

Looking Back

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I AM SUSPENDED FROM his large brown eye. It is concentrating, peering closely into my own eye. I am afraid I will fall. I feel the heat of the lamp on my forehead, this surgeon's hands on my face, and the sharp pressure of metal on my eye, surfacing through the numbing drops. I feel a single trickle of sweat down my back but not the chair beneath me—and through the shifting and dissolving blue shapes, there is nothing tethering me in place except this eye looking down into mine.

I am hoping this surgeon can straighten my wayward eye. For as long as I can remember I have seen my crossed eyes reflected back in the way other people look at me: the flicker of recognition that something is off; then looking away; then back, but differently, now. If I look at you directly, I'll see you seeing how I look, so it's best if I just look away. When I see someone with this condition—strabismus—I blink with recognition at the furtive head posture, the particular elliptical ways we have of looking.

Seeing the world this way is like thinking in simile or metaphor. Both are indirect, roundabout, oblique. I can't separate the way I see and think from my crossed eyes. An exacting French teacher once crumpled my essay up in her hands and placed it on the table in front of me. This is how you are writing, she explained, pointing. I looked down at the tortured ball of a page and saw that she was right, that sight and language and mind were bound together, twisting inward.

In my baby pictures, I am round and happy, a laughing little girl in a striped bonnet, with plump cheeks and both eyes tucked up and inward towards my nose. As a young child, I had two surgeries, one on each eye, which left one straight and the other pointing in. Without proper alignment, I didn't have typical depth-perception—no stereopsis—though to me the world looked the way it always had. In first grade, classmates began to cross their own eyes back at me, laughing. When I came home from this teasing, my parents explained that I was fortunate to have my sight, and that we play the cards we're dealt, that having misaligned eyes is only superficial. I accepted this explanation, and as I grew older, I was ashamed to care about something so trivial and so external.

But, in fact, it's not trivial. It's not external. Eyes are the nexus of perception and identity—seeing and being seen—and a crooked gaze shorts that circuitry, its repulsion unfurling in language. In English, *cockeyed* describes anything that's absurd or askew; in Hungarian, *bandza* also means "stupid"; in Mandarin 对眼 means easily enraged. In German (*schielend*) and Hebrew (שִׁלְלֵן), the phrase doubles as "envious" or "covetous," and the Swedish *skelögd* also means "distractable." In French, the term *louche* also means "immoral," "shifty," "disreputable"; as one eye looks towards you while the other looks away, it describes anything that is ambiguous or untrustworthy.

Historically, misaligned eyes were thought to be a bad omen. In English and American folklore, you are supposed to bow or spit when you meet a cross-eyed person, and cross the street to avoid misfortune. To this day, studies show that people with strabismus are perceived

to be less reliable, intelligent, honest, and employable than people with straight eyes. It's the "Cross-Eyed Blues": *Folks who's got them cross eyes, things they see is always wrong—That's why me and cross eyes never gonna get along.* That vision should be so packed with symbolism and associations isn't so surprising. The eyes are the gatekeepers between the mind and the body, between ourselves and the world.

On the other side of the spectrum is the view that the mind and perceptions are separate and distinct. René Descartes, father of the Enlightenment, described sight as geometry, abstracting it from the motions and vagaries of incarnate experience. Here, the disembodied eye watches, steadily and objectively, from a fixed point. Yet his great epiphany about the power of the rational mind arrived, in fact, when he contemplated why he'd always been attracted to cross-eyed women—and realized that it was because of a childhood crush on a strabismic girl. After he reflected and recognized that being cross-eyed was a flaw, he shed the "illogical" attraction, and, thus, reason won out over the passions. And so the frozen stigma of misaligned eyes appears, even here—caught in the amber of the mind's triumph over the body.

