Social Problems and Care Countermeasures of Patients with Visual Impairment and Autism

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ABSTRACT

Objective: To explore the social challenges faced by individuals with visual impairment and autism and to analyze potential support measures and countermeasures. **Methods:** A qualitative research approach was adopted. Using purposive sampling, nine individuals with lived experience of visual impairment within the autism community or their parents were recruited through friend referrals and relevant online communities. Data were collected via online text or voice interviews, focusing on the difficulties encountered by individuals with visual impairment and autism and potential solutions. The interview guide was developed based on common themes identified during prior interactions with the participants. **Results:** The challenges faced by this population included limited accessibility to healthcare, the compounded difficulties arising from the coexistence of visual impairment and autism, stereotyping, the misalignment between traditional professional training for visual impairment and the characteristics of autism, an unsupportive social environment, and mental health issues. **Conclusion**: Individuals with visual impairment and autism exist but have not received adequate attention. Early screening and intervention should be strengthened, knowledge among professionals should be enhanced, and university major options should be expanded to facilitate better social integration.

Keywords: visual Impairment, autism, care, social problems

Visually impaired autistic individuals present a dual diagnosis of visual impairment and autistic traits. Visual impairment itself spans a spectrum from mild to severe, encompassing various conditions characterized by partial or complete vision loss. These individuals often rely on assistive tools such as eyeglasses, white canes, magnifiers, guide dogs, and screen-reading software to support daily functioning [1]. This population exhibits distinct cognitive, social, and perceptual characteristics [2], representing an objectively existing yet frequently overlooked demographic. Research indicates that the prevalence of autism among the visually impaired population (11.6%) substantially exceeds that observed in the general population (0.6%) [3].

Individuals with autism and visual impairments currently confront numerous challenges. While societal awareness and acceptance of this population have improved, significant obstacles persist in their daily lives. These individuals must navigate not only the difficulties stemming from visual impairment—such as limited sight, restricted mobility, and impeded information access—but also challenges common to autistic traits, including social communication barriers, concentration difficulties, and specific learning issues [4]. Investigating the integration dilemmas and countermeasures for this group aims to deepen our understanding of the compounded difficulties arising from both visual and autistic conditions, thereby identifying practical approaches to support their social integration. Addressing their actual needs offers valuable insights for policymakers, educators, and social service providers, ultimately fostering the development of a more inclusive and diverse society.

1 Objects and Methods

1.1 Subject of the study

This study recruited patients with visual impairment and autism through a patient society from January to December 2024, using a purposive sampling method. The inclusion criteria required that the individual or their child met the diagnostic criteria for autism with visual impairment and had received the autism diagnosis at least six months prior. Participants also needed a minimum education level of secondary school. Exclusion criteria encompassed individuals with severe communication disorders that prevented them from understanding and responding to questions appropriately. We also excluded those who had experienced other major traumatic events within the past six months, such as bereavement, serious car accidents, or a cancer diagnosis. Finally, individuals were excluded if their child had other serious chronic conditions, including congenital heart disease, bronchial asthma, or nephrotic syndrome, and was concurrently undergoing treatment for these conditions.

1.2 Research methodology

1.2.1 Research design

The qualitative research method gathered information on the challenges faced by visually impaired autistic individuals, available resources, and potential solutions through online text or voice interviews. The interview outline was developed from recurring themes identified during preliminary interactions with participants. Interview topics encompassed participants' backgrounds, educational histories, experiences with substitute decision-making, encountered stereotypes, vocational constraints, and additional issues alongside possible resolutions.

Structured and open-ended interview formats were employed throughout the data collection process.

1.2.2 Information collection

The study's analytical topics were jointly identified through discussions with the interviewees, who then collaborated in analyzing them to ensure alignment with their expressed experiences. Prior to the interviews, informed consent was obtained after explaining the study’s purpose and procedures. Interviewees were assured that all collected information would be used solely for research purposes and that their personal data would remain confidential. All interviews were conducted online via WeChat text, voice messages, or telephone calls.

1.2.3 Analysis of information

After the interviews concluded, the content was refined and organized against the interview outline using Microsoft Word, while software such as KDDI was employed for speech-to-text conversion. Data analysis was subsequently conducted with Excel and other tools. This study primarily employs deductive and participatory research methods for its analysis.

