



## A REVIEW OF PREVIOUS RESEARCH ON THE MARITAL AND FAMILY SITUATION OF OLDER ADULTS WITH VISUAL IMPAIRMENT

### PREGLED PRETHODNIH ISTRAŽIVANJA O BRAČNOJ I PORODIČNOJ SITUACIJI STARIJIH OSOBA S OŠTEĆENJEM VIDA

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**Review Article**

Received: 10/09/2025

Revised: 15/10/2025

Accepted: 06/11/2025

#### ABSTRACT

Visual impairment in later life presents numerous challenges that go beyond the physical dimension and significantly affect the emotional, social, and family functioning of older adults. This review paper analyzes findings from relevant studies addressing the relationship between visual impairment and the quality of marital and family relationships. Special attention is given to the role of the partner as a source of support, the presence of loneliness, and the coping strategies that older individuals develop in order to maintain the stability of marital and family relationships while living with visual impairment. Research indicates that vision loss in old age changes the dynamics of marital and family relationships, where the quality of interpersonal bonds, a sense of personal involvement, and the availability of social support become key to preserving emotional stability and life satisfaction. The loss of vision often requires a redistribution of family roles and can create additional emotional and practical burdens for both the person with the impairment and their partner or family members. Marital and family relationships can thus serve as a source of strength and security, but also of stress if adequate support and mutual understanding are lacking. It is concluded that support for visually impaired older adults should include emotional and family-related aspects of daily life, with the goal of strengthening partner relationships, family inclusion, and a sense of belonging.

**Key words:** visual impairment, older adults, marital relationships, family support, later life.

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## SAŽETAK

Oštećenje vida u trećoj životnoj dobi donosi brojne izazove koji prevazilaze fizičku dimenziju i duboko utiču na emocionalno, socijalno i porodično funkcionisanje starijih osoba. U ovom preglednom radu analiziraju se rezultati relevantnih istraživanja koja se bave odnosom između oštećenja vida i kvaliteta bračnih i porodičnih odnosa. Posebna pažnja posvećena je ulozi partnera kao izvora podrške, prisustvu osjećaja usamljenosti, te strategijama prilagođavanja koje starije osobe razvijaju kako bi očuvale stabilnost bračnih i porodičnih odnosa u uslovima života s oštećenjem vida. Istraživanja ukazuju na to da oštećenje vida u starijoj dobi mijenja dinamiku bračnih i porodičnih odnosa, pri čemu kvalitet međuljudskih veza, osjećaj lične uključenosti i dostupnost socijalne podrške postaju ključni za očuvanje emocionalne stabilnosti i životnog zadovoljstva. Gubitak vida često zahtijeva preraspodjelu porodičnih uloga i može stvoriti dodatna emocionalna i praktična opterećenja, kako za osobu s invaliditetom, tako i za njenog partnera ili članove porodice. Pokazalo se da partnerski i porodični odnosi mogu postati izvor stabilnosti i oslonca, ali i potencijalnog stresa ukoliko izostane adekvatna podrška i međusobno razumijevanje. Zaključuje se da podrška osobama s oštećenjem vida u trećem životnom dobu treba obuhvatiti i emocionalne i porodične aspekte svakodnevnog života, s ciljem jačanja partnerskih odnosa, porodične uključenosti i osjećaja pripadnosti.

