Full Research Report

# An examination of visually impaired individuals' communicative negotiation of face threats

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## Abstract

Being visually impaired is an inherently face threatening and potentially stigmatizing experience that can greatly affect personal relationships. Those with a visual impairment frequently miss nonverbal cues, must rely on others for transportation and other assistance, and can be overtly marked as different through their use of a cane or a guide dog. Framed by the theoretical lens of facework and using in-depth interviews of 24 visually impaired individuals, this study uncovered how people with a visual impairment engaged in facework to mitigate and remediate the low-vision-related face threats they and others experienced. Participants reported using preventive facework, including politeness and humor, as well as corrective facework (avoidance, apologies, accounts, and humor) to manage face threats. Interviewees also engaged in a new type of facework that was simultaneously corrective and preventive: future facework (education and advocacy). Findings offer practical strategies visually impaired individuals can use to ward off or repair face threatening acts, contesting stigma and potentially improving relationships and fostering allyship among sighted individuals. The study also suggests that facework be incorporated into a biopsychosocial model of disability to help combat disabling social barriers.

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People with disabilities regularly encounter face threats, embarrassment, and tension between independence and dependence (Braithwaite & Eckstein, 2003). These challenges are exacerbated for visually impaired individuals (VIIs)[1]. Visually impaired individuals have vision that is either uncorrectable or cannot be corrected to a legally acceptable level (Smith & Kandath, 2000). Consequentially, VIIs are unable or struggle to perceive nonverbal cues (i.e., cuelessness; Rutter, 1984), which challenges and complicates social interactions (Coupland et al., 1986). Practically, VIIs often must rely on others for assistance, particularly for transportation. This dependence can compromise VIIs' autonomy over their life and schedule, make others feel imposed upon (Frame, 2004; Tuttle & Tuttle, 1996), and reinforce stereotypes that those with an impairment are takers (Frame, 2004). Some VIIs experience shame, depression, anxiety, and/or low self-esteem and lack of confidence due to diminished independence, control, and heightened social barriers (e.g., Almog, 2018; Frame, 2004; Tuttle & Tuttle, 1996).

Furthermore, reflecting the medical model of disability, which considers impairment an individual defect and people with impairments as abnormal and inferior (e.g., Oliver, 1983), VIIs continually face stigma and misconceptions (Bulk et al., 2020; Goffman, 1963), even by some medical and blindness professionals, who view the blind as incompetent (Allen & Birse, 1991; Frederick, 2015; McDonnall et al., 2019). Culturally, sight is perceived as the most important of the senses (De Leo et al., 1999) and Americans fear vision loss more than AIDS or cancer (American Foundation for the Blind, 2007). This dread translates to a general phobia of VIIs (Everts, 2012). Compounding matters, most sighted individuals have limited experience with VIIs (Tuttle & Tuttle, 1996) and lack understanding about the spectrum of low vision[2] (Benoit et al., 2013). This dearth of exposure and knowledge about visual impairment hinders communication between sighted and VIIs (Everts, 2012), highlights difference, reinforces stigma and the medical model, and can lead to false assumptions, stereotypes, exclusion, undervaluing, pity, and misunderstandings (Frame, 2004; Goering; Sanders, 2000; Tuttle & Tuttle, 1996). Indeed, many disability scholars argue that stigma is much more harmful than one's impairment or biological difference (e.g., Goering, 2015). Such proponents of a social model of disability (partly influenced by Goffman's focus on the construction of stigma in interactions; Coleman-Fountain & McLaughlin, 2013) maintain it is not the impairment that disables people but socially-created policies, practices, physical structures, institutional norms, and societal attitudes that exclude and discriminate (e.g., Goering, 2015; Oliver, 1983; 1996). In other words, people with impairments are "disabled by society, not by [their] bodies" (Shakespeare & Watson, 2002, p. 11).

Additionally, many VIIs rely on visual markers of difference (Goffman, 1963) such as a long white cane or guide dog that, while critical mobility aids, label them as visually impaired (Sanders, 2000). These stigma symbols, which "draw attention to a debasing identity discrepancy" (Goffman, 1963, pp. 43–44) can mark blindness as their defining trait (Goffman, 1963), making VIIs feel exposed and obligated to answer obtrusive questions, demands for information, or accept unsolicited help (Wang et al., 2015). White canes and guide dogs can thus subject VIIs to heightened discrimination, patronization, over accommodation (Coupland et al., 1986; Everts, 2012; Frame, 2004; Tuttle & Tuttle, 1996), pity, and/or contribute to feelings of shame and difference (Higgins, 1999).

Having a visual impairment can be face threatening for VIIs as well as sighted individuals (Everts, 2012; Frame, 2004; Goffman, 1963; 1997; Smith & Kandath, 2000). Able-bodied individuals are generally unsure how to interact and communicate with people with an impairment (e.g., Braithwaite, 1991; Braithwaite & Eckstein, 2003), particularly when people (such as those with low vision) require assistance which could be perceived as a burden (Frame, 2004). The onus is on people with disabilities to manage their own and others' identities (e.g., Braithwaite, 1991; Goffman, 1997; Myers et al., 2012) and the stigmatized must become skilled at handling awkward interactions (Goffman, 1963; 1997). However, VIIs receive little, if any, communication and interpersonal training to thrive in what remains a sighted world (Frame, 2004; Tuttle & Tuttle, 1996). Prior research indicates that VIIs use strategies to perform and restore social identity (Everts, 2012; Frame, 2004; Hammer, 2012). However, lacking is a systematic examination of how individuals with low vision manage face threats. Thus, heeding a call to solicit the experiences of VIIs, ideally in tandem with researchers who are also visually impaired (Duckett & Pratt, 2001), our study sought to elucidate face threat negotiation from the perspective of VIIs. We first review our theoretical framework and methods before presenting our findings.

