Journal of Aging Studies 61 (2022) 101036



Contents lists available at ScienceDirect

Journal of Aging Studies

journal homepage: www.elsevier.com/locate/jaging





Negotiations of vulnerability in aging with vision impairment

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ARTICLE INFO

Keywords:
Vision loss
Disability
Work life
Future anticipation

ABSTRACT

Longevity entails a higher prevalence of chronic impairments that often come with aging, such as age-related vision loss (ARLV). Dependence and increasing vulnerabilities contrast sharply with contemporary reductionist models of positive aging, and gradually worsening eyesight exposes older adults with ARLV to situations where idealized models of late life do not fit them. In analyzing semi-structured interviews conducted in Denmark with 40 older adults, aged 55–70 years, with vision loss, this study examines how people in late midlife and early late life negotiate their vulnerability, dependence, and need for help across different contexts. The findings illustrate how these lived experiences situate people with ARVL outside the idealized late life and how they negotiate their need for help in both their work life and private life. The findings also show how people with age-related vision loss perform a balancing act between the lived vulnerability and the prescribed role of vulnerability arising from social discourses. Some contexts allow people with ARVL to negotiate and re-negotiate their vulnerability, while others, such as work-life contexts, often offer less room for negotiating vulnerability and need for help. The study makes it clear that, given the cultural emphasis on extended work lives, the ways in which work cultures can adapt to age diversity and age-related disabilities must receive more attention.

Introduction

Approximately one fifth of adults aged 60 and over experience some degree of vision impairment (Brown & Barrett, 2011). While public discourses on longevity often focus on the prospect of healthier and longer lives for individuals, surviving to advanced ages also entails a higher prevalence of age-related eye disorders, with increasing numbers of older adults living with a visual impairment (Bourne et al., 2017). As vision impairment in later life is usually a gradually developing age-related condition, many older adults with vision impairment must not only deal with the onset of vision loss but also anticipate a worsening of their condition. Loss of independence, both actual and anticipated, is central in the experiences of older adults with vision impairment (Girdler, Packer, & Boldy, 2008; Thier & Holmberg, 2022) and is in sharp contrast to current neoliberal ideals of aging in a post-industrialized world, ideals that tend to emphasize activity, success, and individual responsibility in managing one's own aging (Phillipson, 2020).

Given that the intersection of aging and disability thus far remains largely unexplored in both disability studies and social gerontology (McGrath, Laliberte Rudman, Polgar, Spafford, & Trentham, 2016), research on the lived experience of older adults with vision impairment is scarce. Specifically, despite a known discrepancy between the contemporary socio-cultural notions of aging "well" and aging with a disability (Raymond, 2019; Raymond & Grenier, 2013), experiences of aging with disabilities remains under-researched in the current socio-cultural and political context of aging. This qualitative study investigates the experiences of Danish adults, aged 55–70, living with varying degrees of age-related vision loss (ARVL) and examines their negotiations of dependence and vulnerability in the lived experience of aging with disability.

Responding to visual impairment

Previous epidemiological studies have shown that vision impairment in older adults is associated with negative outcomes, such as declining cognitive and physical function (Hajek et al., 2016), low self-esteem, feelings of depression, and lower life satisfaction (Bookwala & Lawson, 2011; Brown & Barrett, 2011; Maaswinkel et al., 2020). People with vision loss use a range of strategies in adapting to and coping with the impairment (Bennion, Shaw, & Gibson, 2012; Girdler et al., 2008; McGrath & Corrado, 2019), including using assistive devices (Bennion et al., 2012; Girdler et al., 2008), adjusting individual goals and plans

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https://doi.org/10.1016/j.jaging.2022.101036
Received 31 August 2021; Received in revised form 8 May 2022; Accepted 13 May 2022
Available online 20 May 2022
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(Rudman, Huot, Klinger, Leipert, & Spafford, 2010; Spiegel, De Bel, & Steverink, 2016), avoiding certain activities and situations (Bennion et al., 2012; Thier & Holmberg, 2022), and concealing the impairment or its severity from others (Spiegel et al., 2016). Studies on adaptation to vision impairment find that psychological constructs such as self-esteem, sense of mastery, and personality determine how people use coping and adaptation strategies, and whether or not these responses to impairment are successful (Brennan et al., 2001; Maaswinkel et al., 2020; Papadopoulos, Montgomery, & Chronopoulou, 2013; Rees et al., 2013; Sturrock et al., 2015; Teitelman & Copolillo, 2005).