1.2.4 Quality control

The discussion themes were jointly identified with the interviewees, who then collaborated in analyzing them to ensure alignment with their expressed experiences. Throughout the interviews, the researcher maintained neutrality toward participant viewpoints, refrained from leading questions, and avoided tendentious evaluations of the interview content. Two researchers independently performed data extraction and analysis, with a third researcher resolving any disagreements.

2 Results

A total of nine respondents participated in this study, and their basic profiles are summarized in Table 1. Respondents 1 and 2 were totally blind, while Respondents 3 and 4 experienced vision problems during childhood and adolescence. Respondent 5 suffered a traumatic fundus hemorrhage, and the children of Respondents 7, 8, and 9 were diagnosed with both Asperger's syndrome and vision-related issues. The findings highlight several challenges, including barriers to healthcare access, the compounding effect of overlapping obstacles, stereotyping, limited educational resources, employment discrimination, an unsupportive social environment, and mental health concerns.

Table 1 Basic information on respondents

1) 22 Female Student Autism Spectrum Disorder Attention Deficit Hyperactivity Disorder

2) 43 Female Company employee I am blind, my son was born in 2009 and has Asperger's syndrome.

3) 30 Female Freelance Autism Spectrum Disorders

4) 40 Female Public Interest Employee Autism Spectrum Disorder Attention Deficit Hyperactivity Disorder

5) 26 Female Students Autism Spectrum Disorder

6) 28 Female Freelance Autism Spectrum Disorders

7) 50 Female Businesswoman, son born in 2007, Asperger's syndrome

8) 50 F Company employee, son born in 2004, Asperger's syndrome

9) 35 Female, freelance, son born in 2013, Asperger's syndrome

2.1 Theme 1: Access to health care

Interviewee 1 reported that many hospital software interfaces are incompatible with screen-reading software, which prevented her from retrieving a hospital number online. On one hospital

visit, a doctor instructed her to complete several computer-based tests, including graphical assessments like the Raven's IQ test. The computers lacked adequate accessibility features, however, making the examination difficult for her.

2.2 Theme 2: Difficulties arising from the combination of visual impairment and autism

Interviewee 7 reported: "He struggles with concentration; although he has been unusually devoted to reading since childhood, he cannot consciously maintain his posture and consistently holds the book too close, forgetting to look away. As a result, his eyes fixate intensely, which has contributed to his poor vision from an early age." Interviewees 1 through 5 each described how their visual impairments complicate daily travel, such as by tripping over obstacles on unfamiliar routes. Autism can induce sensory overload, further exacerbating travel difficulties. Interviewee 4 noted that even individuals with low vision, not total blindness, find societal accessibility inadequate, making a simple hospital visit exhausting. For instance, someone with limited vision must often ask passersby for bus directions, yet people may not always respond.

Respondent 3 reported that their range of motion was severely restricted by sensory overload, difficulties in adapting to the environment, and poor vision, which made seeing both tiring and challenging. Daily self-care activities such as dressing, washing, and eating were more difficult due to their visual impairment. They also noted being easily distracted while dressing, sometimes forgetting how many buttons they had fastened, and requiring considerably more time than others to complete seemingly simple tasks. Interviewee 3 observed that a student with autism spectrum disorder and impaired vision may exhibit heightened sensitivity to classroom environmental factors like noise and lighting, struggle to adapt to traditional classroom models, and consequently require additional support. They suggested that schools could reduce ambient noise and teachers might offer a quiet learning space or noise-canceling headphones to minimize

auditory distractions. Classrooms could also adjust lighting by avoiding harsh or flickering sources and instead employing soft natural or adjustable illumination. Appropriate seating placement in quieter classroom areas with easy access to both the teacher and instructional materials was recommended. Where feasible, visual aids such as magnifiers, high-contrast materials, or electronic devices like tablets could help students see content more clearly. Teachers should use clear, simple language supplemented with visual cues like pictures or diagrams to improve task comprehension. Maintaining regular communication with parents allows teachers to monitor student progress and needs. Hospitals and other professional settings can provide educators with training on autism and visual impairment to enhance their understanding and support strategies. Additional reasonable accommodations, such as extended time for tests and assignments, can help reduce student stress. Together, these supports foster a more inclusive and supportive learning environment, enabling students with autism spectrum disorders and visual impairments to realize their potential and achieve success in both academic and social domains.

