies have shown that relations between personality and coping are modest. This does not mean that the impact of personality on coping is unimportant. A small influence, multiplied by the thousands of stressors experienced over a lifetime, may result in a large impact over time. Given exposure to stressors, personality can be expected to influence coping responses in several ways. From a biological view, responses to stress presumably stem from temperament-based approach, avoidance, and attentional regulation systems. Skinner & Zimmer-Gembeck (2007). Rothbart & Hwang (2005), contend that extraversion grounded in an approach

temperament, involves sensitivity to reward, positive emotions, sociability, assertiveness, and high energy. Connor-smith and Flachsbartc, (2005) in a meta-analysis study of the relationship between personality and coping using the Big Five Personality Traits, found out that personality was weakly related to broad coping.

Another variable outside personality that may have influence on the coping ability of individual with visual impairment is social support. Social support is usually defined as the existence of or availability of people on whom we can rely, people who let us know that they care about, value and love us. Hossein (2013) in his study found out that social support has a positive correlation with life satisfaction. He found out that blind students with high social support have increased degree of life satisfaction. World Health Organisation defines quality of life as individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment.

The link between received social support and indicators of psychological well-being in adults with visual impairments was explored by Cimarolli and Boerner (2005), the study included 86 participants aged 22-64 who were receiving services from a vision rehabilitation agency in New York. Cimarolli and Boerner collected data through the use of open ended interview questions regarding social support, the participants reported receiving four types of support; 40.59% received both positive and negative social support, 25% received positive social support only, 7% received negative social support, and 4% received no social support. The highest level of depressive symptoms was reported by the participants who received no social support, and the lowest levels of depressive symptom were reported by those who received only positive support. The highest level of satisfaction was reported by those who received positive social support. The role of social support and adaptation to visual impairments in older adults has important implications for rehabilitation services.

Individuals with visual impairments who reported higher levels of support from family members and friends experienced fewer depressive symptoms, a higher satisfaction with life, and overall better adaptation to vision loss. Hossein (2013) in his study found out those blind students with high social support experienced increased degree of satisfaction. In a study of psychological and social adjustment to blindness in, Tunde-Ayinmode M. F., Akande T. M., Ademola-Popoola D. S. (2011) identified the pattern of psychosocial adjustment of blind people in Illorin. In their study, they found out that those blind that had access to formal education and rehabilitation adjusted better.

Coping, is a strategy used to adapt to challenging situations deemed stressful arising from either the internal or external environment. It is the cognitive and affective responses that are used by individuals to manage stress, (Folkman and Moskowitz, 2014). Adjustment is underway when an individual is able to accept vision loss, learn new skills, and go on living a full life despite visual impairment. In life some situations are stressful but it is our thoughts about these events that determine whether or not they are problems for us. Visual impairment is a cause of great emotional and social limitations. Visually impaired persons can be more prone to stress due to feeling of dependency. Visual impairment comes with an enormous cost as an extra measure or resources has to be put in place to ensure that the individual live a well-adjusted life, (Bosanquet, 2010).

McLivane and Reinhardt, (2005). Robyn & Barrett (2010) carried out a study examining the effect of visual impairment among older adults and their quality of life. They found out that higher level of visual impairment was associated with lower quality of life. Also in another study by Adigun, Oluleye, Ladipo, Olowookere, (2013) to investigate the impact of visual impairment on quality of life, they found out that quality of life was poor in the domain of visual function (64.2%). Quality of life was found to be related to the degree of visual impairment, i.e., blind patients reported poor quality of life (41.4%) when compared with those having low vision (8.6%). Robyn & Barrett (2010) carried a study examining the relation between quality of life and visual impairment among older adults, it was found out that adult who had high quality of life reported lower problems of visual impairment. In another study by Maria Oles and PiotrOles (2014), coping styles and quality of life in elderly patients with vision disturbances was investigated and they found out that patients with higher quality of life reported higher coping.