## Facework

As conceptualized by Goffman (1959; 1967), face is a person's desired public identity. Everyone simultaneously possesses a positive face (desire to be liked and appreciated) and negative face (desire not to be imposed upon; Brown & Levinson, 1987). People are expected to uphold their and others' faces in adherence to the "traffic rules of social interaction" (Goffman, 1967, p. 12). Yet, during communication individuals can challenge their own or others' face through face-threatening acts (FTA; Cupach & Metts, 1994). Face threats are a fundamental part of everyday life—especially for VIIs—that can be managed through facework (Goffman, 1967).

Facework consists of preventive and corrective strategies (Cupach & Metts, 1994; Goffman, 1967). Preventive facework is a means of mitigating potential positive and/or negative FTAs. Considered a dimension of facework (e.g., Cupach & Metts, 1994; Romo et al., 2015), politeness theory (Brown & Levinson, 1987) outlines various preventive politeness strategies individuals can use depending on the value they place on protecting face and the power and social distance between speakers. For example, people use bald on record when protecting face is of little concern and the speaker bluntly speaks their mind without regarding face needs (e.g., "Give me a ride to the store!"). Individuals use positive politeness to express liking and acceptance, appealing to positive face (e.g., "You're such a kind and thoughtful person; I'd love a ride from you!"). A speaker uses negative politeness to emphasize their desire not to impose on the addressee, protecting the addressee's negative face ("If it's not too much trouble, is there any way you could give me a ride to the store?"). It is also possible to use both negative and positive politeness (hybrid politeness) simultaneously to consider both face needs ("You're the best! Would you mind giving me a ride?"). Additionally, individuals use off-record strategies when they communicate indirectly or hint ("If only I had a ride to the store, I could get groceries.").

Last, people most concerned about face threats opt to not engage in the FTA, saying nothing as they deem the face threat risks too high (Alvarez & Miller-Ott, 2021) choosing, for example, to pass as a drinker versus reveal their non-drinking status (Romo et al., 2015). Individuals can also use humor to prevent face threats (e.g., Miller-Ott & Linder, 2013). For instance, college students with disabilities sought to make others feel comfortable by "breaking the ice" through humor (Myers et al., 2012). Temporality unites these strategies, as individuals use preventive facework to proactively ward off a FTA and corrective facework to repair damaged face after one's or another's desired identity has been threatened by an FTA[3]. Face can be repaired via avoidance (not acknowledging the FTA occurred), humor (joking about the FTA), apologizing (taking responsibility for the FTA), and accounts (making an excuse or justifying the FTA; Cupach & Metts, 1994).

Although not framed through a facework lens, discredited people (i.e., those with a visible stigma, e.g., VIIs with a guide dog or cane) must constantly negotiate "spoiled interactions" and tension (Goffman, 1963) or FTAs. For example, VIIs often must manage the interpersonal risks involved in asking for a ride or confronting unsolicited assistance from sighted people (Wang et al., 2015). Additionally, stereotypes stemming from the medical model of disability that VIIs are unintelligent, unattractive, helpless, and incapable (Frame, 2004; Hammer, 2012) are extremely face threatening. Some visually impaired women sought to dispel these stereotypes by displaying a "normative feminine appearance" (Hammer, 2012, p. 407) through clothing and accessories to foster inclusion into greater society and attempt to "unspoil their spoiled identity" (Hammer, 2012, p. 418). These nonverbal techniques could be considered a form of preventive facework. Furthermore, as so few sighted people interact with people with low vision, VIIs acknowledged pressure to represent the low-vision community (Hammer, 2012; Sanders, 2000), working diligently to maintain their own and others' positive images around their guide dog and responding to frustrating interactions with humor instead of anger (Sanders, 2000).

Conversely, discreditable individuals (those with an invisible stigma, e.g., whose visual impairment is not apparent) can minimize face threats by passing as sighted (Frame, 2004); for instance, not using a cane or guide dog to minimize stigma (Sanders, 2000). Although passing can be empowering, as individuals can choose to reject stigma (Barnartt, 2016), passing can also still be face threatening, as individuals must manage disclosure pertaining to their sight as well as potential anxiety or negative consequences from passing (Goffman, 1963). For instance, passing as sighted can be viewed as disloyal to obviously VIIs, prevent the passer from receiving needed support, put them at physical risk, and cause sighted individuals to later feel misled or think the passer is inattentive, intoxicated, or careless should they fall, spill, or have an accident when passing (Frame, 2004; Goffman, 1963).

While VIIs do employ some techniques, such as using humor, avoiding uncomfortable situations, passing, and managing their appearance (Everts, 2012; Frame, 2004; Hammer, 2012) that can be classified as facework, a comprehensive investigation couched in a facework lens is lacking. Further, while Frame (2004) acknowledges VIIs generally do not receive the communication and interpersonal skills critical for "perform[ing] life successfully with a visual impairment" (p. 132) she does not present strategies in a

systematic way. Thus, we posed the following research question: How do VIIs communicatively negotiate threats to their own or others' face?

## Methods

Following IRB approval, during fall 2019 the first and third authors conducted individual in-depth, semi-structured interviews with Americans who identified as being visually impaired. The third author, herself a member of this community and a clinical counselor specializing in vision loss, recruited participants through word of mouth, snowball sampling, and a mass email to a guide dog user group. Participants received a $15 Amazon gift card, courtesy of a grant from the first author's university.