Respondent 4 noted: "It is already difficult to understand what the other person is saying, and accurately interpreting their facial expressions and body movements is also impossible because they cannot see well. They may also face social isolation. They may suffer from low self-esteem and anxiety, and may be reluctant to initiate social activities. Social prejudices may further contribute to their isolation." All respondents in this study, including both parents and the individuals themselves, emphasized the need to strengthen early screening and intervention for autism accompanied by visual impairment.

2.3 Theme 3: Stereotypes

Interviewee 1 reported: "During a recent hospitalization in the psychiatric department of a

public tertiary care hospital in a major northern city for mood disorders stemming from school bullying, the doctor attributed all my symptoms to my blindness, asserting that it is normal for a person who cannot see to lose their mind." Interviewee 2 stated: "A visually impaired child is inherently perceived as weak, whether the blindness is congenital or acquired, because many believe that 75% of cognitive information in learning and daily life derives from sight; consequently, blindness is often equated with an absence of normal cognitive ability, or even with intellectual disability." They further explained: "When visual impairment co-occurs with a neurological disorder such as Asperger's Syndrome, most people assume the blindness causes the child's eccentric personality and unusual behaviors." They added: "Children with both visual impairment and Asperger's Syndrome often cannot follow instructions from parents and teachers promptly or grasp implied meanings, which leads others to misinterpret them as rebellious, disobedient, stubborn, or selfish." Interviewee 2 also noted: "Furthermore, the prevailing social environment is predominantly oriented toward the sighted, making it difficult for society to accept those who are different." Respondent 9 commented: "Children fall down frequently, and those who do not understand find it hard to comprehend how these children can collide with obstacles that are obvious to sighted individuals."

Interviewee 1 noted that the public often mistakenly assumes individuals with visual impairment possess exceptionally sensitive hearing and a preference for auditory engagement, such as listening to music, novels, or ancient poems. In reality, many students with visual impairment favor memorizing ancient poems by reading Braille books, as tactile learning helps solidify their retention. Those who are totally blind from birth and also have Asperger's Syndrome may exhibit a stronger preference for tactile books and often choose to record their moods in Braille. For individuals with low vision, visual memory—including the use of picture

books—can be more effective for learning and may represent a relative strength. Additionally, their occasional reluctance to greet others is frequently misinterpreted as unwillingness or an inability to perceive social cues due to their visual impairment, when in fact they may be concerned about misidentifying someone.

2.4 Theme 4: Limited resources for education and discrimination in the job market

Interviewee 1 stated, "I believe the acupuncture and massage profession poses several challenges for individuals with autism. First, many autistic individuals experience difficulties with fine motor skills and coordination, which complicates physical training and the acquisition of manipulation techniques. These challenges can create tension with instructors, diminishing learning interest and reinforcing low self-esteem. Second, massage instruction often involves partners practicing on one another, and due to sensory hypersensitivity, autistic students may find the experience unbearably painful, leading to resistance or refusal to participate. Furthermore, many struggle with time management, and since massage demands repetitive, diligent practice, they are frequently perceived as inattentive, uncommitted, or ungrateful for the learning opportunity. While medical massage practice might mitigate this issue, many practitioners work in healthcare massage, which requires strong conversational skills. Instructors consistently emphasize the need to engage clients in conversation and ensure their satisfaction to maintain their business. However, autistic individuals typically find such social interaction particularly challenging."

Interviewee 2 noted: "The two traditional occupations for visually impaired individuals are acupuncture, massage, and music performance. The general public assumes that if one cannot see, one must rely on one’s hands or voice—such as in massage, singing, or playing the piano, none of which require sight. However, these specialties are not necessarily appropriate for

students with autism. Some visually impaired autistic individuals exhibit a strong interest in computer programming, yet traditional perceptions prevent them from enrolling in related majors. Others show considerable talent for literary creation, but restrictive academic options hinder them from fully developing their abilities."