Strabismus most often originates in the mind: the neurological wiring that keeps the eyes aligned doesn't function properly. But the treatment is a mechanical fix of the body: typically moving one or more of the muscles attached to the eye—forward to increase the torque, or back to weaken it. So I, with my crossed eyes, decided to exercise my rationality and give surgery another try in adulthood. The procedure is considered functional, not cosmetic, and the odds favor a good result. Even so, I felt like I was betraying myself and the moral code of my childhood in wanting to change my eyes. To be sure, there are far worse burdens to bear. Too many even to begin counting them. But what if this one didn't have to be borne, after all?

I first went to a surgeon near home who assured me he could straighten my eyes. Bustling, short and round, a chattering magpie, he kept finishing my sentences for me—but not with the right endings, not with the words I'd meant to use. It was as though he could make me as he thought I should be just by saying so, but he couldn't. He operated once, and then again, and left me with my left eye turned not in but out, slipping farther and farther towards my ear.



And so last fall, I took the train up north to consult a specialist—this surgeon with the large brown eyes. His office was in a renowned pediatric teaching hospital, as strabismus is most often treated in children. I wound through a maze of halls painted in primary colors, past bald little boys staring at goldfish circling around a vast tank. In the oblong ophthalmology exam rooms, stuffed cows looked down equably from above the eye charts. The surgeon entered and greeted me, tall and thoughtful, with a clutch of observers following behind. He folded himself into a chair, looked and listened intently, a gentle humor weaving through his precision. I trusted him instinctively and felt encouraged.

His exam uncovered a puzzling surprise, though. When he held up fingers to my left and right—something my hometown eye surgeon hadn't checked—I couldn't count the ones on the right. He handed me orders for an MRI, told me not to wait to have it done. I took the train back home and called my internist, someone I thought of as eternally bemused and unflappable. When I described the visual field abnormalities, though, his voice shifted register: Call these specialists, he told me. Go see them. I'd been so accustomed to his wry

stoicism that it took me a few moments to understand his instructions. Yes, that's what I'm saying, that this is what I want you to do, he had to explain.

By now, I was starting to understand: disruptions of the visual pathways can indicate problems that range from mild, such as migraines, to terrifying, such as a brain tumor. Suddenly the world was shifted from where it was supposed to be, refracted by the prism of fear: fear of what this could be, fear of not knowing.

So off I tumbled to a gaggle of neurologists, who watched me keenly and asked a lot of questions. First came the neuro-ophthalmologist, who held my visual field charts in one hand and my bicycle helmet in the other—they were the same semi-circular, bread-loaf shape—and looked back and forth between the two incredulously, shaking them for emphasis: This is your helmet? And these are your visual fields? You rode your bicycle here today? Through midtown traffic? Let's scan your brain, shall we? Next was the neurologist, who ran his hands lightly over my arms and legs, chatting as he administered his odd motor tests, like cocktail party conversation mixed with a high-stakes game of Simon Says: So, you're an art director? Close your eyes and touch your finger to your nose. So, you run in the mornings? Lie down and run your heel up the front of your opposite shin. Finally came the neurosurgeon—cheerful, buck-toothed, and disheveled. He sat on the examining table in a rumpled white coat, with his legs sticking out straight over the side, jabbed his pen at a small mottled gray plastic model of a brain with a pharmaceutical logo on the bottom, showing me what I have.

What I have is a long, paramecium-shaped, black ink-stain on the scan where there should be brain tissue. *It's the effects of a stroke*, he explained. I don't understand, I remember saying; I never had a stroke. And then it turned out that this lacuna—or lake, as the neurologists liked to call it—had been visible on a scan for an unrelated workup from many years ago, though the radiologist hadn't noted it then. An old “event,” then, probably from around the time I was born, as I'd been in the NICU for a week—but who's to say.