**Ključne riječi:** oštećenje vida, starije osobe, bračni odnosi, porodična podrška, treća životna dob.

## INTRODUCTION

Aging is a natural process that lasts throughout the entire life span (Mehović, 2023). Old age is the final period in a person's life (Lovreković and Leutar, 2010). It is a condition that, in its totality, signifies the disintegration of the human being as a social entity due to physical and psychological disorders, impairments, disturbances, or deficiencies caused by old age itself. Such a condition prevents their social integration (Stošljević and Adamović, 2010; as cited in Radžo Alibegović and Kuduzović, 2018). Approximately one fifth of adults aged 60 and older experience some degree of visual impairment (Eye Diseases Prevalence Research Group, 2004; Lighthouse Research Institute, 1995; Pleis & Lethbridge-Čejku, 2007; Steinmetz, 2006; as cited in Brown & Barrett, 2011). In the United States, data from the American Community Survey indicate that 3.2 million individuals (6%) aged 65 and older experienced vision loss in 2019, and the prevalence increases with age. This figure rises to 9% among individuals older than 75 (Erickson et al., 2022). A more recent 2021 study shows that more than 1 in 4 adults in the United States aged 71 and older have a visual impairment, which is higher than previous estimates (Killeen et al., 2023). Visual impairment refers to various impairments or losses in visual acuity, visual field, visual quality, as well as impairments in the functions of structures in and around the eye that facilitate visual functioning (WHO, 2008; as cited in Vučinić et al., 2012). It includes blindness and low vision (Barišić, 2013). Each impairment is specific and causes a different mode of functioning in the person affected by that impairment (Klasić, 2016), and loss of vision thus represents a very serious problem for any individual

(Teskeredžić, 2005; as cited in Begić Jahić and Teskeredžić, 2018). Loss of independence represents a key aspect of the experiences of older individuals with visual impairment (Girdler, Packer and Boldy, 2008; Thier and Holmberg, 2022; as cited in Siren, Røgeskov and Amilon), which may have negative psychosocial consequences (Remillard, Koon, Mitzner and Rogers, 2024). Social support, such as emotional support from family and friends, can have a positive impact on the mental health and well-being of persons with visual impairment (Cimarolli and Boerner, 2005; Guerette and Smedema, 2011; McIlvane and Reinhardt, 2001; as cited in Heinze and Jones, 2024). Additionally, in this period, the marital partner increasingly provides help in the household and domestic tasks to the other (Martinčević-Ljumanović, 1985; as cited in Barbarić, 2022), ensuring emotional support, greater integration into social networks, and often better material and social status (Šućur, 2000). Due to the aforementioned factors, blind and visually impaired persons are increasingly included and involved in social life, becoming more active in managing both community life and their own lives within that same community (Desić, 2017). The family remains a key factor, even for those elderly individuals who have no impairments and who have successfully adapted to the necessary changes, social roles, relationships, and emotional demands (Šućur, 2000).

The aim of this paper is, based on a review of relevant scientific research, to examine how visual impairment in old age affects marital and family relationships, and to identify key factors that contribute to preserving emotional stability, family support, and the quality of partner relationships among older persons with visual disabilities.

## **Marriage and Family**

Marriage and family are two social institutions complementary to one another (Tošić Radev, 2013). The family is universally recognized as an important source of support and security. It can provide a safe and stable environment that nurtures the growth and development of each member through various stages of life, from birth to old age (Khasnabis et al., 2010). Within the family we are born, grow, and develop both personally and professionally (Blagojević, 2007). The forms, roles, and functions of the family have changed throughout history, but the family has always remained the source and bearer of life (Debeljak, 2020). The foundation for establishing a family is marriage (Radivojević, 2022). Marriage is most commonly defined as a socially approved union, assumed to be more or less permanent, and implies rights and obligations between marital partners and their children (Ember et al., 2019; as cited in Ember, Gonzalez and McCloskey, 2021). Factors such as commitment, satisfaction, communication, conflict-resolution skills, and other indicators have been identified as components of a healthy marriage (Moore et al., 2004). The quality of marital relationships plays an important role in the stability of marriage, though it is not the only influencing factor (Karney and Bradbury, 1995). According to older perspectives (Hawkins, 1968; as cited in Obradović and Čudina Obradović, 1998), marital quality is understood solely as marital satisfaction. It is the subjective feeling of happiness and satisfaction experienced by a partner in interaction with the other partner (Hawkins, 1968; as cited in Obradović and Čudina Obradović, 1998). Family stability is equally important for a child's well-being as family structure and has both immediate and long-term benefits for children (Cavanaugh & Huston, 2006, 2008;

Cavanaugh, Schiller, & Riegle-Crumb, 2006; Heard, 2007; Wolfinger, 2000; as cited in Brown, 2010).