Respondent 8 stated: "His child's career development was constrained by poor eyesight, which also restricted the range of majors available for the college entrance exam. Although his child eventually chose a major related to the internet, domestic limitations made it difficult to access many courses. Consequently, the student did not receive adequate academic support."

Interviewees generally observed that curricula in schools for the blind tend to be less demanding than those in regular schools, which leaves visually impaired students with considerable remedial work when preparing for the general college entrance examinations. Interviewees 1, 2, 3, 4, and 8 further emphasized the need to broaden the range of available college majors. Interviewees 1, 2, and 3 noted that some institutions in China have already begun expanding these options, citing as examples the Master of Science in Clinical Medicine at Beijing Union University, the Mathematics program at Beijing Normal University, and the Social Work program at Wuhan University of Science and Technology, all of which now admit blind students.

2.5 Theme 5: Barriers to expressing needs

Respondent 1 stated: "It is genuinely difficult to articulate my inner feelings and true intentions, and I often explain things in a roundabout way. Not only is reading the blackboard challenging, but I also feel embarrassed to inform my teacher or classmates when I drop an eraser. I engage in considerable mental preparation before seeking assistance, and even when I believe I am ready, I fail to adopt a modest demeanor when speaking. This leads others to

misunderstand, as if I am demanding help while acting entitled, as though they owe it to me."

Respondent 2 described: "Children with visual impairment and Asperger's syndrome often cry upon entering kindergarten due to unfamiliarity with the environment or difficulty interacting with peers, which signals significant anxiety. In kindergarten, my child could not name his classmates, even those seated nearby, and recognized only a few favored individuals by name; he could not even distinguish between boys and girls. He sometimes resists attending kindergarten without stating this directly, instead complaining that his legs hurt or that he does not want to go downstairs. He may claim to be happy when leaving home, yet upon arriving at the classroom he stands motionless and occasionally refuses to remove his hat or coat the entire day, leading his teacher to perceive him as having a strong personality. During a Children's Day performance, while all the other children danced in formation, he stepped out of line and insisted on standing separately. This behavior also stems from an inability to regulate his emotions. At times, rather than crying or shouting, he conveys his inner distress through unconventional actions that defy typical rules and routines. However, others cannot discern which specific words or events are causing his distress."

2.6 Theme 6: Emotion-related issues

Interviewee 4 recalled an incident: "I was halfway across the street when my glasses suddenly broke, and being nearly blind without them, I felt utterly terrified in the middle of the road; to this day, I cannot remember how I eventually crossed and made it home. During my primary and secondary school years, I experienced extensive bullying at school, which caused severe emotional distress. Those aggressive boys were truly frightening; on one occasion, they dismantled my desk. I remember crying as I tried to repair it, and when a vice-principal passed by, he did not inquire into the situation but simply scolded me and insisted I pay for damaging

public property. I was profoundly distressed by that experience."

Respondent 7 reported: "At that time, the teachers at the school were very demanding and the environment was violent, causing our child significant emotional distress. The child wanted to attend school, but we as parents felt so overwhelmed that we considered giving up. Online public service workers then encouraged us to persist with schooling. He eventually progressed to high school, yet during his senior year he began refusing repetitive tasks. Subsequently, he stopped writing essays for language arts and ceased completing math assignments. These emotional challenges substantially hindered his academic progress."

Interviewee 1 reported having been hospitalized in a psychiatric facility in a first-tier city for mood disorders resulting from school violence.

3 Discussion

Individuals with co-occurring autism and visual impairment represent a population that exists and warrants greater attention. Those with autism and blindness or low vision currently encounter multiple challenges. This group remains under-reported in the domestic literature. Accordingly, this study interviewed parents and autistic individuals to analyze the specific needs and challenges faced by this population, proposing intervention strategies and support measures to foster their holistic development and social integration. These individuals experience not only the overlap of two distinct conditions but also the complex interaction between them. They confront difficulties arising from the disorders themselves, along with influences from the surrounding social environment. Although societal awareness and acceptance of this group have improved, they continue to face numerous practical barriers [5]. This study conducted interviews with autistic individuals with visual impairment and their parents in China to identify their needs