So, relief! Sweet, sweet relief. No tumor, no degenerative neurological disease. I was the same as I'd been before—but not entirely. On one hand, I was grateful that I'd adapted to my vision, which to most would appear flat and fragmented. But with the knowledge of what I wasn't seeing, I felt newly disoriented and vulnerable. My perspective on what I was seeing and what I wasn't kept shifting and refracting, and I started running into things. A friend and I lost our way biking through the steep, windy streets of a neighborhood where everyone seemed to have something wrong with them: a middle-aged man with a milky-white cataract in one eye and raw, red-rimmed eyelids stopped to give us directions, stood and watched us pedal away.

It was probably—he laughed
apologetically—an oversight.

I went in to see my internist. I was used to watching him land for a quick minute, perched against the counter, while he joked and scribbled a note in my chart before flying off to his next appointment. This time, though, he sat on a low stool and looked up at me evenly. He didn't betray any impatience as we talked while the tide of patients rose steadily in his waiting room. How could my surgeon have left me worse off after two operations? I asked. I don't know, he replied. But, I asked again, this time more plaintively: if an ophthalmologist is supposed to care for my vision, how could he not have looked to see what I see? I don't know, he repeated. It was probably—he laughed apologetically, took off his glasses, and looked away, rubbing his eyes—an oversight. Shouldn't the radiologist have found this lake in my brain before, though? Seems like he should have. How can I trust in medicine now—how can I trust that I'll be cared for? Maybe you can't, yet, he said quietly, as I sat on the examining table, trying to look squarely at uncertainty.

Not many people experience something like this, he tells me—to learn that what you thought was the world is, in fact, only half of it. And it's true, the oddity of it. Now that I'm aware, I'm stunned at what I don't see. It reminds me of skeptical notions I worked through in childhood: imagine that there is a flaw in your perceptions or your

thoughts, but the flaw masks itself so that you aren't aware of it; isn't it possible that your view of the world could be skewed in such a consistent way that what you perceive and think still appears coherent? It is Descartes's evil demon, deceiving you with an illusory body, an illusory world. And sure enough, now the thought-experiment has come to pass. Just as I assumed that my flat, non-stereopic vision was normal when I was a child, now I learn that I haven't been seeing what I am supposed to see. I have been missing everything to the right of center, all this time. Just imagine.

Then again, seeing what I don't see throws into focus everything that remains. Walking down Broadway one afternoon during these confusing autumn months, I pass a blind man tapping a white cane on the sidewalk, followed by a dwarf. I look up and laugh out loud—I get it, I see!—that of all of us walking along—even along this one street—I am so far on the fortunate end of the spectrum. So very, very far on that end.

But then I put my head back down so nobody will see me looking at them crookedly. I glance around covertly and can't help but think: what about all these other people here who have nothing off about them, no block between themselves and others? When the conductor spoke to me on the train, I looked out the window towards the blur of trees lining the track so he wouldn't see my defective eyes, and I could hear his voice harden in resentment. Then came the sudden flame of his anger—*Why won't you look at me?*—and then my confusion, and finally the sizzling shame when I realized what I'd done. I'm so sorry.

Not to have straight eyes, and to want them, sends my thoughts into the crumpled spiral of a Proustian paragraph weaving in upon itself, forming clause upon sub-clause of metaphor, layering an ever-growing wasps' nest of impacted observations and self-analysis and questions until the hulking, flaking structure breaks off the tree limb and falls under its own weight. This is not a reason not to engage fully with the world—why pay any mind? Would I even want to know anyone who would judge me for this? Isn't it hubris to try to train a bending branch back onto a straight trellis—what if it breaks? After all, isn't this wayward eye part of me? In wanting it fixed, do I betray my singular, imperfect self?

And yet: I *do* want this. I want to look at the world, and I want it to see me. Please. Please, is this something I can have?

I take the train back up north, just after New Year's. My eye has been migrating steadily outwards towards my ear, leaving a new blind spot in its wake; it needs another re-operation. As I stare at the ceiling tiles in the OR and the anesthesiologist feels my hands for veins, I can sense the brown-eyed surgeon hovering on the edge of my field of view, a tall solicitous figure in blue scrubs, watching and clasping his own hands together in front of him.