While psychological characteristics and processes demonstrably mediate the individual's responses to vision impairment, the role of external forces that construct the socio-cultural meanings of aging with a disability has received much less research attention. These external forces encompass cultural and political ideals, social discourses, and expectations regarding contemporary aging, such as ideas of successful aging, individualized life courses, and active aging (e.g., Biggs, 2001; Changfoot et al., 2021; Katz, 2013). Social psychological evidence indicates that people internalize such social discourses in their individual aging process and their experiences of aging (e.g., Levy, 2009), suggesting that factors beyond the immediate individual characteristics and circumstances may also influence a person's responses to functional loss in late life.

Previous studies have demonstrated that social and contextual factors are entangled with internal goals when people navigate life with an impairment. Thetford, Bennett, Hodge, Knox, and Robinson (2015), studying resilience in the context of vision impairment, found that resilience was not merely the sum of resources available to the individual. Rather, the interactions between the resources and the way individuals understood and experienced the resources impacted how they coped with their impairment. Spiegel et al. (2016), investigating the ways in which people with degenerative eye conditions concealed their impairment in their work life, use Goffman's (1963) concept of "passing", which entails situations where people pass from a stigmatized identity into one that is more positively identifiable for others. They show that while people with vision impairment deploy coping strategies such as concealment to deal with internal processes, they also proactively adopt context-specific ideals when performing non-stigmatized identities as part of their concealment strategy. McGrath et al. (2016), studying how adults aged 75 and older with ARVL negotiated their aging, show that positive aging discourses shape the experience of the disability and that older adults with vision loss construct identities that tend to reproduce the contemporary idealizations of "aging well."

Nevertheless, how vision loss-related responses and strategies manifest in the interplay between internal processes and external forces—particularly the way in which older adults under age 75 adapt to and cope with age-related vision impairment in the current socio-political contexts of aging—thus far remains largely unknown. However, as people in their late fifties and sixties increasingly face the prospect of a long life, with expectations of extended work-life trajectories and a disability-free late life, they need to negotiate their personal aging experience in counterpoint to the ideals of productive and positive aging.

Anticipation and vision impairment

Age-related eye diseases, such as glaucoma and macular degeneration, not only are progressive but also cause irreversible vision loss and gradual worsening of eyesight, often to the point of blindness. People with ARVL have to balance their current functionality, anticipated worsening of their condition, and contemporary narratives of late life. Several scholarly perspectives offer at least three reasons for assuming that the dimension of anticipation is central to understanding the experience of aging with a vision impairment. First, the psychological literature suggests that, at the micro level, the lived experience of vision impairment is related to the individual outlook of the perceived situation (Taylor, Jones, Binns, & Crabb, 2020). Findings show that both the threat of a loss of function and the anticipated dependence on others determine the vision impairment-related distress more than the actual (current) severity of vision loss (Horowitz & Reinhardt, 2000; Taylor et al., 2020). A higher sense of self efficacy, that is, perceived control over one's situation, in turn alleviates the distress, anxiety, and depression related to vision impairment (Teitelman & Copolillo, 2005).

Second, the role theory (Merton, 1966) concept of anticipatory socialization suggests that as people move along the life course, they anticipatorily adopt the normative roles and expectations of each coming life phase. In so doing, they incorporate the models and promises of an idealized life phase into their planning, goal-setting, and adaptation (Curl & Ingram, 2013; Ekerdt, Kosloski, & Deviney, 2000; Fitzpatrick, Vinick, & Bushfield, 2005). However, many of the idealized models of anticipated late life do not fit people with vision impairment. A chronic, progressively worsening illness is a biographical disruption for most individuals (Bury, 1982), and people with ARVL must negotiate the possible futures and roles that may be available to them. Research has shown that people with illnesses that appear "out of time," such as people with early-onset dementia, need to redefine their view of themselves and their identity (Greenwood & Smith, 2016).