and challenges. These challenges encompass barriers to healthcare access, difficulties inherent to the impairments, stereotypes, limited educational resources, workplace discrimination, unwelcoming social environments, and mental health concerns [6]. First, when a visually impaired individual, whether an adult or adolescent, suspects they have autism, obtaining a diagnosis is often difficult; healthcare professionals seldom encounter autistic patients with visual impairment and thus lack relevant experience. Regarding accessibility, some interviewees reported obstacles in reaching healthcare services. People with both autism and visual impairment face not merely the co-occurrence of two conditions but also their synergistic interaction. Autistic characteristics can exacerbate vision-related issues. Due to core features of autism, individuals often struggle to self-correct poor visual habits, which may further compromise residual vision. Healthcare providers should account for the specific characteristics of this population and design improved service systems to enhance their healthcare experiences and motivation, thereby improving visual prognosis.

Individuals with autism and visual impairment encounter significant challenges in learning and education. Visual impairment restricts conventional learning activities like reading printed books or viewing educational videos. Concurrently, autistic characteristics complicate the comprehension and processing of information. Social communication deficits, a core feature of autism, impede the interpretation of emotions, intentions, and non-verbal cues such as facial expressions and gestures [7]. The presence of visual impairment further complicates these social interactions. Moreover, the stereotyped behaviors and restricted interests associated with autism often heighten anxiety when new information or environmental changes occur. Visual impairment also amplifies uncertainty about their surroundings and complicates adaptation to unfamiliar situations. Difficulties in integrating multi-sensory information may arise, and the

reliance on non-visual senses can exacerbate cognitive load. In social and interpersonal domains, the combination of visual impairment and autistic traits hinders effective communication through facial expressions, body language, and speech, as well as the accurate interpretation of others' intentions. Limited societal awareness regarding the co-occurrence of visual impairment and neurodiversity, coupled with persistent discrimination and prejudice, obstructs social integration and self-advocacy [8].

All interviewees in this study emphasized the need to strengthen early screening and intervention for autism and vision. Screening and intervention efforts should be increased for children with visual impairments, as studies indicate that the prevalence of autism in children with congenital visual impairment reaches 50%, far exceeding the 1.0% to 1.5% prevalence observed in the general population; other neurodevelopmental disorders are also frequently observed in this group [3]. Autism introduces additional challenges beyond those posed by visual impairment alone. Currently, however, difficulties in children with visual impairment are often attributed solely to their vision problems, leading to poor recognition of autism. Parents typically seek appropriate testing and treatment only when particularly characteristic autism symptoms appear. Conversely, visual impairment screening should be enhanced for autistic individuals. Children with autism may not report visual difficulties or even recognize that they have a vision problem. Early vision screening facilitates timely detection of such issues and enables appropriate ophthalmologic support to promote overall development [9].

Visual problems and the core features of autism create a dual challenge for autistic individuals with visual impairments, profoundly impacting their learning and social development. Their visual impairment hinders the ability to see the blackboard, PowerPoint presentations, or the facial expressions of teachers and peers, thereby obstructing classroom

learning; they may also be unable to remember classmates' faces and must rely on vocal characteristics for recognition. Autistic traits further compound these communication and social interaction difficulties. To mitigate such challenges, educational institutions should supply accessible learning resources such as screen readers and braille displays, train teachers to accommodate student needs, and encourage students to proactively express their requirements to better integrate into academic and social settings. Traditionally, educational and career trajectories for the visually impaired have emphasized fields like acupuncture, massage, and music performance, as these occupations are perceived to depend less on vision. However, these professions can present additional obstacles for individuals with both visual impairment and autism [10]. Autistic individuals often experience difficulties with fine motor control, motor coordination, time management, and social interactions, which complicates the acquisition of skills demanding fine motor precision, such as massage, acupuncture, or piano playing; the physical contact inherent in massage may also provoke sensory hypersensitivity. Furthermore, the massage industry necessitates effective communication skills to manage diverse client interactions, a requirement that conflicts with the characteristic social challenges of autism.