### Participants and procedure

We informed interviewees they would be participating in a study about social interactions with sighted individuals and conducted interview of 24 VIIs. After securing their consent, participants chose pseudonyms and we asked a variety of questions about stigma, disclosure, uncertainty, and social interactions. Interviews ranged from 38 to 108 minutes ($M$ = 82 minutes; $SD$ = 21.46) and were audio-recorded and fully transcribed. Sixteen participants identified as female, 7 identified as male, and 1 as nonbinary. Ages ranged from 20–69 years old ($M$ = 47.13, $MS$ = 52; $SD$ = 16.21) and the vast majority ($n$ = 23) were Caucasian, with one Asian American participant. At the time of the study, 14 were married or partnered, 6 were single, 3 were dating, and 1 was widowed. While participants were not asked their sexual orientation, one participant shared she was a lesbian. Participants' education ranged from high school ($n$ = 1), some college ($n$ = 4), currently in college ($n$ = 3) to undergraduate degree ($n$ = 8), some graduate school ($n$ = 2), and master's degree ($n$ = 6). No specific vision requirements or conditions were solicited or screened out, and participants could be adventitiously (unexpectedly) or congenitally blind. Seven participants were born blind whereas the other 17 lost their vision later in life. Interviewees' vision loss conditions included: retinitis pigmentosa ($n$ = 6); stargardt's macular dystrophy ($n$ = 2); bilateral optic nerve hypoplasia ($n$ = 2); retinopathy of prematurity ($n$ = 2); and glaucoma/congenital glaucoma ($n$ = 2). One each had neurofibromatosis; diabetic retinopathy, retinal astigmatism, ocular albinism, optic nerve atrophy, vascular tumor, renal condition, juvenile macular degeneration, optic nerve atrophy, congenital cataracts, and crushed optic nerve ($n$ = 1). Participants lived in Illinois ($n$ = 13), Florida ($n$ = 3); Utah ($n$ = 3); and 1 in Pennsylvania, Ohio, Virginia, Wisconsin, and Oklahoma respectively. Nine participants had guide dogs and 18 reported at least occasionally using a cane. Three interviewees were college students, two were unemployed, two were stay-at-home parents, five were retired, and others worked in such fields as counseling, food service, sales, facilities management, secretarial, nutrition, data analysis, and community engagement.

## Data analysis

We analyzed our data using Braun and Clarke's (2006) reflexive thematic analysis process, which included (a) gaining familiarity with the data, (b) creating coding categories and/or subcategories, (c) collating data into themes, (d) reviewing themes, (e) defining and naming themes, and (f) identifying evocative exemplars. After initially reviewing the transcripts, facework (Cupach & Metts, 1994) emerged as our theoretical framework. We then identified the key features in the data that represented central ideas to determine coding categories and subcategories. We grouped the categories into broader themes through converging coding categories to illustrate clear patterns of meaning. Because of our theoretical approach to the data, we added an additional layer of analysis by then comparing our themes to Cupach and Metts' (1994) facework strategies and Brown and Levinson's (1987) politeness strategies. We then reviewed and named the themes and identified evocative exemplars that fit the themes. Saturation was reached with no new themes occurring, after the 10th narrative; the rest of the interviews were coded to confirm redundancy (Corbin & Strauss, 2008).

## Data verification

To verify our data analysis, we engaged in peer debriefing, negative case analysis, audit trail, and exemplar identification (Kidder, 1981; Lincoln & Guba, 1985). Initially, the first two authors debriefed to discuss the data, reconciling differences and generating preliminary themes. Next, as a VII, the third author provided feedback on the identified themes. We met the standards for negative cases analysis by capturing the entirety of the responses to our research question within the presented themes, accounting for 100% of the data (Kidder, 1981). Throughout data analysis, we also kept detailed notes to create an audit trail of our decisions, which facilitated not only the analysis but our selection of evocative exemplars (Lincoln & Guba, 1985).

## Findings

*Visual impairment as face threatening.* Consistent with existing literature (e.g., Everts, 2012; Frame, 2004; Hammer, 2012), face threats were an intrinsic part of participants' experience, particularly regarding seeking assistance, because VIIs did not want to be a "burden" or "hassle" (negative face threats) or make themselves feel "less than" (positive face threats). As Wanda, 66, explained: "When you ask for help from a friend, it puts you in a dependent role. And that, to me, puts you in a less than role." Marissa, 36, shared she felt like so much of a burden that she attempted suicide:

> [Feeling like a burden] was one of the big feelings that I had during the suicide attempt… I wasn't under the illusion that people wouldn't be sad. But I felt like I was more of a hindrance and more of a burden to people. So then in the long run they would get over it.

Several interviewees also discussed face-threatening experiences for themselves and others stemming from VIIs' inability to identify social cues. As Ty, 48, stated: "I don't feel comfortable approaching situations because…I'm not picking up on any [non-verbal communication] of that…and I think that's the part that bothers me the most." Missing social cues threatened Ty's positive face because he risked coming across as unlikable and disrespectful and others' positive face if they felt slighted or ignored. Interviewees also detailed misconceptions, including sighted individuals falsely assuming VIIs were un-intelligent or "stuck up or haughty …because I can't acknowledge them," as Grace, 58, stated. Other participants also mentioned face threats surrounding sighted individuals who "just perceive you as different, you know? And they really don't know how to act," (Megan, 64). These awkward interactions threatened both VIIs' and sighted individuals' positive face. Using canes and guide dogs were also face threatening, particularly to VIIs' positive face (as Brandy, 62, explained, when using a cane "people's perception of you is that you are not capable"), but also to sighted individuals who did not know how to behave around someone with a mobility aid. Other VIIs detailed the face threat of others either ignoring them or asking them inappropriate questions, like "'What can you see?'", as Elizabeth, 30, recalled: "Just like, oh boy, how do I answer that?" Many participants spoke of sighted individuals' inappropriate comments, such as being told not to have children (hybrid face threat), or they were faking their low vision (positive face threat). In these instances, sighted individuals threatened VIIs' positive face by making them feel stigmatized and othered.

