When it was time for the group to go into the play-yard, Sonny frequently bumped into other children or, just as often, stood where he was when the others all walked outside.

Although he didn’t really seem to be a dull child, Sonny did not respond to games such as those in which the caregiver held up an object and said, “What’s this?” He sometimes waved his right hand back and forth in front of his right eye when the bright light of the lamp shone from the caregiver’s desk or the sun shone strongly in the window.

Sonny’s mother was a busy woman who had to work to contribute to the household. Sonny was the youngest of five, and she stated that she sometimes did lose his regular medical checkup in the shuffle. While his behavior at home was about the same as in the day care center, the family simply accepted his quirks as an indication of his developing individuality. At his most recent checkup, when he was just about 1 year old, the busy clinic physician had not indicated that there were any problems.

Sonny muddled along for three more years. Only when he was 5 years old did it become very clear that Sonny had no vision for anything other than light and dark in his right eye. His left eye permitted him to see general shapes of large objects as they approached him and some details, if objects were brought really close to the eye. Sonny was legally blind!

Considering his lack of vision, Sonny had somehow managed to make remarkable developmental progress in the absence of any special training techniques. With special help, he might be able to read large-type books for the visually handicapped. (Because vision is not an all-or-none thing, the legal definition of blindness entitles very low-vision individuals like Sonny to many services for the blind provided by the federal and state governments, as well as by certain local municipalities and private agencies for the blind.)

In a sense, Sonny was lucky. Many legally blind infants and toddlers, like babies who are without any usable vision and who are considered to be totally blind, need special help and training to discover some of the things that Sonny had managed to learn. For instance, they might be helped to explore with their hands in order to discover what things are like.

The earlier help is given to a baby with visual problems, the more likely it is that baby will develop much in the way that sighted children do. In general, such early starts are important for all kinds of disabilities. Although the federal government has mandated education for all handicapped children from age 3 upward, the first three years, which may be crucial to development and later educational responsiveness, are omitted from that valuable legislation! Alert caregivers can perform a service of lifelong value to the infants in their charge by picking up on developmental areas in which the babies may need special attention, as well as by providing activities to encourage all areas of individual development. Suggesting professional evaluation for infants and toddlers who seem to show lags or problems in one or more developmental areas may lead the parents to follow through, at least to the extent of finding out whether there is a serious problem. Sometimes what appears to be a slight problem eventually does disappear. At other times, it may be the first indication of a later, more severe difficulty.

How Does Vision Usually Develop?

It used to be believed that the newborn baby could not see. More recent research shows that many babies have vision even at birth. At first, the newborn can focus better on objects that are off to the side and are somewhat distant than on objects right ahead of him or her. A mobile off to the side and farther than arm’s length away could be a good object to have available for the baby to look at. Gradually, the baby’s vision develops so that by the end of 3 months the child can focus straight ahead.
The eyeballs also gradually become more capable of moving together for the purpose of looking at something; the cross-eyed look that some babies seem to have may be partly due to the fact that this ability has not yet completely developed and partly because, having short arms, the baby holds objects rather close to his or her face.

The infant also develops visual perception—the ability to make sense of the information coming into the brain from the eyes. As with other kinds of perception, this development depends also upon the infant’s developing intellectual-cognitive or understanding ability. Studies such as those by T. G. R. Bower and others have suggested that the infant’s visual world, far from being the place of “buzzing, blooming confusion” that some theorists have suggested, is, as early as 6 to 8 weeks of age, organized using the same basic stimuli as those of adults. These abilities improve further with age.

The fact that the infant can see is important as a factor in many other kinds of development. Seeing others walk and beckon influences the sighted baby’s attempts to crawl and walk. Simply seeing something aids in learning to steer around it. Eye-hand coordination, used in manipulating any kind of object from a toy to food, obviously involves vision. So does recognition of and response to other people and to nonverbal “body-language.” So, the sighted child uses his or her vision in a multitude of ways for a myriad of developmental activities and accomplishments.

How Does the Baby with Visual Problems Develop?

There are many varieties of visual difficulty. As Sonny’s situation indicates, vision is not an all-or-none sense.

To begin with, we are fortunate to have two eyes: visual impairment of one still leaves much room for undisturbed development. However, the problems of one eye can interfere with using the vision of the other, and special help may be needed. For example, if the eyes do not move together, one eye may stop developing vision and become blind, in a condition known as amblyopia, or “lazy eye.” If alert caregivers notice this problem early, and medical help is obtained, the good eye may be covered with a patch or treated with medication in order to give the poor eye an opportunity to develop. The child’s vision may eventually develop quite well in such a case. However, if the visual problem is not dealt with before the child is about 6 years old, the lazy eye may never see.

Vision may be poor because its sharpness, or acuity, is generally reduced. Proper eyeglasses may help, of course. The visual field—the area seen by the eye—may be restricted. The child may have tunnel vision, seeing only objects that are directly to the front. Or the eye may respond only to light striking small portions of it, here and there. The baby would then have little patches of input which would shift as the eye shifted, making any real visual perception most difficult, even with training.

Visual difficulties may remain the same as the child develops, or they may change, becoming more severe or, occasionally, improving with growth. Vision problems may be present in a child who otherwise appears to be developing as most children do, or they may occur along with one or more other problems or handicaps.

One problem for caregiver and professional assessor alike is that until an infant is old enough to be expected to carry out a particular activity, there is great difficulty in noting that he or she might be headed for trouble with it. Some babies simply seem to develop more slowly, eventually proving to be as competent as their more quickly developing peers. Others who lag, on the other hand, do turn out to have special problems.

The baby who is blind may start...