### **Visually Impaired Persons in Later Life**

“Old age is the final developmental period in the life span, which may be defined according to chronological age, social roles, or functional status.” (Galić and Tomasović Mrčela, 2013). Old age is also referred to as the third stage of life (Radžo Alibegović and Kuduzović, 2018). Aging brings many changes in various aspects of a person’s functioning, including pronounced decline in general health and increased risks of various chronic diseases and disabilities (Akmadžić, 2022). The aging of the organism leads to changes in the organs, including those related to vision (Bašić, 2021). The main causes of age-related visual impairment include cataract, macular degeneration, glaucoma, and diabetic retinopathy (Congdon et al., 2003; Wang, Chan and Chi, 2014). Cataract is a chronic, progressive disease leading to painless and gradual deterioration of visual acuity and represents one of the most common ophthalmological conditions. It is defined as any clouding of the eye’s lens. Senile cataract is a cataract that occurs with aging, without any other specific cause, and it is the most common form. Senile macular degeneration is a disease that occurs in the area of the macula (the yellow spot), the most developed part of the retina. The disease results in loss of central vision, that is, visual acuity (Bender, 2017). Glaucoma is a disease associated with elevated intraocular pressure and gradually leads to blindness (Gusson et al., 2021; as cited in Stanić and Paradžik Šimunović, 2025). Diabetic retinopathy is the most common microvascular complication of diabetes and one of the leading causes of blindness worldwide (Kaštelan, Tomić, Mrazovac, Pavan, Salopek-Rabatić, and Lukenda, 2010).

Loss of vision in older age is associated with significant difficulties in performing everyday skills (Burmedi et al., 2002, as cited in Wahl, 2013). It has been shown that older persons often give up certain activities, no matter how meaningful or important they are to them, when they realize that they can no longer perform them due to their visual impairment (Orr, 2000; as cited in Ivić, 2016). In addition to this, loss of visual acuity may also lead to difficulties in recognizing family members and friends (West et al., 2002; as cited in Curriero et al., 2013). Furthermore, visual impairment may increase the likelihood of experiencing loneliness (Nachtegaal et al., 2009). Older adults with visual impairment consistently rate their quality of life lower than their peers without impairment and are between two and five times more likely to experience depression (Brown and Barrett, 2011). Visual impairment among residents of nursing homes is higher than among older individuals living in the community, that is, in their own homes (West et al., 2003). Today, older adults find it more difficult to accept aging as an inevitable physical process (Begum, 2019).

### **Marital and Family Situation of Visually Impaired Persons in Later Life**

In the case of marital relationships, when the functional capacity of the married couple becomes limited due to disability, the need for support from the healthy partner may increase significantly. However, when illness or disability overwhelms the life of the couple, a series of significant structural and emotional difficulties may follow. In the case of visual

impairment, partners who are blind or have low vision may not be able to understand the true emotions of their sighted partner due to the inability to establish eye contact, and in extreme cases this may lead to misinterpretations. Therefore, partners must develop alternative means of communication. Sighted partners may face the problem of how and when to talk to their partner about their disability, while partners with low vision may face the dilemma of how much to reveal about their visual impairment (Bhagchandani, 2014). Loss of vision in old age requires the elderly person to adapt to this new fact, but not only them; it also requires adaptation from those with whom they live (Šućur, 2000). When it happens that two people remain alone together in their old age after many decades, this leads to a complete change in their lifestyle. In this period of life, it is very important to reduce any form of criticism toward the partner with whom one has grown old (Krizmanić, 2014; as cited in Barbarić, 2022). People age very differently, and it is therefore important to accept the changes occurring on both sides. Unequal aging processes can complicate their family and marital life. A partner who already struggles with aging must now also accept the aging of their closest companion (Martinčević-Ljumanović, 1985; as cited in Barbarić, 2022). Practical help and support from the partner can mitigate the functional limitations caused by visual impairment, while the social and emotional support received from the partner can compensate for losses in other social relationships due to the impairment (Amilon and Siren, 2022).