Consequently, conventional career trajectories designed for individuals with visual impairment often prove unsuitable for autistic individuals, who require more personalized career options and support to realize their potential. Most interviewees believed that a broader selection of university majors should be available. At present, students with visual impairments face a narrow range of academic disciplines, which becomes even more restricted when autism is also present. Although traditional majors may accommodate the particular needs of visually impaired people to some degree, they frequently fail to align with the distinct interests, capabilities, and developmental trajectories of those who are both autistic and visually impaired. Several

interviewees noted that some autistic individuals with visual impairment exhibit a strong aptitude for computer programming yet cannot pursue related fields due to conventional biases, while others possess a talent for literary creation that remains untapped because of limited major options. Although some institutions in China have started to actively diversify the majors available to visually impaired students, autistic students with visual impairment still require greater support in information processing. Some parents reported that their children's career prospects are impacted by their visual condition, and that the specialties available through the college entrance examination are overly restrictive given their visual needs. Other interviewees indicated that even when their children had selected Internet-related majors, they struggled with many courses due to their specific conditions and a lack of appropriate academic support. Stereotype, also referred to as the "stereotype effect," describes an individual's fixed and unchanging perception of certain people or objects as a result of social influence [11].

External stereotypes of visually impaired autistic individuals are often oversimplified and fail to reflect their complex needs. Within China, perspectives on disability, particularly intellectual or mental disability, remain largely rooted in traditional medical-pathological and charity models. The country currently has few professionals specializing in the intersection of autism and visual impairment, and this limited understanding fosters prejudices, including assumptions that such individuals are incapable of learning or living independently [12]. Media reports frequently adopt a third-person perspective, relying on family narratives rather than incorporating first-person accounts [13]. Behavioral issues, such as frequently dropping objects, are often attributed solely to visual impairment, overlooking potential influences of autism. Furthermore, visually impaired children are commonly labeled as “weak” and sometimes mistakenly perceived as cognitively impaired or intellectually disabled simply because they

cannot access information visually. Such biases not only underestimate their capabilities but also obscure their actual challenges and needs, hindering access to appropriate support. In educational settings, these students may be taught using mismatched methods that disregard their specific strengths and requirements, thus limiting their developmental potential [14]. Interviewees noted that curricula in schools for the blind are often less demanding than those in mainstream schools, necessitating extensive remedial study when students prepare for standard college entrance examinations. Emotionally, this group confronts numerous challenges. Difficulties in interpreting their surroundings and performing daily activities—such as dressing, eating, and navigating—can lead to frustration, social isolation, and feelings of helplessness. Such isolation may, in turn, contribute to emotional disorders including anxiety and depression.

Furthermore, social prejudice can intensify their emotional distress. Su Sheng, a psychology doctoral student at Peking University, observed that some parents are perplexed by their children's prior social rejection and worry about further exclusion, noting that these children may fixate daily on whether a misspoken word or misstep has offended others. This raises the difficult question of whether to encourage continued social attempts or to advise accepting a life without socialization to prevent additional pain. Their visual impairment can also cause significant discomfort in unfamiliar settings; in noisy classrooms or crowded spaces, for instance, the inability to see clearly may provoke nervousness or even panic. Autistic traits can amplify this anxiety, as affected individuals often struggle to adapt to their surroundings and adjust rapidly [15]. Persistent isolation and frustration may, over time, lead to depression. A low-vision autistic student in a mainstream school might feel helpless when unable to see the board or follow lessons, reinforcing self-defeating beliefs such as "I can't do it" and diminishing academic motivation. Moreover, challenges in social interaction can deepen feelings of isolation, further

aggravating depressive symptoms. These individuals also face increased vulnerability to bullying in school due to their eye conditions. Potential responses to these challenges include enhancing early screening and intervention, improving professional training, and expanding access to diverse college majors. Nevertheless, small and medium-sized cities as well as less developed regions in western China possess far fewer support resources for visually impaired autistic individuals compared to developed areas. Funding and public awareness remain substantial obstacles. Addressing the needs of this special group demands considerable financial investment—covering assistive devices, specialized rehabilitation services, and special education resources—yet community funding and donations are limited, a situation worsened by the global economic downturn [16].