Third, contemporary sociological theories about risk and vulnerability (Grenier, 2020; Misztal, 2011; Settersten, 2020) point to the connection between vulnerability and the unpredictability of individual life, a connection further exacerbated by the current shift in welfare societies from social to individualized risks and contingencies. In addition, other risks and vulnerabilities emerge with increasing longevity and increase the inherent unpredictability of human life (Grenier et al., 2017). For older adults with ARVL, the anticipated worsening of the impairment and the expanding anticipated time horizon create vulnerabilities, or "precarity" (Grenier et al., 2017), that are likely to manifest in the lived experiences.

Study purpose and objectives

In this study, we investigate how people aged 55–70 with ARVL respond to vision impairment in their everyday lives, that is, how they adapt to and cope with their disability across different domains and contexts of everyday life. Focusing on the negotiation of vulnerability, dependence, and need for help, we examine how their responses to vision impairment manifest in the interplay between internal processes (such as goal setting and coping) and external forces (such as contemporary idealizations of late life). As we argue that anticipation plays a major role in the ways in which ARVL disrupts the biographical script, especially for today's younger seniors (those between the ages of approximately 50 and 70 years), we particularly focus on future anticipation in the context of longer lives.

Methods and procedures

Materials

The data were collected during a broader mixed-methods study on everyday life among older adults with ARVL. That study focused on health, activities of daily living, leisure time, social relationships, working life, and barriers experienced in everyday life.

The data consist of 40 semi-structured interviews conducted in 2020 with older adults (aged 55–70 years) with ARVL. We recruited the majority of the interview participants (21 persons) through a survey among older adults with ARVL ($n = 918$). Because the survey was delayed, we recruited the first 19 interview participants by contacting ophthalmologists and organizations for the visually impaired. We asked them to distribute our invitations for interview participation among their patients and members.

To be eligible, participants were to be 55–70 years old and have progressive ARVL, such as glaucoma or age-related macular

degeneration. As the main study had a broad focus on ARVL, we did not denote a specific diagnosis as a criterion. Before the interview, participants provided information about their age and whether their vision loss was progressive. However, because we were interested in the experience of anticipated worsening of the vision impairment, we excluded all individuals who did not have progressive vision loss or who were blind in both eyes. Of the participants 20 were women and 20 men. The majority were retired, and most lived with a partner. Table 1 provides an overview of participant characteristics.

To allow the participants' own experiences of everyday life with ARVL to emerge, the interviews were semi-structured, focusing broadly on everyday life experiences, including themes such as social relationships, leisure time, employment, and help from family and social networks. The interview length varied between 27 and 104 min, with most lasting around 60 min. We conducted the majority of the interviews face-to-face in the participants' homes or workplaces. However, because of the COVID-19 pandemic and the spring 2020 lockdown, we conducted 11 interviews by telephone. All participants provided informed consent and, following the research ethical rules and regulations in Denmark, no further ethical approval was needed to conduct a study of this type. To protect the participants' anonymity, we have changed all identifying characteristics, such as names of persons, places, and ages.

Data analysis

All interviews were recorded and transcribed verbatim. Afterwards each transcript was coded line by line in NVivo, using open coding. For the analysis, we did a theoretically informed reading of the codes that reflected our interest in negotiations of need and receipt of help. Drawing on the literature on living with a vision disability (Bennion et al., 2012; Horowitz, Silverstone, & Reinhardt, 1991), we assumed that situations and experiences of needing or receiving help are situations that (a) expose the conflict between disability and idealized models of aging and (b) induce negotiations of vulnerability. We selected all interview extracts that contained codes referring to descriptions of needing, asking for, and receiving help. Such codes included "help from family and friends," "dependence," and "support from colleagues."

A further reading of these extracts resulted in our identifying two distinct domains: private life and work life. We then identified and coded overarching themes in each domain and allowed the themes to structure our analysis. Such codes included "leisure time", "labor market and disability", "future anticipation", "being independent", and "restrictions." In the final stage of our analysis, we identified the main strategies that the participants used when negotiating their impairment and analyzed the coded themes that fell within these strategies. The following section presents this analysis.

Table 1
Participant characteristics ($N = 40$).