Persons with visual impairment more often feel lonely and may have fewer opportunities for learning and socializing than sighted individuals (Jindal-Snape, 2004; as cited in Chu and Chan, 2022). The death of a marital partner may represent the loss of the main source of emotional support. For this reason, the potential for loneliness may be greater among older visually impaired persons who are widowed than among those who are not widowed (Barron, Foxall, Von Dollen, Jones and Shull, 1994). Social isolation associated with visual impairment may also lead to depressive mood (Amilon and Siren, 2022). Friendship, assistance, and relief that older adults receive from genuine interpersonal interactions can enhance their emotional stability (Ji and Li, 2017; as cited in Chu and Chan, 2022).

Family members are an important factor in affirming or denying the self-esteem of other members. Thus, in the case of vision loss, understanding blindness by other family members contributes to the independence of the elderly person and strengthens the cohesion of the family unit (Šućur, 2000). Family support is key in helping an individual adjust to vision loss. When family members understand vision loss, the continued growth and independence of their relatives with low vision will improve (Bambara, Wadley, Owsley, Martin, Porter and Dreer, 2009). Jacobs (1984) states that older persons with visual impairment who have a positive adjustment to vision loss also have good communication with family members and well-established social support networks (Strawbridge, Wallhagen and Shema, 2007).

## METHOD

In order to identify relevant studies, the following databases were searched: Google Scholar, PubMed, and ResearchGate. Combinations of keywords in Bosnian and English were used in the search, including: visual impairment, older adults, marital status, family relationships, vision loss in old age, emotional support, loneliness. The search included scientific papers published between 1994 and 2022, with a focus on studies involving older persons with visual

impairment. In the next step, only full scientific papers addressing the topic of marital and family situations of older adults with visual impairment were selected, including aspects such as the quality of marital relationships, emotional and practical family support, and the adaptation of family roles.

### **Review Of Previous Research On The Marital And Family Situation Of Older Adults With Visual Impairment**

The loss or deterioration of vision in older age represents one of the most complex conditions whose consequences extend beyond the physical dimension. Visual impairment in later life not only affects the ability to perform everyday activities but also deeply interferes with emotional functioning, the quality of social relationships, marital and family life, and overall psychological well-being. For this reason, this chapter presents an overview of contemporary research addressing various aspects of the lives of older adults with visual impairment. Particular emphasis is placed on the relationship between marital status, the quality of social support and family support, emotional well-being, and the mechanisms through which individuals and couples manage the challenges associated with vision loss. By analyzing domestic and international studies, patterns of adaptation, risk factors for the development of depression and loneliness, and the role of the family and broader social networks in preserving the dignity and quality of life of older adults are examined.

In a study conducted by Barron et al. (1994), relationships between marital status, social support, and feelings of loneliness among older adults with visual impairment were examined. The aim was to determine whether marital status influences the degree of loneliness and the composition and quality of social support available to respondents. The sample included 83 individuals over the age of 65 (mean age 80.9 years) who had reduced visual acuity (20/70 or worse in the better eye) but were not completely blind. Participants were categorized into three groups based on marital status: never married, married, and widowed. The majority of the sample consisted of white women with modest income and secondary education. Data were collected through interviews. The results showed that marital status itself was not significantly associated with the level of loneliness, but lonely individuals reported fewer social interactions and lower satisfaction with available support compared to those who were not lonely. Interestingly, non-lonely respondents mentioned their spouse as a source of support more often than lonely respondents who were married, whereas individuals who had never married relied more on friends and extended family. Further analysis revealed that the strongest predictors of loneliness among visually impaired older adults were dissatisfaction with support related to relaxation and the perceived sense of care from others. These factors explained a significant portion of the variability in loneliness. In conclusion, although marital status does not directly affect loneliness, it may influence it indirectly through the availability and quality of social support. This finding is important for designing interventions aimed at the older population. The authors emphasize the importance of assessing and strengthening support networks, particularly in terms of emotional closeness and everyday relief, to prevent or alleviate loneliness among visually impaired older adults.