Indeed, reflecting the medical model of disability, VIIs recounted numerous instances of discrimination and enacted stigma, including restaurants and ride share services barring their guide dog (hybrid face threat); being denied employment (hybrid face threat); or being touched without their consent ("they'll grab your arm and start moving you around. That's not okay" (negative face threat recounted by Elizabeth). Some interviewees said being visually impaired in general fundamentally threatened their positive face, as others immediately defined them based on difference, consistent with Goffman (1963; 1997). As Marissa explained: "I could be the smartest, I could be the prettiest. I could be the funniest, but it doesn't matter because all people will see is blind." Additionally, several particulants voiced the shame or internalized ableism (hybrid face threat) they felt being visually impaired, particularly when they held themselves to the same standards as sighted individuals and, as Elizabeth put it, "feeling like I am inferior and I can't measure up and sometimes feelings of guilt or shame because of that." To manage the face threats they described, VIIs engaged in preventive and corrective facework, as well as future facework, a new classification of facework.

## Facework strategies

To mitigate potential FTAs, participants engaged in preventive facework. To remediate damaged face, they used corrective facework.

*Preventive facework.* Interviewees engaged in politeness (Brown & Levinson, 1987) and humor to prevent potential FTAs to themselves and others.

*Bald-on-record.* Especially when requesting assistance in low-stakes situations or from trusted others, interviewees used bald-on-record strategies by directly outlining their needs without regard to the recipient's face (not including face-saving phrases such as "I'm sorry," "Would you mind?," or "Please"). For instance, Ty would "walk up to somebody and say, 'Hey, what does that sign say?'" Additionally, Zachary, 20, explained: "If I get into a group in a class... then I'll just tell them in the meeting, 'Hey, I have low vision. I might need some help.'" Similarly, Nellie, 49, recounted bluntly informing her husband how to accommodate her at receptions: "I'm like, 'Do not leave my side and make sure when someone comes up, you say, Oh, Nellie, remember Terry here?'" Additionally, several participants used bald on record to proactively protect against shame and pity. Debbie, 54, said she was often upfront about her visual impairment because she found it less face threatening, as people afforded her more grace and she had to perform less facework: "I don't need to make up for this. This is part of who I am and I can embrace it. You know, I don't need to be ashamed of it."

*Negative politeness.* Visually impaired individuals commonly used negative politeness to minimize imposing on others and feeling like a burden, often by asking for permission for help. As Jane, 20, described:

> If my friends and I go to a restaurant like Panera or something where like the menu is on the wall, I cannot see that menu at all. So, whoever I'm with, like I'll say like, "Oh Felix, can you like maybe read the menu to me?" Yeah. Or like, like the cases at like Starbucks or whatever. Like, I can't see like what the pastries are, so I'm like, "Can you tell me what's in the case?"… Or like, if I'm meeting a friend somewhere, like a crowded place… I'll tell them, "I'm going to be standing here. Can you come and like, get me?"

Jane accentuated her friends' negative face through politeness when she asked, "Can you?" emphasizing their autonomy by giving them the option to accept or decline her ask and making her feel less of a bother. Similarly, Bill, 58, stated he was careful not to impose on his wife when he needed transportation:

> If I start to ask, sometimes she just gets…a little bit irritated 'cause she needs her downtime too. So I'm usually just asking in terms of, "What's your plans for the weekend or where are you going to? What time do you wanna take me to the store?" I usually don't ask for a specific time. I just try to fit into whatever her plans are.

Visually impaired individuals were careful not to impose their needs on others to maintain their communication partner's negative face. Negative politeness also preserved interviewees' self-worth and likeability, protecting their positive face.

*Positive and negative (hybrid) politeness.* Interviewees did not use positive politeness alone but with negative politeness (hybrid politeness) in a single utterance, likely due to VIIs' reliance on others for assistance and their fear of coming across as unlikeable. For example, participants included words like "please" to convey they liked and did not mean

to disrespect their conversation partner when communicating a request. As Grace recounted:

> After they introduce themselves I'll say, "It's nice to meet you, but I happen to be visually impaired and if I see you, I won't be able to recognize you until I learn your voice. So please when you see me, say hello and tell me who you are. I can't see your face."

Grace explained her low vision to emphasize her and her communication partner's social desirability (positive face), as not recognizing others was threatening to both parties. Grace then followed this emanation with "please," another positive politeness strategy, before engaging in negative politeness with her request. That interviewees did not use positive politeness as a separate strategy showcases the nuance involved in participants' facework and their strong desire to prevent FTAs.

*Off-record.* Participants also reported using off-record strategies to prevent threatening their own positive (not wanting to come off as unlikeable or a burden) and others' (not wanting to feel obligated to help them) negative face, largely through hinting or indirect asks. Morgan, 61, recalled asking a friend: "'Hey, are you gonna be going to yoga 'cause there's some construction going on and I don't feel real comfortable?' And she was like, 'You know what? I'd love to help you.'" Rather than directly requesting a ride, Morgan asked if the friend was going, hinting she needed transportation. Similarly, Elizabeth shared how if she mentioned she used a ride share service to meet friends they often presented her a ride home without her having to directly ask: "I can very confidently ask someone to meet me for coffee… and they're like, 'Oh my goodness, let me give you ride back.'" Off record enabled interviewees to hint at requests, giving their communication partner the opportunity to offer and avoiding threatening their own and others' face.

Participants also indicated they would use nonverbal off-record strategies, such as their guide dogs and canes, to indirectly signal their vision loss. These aids were a preventive strategy because they conveyed the participant was visually impaired, reducing the face-threatening nature of their behaviors, such as hitting people or objects, without the VII having to disclose and risk creating awkwardness for both parties. Zachary explained how using a cane benefited him and others: "I feel like it gives them a warning that I do have low-vision and that I may not see some things, that I may trip." Without having to verbalize his visual impairment, Zachary's cane conveyed: "Hey, try not to run into me or try to give me some space and make sure I have enough room to get around," minimizing the risk of FTAs.