Individuals with visual impairment and autism face not only the challenges associated with poor eyesight but also the various difficulties commonly linked to autistic characteristics [17]. Raising societal awareness of this group is critical, as greater understanding and support can help them achieve balance in their studies and life and integrate more fully into society—a goal that requires efforts from schools, relevant institutions, and a broader shift in societal attitudes. Future research directions for this population should include investigating their cognitive development mechanisms. Understanding how visual impairment and neurodevelopmental disorders jointly shape cognitive processes will support the design of more targeted educational and rehabilitation strategies. Research on social interaction and emotional support is also essential; by examining their behavioral patterns and needs, tailored social programs can be developed to improve communication abilities [18]. Simultaneously, it is important to enhance the capacity of non-autistic individuals to interact effectively with those on the autism spectrum. Furthermore, studies should focus on refining assistive tools and related technologies—such as smart canes,

screen-reading software, and accessible web platforms—to better address daily living and learning requirements [19].

In nursing, psychological counseling helps patients alleviate psychological stress and improve their mental state. Cognitive behavioural therapy, a commonly used and effective method, assists patients by identifying and altering negative thought patterns and behavioral habits to establish positive cognition and coping strategies. Counseling guides patients to recognize irrational perceptions of their life with blindness and, through psychological and behavioral training, helps them modify these cognitions to reduce anxiety. Group intervention represents another important form of psychological counseling, where blind patients are brought together to share experiences, offer mutual support, and enhance their sense of belonging and confidence in facing the psychological challenges of blindness. For life adaptation, patients are taught how to perform daily activities such as dressing, washing, and cooking while blind, thereby improving self-care abilities through training. Education on assistive technologies enables patients to understand and master various visual aids, guide devices, and accessibility technologies, including electronic magnifiers, guide dogs, and screen-reading software. These tools significantly improve patients' quality of life and foster independent living. For patients with acute onset, timely and accurate psychological assessment is a prerequisite for effective intervention. Professional scales allow for the rapid and accurate assessment of the severity of conditions such as depression and anxiety. In practice, these assessments must be analyzed comprehensively alongside the diagnostic and treatment progress of the patients' eye diseases.

Families play an indispensable role in the psychological rehabilitation of patients. Guiding family members to avoid overprotection is crucial for promoting patient autonomy. The use of positive reinforcement effectively strengthens patients' sense of autonomy and capability. When

a patient independently operates a voice-activated appliance, for instance, family members should offer immediate affirmation, such as, "You successfully turned on the voice-controlled TV today—great job! Keep it up," so the patient feels their effort and progress are recognized. Encouraging patients to participate in simple household tasks like folding clothes or organizing items helps improve their self-care abilities and confidence through practice, thereby reducing excessive dependence on others. Professional nursing teams or comprehensive vocational assessments conducted with disability associations can establish a foundation for tailored vocational rehabilitation plans. For patients with adequate hand flexibility and learning ability, relevant skills training can provide practical vocational skills, enabling economic independence and helping them find suitable work in online environments. Through vocational rehabilitation guidance, patients can not only restore their social roles but also regain a sense of control and confidence in life, which enhances their self-worth.

Research on policies and social support systems is also essential. Analyzing existing policies can inform recommendations for their improvement, thereby promoting more equitable access to opportunities and resources. Collaboration between researchers and the autistic community is equally critical. Autistic individuals with visual impairment should not merely be studied but should actively participate in—or even lead—research and the development of support services. Participatory research helps ensure that the process genuinely reflects the needs and experiences of autistic people. Such cooperation enhances both the practical relevance and inclusiveness of the research, while also amplifying the community's voice and fostering greater social understanding and support [20]. Furthermore, public education and knowledge dissemination should be strengthened to raise societal awareness and understanding of this group and cultivate a more inclusive environment. Through these multifaceted efforts, a better future

can be created for individuals with autism and visual impairment. This study is limited by its relatively small sample size, its lack of analysis comparing patient and parent perspectives, and its restricted geographical scope; future work will involve larger and more geographically diverse samples to verify these findings.

References

[1] Zhou Y H, Cao W J. Research progress of assessment tools for quality of life in patients with visual impairment[J]. Chin Evid Based Nurs,2023,9(5):825-830. doi:10.12102/j.issn.2095-8668.2023.05.012.

[2] Jing J. Perspectives on the concept of “neurodiversity” in autism spectrum disorder and related evaluation[J]. Chin J Child Health Care,2024,32(7):709-712. doi:0.11852/zgetbjzz2024-0645.

