



## *Gradients of Sight*

### *The Roots of Disability* (Reprint)

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Blame, hypersensitivity, and doubt are the catalysts to assured self-destruction. During the actual process of sudden vision deterioration, such actions may seem rational and justified; but in objective reality neither is the case. At what point the cycle begins is impossible to know, because beyond a certain threshold, it becomes an imprinted way of functioning. This way of life – which is not living at all, always stems from resentment towards hidden expectations and desired outcomes during loss.

The word choice of “expectations” is a loaded term, so to clarify; this word will be broken down and examined in three examples of logical, emotional, and egotistical expectations.

#### **1.) Logical Expectations:**

Objective and critical thinking of your situation during its occurrence is probably the farthest thing from your mind at any given time. Try being free of distractions for at least 15-20 minutes and ask yourself these series of questions without immediately responding to them individually. Approach them as a collective point of reference to begin your own analysis of what role logic can function in dealing with your condition.

In your personal estimation (cast aside the opinion of your specialist’s assessment for the moment) how long do you believe your remaining vision will last?

Are you willing to utilize all surgical methods available in order to attempt to salvage remaining vision for a period of time?

**B.)** If your condition is progressively degenerative, would you consider experimental treatments as an option to potentially slow/stop the process?

What would be your response if unintended consequences from surgical intervention made your condition worse rather than better?

At what point in facing your condition will you be willing to move on and begin adapting to these permanent changes?

What do you define as the most important reason for wanting (or not) to continue with the treatment of your condition?

**B.)** Then proceed to list five more outstanding reasons why or why not.

Do your listed responses act as the primary or secondary force in determining your decision-making process? (Dwell on this one for a bit.)

If you listed the advice of your specialist as a reason to continue (or discontinue) treatment, take a hard look at patterns evolved (complications, benefits, risks) in prior procedures as a rough projection of possible future outcomes.

Utilizing this method of self-interrogation forces this issue to expand beyond the obvious 'its broke, let's fix it' approach. This is not to be taken as a demeaning jab at the medical industries, but rather a personally hard-learned reality to contemplate every unintended consequence before diving into a potential life-altering decision from any procedure or actions taken.

## **2.) Emotional Expectations:**

When my first diagnosis of a retinal detachment had occurred, the weeks end brought forth a swift surgical intervention. On the surface the initial problem seemed simple enough; a shallow detachment in the right eye had been repaired, and recovery time now ranged from two to three weeks.

Psychologically, it was still envisioned as a temporary problem and my overriding concern was with how attending school, maintaining friendships and a social life would be impacted. Recovery was in its second week and going relatively well, until a weekly examination determined that the retina at some point had re-detached. The initial experience seemed surreal and there was a numb void of three days with no emotion just prior to being washed over with despair and anxiety of the rapidly changing situation.

Disregarding the variables of timeframe, circumstances, and progression of loss, the human mind will in most cases desperately grasp to regain a sense of stability while rationalize to explain such sudden trauma. As assumed however, no two individuals will respond the same way to this process. While one person may suffer a complete emotional breakdown, another will constantly project their anger onto others to relieve distain for himself. During a point in your experience there has undoubtedly been a time in which you have felt as an observer riding the downward spiral. One way to avoid encountering this pitfall again is to dissect your reactions which lead you to such a circumstance.

Emotional expectations is what I label a persons' anticipation to certain situations or outcomes; but they never occur and are let down by their own emotional buildup. Think about not only how you personally process the situation at hand, but also how others are indirectly affected by your reactions. For instance, dealing with other people and their want to console you, but will never fully understand due to the absence of first-hand experience. Within my own case, it took over a year to realize I was projecting the anger towards the situation onto my mother who was already shattered having to watch her son endure such pain.

Through another set of self-critical questions, you may gain a new perspective and understanding of how emotional expectations can greatly influence and impact your outlook of living with your condition on a daily basis.

On average, how many times per month have you felt your lack of vision is the key factor in a social situation going awry or preventing you from meeting new people?

**B.)** If the number of instances above is more than five, think about how reactions to the situations (questions asked about your vision from passersby, inquiries if you needed assistance, pride preventing you from asking for help, etc.) change the nature of how others perceive you.

Would you ever admit to yourself periods of resentment towards family members and colleagues complacency in taking vision for granted?

**B.)** Do you ever feel less human or inferior to those without physical hardships?

During inevitable times of frustration, (running into/knocking over objects, injuring yourself) do you pass it off as a result of the condition, or transfer blame onto others?

Do you immediately take offense to jokes of the blind or casual attempts of humor by others towards you?

**B.)** If so, why? (Explain beyond a knee-jerk reaction and provide substance to your response.)

Have you ever rationalized the inability to see properly as a legitimate reason for not going somewhere or attending a function?

**B.)** If yes, try to gauge to what extent that reaction was based on fear of embarrassment or humiliation of others viewing you differently due to your condition.

### **3.) Egotistical Expectations:**

From the initial point of diagnosis your ego has attempted to stabilize the

situation the only way it knows how, through emotional extremes (overreaction, and inward destruction) while lashing outward to those who display concern in witnessing a collapsing state-of-mind. Ending the cycles of experiencing 'good and bad days', times of extreme depression, frustration, and resentment can only be overcome by patiently enduring the loss itself. Feeding the nagging pull of fear and giving into constant doubt only strengthens this bond keeping you from finding true peace and moving forward in life.

Hold no importance to what others think, their arrogance, or lack of respect. You cannot make everyone understand and console you for your seemingly impossible and fruitless journey so stop trying. Know that the only one that makes such an experience so hard and unforgiving is you.



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