Other interviewees explained how guide dogs prevented uncomfortable interactions and face threats, even more so than canes, consistent with research that, despite being an obvious marker of blindness, guide dogs helped VIIs feel more respected and less stigmatized than using a cane or struggling with mobility (Sanders, 2000), thus saving their positive face. Several participants voiced how guide dogs increased their approachability, minimizing face threat (discomfort and awkwardness for all and making themselves more likeable). As Wanda explained:

I think people look at someone with a white cane and want to…get out of the way of that cane. So therefore you're getting out of the way of the cane, you're getting out of the way of the person… Whereas when you're walking down the street with a beautiful dog, there is a curiosity, but also an admiration for what she does. And you're like a magnet to people. And you don't get the questions like you get if you just stumble… Everybody knows, they get it… And so it's a very positive experience.

Visual markers of difference such as guide dogs and canes allowed VIIs to nonverbally communicate their visual impairment prior to the interaction or any potential FTAs.

*Not engaging in the FTA.* Some interviewees reported not engaging in the FTA by passing (preventing positive threats to their own and others' face) and using alternatives (preventing threatening others' negative face and VIIs' positive face).

*Passing.* Discreditable VIIs chose whether to "conform to, challenge, modify, resist, or reject the identity being applied by the other actor" (Barnartt, 2016, p. 34), sometimes opting to pass as sighted. Passing prevented others from knowing they were visually impaired, enabling VIIs to present as independent and competent and enabled interviewees like Wanda, who resisted using a cane for years, to feel less stigmatized and more empowered. Conversely, Roger, 43, concealed his low vision at work because he wanted to get ahead, not attention and pity:

I wanted to succeed in life… I think it's kind of obvious that [passing] you're treated as an equal quicker…You're able to kind of gain that initial entry access because it didn't really look like you had much of a problem.

Roger found passing as protecting his positive face because he was treated equally versus potentially deficient if people knew about his vision loss. Relatedly, despite the risk of a participant falling or making a social faux pas (threatening face), some interviewees intentionally did not use their guide dog or cane because the benefit of passing outweighed the cost of potential face threat. Tina, 30, said because their dog "makes me feel self-conscious at times because I just wanna be left alone and...not have people stare at me" they would sometimes leave their dog at home.

Additionally, consistent with Hammer (2012), some interviewees, particularly females, detailed purposefully "presenting in a really stylish sort of way" (Monica, 37), through their clothes, hair, and makeup. By passing, VIIs were able to prevent FTAs to themselves due to their low vision.

*Using alternatives.* Several VIIs found alternatives to asking for assistance to save their positive face by not being a burden and preventing threatening sighted individuals' negative face by not making them feel infringed. As Ryan, 41, explained: "I will tend to go out of my way to find ways to be able to do it without asking for help." Ty said he rarely asked people for help or disclosed his low vision was because "I'm totally embarrassed by

it…The fear of being inferior...not an equal." He said he would rather people assume he could not drive because of DUIs and "hitchhiked 30 miles one way for about 3 years," highlighting the face threat and stigma he associated with visual impairment.

For those who had access, ridesharing services provided VIIs alternatives to asking for rides and threatening face. These options also minimized distinctions between VIIs and others, and, as difference is at the crux of stigma (Brown, 2013), likely reduced stigma. For instance, Elizabeth said ride-sharing apps equalized her interactions, enabling her to socialize freely and without shame:

> [Uber and Lyft] really has opened up my, my social game of being able to invite other people to do things….I think it really opens up possibilities for friendship too, because I'll meet somebody and it's just like, "Oh, I want to do something with them. Let's do it." Instead of, I have to wait for them to feel okay with like [my visual impairment]. So there was a lot of shame or there was some shame around not being able to get around myself and having to rely on other people. And I did struggle with wondering whether people were interacting with me or agreeing to do things with me out of charity or not.

Rideshares removed transportation barriers, enabling participants to socialize without having to ask others for help (saving others' negative face) while simultaneously increasing their autonomy and decreasing their shame (saving hybrid face).

*Humor.* Beyond politeness, some participants engaged in humor prior to initiating a potentially FTA to save their own and others' face. Interviewees said humor put themselves and others more at ease and lessened the risk of embarrassment and awkwardness. As Holly, 20, stated, "I tend to think that if I'm able to make a blind joke with someone, they're more comfortable with me." Similarly, Elizabeth said she wanted to show others she was not embarrassed or shy about her disability: "That's why I call myself a 'blind girl' because I just want to put people at ease and show them that I'm confident." By joking about her visual impairment, Elizabeth presented as confident about her impairment, saving others' positive face.

**Corrective facework.** Once an FTA invariably occurred, VIIs used avoidance, apologies, accounts, and humor to remediate FTAs.

*Avoidance.* Following a sighted individual threatening their face, many VIIs opted not to acknowledge the FTA, preferring non-responsiveness to what they perceived as confrontation and making a situation more face threatening for everyone. For example, regarding his brother's taunts, Roger stated:

> He does it out of love, I know. But it's just sometimes...he will do a little funny joke where he covers his face and [says], "I can't see where I'm going." …And he wants to play games and just sometimes he takes it a little too far and I don't let him know about it.

Rather than confronting his brother about his offensive jokes, Roger said nothing, thus avoiding a FTA. Similarly, although Tina said she felt ignored and dehumanized by servers asking her friends what she wanted to order and her guide dog if he wanted water, she usually would not say anything: "…. I don't like causing ripples. I just don't. Only if it's a really serious offense, right?" For many interviewees only severe FTAs warranted acknowledgement, as they sought not to escalate face-threatening situations. As Wanda stated: "I don't want to have that conflict. So I let it go instead." Furthermore, some interviewees were reluctant to speak up after their face had been threatened because, in Marissa's words, "I'm not very good at coming up with articulate, polite things." In this way, devising a response in the moment would have been another face threat.