Strawbridge, Wallhagen, and Shema (2007) analyzed the impact of visual impairment in one marital partner on the health and emotional functioning of the other partner, with special

attention to possible gender differences. The research included 418 older married couples. Effects were examined across a range of indicators: physical and mental health, social involvement, sense of well-being, and marital quality. The results showed that visual impairment in one partner significantly negatively affects the other partner, even when that partner's own health problems are taken into account. Increased levels of depressive symptoms, poorer physical functioning, lower personal satisfaction, greater social exclusion, and lower marital quality were observed among individuals whose spouse had visual impairment. Notably, women were more sensitive to their husbands' visual impairment than vice versa. Women more frequently reported marital dissatisfaction, feelings of misunderstanding, and stronger negative emotional experiences. The authors conclude that rehabilitation and health programs for individuals with visual impairment should also include their marital partners, as they, too, experience physical, emotional, and social consequences of this disability.

Brown and Barrett (2011) conducted a study examining the relationship between visual impairment and quality of life in older adults, with particular focus on the mediating mechanisms underlying this relationship. Instead of simply identifying the negative association between vision loss and quality of life, the authors aimed to explain how and why visual impairment leads to reduced life satisfaction and increased depressive symptoms. The study was conducted on a sample of 1,221 individuals aged 60 to 96. The results showed that visual impairment significantly contributes to reduced quality of life through increased depression and decreased life satisfaction. However, when mediating factors were included in the model, the effect of visual impairment was no longer statistically significant, indicating that its influence is exerted indirectly through other variables. The strongest mediating factor was self-efficacy, that is, the perceived ability to manage life circumstances. This factor accounted for 35% of the effect of visual impairment on depressive symptoms and as much as 61% of the effect on reduced life satisfaction. In addition, functional limitations, financial stress, and reduced social support showed partial influence. As part of additional sociodemographic analyses, marital status was considered a potential protective factor. The study showed that older adults who were married reported lower levels of depression and higher levels of life satisfaction compared to those without a partner. However, although marriage had a positive effect on general psychological well-being, it was not a significant mediator in the relationship between visual impairment and quality of life. In other words, the presence of a partner may contribute to emotional well-being but does not explain why individuals with visual impairment experience reduced quality of life. The main factor remains the subjective sense of personal control.

In a study conducted by Šućur (2011), the marital and family situation of blind older adults in Croatia was analyzed to examine their basic demographic characteristics, family structure, and subjective assessments of family relationships. The author focused on how gender, age, place of residence, and the time of onset of visual impairment influence the form and quality of family life in this population. The study was conducted on a representative sample of 174 older blind individuals (55+ years), members of the Croatian Association of the Blind. Data were collected through field surveys using a standardized questionnaire that included various aspects of life: health and educational status, everyday activities, family relationships, and

subjective assessments of one's position within the family. The results showed that the marital and family structure of blind older adults significantly depends on respondents' gender and age. Older women more frequently live alone and are less often married, usually due to the death of a spouse, while younger respondents are more frequently in marital unions. Most blind individuals over the age of 65 live either alone or only with a spouse, while complete families with children are rare. Place of residence was not significantly associated with family status. Regarding the time of vision loss, respondents differed significantly in marital and family status. Those who lost their vision before age 55 were in a more favorable marital and family situation than those who lost their vision after age 55—that is, they were more often married and more frequently lived with a spouse and children. A significant portion of respondents expressed positive attitudes toward their families, reporting that the family provides emotional and practical support. However, many older individuals (especially men) stated that they were excluded from decision-making processes within the family and desired greater respect and involvement in everyday family life. Needs for more frequent contact with children and dissatisfaction with the passive role often assigned to older individuals were particularly pronounced. In conclusion, the study indicates that blind older adults share similar family relationship patterns with the general older population but are additionally burdened by the specific challenges associated with visual impairment. The author emphasizes the importance of strengthening family and social support to reduce the risk of isolation and improve the quality of life of blind older adults.