The frustration of the blind in Nigeria is palpable; they are disadvantaged in terms of education, vocational training, mobility and social-economic activities. This may be a byproduct of the fact that blindness still evokes negative attitudes and some degree of stigma in society. Undoubtedly, lack of education and inadequate rehabilitation services make many of the visually impaired feel isolated and stigmatized. From the fore going we hypothesize first that extroverts who are visually impaired will report high coping behaviour than visually impaired introverts. Secondly, that visually

impaired individual who receives high social support will report high coping behaviour than visually impaired individuals who receive low social support. Thirdly, that visually impaired individuals with high quality of life will report high coping behaviour than visually impaired individuals with low quality of life and lastly, that personality, social support, and quality of life will jointly determine coping behaviour among visually impaired individuals.

## Method

### *Participants*

A total of fifty (50) visually impaired individuals participated in the study. Twenty-four of the participants were drawn from Project Charilove, Sapele Road, Benin City, Edo State while the remaining 26 were drawn from the Joint Association of Physically Challenged Persons, NSUK (Nassarawa State University, Keffi) chapter, Keffi, Nassarawa State. The demographic characteristics of the participants fall into the following descriptions. Sex: male 22 (44%), female 28 (56%); Age: 18 – 74 years; Educational Status: tertiary 7 (14%), secondary 28 (56%) and Others 15 (30%); Religion: Christian 38 (76%), Islam 12 (24%); Marital Status: Single 37 (74%), Married 10 (20%), Others 3 (6%).

### *Instrument*

Four standardized scales were used to collect data for this study. Personality was measured using the extraversion subscale of Big Five Inventory (BFI). It is a standardized instrument developed by John, Donahue and Kentle (1991), validated for use with Nigeria sample by Umeh (2004). The instrument contains 44 items designed to measure personality from a five dimension perspective (Extraversion, Neuroticism, Agreeableness, Conscientiousness, and Openness to Experience). Direct scoring is used for all the items. It is scored on a 5-point likert scale ranging from 1 – 5. The co-efficient of reliability provided by John et al., (1991) are Cronbach alpha .80 and 3 months test-retest of .85. Big Five Inventory has mean convergent validity coefficient of .75 and .85 with the Big Five Instrument authored by Costa and McCrea (1992) and Goldberg (1992) respectively. Cronbach's alpha of .83 was obtained by Umeh (2004) for Nigeria samples.

Social support was measured using Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Zimet and Farley (1998). It is 12 items scale with a likert response format ranging from 1 “Strongly Disagree” to 5 – “Strongly Agreed”. The MSPSS had Cronbach's alpha reliability of .82, and a concurrent validity coefficient of .73.

The WHOQOL – BREF (World Health Organization Quality of Life Brief) was used to measure participants' quality of life. It is an abbreviated 26 item version of the WHOQOL – 100. It is self-report questionnaire that measures quality of life in 4 domains – physical health, psychological health, social relations and environmental domain. A Cronbach's alpha of .82 was obtained for physical domain, .82 for psychological domain, .80 for social relations, and .68 for environmental domain (Results of international field trial by WHOQOL Group, 2003). The field trial of the WHOQOL-26 in Nigeria yielded Cronbach's alpha of .85 for physical domain, .85 for psychological domain, .67 for social relations domain, and .83 for environmental domain.

While Coping Behaviour was measured using Coping Strategies Inventory (CPI) developed by David L. Tobin in 2001. It is 72 items scale with a response format ranging from 1 - “Not at all”, 2 - “a little”, 3 - “somewhat”, 4 - “Much” to 5 – “very much”. The CPI had Cronbach's alpha reliability of .82, and a concurrent validity coefficient of .73 for the Nigeria samples.

### *Procedures*

Official letters requesting permission to collect data from the two bodies used was sent to the director of Project Charilove in Benin-City, and to the Leader of Joint Association of Physically Challenged Persons, Keffi, Nassarawa State. The letters were received and permission was granted to interview the participants. However, before commencement, visits were made to the rehabilitation home and learning centre of the participants to seek their co-operation and participation. Only participants who gave their consent were interviewed using the questionnaire, although most of them were willing to participate. At the end of the administration, token was given to each participant.