*Now that I'm aware, I'm
stunned at what I don't see.*

He operates and finds that one of the muscles had slipped off the eye after the previous procedures—most likely it hadn't been properly reattached by my hometown surgeon—and it takes several hours just to find it. The recovery is hard, a deep, radiating pain through one side of my head. Later, when I read the operative note, I'm impressed by the graphic narrative arc: searching for the muscle, probing farther and farther back into the orbit, nearly despairing of locating it; finally spying it, encased in scar tissue, scarcely identifiable. A salvage. Several days after the surgery, though, the recovered muscle tightens unexpectedly and pulls my eye far in to my nose, much worse than it's been since I was a baby, and I feel, finally, defeated.

I don't want anyone to see me. I wear sunglasses, even in dark bars, even at night. I'm ashamed to be so ashamed. I take the train back up north but there's little we can do while the muscle heals. I take off my sunglasses and let my surgeon examine my eye. My stubborn, obdurate eye. We stand talking in the brightly patterned hallway after my appointment, and I watch him literally wringing his hands. I should really stop wringing my hands, he says, looking down at me worriedly.

On the ride home, I look out the window and watch the slow snow through my dark glasses. I was wrong to want this, I think. I brought this upon myself. Back home, I run along the river in the morning, and I keep imagining that something is striking me from my blind side and that each time I recover, it comes again. At night, I dream that I am dropping through a series of trap doors. I write to my surgeon and describe these visions, though they seem unfairly clichéd (could my unconscious not come up with anything more original than *falling*? I think, petulantly.) I understand, he replies—with all that's happened, I thought you were seeing me as Lucy pulling the ball away from Charlie Brown again and again.

During this long winter of waiting, we write now and then, and threaded through the clinical terms—*prism diopters, esotropia, fat adherence syndrome*—are metaphors passing back and forth. At first, they are practical: describing a stiff extra-ocular muscle as a band of tough leather, or a scratch in the eye's cornea, mending in from its edges, like an island surely swallowed by the rising, healing sea. Then the threads begin to tease just a bit, tropes describing tropes. I complain that I've been infected with his Simile Disease, just as butter sitting uncovered in the fridge absorbs other scents. Sorry to contaminate your butter, but those figures of speech do come in handy from time to time, don't you think, he replies. As long as they don't get overextended, because then the butter starts to go rancid and it clogs the intake filters and the refrigerator starts using too much electricity and the city has to have a brownout—yes, it's like that.

Of course, there is humor here, and a way to help pass the slow months. But there is also something more, something about self-consciously unfurling these descriptions and exposing them for what they are. Because, of course, metaphors fail. Language fails to describe experience—it fails spectacularly, comically. One thing which is supposed to represent another is never perfectly aligned with it, in the same way that my two eyes, which are supposed to look at you, instead point in different directions, and in the same way that the French term for “cross-eyed,” *louche*, also describes something which is not what it appears to be. It is here, in these failures, that experience reveals itself. It is only when vision breaks apart that one can see what is inside, what the mechanics of sight and communication truly are. Just as it is only when I have fallen backwards through these trap doors that I look up to see my lanky metaphor-minded surgeon clambering down to stand next to me. We have slipped through the definitions of language—doctor, patient, defect—and in this clearing beneath are two people, one helping the other to see.

In the spring, finally, I take the train back up north again, and we return to the OR. It takes two more long surgeries, two more long recoveries, and many more days of watching and waiting to be sure the eye will stay in place this time. In between the operations, I find myself here in his office as he tries to loosen this same stubborn muscle. Through the metal instruments and gloved hands circling my eye, I hold onto his large brown iris like a buoy, his eye concentrating so closely on mine, nothing else holding me in place except for his gaze. Later I will think, I still don't know what is certain. I don't know what words to use, to thank you. And all I can do, as language fails once again, is this: to tell you what I've seen, looking back. ■