	N
Gender	
Male	20
Female	20
Age	
55–60	16
61–65	9
66–70	15
Partnership status	
Lives with spouse or partner	28
Lives alone	12
Employment	
In labor market (employed or unemployed)	18
Retired	22
Place of residence	
Rural	10
Small urban (<100,000 residents)	17
Large urban (>100,000 residents)	13

Findings

Our findings delineate the ways in which older adults with varying degrees of visual disability negotiate need and receipt of help and their related dependence and vulnerability. We organize the findings into three main categories of strategies that the participants used when negotiating vision impairment: (1) concealing the impairment, (2) adjusting their goals and needs, and (3) accepting their vulnerability as part of life. All three of these strategies fall within both domains: work life and private life. To illustrate these categories and the subthemes we identified within each category, we use anonymized illustrative statements from the participants.

Concealing impairment

In some situations, participants negotiated the emerging needs of help by denying and concealing their vision impairment. In these situations, they behaved as if the impairment was real only if it was detected. Although denial is a known psychological defense mechanism, we found that rather than merely ignoring the new realities (i.e., denying the impairment and the concomitant functional problems), the participants selectively used both denial and concealment to maintain control, avoid being exposed to risks and vulnerabilities, and manage the new situations, as best they could.

Participants who were still working often described strategies of concealing their impairment from their colleagues and managers, not only because they feared losing their job but also because they did not want to be seen as a vulnerable person. Although losing one's job because of a disability is unlikely in Denmark, in the participants' concealment strategies the issues of idealized worker and job security were often intertwined with those of self-perception and an identity as a competent worker. Some respondents, such as Mr. B, aged 56, were unsure of how colleagues might react and how they might view vision loss influencing work ability:

> Mr. B: I have special glasses for working on the computer. The company has paid for them. So I just always say, "Wait a minute, the old man needs to put his goggles on" (chuckles). But all the rest, it is not…
>
> Interviewer: So they don't know about the spider webs and glaucoma and….
> Mr. B: No.
>
> Interviewer: You haven't said anything?
>
> Mr. B: I don't think it's relevant for the time being.

Other participants commented more directly on the prospect of losing their job if the impairment was detected. These comments reflected the negotiation between ideals of productivity, culturally expected long work trajectories, and the anticipation of gradually worsening vision loss. Mr. J, aged 57, who worked part-time, said:

> When it comes down to it, you don't want to have people like that hanging around. You want healthy people, healthy and active, who can work full-time, right? So I know where it's heading, you know, I know what's waiting for me there out on the horizon.

The political and societal idealizations of a competent (aging) worker, such as those found in social and labor market policies and corporate employment strategies, emphasize physical fitness and health (Krekula & Vickerstaff, 2020). While these requirements alone may be difficult to relate to for persons with ARVL, such ideals also homogenize the aging worker, thereby failing to acknowledge the intersections with characteristics such as gender, race, class, or ableness (ibid). For workers who are aging with a disability, this narrow and non-inclusive ideal provides little cultural guidance for negotiating their identity as competent and valued workers.

In their private lives, participants often spoke of denial and concealment of their impairment in situations where they did not want to ask for help. Denying their needs rather than reaching out for help, they stressed that the main reason for not asking for help was not wanting to be a "burden" to family or friends. However, they acknowledged that asking for help also requires accepting their own vulnerability and revising their self-perception. Participants objected to being dependent on the good will of others and negotiated the situations by balancing between emerging needs, independence, and acceptance of help:

> I am very independent as a person, so it's been quite difficult for me to get used to asking for help and accept receiving help. (Ms. L, aged 68).

> It's important to try to do as much as you can. For me, at least, it's important to do the things I can do myself. It gives you confidence and strength. If you give that up, you lose the strength. And you need the strength, and you need to hold on to it, especially when you are ill. (Mr. G, aged 60).

> We actually had to make an explicit deal. If I need help, I'll tell him, instead of just being annoyed at him for wanting to help. (Ms. A, aged 55).