Bhagchandani (2014) examined the effects of acquired visual impairment on marital relationships. The aim was to explore how changes in intimacy between partners occur after one of them loses vision, as well as which situations (“key moments”) play a decisive role in shaping the relationship. The study included 16 married couples (32 participants) in which one partner had acquired visual impairment after at least six months of marriage. The sample included an equal number of men and women with impairments, and the duration of marriage at the time of the study ranged from 6 to 57 years. The results showed that visual impairment does not necessarily lead to relationship deterioration but requires significant emotional and practical adjustments. Communication between partners, mutual understanding, and willingness to redistribute family roles play a decisive role. The study contributed to a better understanding of the psychosocial consequences of visual impairment on marital relationships and opened space for further research and the development of support programs for couples in similar circumstances.

In a study conducted by Amilon and Siren (2022), the relationship between visual impairment and depressive symptoms among older adults was analyzed, with special emphasis on the impact of marital status. The authors sought to determine whether the presence of a partner can mitigate the negative psychological consequences resulting from reduced visual abilities in old age. The study was conducted on a sample of 5,831 respondents aged 65 to 97 in Denmark. The results showed that visual impairment significantly increases the likelihood of depressive symptoms among older adults, but the association is more than twice as strong among individuals without a partner. Although an indirect effect was observed in both groups through functional limitations, reduced emotional support, and social isolation, the presence of a partner partially mitigated these effects. Interestingly, the study found that single

individuals with visual impairment perceived a higher level of emotional support than their partnered peers. The authors explain this phenomenon through a possible compensation mechanism: single individuals rely more on friends, family, and their broader social network, while emotional strain in relationships—in particular when one partner has a disability—may reduce the other partner's ability to provide support. The authors conclude that partnership significantly reduces the negative psychological impact of visual impairment in older age, but that the psychological state of the partner should also be considered when creating interventions and support programs. Emotional burden may limit the partner's ability to provide effective assistance.

Siren, Røgeskov, and Amilon (2022) explored how individuals aged 55 to 70 with acquired visual impairment perceive and manage their vulnerability in everyday life. The focus was on understanding how these individuals balance between feelings of dependence and the need for autonomy, particularly in the context of work and family relationships. The sample included 40 respondents from Denmark (20 men and 20 women), aged 55 to 70, with various forms of progressive vision loss. The results showed that individuals with visual impairment face numerous challenges but develop various strategies to preserve their sense of dignity and control. The first strategy was concealing difficulties, especially in the workplace, to avoid stigma or loss of professional credibility. The second strategy involved adjusting life goals and expectations, including changes in career, hobbies, and social activities. The third strategy was openly accepting vulnerability, which enabled the development of reciprocal relationships in which help was not perceived as weakness but as part of mutual care. The study emphasized that the work environment often provides the least space for negotiation and adaptation to the needs of individuals with disabilities, whereas relationships in private life are far more flexible and supportive. The authors conclude that older adults with visual impairment should not be viewed as passive recipients of assistance but as active participants in shaping their identity and everyday life. Their vulnerability does not stem solely from the physical condition but also from social context that often fails to recognize their need for support and equality.

## DISCUSSION

In this review paper, an effort is made to determine how visual impairment in older age affects marital and family relationships, as well as the emotional and social functioning of older persons. Special focus is placed on the role of marital partners, the quality of family support, the presence of feelings of loneliness, isolation, and psychological burden, as well as on mechanisms of adjustment in the context of partnership and family life.

Visual impairment in older age, in addition to reducing functional independence, also requires significant changes in the dynamics of everyday relationships. Although the presence of a partner may have a protective effect, it has been established that marital status alone is not sufficient to prevent the feeling of loneliness. The quality of the relationship and perceived emotional support have proven to be more important than the mere fact that a person is married (Barron et al., 1994). Persons who feel lonely reported lower involvement of their partners in everyday life, while those who did not feel lonely more often identified their