[3] Cao R P, Sun Y M. A review of research on assessment and intervention in visually impaired children with autism spectrum disorders[J]. Chin J Spec Educ,2021(5):53-59. doi:10.3969/j.issn.1007-3728.2021.05.007.

[4]Li J J. Practice and reflection on educational rehabilitation of a visually impaired child with autism[C]//China Braille Press, International Society for Visually Impaired Education, Asia Foundation for the Prevention of Blindness. Proceedings of the international seminar on education for the visually impaired. Tianjin School for Visual Impairment, 2023: 10.

[5] Yin P P, Xing Y P, Ji Y, et al. Influencing factors of parenting stress in parents of children with autism spectrum disorder[J].J.New.Med,2024,55(12):999-1008. doi:10.3969/j.issn.0253-9802.2024.12.006.

[6] Wang X Z, Li H, Huang Q. Research on the adaptive design of assistive devices for the

visually impaired people[J].Design,2024,37(01):126-129.

[7] WANG T Z,HUANG H S,LIU L R,et al. The relationship between sensory responsiveness and the development of initiating joint attention in toddlers with autism spectrum disorder[J]. J New Med,2024,55(6):430-436.

[8] WILLEY L H. Pretending to be normal: living with Asperger's syndrome[M]. ZHU H L, translate. Beijing: Huaxia Publishing House,2022.

[9] ABSOUD M, PARR J R, SALT A, et al. Developing a schedule to identify social communication difficulties and autism spectrum disorder in young children with visual impairment[J]. Dev Med

Child Neurol,2011,53(3):285-288. DOI:10.1111/j.1469-8749.2010.03846.x.

[10] DE VERDIER K, FERNELL E, EK U. Blindness and autism:parents' perspectives on diagnostic challenges, support needs and support provision[J]. J Autism Dev Disord,2020,50(6):

1921-1930. DOI:10.1007/s10803-019-03944-y.

[11] ZUO B, ZHANG Y Y, ZHAO J, et al. The stereotype content model and its researches[J]. Adv Psychol Sci,2006,14(1): 138-145. DOI:10.3969/j.issn.1671-3710.2006.01.022.

[12]RUDY S. Aspergirls: empowering females with asperger syndrome[M]. ZHU H L,SU X Y, translate. Beijing: Huaxia Publishing House,2016.

[13] LAO U C,ZHU H L. A review of conceptual changes and perception studies of autism and related terminologies[J]. J New Med,2024,55(12):1054-1064. DOI:10.3969/j.issn. 0253-9802.2024.12.012.

[14] RUDY S. Asperger's on the job:must have advice for people with asperger's or high functioning autism, and their employers, educators, and advocates[M]. ZHU H L,QING Y

L,YANG H, translate. Beijing: Huaxia Publishing House,2021.

[15] Dai Y S, Zhang L F, Feng Y S, et al. A qualitative study of the intervention dilemmas and parenting growth experiences for parents of children with autism[J]. J New Med,2024,55(12):1009-1016. doi:10.3969/j.issn.0253-9802.2024.12.007.

[16] Ma Y, Guo Q Y. Observation on the therapeutic effect of social skills education and promotion program on children with attention deficit hyperactivity disorder[J]. Zhejiang Med J,2024,46(17):1885-1888. doi:10.12056/j.issn.1006-2785. 2024.46.17.2024-139.

[17] Sarah H, Hendrickx J. Women and girls on the autism spectrum: understanding life experiences from early childhood to old age[M]. CHEN F, translate. Beijing: Huaxia Publishing House,2025.

[18] Wilkinson K M, Elko L R, Elko E, et al. An evidence-based approach to augmentative and alternative communication design for individuals with cortical visual impairment[J]. Am J Speech Lang Pathol,2023,32(5):1939-1960. doi:10.1044/2023_AJSLP-22-00397.

[19] Pinquart M, Pfeiffer J P. Change in psychological problems of adolescents with and without visual impairment[J]. Eur Child Adolesc Psychiatry,2014,23(7):571-578. doi:10.1007/s00787-013-0482-y.

[20] Pi L, Qing S. Establishing a co-production framework between researchers and the autistic community: embracing the neurodiversity paradigm[J]. J New Med,2024,55(12):971-978. doi:10.3969/j.issn.0253-9802.2024.12.003.