The source of help often made a difference. Asking for help from a spouse was evidently easier than asking for help from children or parents. A spouse could help discreetly and naturally, while help from others made the disability more visible. Accepting help from children or aged parents felt confusing, challenging the anticipated roles and exposing some of the life course disruptiveness of the disability. Overall, the participants felt they were too old to receive help from their parents but too young to receive help from their adult children. The untimely disability and the anticipation of it getting worse led to negotiations of whose help to accept, as is evident in Ms. A's (aged 55) account:

> I rarely ask her [adult daughter] for a lift. I try to structure my needs according to what she needs to do and where she needs to go. I mean, I don't want to burden her too much. She has a kid, and it's not because I won't ever ask but, you know, at some point I will need her even more, so I don't want to ask too much of her now.

The participants also described concealing their needs to avoid asking for help from friends. In general, their desire to remain independent of friends was strong, and friendships were described as relationships that should be characterized by reciprocity. However, especially those who had no spouse or partner had to negotiate a balance between the ideals of a friendship, privacy, and independence:

> It drives me crazy that she [a friend] opens and reads my mail and all that. And it's not that I mind that she gets to see it… it's not that…I don't care, I don't have that many secrets anymore, you know…. But my privacy just keeps shrinking around me somehow. (Ms. K, aged 55).

Social exchange theory, especially as detailed in the context of aging (Dowd, 1975), provides a lens through which to interpret participants' reluctance to ask for help or reveal their difficulties and vulnerabilities. Becoming more dependent in a mutual social exchange relationship not only reshapes the power relations in such an exchange but also makes them more explicit overall. Experiencing loss of resources for social exchange due to a disability can be distressing, especially if the loss appears earlier in the life course than expected.

Given that social connectedness and solid social relationships are part of the contemporary ideals of late life, the experienced loss of social resources not only diminishes people's experienced power in social exchanges but also creates a gap between idealized aging and their own abilities. The participants were aware of the discrepancy between these ideals and anticipated increasing dependence on others in social encounters. The disability cast a shadow over participants' future social relationships:

> If I need to tighten a screw, it's pure hell. I need to feel with my fingers to find its exact position and all that. I have a good friend who can help me, but it's not supposed to be that way. To use a friendship for stuff like that, it's not what I want, and I try to make sure it doesn't go there, because it can cost me the friendship. And that would be a shame. (Mr. J, aged 68).

Adjusting goals and needs

Because of the gradually worsening disability, people with age-related vision loss increasingly experienced not being able to reach the life goals they had set, both for work and for leisure. To avoid the dissonance between those goals and their actual abilities, they had to readjust their goals, their needs, the environment, or a combination thereof.

Those still working felt that a discrepancy existed between the ideals of their work life and their limited capacity, and they described an inner conflict regarding whether to compensate for the problems by working more hours, changing jobs, or stopping work altogether. For many, the big issue concerned their identity as a worker, as in Mr. E., aged 70—who had eventually decided to retire—explained:

> I got a new keyboard with large keys and a big screen and all that, but it wasn't…. I mean, I had all these situations where I felt that, well here I am, a manager for all those people, but I can't be a manager when I can't even read what it says there.

For others, the problem was colleagues' unsupportive attitudes or lack of understanding of what vision disability entailed. The participants felt they had limited means of adjusting their goals when their work environment did not even acknowledge their difficulties with vision:

> My manager has asked about it, you know, but I'm not getting any support from her. She says, "Well, you've got a large screen and you've got your glasses." I've have heard the others say that, too: "You've got your glasses, right?' I mean, it's not the same as seeing well. (Ms. I., aged 65).

Adjusting goals and needs to maintain an acceptable level of functionality and independence was easier in private life. The participants described how they adjusted their needs and the timing of those needs according to the resources and schedules of others, and how they selected the source of help to avoid burdening friends, children, or older parents. Nevertheless, the participants also described having to give up activities that they could not maintain independently. Mr. H., aged 63, felt he could no longer participate in social activities as an equal:

> I used to play cards with my buddies and stuff like that. But I don't anymore. It's too complicated. I know there are blind people who can play, but I don't think it's…or well, if four blind people play together, then it's probably fine…. but it's a bit like when I played with my kids when they were little. I always let them win, but you don't do that when they grow up, right? It's like we're playing that game, and it should be on equal terms for all.