## Results

Results obtained showed that there was no significant difference between the coping behaviour of extroverts who are visually impaired and introverts who are visually impaired, ( $t = 1.896$ ,  $df 48$ ,  $P >$

0.05). Visually impaired individuals who received high social support reports high coping behaviour than those who receive low social support, ( $t = 3.261$ ,  $df = 48$ ,  $P < 0.05$ ). Again visually impaired individuals who scored high on the quality of life scale was found to also report high coping behaviour than visually impaired individuals who scored low on the quality of life scale, ( $t = 5.136$ ,  $df = 48$ ,  $P < 0.05$ ). Results are as presented on Table 1. Lastly, results of multiple regression analysis on Table 2, revealed that only quality of life contributed significantly to coping behaviour among visually impaired individuals, ( $R = 0.647$ ,  $R^2 = 42\%$ ,  $F[34.626] = ; P < 0.001$ ).

Table 1. Independent t-test Showing Personality, Social support and Quality of life on Coping Behaviour among the Visual Impaired Individuals

Variables	R	R <sup>2</sup>	Beta	F Change	t	Sig.	P
Model	0.647	0.419		34.626		0.000	.000
Personality			-0.019		-0.158	0.875	>0 .05
Social support			0.141		1.082	0.285	>0 .05
Quality of life			0.647		5.884	0.000	<0 .05

Table 2. Multiple Regression analysis showing the independent and joint Prediction of Personality, Social Support and Quality of Life on Coping Behaviour

Variables	Group	N	Mean	SD	df	t	Sig	P
Coping Behaviour	Extroverts	24	201.08	39.535	48	1.896	0.064	>0.05
Coping Behaviour	Introverts	26	177.81	46.606				
Coping Behaviour	High Social Support	23	209.30	30.020	48	3.261	0.002	<0.05
Coping Behaviour	Low Social Support	27	171.67	47.876				
Coping behaviour	High quality of life	31	209.52	26.751	48	5.136	0.000	<0.05
Coping behaviour	Low quality of life	19	155.47	47.809				

## Discussion

Personality, social support, and quality of life as determinants of coping behaviour among visually impaired individuals were examined by this study. The first hypothesis, which stated that extroverts who are visually impaired will report high coping behaviour than introverts who are visually impaired, was not confirmed. This finding support the findings of Connor-smith J.K. and Flachsbart C.(2005) in a meta-analysis study of the relationship between personality and coping using the Big Five Personality Traits, who found out that personality, was weakly related to broad coping. However several studies on the relationship between personality and coping using the Big Five traits showed a positive relationship. For instance, Lee-Baggley et al., (2005) found out that conscientious persons, plan for predictable stressors and avoid impulsive actions that can lead to financial, health, or interpersonal problems. Grant & Langan-Fox (2007) found out that neuroticism predicts exposure to interpersonal stress, and tendencies to appraise events as highly threatening, and coping resources as low. Also, factors such as age, sex, culture, and ethnicity were not considered in this study, Connor-Smith & Flachscart (2007) found out that they affect relations between personality and coping.

The second Hypothesis which stated that visually impaired individuals who receive high social support will report high coping behaviour than visually impaired individuals who receive low social support was confirmed. This result is consistent with the findings of Cimarolli and Boener (2005) who found out that visually impaired individual who received social support reported a better adjusted life and high level of life satisfaction, and also with the study of Hossein (2013) who found out those blind students with high social support experienced increased degree of satisfaction.

Furthermore, hypothesis three which stated that visually impaired individuals with high quality of life will report high coping behaviour than visually impaired individuals with low quality of life was confirmed as higher scores of quality of life were associated statistically significant with higher coping behaviour. This finding is consistent with the finding of Robyn Lewis & Anne E. Barrett (2010) whose study indicated that adults who have high quality of life reported lower disturbances of visual impairment, and also the study of Maria Oles and Piotr Oles (2014) who found out that visually impaired patient with higher quality of life reported higher coping.

Lastly, the fourth hypothesis, which stated that personality, social support, and quality of life will jointly determine coping behaviour among visually impaired individuals, was confirmed as the regression analysis ran to test this hypothesis showed that personality, social support, and quality of life jointly predicted coping behaviour among visually impaired individuals with quality of life being an

independent constant predictor. Thus again, showing consistency with the finding of Maria Oles and Piotr Oles (2014), that visually impaired persons with higher quality of life report higher coping.