*Apologies.* Interviewees widely reported apologizing after committing FTAs to save their and others' faces. Apologies often occurred after the VII failed to recognize or bumped into someone. After not identifying a friend at church, Debbie later said: "'I'm sorry it took me a bit to figure out who you were…I would have done more to be friendly.'" Debbie apologized to correct her positive face for not being friendly enough, as well as her friend's positive face for not being recognized. Similarly, Jane stated:

> If I do have an awkward, like confrontation with somebody, like if I accidentally bumped into them or…just do something completely awkward, I definitely feel responsible for smoothing it over…. I usually just apologize and kind of say, "Oh, I'm really sorry. I didn't see you there" or whatever.

Some interviewees stressed the importance of also reassuring others they were not intending to ignore them; they just could not clearly see them as a way to save their own and the sighted individual's positive face. As Megan said: "I will tell them, 'I'm sorry. You know, this is the situation. It's not because, you know, I don't wanna communicate with you, but I just didn't know who you were.'" Apologies, although helpful in correcting face for VIIs and sighted individuals, demonstrated the almost universal responsibility participants felt for managing interactions. Monica was an exception. She explained VIIs should be careful not to issue blanket apologies for no-fault FTAs (e.g., arriving late to an appointment because a ride share denied their guide dog). As Monica stated: "I'm sorry that the world is set up in a way that…I don't have the same access that other people do. Like, that I'm sorry about, but I'm not sorry about my disability. That's not my fault." Monica's words illustrate how she refused to feel responsible or guilty for cases in which society disabled her, voicing the social model (Oliver, 1983).

*Accounts.* Also consistent with the expectation that people with an impairment must manage all awkward interactions (Braithwaite, 1991), after their face was threatened by a sighted individual, many interviewees described accounting for why a particular FTA was unacceptable to save face for themselves and others (Cupach & Metts, 1994). Several participants acknowledged their conversation partner likely had good intentions but did not know what to do or say around them, and the VII was responsible for damage control. For instance, when grabbed by strangers, Zachary would serenely explain, "'Hey, I'm

fine. I don't need your help.' You're calm about it and respectful about it 'cause they don't understand…." Zachary explained he did not need help in order to restore his negative face and autonomy, while simultaneously avoiding shaming or embarrassing the FTA committer. Similarly, Morgan described her response to unwanted assistance on walks as:

> Thank you, but no… I really have to look for the traffic in this and that because there could be a time I'm out here and there's no one that I can ask for help. So, I need to just practice, you know, listening skills to do it.

Morgan's explanation politely detailed for the hearer why their help was unnecessary while saving her own and the others' face. In addition, some participants internally accounted for the face threat of shame through justification. For instance, Holly recounted that whenever she was unable to see something or her lack of vision complicated a task, she reframed her initial thought of: "I'm not good enough" to "I have low vision and nothing is wrong with me," thus excusing herself for not meeting sighted expectations.

*Humor.* A few participants enlisted humor following a FTA, largely to save their own face. For instance, prior to his sixth eye operation, Barney, 52, joked, "Is it buy five operations, get one free?" Barney recounted his surgeon replied, "'Oh, no, but you get a free toaster.'" Barney coped with the FTA he was experiencing due to heightened lack of autonomy from his declining vision by joking. Humor also enabled participants to repair their face following uncomfortable interactions. For example, Ty explained he would use "humor… self-deprecation, things like that" after he created an awkward social interaction. Humor corrected the VIIs' face by reframing the FTA as a joke rather than a source of embarrassment.

*Future facework.* While Cupach and Metts (1994) described preventive and corrective facework as two distinct concepts, we found some participants employed facework that was corrective to them in the moment and preventive for other VIIs in the future. This finding, which we term *future facework*, took the form of education and activism to mitigate future face threats to themselves and others. Education enabled participants to prevent future face loss for both the sighted individual and VIIs while advocacy worked to prevent face loss for other VIIs.

*Education.* Some participants educated sighted individuals to save their own and others' face in hopes of preventing future face threats to both parties. Interviewees viewed educational opportunities as informing sighted individuals about VIIs' experiences. For instance, Debbie chose to address face threats with education to dispel myths and maintain her dignity without embarrassing sighted individuals: "If somebody says, 'Oh, you don't look blind' then I can kind of get irritated about that or I can answer their question in a way that can maybe help dispel the stereotypes they have or misconceptions they have." Debbie approached face-threatening questions with education, which was corrective to her face during the interaction and prevented future face loss for all. Additionally,

Savannah, 52, politely responded to an unsolicited, face-threatening comment by identifying and explaining the purpose of her cane:

> I was down there at the bar and some older gentleman came up to me. And he's like, "Well, what is that? Is that an umbrella?" "No, sir. That's a blind cane, I can't see and that that saves my life…that's an extension of me."

In this instance, Savanna corrected her face by politely teaching the man about her cane. She simultaneously engaged in preventive facework for both the man and any future VIIs he might encounter. Answering face-threatening questions with education corrected participants' face during interactions and likely prevented future face loss for the sighted individual and other VIIs.