Others described ways of adjusting the goals by changing the frame of reference. Instead of continuing to travel abroad, they choose to travel more locally or as part of an agency-booked group tour. Instead of doing leisure activities alone, they ask family or friends to join and assist them. Some move to a new house to be less dependent on driving a car. Some participate in activities for older people or for people with disabilities, where they can meet the expectations of the other participants because their reduced ability to participate is accepted, and their need for help is met with understanding:

> I play bridge at a care center, and there I'm the youngest player. But I can't see very well. I can tell the difference between reds and blacks

> and clubs and spades, but I have difficulty with diamonds and hearts, and this makes a difference when you're playing. And if I say I have a diamond and it's a heart instead, that's just no good. The people I play with now, they understand, and I'm not viewed as a cheater. (Mr. M, aged 69).

Adjusting individual goals is a basic strategy for adapting to change, and in the normal aging process change induces constant adaptation in people (Baltes & Baltes, 1990). However, the experiences of the participants reflected the ways in which the timing and pace of change deviated from the anticipated change. Because of ARVL, they had to face changes in their functionality much earlier than expected. As previous studies on disability have shown, dealing with disability may pose more of a mental health risk in middle than in late adulthood (Boerner, 2004; Namkung & Carr, 2019), because it disrupts what is expected at certain ages—particularly for younger adults.

Accepting vulnerabilities

While being open about vision loss exposes people to vulnerabilities, it can also be a strategy for managing the risks and maintaining agency while being exposed. Purposely putting themselves in the position of precarity allowed the participants to define both their vulnerabilities and their strengths, and the participants described taking control over the uncertainty and justifying the receipt of help from others.

> I've always been open about everything at work, about my personal issues. I think if you stay quiet about things, you make yourself vulnerable, and I don't want that. (Ms. C, aged 70).

One way of controlling vulnerability in situations where participants needed help from others was to reframe the situation. The participants negotiated being dependent on others by underlining their own contribution to relationships based on reciprocity. Mr. J, aged 57, described situations at work where he, by accepting help, was contributing to the well-being of another worker:

> Some of the colleagues come by and give me a hand with something. There's one of the guys with a subsidized job [limited employment program for people with impaired physical or psychological capacities] whom I have a mutual deal with. I always tell him, "If there's anything I can help with, you just let me know." But he mainly helps me because he wants to and because he doesn't want to be there all alone.

In the private sphere, participants used the idea of reciprocity to negotiate situations in which they needed help. Viewing relationships as reciprocal made the participants feel equal with their peers, despite their vision impairment:

> But it's not always just me who needs help and support, and people go like, "Oh, it's such a shame for her." It can also be a shame for my friend. She has problems too, you know. (Ms. K, aged 55).

Negotiating dependence by disclosing their vulnerabilities allowed the participants to accommodate and frame them as part of the human condition, something that is necessarily a part of human life for everyone.

Discussion

In this study, we investigate the ways in which older adults with varying degrees of vision impairment negotiate the need for and receipt of help, and the related dependence and vulnerability. Increasing longevity means that older adults with age-related vision loss (ARVL) are facing a longer period of living with their disability. Given the contemporary context of aging and longevity, a context that emphasizes positive aging ideals such as productive and healthy aging, the prospect of longer lives may induce negotiations of how to age with vision impairment.

Our findings illustrate that, for people with ARVL, asking for help and receiving it is difficult, because it exposes their vulnerability and dependence. Vision impairment and the related difficulties in functionality disrupt the anticipated life courses in late midlife and early late life, and the experiences of people with ARVL situate them outside the current discourses of "aging well." As the participants in our study reflected on their future and the unpredictability of life with a gradually worsening disability, the dimension of anticipation was present in their reflections on most aspects of their everyday lives, including career continuity, social relationships, and leisure activities.

In line with previous studies (e.g., Girdler et al., 2008), we find that the participants used different strategies to deal with the need and receipt of help. However, we also find that participants adjusted these strategies according to the surrounding context and their own capabilities, balancing their situations, choices, and identities. While concealing the impairment and the related needs allowed them to maintain control and continuity in some situations, the strategies of adjusting goals or accommodating their vulnerability also gave them agency. Some contexts allowed the participants to negotiate and re-negotiate their vulnerability better than others. In general, work life contexts offered less elbow room to negotiate vulnerability and need of help.