### **Conclusion**

In line with the findings of this research, the following conclusions were drawn. Visually impaired extroverts did not report high coping behaviour than their introvert counterparts. It is concluded that visually impaired individuals who receive high social support cope better than visually impaired individuals who receive low social support. Also, it is discovered that visually impaired individuals who has high quality of life have high coping ability than visually impaired individuals who has low quality of life. Finally, it was also found that personality, social support, and quality of life jointly determine coping behaviour among visually impaired individuals. Improved coping enables visually impaired individuals to live as normal or near normal as possible, comparable with people without visual disability.

### **Recommendations**

This study showed that social support and quality of life determine coping and better adjustment; therefore policy makers should embark on policy actions that would facilitate intervention programmes that will enable individuals with vision disability improve their quality of life so as to enhance their coping behaviour. Also their quality of life could be enhanced through regular series of lectures/counselling sessions for such persons to enable them know that they are not isolated.

The results of this study has implication for all parents/guardians and practitioners who work with individuals who are visually impaired, including teachers of students with visual impairments, rehabilitation counsellors and even NGOs, (Non-Governmental Organizations), it is recommended that these authorities do not relent in supporting individuals with visual impairment.

It is also recommended that further studies be carried out to investigate the influence of personality traits on specific coping styles and not just on broad coping.

### **References**

- Antonovsky, A. & Kats, R. (1967).The Life Crisis History as a Tool in Epidemiology Research. *Journal of Health and Social Behaviour*, 8, 15-20.
- Asghari, H. M. (2012). Blindness: A Global Priority for the 21<sup>st</sup> Century. *Journal of Ophthalmology*: 58, 635-637.
- Baldwin, M. W. (1992). Relational Schemas and the Processing of Social Information. *Psychological Bulletin*, 112, 461-484.
- Bolger N., Zuckerman A. (1995). A Framework for Studying Personality in Stress Process. *J. Personal. SocPsychol* 69: 890-902.s
- Bosanquet, N (2010). *Liberating the NHS; Eye-Care.Making a Reality of Equity and Excellence*.Imperia College, London.
- Bosanquet, N.And Mehta P. (2008).Evidence Base to Support the UK Vision Strategy. *Vision 2020 Uk*.
- Campbell, A., Converse, P. E., & Rodgers, W. (1976).*The Quality of American Life*. New York, NY. Russell Sage.
- Cimarolli, V. R., &Boerner, K. (2005).Social Support and Well-Being in Adults who are Visually Impaired. *Journal of Visual Impairment & Blindness*, 99, 521-534.
- Cohen F. (1984). *Measurement of Coping: Stress and Health Issues in Methodology*. Chichester, England, Wiley, 283-305.
- Connor-Smith, J. K., Flachsbart C. (2007). Relations Between Personality and Coping; a Meta-Analysis. *J. Psychol Soc*.93; 1080 – 107.