*Advocacy.* Unlike education that worked to prevent future face loss for both the sighted individual and VIIs through interactions, advocacy focused on preventing face loss for other VIIs via eradicating systems, policies, or behaviors that threatened VIIs' face. Several scholars argue that VIIs are not disabled by their lack of sight but by structural inequalities such as lack of accessible reading materials, obstructions on sidewalks, barriers to guide dog entry, even the system of currency/bills (Almog, 2018; Bolt, 2005; Schillmeier, 2007). Bolt (2005) argues that social reform is needed for the structural inequalities facing VIIs. Indeed, interviewees' engagement in advocacy in response to face threats could serve as a form of micro-level barrier resistance with potential macro-level effects. For instance, after a driver illegally denied her a ride because of her guide dog, Monica explained:

> I contacted Lyft and I went through the whole process of talking to somebody. And it's like, sometimes it would be easier to just blow it off, not deal with it. But for me and for everybody else out there, I can't just do that, I have to go through the process of reporting the wrong action.

Monica employed advocacy as a corrective tactic to remediate her face after she was denied transportation. Monica concurrently engaged in preventive facework through action so she and others with guide dogs could ride Lyft without future discrimination. Relatedly, participants such as Barbara, 55, fought against their guide dogs being barred from stores or restaurants. As she recounted: "I did file a complaint against the restaurant with the Commission on Human Relations. And with great success.… I got a monetary award for that and they had to educate their employees and the staff there." Barbara's advocacy corrected her face through the financial apology she received. She also engaged in preventive facework for other VIIs by ensuring that restaurant staff underwent anti-discrimination training. Other interviewees spoke of a sort of materiality advocacy they engaged in to reduce face threats and increase inclusivity for themselves and other VIIs surrounding physical barriers. For instance, Ty advocated, "to get people to keep the damn sidewalks cleared. Making sure that I get the traffic signals fixed…Lights repaired. Trees trimmed. I'm still fighting to get some sort of sidewalk shoveling law into place in this

town." Such advocacy enabled VIIs to restore their damaged face (lack of respect and shame from unequal access) while seeking to reduce future face threats to themselves and other VIIs on systematic and structural levels.

## Discussion

This study sheds light on not only FTAs and the preventive, corrective, and/or future facework strategies used by VIIs but how face threats seem to coalesce with stigma to contribute to an environment that disables participants in terms of discrimination, structural barriers and inequalities, and lack of access. While it has been argued that society, not impaired individuals should have to change (e.g., Shakespeare & Watson, 2002), our study suggests that adopting facework strategies can be an effective means of empowering VIIs to manage social interactions to minimize the social construction of stigma and the institutional and interpersonal barriers it causes. Just as passing can be a source of autonomy and strength (Barnartt, 2016), facework could be a tool to help VIIs combat stigma and reject the medical model of disability. When confronted with the inevitability of face threats that are omnipresent in their VIIs' lives, our investigation uncovered tangible strategies interviewees used to ward off or repair FTAs on an interpersonal/micro level. Participants' use of preventive, corrective, and/or future facework enabled them to communicatively manage face threats, including negative stereotypes and stigma that foster oppression (Shakespeare, 2004; 2012).

Participants' reactions to stigma and its internalization through accounts of shame and difference reflect how pervasive the medical model of disability has been in shaping participants' perceptions of their impairment. Simultaneously, the study showcases how the removal of barriers and the addition of alternatives such as ride share services like Uber and Lyft made participants feel more confident, independent, and minimized face threats, breaking down barriers and increasing equality, and supporting the premise of the social model of disability that disability is constructed. Indeed, future facework (particularly advocacy) enabled participants to fight unjust systems and policies that contributed to the marginalization and oppression.

While the social model of disability has transformed the disability rights movement (e.g., Goering, 2015; Shakespeare, 2012), some disability scholars, including former supporters (Shakespeare, 2004; 2012; Shakespeare & Watson, 2002), suggest disability and impairment are not separate but exist on a continuum, and that disability is a "complex dialectic of biological, psychological, cultural and socio-political factors…" (Shakespeare, 2012, p. 22). Claiming people are only disabled by society and not their bodies overlooks the very real health conditions and often functional limitations inherent within a physical or mental impairment (Shakespeare, 2012; Shakespeare & Watson, 2002), including social, economic, and psychological costs (Rembis, 2019). Research indicates that visual impairment is both a "physical and a psychosocial phenomenon" (Tuttle & Tuttle, 1996, p. 5) and is "a *social* as much a physical handicap" (Coupland et al., 1986, p. 53). Indeed, the current investigation suggests the social model is not completely applicable to VIIs (e.g., Schillmeier, 2007), as it does not consider the ways impairment, in addition to society, can disable people. As Barbara voiced: "The blindness

thing is not easy… It doesn't just affect your eyesight. It affects every fiber of who you are." For VIIs, their vision itself, not just stigma and other socially constructed barriers, is disabling, particularly with respect to visual impairment directly preventing them from having the ability to drive (Terzi, 2004). Despite the social model's claim that a barrier-free world is possible (Shakespeare, 2004) and the possibility that self-driving cars may become available to VIIs in the future, some impediments will likely always remain for VIIs, as improving access for one group can create a barrier for another. For instance, curbs cuts may help people in wheelchairs but make it harder for VIIs to navigate (Shakespeare, 2004).

Recently, disability scholars (e.g., Petasis, 2019; Shakespeare, 2004; 2012) have offered the biopsychosocial model of disability, which views disability as the interplay between social and physical environments and people's health, as a more realistic approach for understanding disability. As Shakespeare (2012) notes, the WHO International Classification of Functioning, Disability and Health identifies "'disability' (i.e., impairments, activity limitations and participation restrictions) as well as health condition, environmental factors and personal factors" (p. 129). This biopsychosocial model offers a more holistic tool for understanding the challenges facing our participants. Our investigation suggests facework could be incorporated into the model as a strategic tool to help people with impairments negotiate disabling social barriers and counter stigma and oppression. After all, Goffman maintains that stigma is fluid, as "the normal and the stigmatized are not persons but rather perspectives" (Brune et al., 2014, p. 20), and thus can be managed through interaction.