Our findings underline that, while people with vision impairment are increasingly exposed to vulnerabilities in aging, they do not necessarily wish to identify as vulnerable or do so across all situations. Not only is vulnerability a fundamental condition of human life, but it also involves a social framing of certain problems and groups (Brown, 2011; Mitchell, 2020). Our study participants performed a balancing act between the lived vulnerability on one hand and the given role of vulnerability arising from cultural expectations and discourses on the other. Their experiences of vulnerability, dependence, and loss of control vary across relationships and situations. In addition, the tension between cultural ideals of positive aging and aging with a vision disability vary according to the context. We find that people with ARVL actively modify their surroundings and adapt their needs to mitigate the discrepancies between their goals and their capabilities.

The finding that people use various strategies for coping and adaptation is consistent with that in the psychological literature (Bennion et al., 2012; Girdler et al., 2008). Nevertheless, our findings also have parallels with the literature on (late life) vulnerabilities, especially as created by increasing longevity and the "shadow of the future" (Misztal, 2011; Settersten, 2020). Insecurities related to conditions such as ARVL make it difficult for them to plan for the future or to do so in a normative, life-course manner. Not being able to plan, in turn, further diminishes their sense of predictability and feeling of self-efficacy.

Longevity entails more varied late life experiences. People aging and entering late life are increasingly heterogeneous in their physical, social, psychological, and financial resources. Chronic impairments appear among aging adults long before old age frailty, so the trend toward productive, individualized aging, and extended work life disadvantages many people. While the positive aging narratives have perhaps made aging per se more normative and culturally acceptable, these narratives—with their primary focus on counteracting overly negative perceptions of aging— have failed to embrace inclusiveness (Calasanti & Giles, 2017; Raymond, 2019). However, the intersection of aging and other characteristics or categorizations may produce disadvantages beyond ageism. This paper has investigated the intersection of aging and disability and contrasted it with the contemporary norms of aging. While both disability and aging expose people to vulnerabilities, one cannot be understood apart from the other. Our analysis highlights the importance of applying an intersectional lens on aging, particularly in the context of lengthening lives.

This study is based on extensive interview material, and the majority of the participants were recruited through a nationally representative survey. Nonetheless, the study has two limitations that need to be considered when interpreting the findings. First, because of the COVID-

19 pandemic we had to conduct 11 of the 40 interviews by telephone, possibly reducing our insights into these participants' everyday lives, including their support needs. Carrying out an interview by telephone instead of face-to-face might also have implications for the interaction between the interviewer and the participant, and consequently affect what the participant does or does not say. Second, our study took place in Denmark, a country with a comprehensive welfare state with a universal care regime and good social protection, and thus cannot be meaningfully applied to other social contexts. Nevertheless, we found that both social insecurities and the unpredictability of the future are intertwined in the experiences of people with ARVL in Denmark. This finding suggests that, in other welfare contexts with less comprehensive social protection, the situational insecurities may exacerbate the experienced unpredictability of the future with ARVL.

Conclusion

While increasing numbers of older adults are experiencing age-related vision impairment, the experiences of living with such an impairment lie in stark contrast to current ideals of positive aging. These ideals are internalized in personal anticipation of the life course and embedded in current policies on aging, which tend to promote healthy aging and productivity into old age. Both policies and individual-level anticipation leave little space for aging with a disability. In concert with Changfoot et al. (2021), we argue that "revisioning aging" requires the inclusion of disabilities studies in scholarship on aging.

Our findings show that people with ARVL often encounter a lack in understanding of their disability. The work environment in particular did not acknowledge their challenges, making it difficult for the participants to accept their vulnerabilities and their increased need of help as part of their identity. Our findings reflect the way in which the contemporary emphasis on a prolonged career places much of the responsibility on the individual, neglecting the unmanageable risks and vulnerabilities that emerge along with lengthening lives. However, given the societal need for extended work lives, work cultures must adapt to better accommodate age-related change, including age-related disabilities. Both future research and policymakers need to examine how workplaces can adapt to age diversity and the new vulnerabilities that emerge at the intersection of lengthening lives, extended careers, and contemporary welfare contexts, by attending to the socio-cultural meanings of aging with a disability.

Declaration of Competing Interest

None.

Acknowledgments

The study was supported by the VELUX foundation, Denmark [grant number 00028536].

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