- Fiske, D. W. (1949). Consistency of factorial Structures of Personality Ratings From Different Sources. *Journal of Abnormal and Social Psychology*. 44. 329-344.
- Folkman, S. & Moskowitz, J. T. (2014). Coping: Pitfalls and Promise. *Annual Review of Psychology*, 55, 746-754.
- Frazier, M. & Kleinstein, R. N. (2009). Access and Barriers to Vision, Eye, and Health care, *Optometric Care within the Public Health Community*. Old Post Publishing, Cadyville, New York.
- Gilbert, C. E., Shah, S. P., Jadoon, R. B., Dineen, B., Khan, A. M., Johnson, G. J., and Khan, M. D. (2008). Poverty and Blindness in Pakistan: Results from the Pakistan National Blindness and Visual Impairment Survey. *British Medical Journal*, 336, 29-32.
- Goldberg LR. (1981) Language and Individual Differences; the Search for Universals in Personality lexicons. In *Review of Personality and Social Psychology*, ed. L Wheeler, Vol 2, pp. 141-65. Beverly Hills.
- Goodling K. (2006). Poverty and Blindness: A Survey of the Literature; Sightsavers International Programme Development Unit.
- Grant s., Langan-Fox, J. (2007). Personality and the Occupational Stressor-Strain Relationship, the Role of the Big Five. *Journal of Occupation: Health Psycho* 12. 20-33.
- Hastle, R., & Park, B. (1986). The Relationship Between Memory and Judgement Depends on Whether the Judgement task is Memory Based or On-line. *J. Psychological Review*, 93, 258-268.
- Hossein Jenaabadi (2013). The Relationship between Perceived Social Support and Blind Students' Life Satisfaction. *Journal of Educational and Institutional Studies* Volume 3; 13. ISSN 2146 – 7463.
- Jaggernath, J., Overland. L., Ramson, P., Chan, V. F., and Naidoo, K. S. (2014). Poverty and Eyehealth. *J. Health*, 6, 1849-1860.
- John, O. P., Donahue, E. M., & Kentle, R. I. (1991). *The Big Five Inventory- Versions 4a and 54*. Berkeley, CA: University of California, Berkeley, Institute of Personality and Social Research.
- Klein, S. B., Loftus, J., Trafton, J. G., & Fuhrman, R. W. (1992). Use of Exemplars and Abstractions in Trait Judgements; A Model of Trait Knowledge About the Self and Others. *Journal of Personality and Social Psychology*. 63, 739-753.
- Lackey, B., & Drew, J. B. (1997). *A Social Cognitive Perspective on Social Support*. Sourcebook of Social Support and Personality (pp. 107-140). New York: Plenum.
- Lamoureux, E., Fenwick, E., Moore, K., Kleic, M., Borschmann, K., and Hill, K. (2009). Impact of the Severity of Distance and Near-Vision Impairment on Depression and Vision-Specific Quality of Life in Older People living in Residential Care-homes. *J. Investigative Ophthalmology and Visual Science*. 50, 4103 – 4109.
- Lazarus R. S. & Folkman S. (1986). *Stress, Appraisal, and Coping*. New York: Springer.
- Lazarus R. S. (1993). *Stress and Emotion: A New Synthesis*. New York: McGraw-Hill.
- Lee-Baggle D., Preece, M., DeLongis, A. (2005). Coping with Interpersonal Stress: role of Big Five traits. *Journal. Personal* 73; 1141-80.
- Maria Oles and Piotr Oles (2014). Coping Style and Quality of Life in Elderly Patients With Vision Disturbances. *Journal of Ophthalmology*, vol 14, pp 115-129.
- McCrae R. R. & Costa P. T. Jr. (1992). Introduction to the Five-Factor Model and its Application. *J. Personal*, 60: 175-215.
- McCrae R. R. & P. T. Jr. (1985). *The NEO Personality Inventory Manual*; Odessa, FL; Psychol, Assess. Resources.

- McLivane, J. M., & Reinhardt, J. P. (2008). Interactive Effect of Support from Family and Friends in Visually Impaired Elders. *Journal of Gerontology: Psychological Sciences*, 63, p 374-p382.
- Norman, W. T. (1967). 2,800 Personality Trait Descriptors: Normative Operating Characteristics for a University Population. Department of psychology, University of Michigan.
- Poikver, L., Wang, S. W. And Boerner, K. (2010). Eyes on the Prize: Life Goals in the Context of Visual Disability in Midlife. *Clinical Rehabilitation*, 24. 1127 -1135.
- Robyn, Lewis K., and Anne E. Barrett (2010). Visual Impairment and Quality of Life among older adults: An Examination of Explanations for the Relationship. *Journal of Gerontology: Social Science* 66B:364-373.
- Rothbart M. K. & Hwang J. (2005). Temperament and the Development of Competence and Motivation. In *Handbook of Competence and Motivation*, ed. Pp.167 – 84. New York: Guilford.
- Skinner, E. A., Zimmer-Gembeck M. J. (2007). The development of Coping. *Annu. Rev. Psychol.* 58:119-44.
- Tunde-Ayinmode, M. F., Akande T. M., Ademola-Popoola D. S. (2011). Psychological and Social Adjustment to Blindness; Understanding from two Groups of Blind People in Illorin, Nigeria. *Annals of African Medicine*.J. Vol. 10; pg; 155-164.
- Umeh, C. S. (2004). Personality Traits Among Inmates of Aba Prison in Nigeria: Influence of the Five Factor Model n Inmate Status and Type of Offences. *Nigeria Journal of Psychiatry*: 12 (2), 9-15.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52, 30-41.