## Theoretical implications

While Cupach and Metts (1994) distinguish between preventive facework, which avoids face threats, and corrective facework, which repairs face following damage and maintain the same strategy can be corrective by one individual and preventive by another, they do not acknowledge an account where the same utterance can be both corrective and preventive. Miller (2009) found some strategies can be simultaneously preventative and corrective. Our analysis furthers this distinction to reveal how facework can be corrective for VIIs in the moment and preventive for other VIIs in the future through future facework. VIIs discussed how education and advocacy helped them communicate in ways that corrected their face in the moment and prevented future face loss to other VIIs, including the notion of materiality advocacy— advocacy specifically to improve structural and physical barriers—a concept which deserves future study. Future facework extends the facework literature to include instances in which the same utterance is simultaneously corrective and preventive to change oppressive discourses and structures. In this way, future facework helped VIIs remove barriers and increase inclusivity and equality.

## Practical applications

Visually impaired individuals have urged for more research with practical applications for this community (Duckett & Pratt, 2001). Our study heeds this call, offering strategies and language to help VIIs maintain and protect their and others' faces. While low-vision providers and adjustment counselors equip VIIs with such tools as prescriptive devices, task lighting, or screen enhancing software, limited communication skills training exists (Frame, 2004) despite the myriad face threats inherent in visual impairment, leaving VII to socially fend for themselves (Frame, 2004). Low-vision adjustment counselors, occupational and mental health therapists, support group facilitators, and optometrists should educate VIIs about face threat and use role-play to practice this study's communication strategies. This would not only serve to put language to these interactions, but normalize and validate communication challenges, highlighting that face threats are a shared experience, and help reduce anxiety and build confidence around being visually impaired. Additionally, orientation and mobility providers could incorporate face threats into discussions with clients who decide to make their discrediting impairment visible, drawing upon scripts and rehearsal to alleviate potential stressors surrounding using a cane or guide dog. Further, VIIs should be encouraged to share their face-threatening experiences with others in the community in order to receive and provide emotional support, as well as have the opportunity to debrief with adjustment counselors to find greater connection and support.

It would also be useful for VIIs to debrief with adjustment counselors and for the counselor/therapist to unpack feelings related to shame, anger, being an imposition, powerlessness, and frustration surrounding these interactions and use facework to help VIIs manage those emotions and move further away from the medical model of disability. Indeed, although facework takes effort, it could empower VIIs to more confidently and more smoothly navigate interactions, advocate, and accomplish their instrumental and social goals. Facework could also help VIIs establish proactive rules around interactions (e.g., asking sighted to introduce themselves, disclosing they cannot see faces) and remediate FTAs using research-based tools as opposed to trial and error.

Further, family and friends might also benefit from understanding the concept of face threat as they might be able to develop increased empathy, sensitivity surrounding these interactions, and greater consciousness of FTAs alternatives if they are informed of the strategies. Additionally, as our participants maintained most sighted individuals have good intentions and are only trying to help, or do not know how to interact with VIIs, members of the general public should also be educated regarding face threats. Specifically, medical professionals, law-enforcement, retailers, and servers could benefit from a training program targeting communication with VIIs. For example, if the sighted suspect a person may be visually impaired, they should use the person's name and speak directly to them and approach the VII (vs. assuming they can see their nonverbal gestures), introduce themselves, and not be offended if a VII does not respond or initiate contact. In this way, facework would likely foster greater understanding and allyship among sighted individuals and more goodwill between the sighted and VIIs. On a structural level, ride share companies and businesses such as stores and restaurants should be better educated about

guide dogs to reduce discrimination and improve access for VIIs. After all, most people, not just those in the disability community, will face some sort of impairment in their lives, especially as they age (Goering, 2015). This investigation's facework techniques could likely be used not just by VIIs but anyone who encounters potentially stigmatizing differences.

## Limitations and future directions

Although interviewees varied by age and type of visual impairment and males were represented, the study is limited in that participants were largely white, educated females. Additionally, the third author was acquainted with some interviewees. We recognize the loss of objectivity that can occur with insider status (Unluer, 2012) and to maintain confidentiality, the third author conducted interviews with participants she did not know and regularly debriefed with the first author. The first two authors completed much of the data analysis and writing of the manuscript; however, they frequently engaged in peer debriefing (see Lincoln & Guba, 1985) with the third author to check their analysis with an insider.

Future research should explore how other marginalized groups navigate facework and more specifically examine their use of future facework strategies. Additionally, forthcoming studies could examine how certain FTAs experienced by VIIs co-occur (Scharp, 2021) with the facework strategies they use. As it is also possible that some interviewees interpreted the degree of face threat differently than other participants, which might have influenced their motivations for engaging in specific facework, a study that specifically examines perceived face threat and subsequent strategy use would be extremely valuable. Additionally, it would be worthwhile to examine how other pragmatics of communication (e.g., lying and deception) interplay with facework, particularly in cases of passing. Currently such factors (as well as individual features such as age and sex) have not been comprehensively explored. Additionally, it would be useful to quantitatively examine the extent to which various facework strategies are related to such participant outcomes as self-esteem and shame.

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## Open research statement

As part of IARR's encouragement of open research practices, the authors have provided the following information: This research was not pre-registered. The data used in the research are not available. The data can be obtained by emailing: lkromo@ncsu.edu.

## Notes

1. VIIs are also referred to as low vision, legally blind, visually disabled, or experiencing blindness.
2. Some VIIs are completely blind and/or have obvious vision loss whereas others have some vision, whereas others' vision loss is unnoticeable or worsened in certain situations.
3. Examples of FTAs include: after someone has been criticized or criticized another, been rejected or rejected someone, embarrassed themselves or another, or feels imposed upon or has imposed upon another.

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