partner as a key source of support. Research shows that visual impairment does not necessarily disrupt closeness between partners, but it requires mutual understanding, adjustment of family roles, and open communication (Bhagchandani, 2014). The way partners cope with changes plays a decisive role in preserving emotional connectedness. Key moments of adjustment, such as the worsening of health status or the need for assistance, shape the dynamics of the relationship and may result in additional closeness, but also in a disruption of balance if support is lacking. It has also been found that the visual impairment of one partner may significantly affect the health and emotional state of the other partner. Among older married couples in which one member has a visual impairment, higher rates of depression, lower levels of personal satisfaction, and poorer relationship quality have been recorded, especially when the woman is the healthy partner (Strawbridge, Wallhagen, & Shema, 2007). Gender differences in the experience of burden indicate the need for approaches that take into account the specific emotional and psychological reactions of men and women in the context of marital support.

Older persons with visual impairment develop their own strategies for coping with everyday challenges and actively manage their own vulnerability. Some hide their difficulties, especially in the workplace, in order to avoid stigma and maintain a sense of control. Others redefine life goals and openly accept help as part of reciprocal relationships in which care does not signify weakness, but mutual connectedness (Siren, Røgeskov, & Amilon, 2022). Such findings confirm the importance of flexibility and understanding in private relationships, while institutional and workplace contexts often offer less room for adaptation.

It has also been observed that the presence of a partner may alleviate depressive symptoms associated with vision loss, but that this effect largely depends on the quality of the relationship. Persons without a partner, although objectively more exposed to the risk of isolation, sometimes report higher levels of emotional support because they rely on friends and extended family (Amilon & Siren, 2022). This indicates that formal partnership status is not necessarily a guarantee of better psychological adjustment, and that functional and emotional characteristics of the marital relationship play a key role. Visual impairment significantly affects the subjective experience of quality of life, but this impact is not realized only directly. It has been observed that self-efficacy, the feeling that a person can manage their own life, has a strong mediating effect. Among persons with a higher sense of personal control, lower levels of depression and greater life satisfaction have been recorded, even in the presence of visual impairment (Brown & Barrett, 2011). This means that interventions should not be directed solely toward physical support, but also toward strengthening psychological resilience and empowering the individual. A review of family relationships of blind older persons shows that older women more often live alone and are less frequently married, while men are more often in marital unions (Šučur, 2011). Although most respondents express positive attitudes toward the family as a source of support, there is also a simultaneous presence of feelings of exclusion from decision making and a passive role within family life. The need for more frequent contact with children and greater appreciation indicates the importance not only of presence, but also of the quality of family interaction.

In conclusion, the findings of the reviewed studies clearly indicate that visual impairment in older age profoundly affects family and partner relationships. The quality of interpersonal

relationships, the sense of support and appreciation, and the individual's capacity to maintain a sense of identity and control over their own life have a key role in preserving emotional stability. In this context, older persons with visual impairment should not be viewed as passive recipients of assistance, but as active participants in their own lives and in the relationships they build with their surroundings.

## CONCLUSION

Marital and family relationships represent a key source of support in the lives of older persons with visual impairment, but their quality and functionality vary significantly depending on individual, emotional, and social factors. Although formal marital status may provide a certain degree of security and a sense of belonging, research shows that emotional support, mutual understanding, and involvement in everyday life is of crucial importance.

Older persons with visual impairment face multiple challenges, but at the same time develop diverse adaptation strategies that enable them to preserve dignity, identity, and an active role in family and partner relationships. It has been observed that emotional resilience, the breadth of the social network, and the sense of personal control significantly contribute to the preservation of mental stability and subjective feelings of satisfaction, even when functional limitations are pronounced.

These findings highlight the need for a comprehensive approach in working with older persons with visual impairment, one that will include not only vision rehabilitation but also the strengthening of family dynamics, emotional connectedness, and the empowerment of partners as active providers of support. It is also important to recognize the potential of these persons not only as recipients of assistance, but as equal members of the community whose voices and needs must be acknowledged.

Further research should more thoroughly examine the influence of socio-economic factors, gender differences, and cultural context on the quality of marital and family relationships, in order to develop targeted support programs that correspond to the actual needs of this population.

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