Article

Eyesight, Infinity, and the Human Heart

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"Love . . . adds a precious seeing to the eye:"
William Shakespeare, *Love's Labor's Lost*

BEYOND ANATOMY

Shakespeare's words are timely. We practice in an eye-care community which largely believes that we "see" with our eyes and "think" with our brains. This heady constriction of perception, dreams, and emotion somehow stifles that which we sense to be true. A mother looking into the smiling face of her son, a young man gazing into the eyes of his beloved—each knows. When life rises above the confines of the ordinary, we "see" and "think" with our hearts.[1]

But what of those who have no hearts? What of those who would argue that "love is blind" and therefore not worthy of consideration? After all, in our age of skillfully-wrought statistical studies, blind is not good enough. To have the slightest merit as a fashionable scientific endeavor, life must be "double-blind."

It is small wonder that when the forty thousand eye-care practitioners—carefully raised and nurtured on a diet of double-blind speculation—gather to beat their breasts and argue the merits of the latest throw-away-your-glasses surgeries, they seldom discuss the human heart. They are far more comfortable when discussing anatomy, or perhaps, money. They seem to prefer the solid things which can be cut with a knife, burnt with a laser or folded in a wallet. Those patients who fail to live up to the expectations of anatomy and complain of symptoms despite 20/20 eyesight are routinely banished from the eye-care kingdom and branded as "malingerers" or "hysterics." It does not surprise us, however, that eye-care practitioners would be more at ease with what they can examine with a microscope or slice with a blade: what more could you expect from a group of men and women whose myopic catechism teaches that infinity is twenty feet?

But can the phrase *behold the infinite* really be reduced to the command *call out the smallest letters you can read at the end of the room?* Certainly there is more to vison than anatomy. Consider, for example, one of the most famous books of the twentieth century. Published in 1929, F. Scott Fitzgerald's jazz-age classic *The Great Gatsby* has captivated millions; undoubtedly a better sales performance than Wolff's *Anatomy of the Eye and Orbit.* And yet, when describing the nearly universal impact of an ophthalmologist's billboard advertisement, F. Scott Fitzgerald abandoned the dictates of science to write, "The eyes of Doctor T.J. Eckleburg are blue and gigantic—their retinas are one yard high." That Fitzgerald confused the retina

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with the iris has been largely forgiven, if not overlooked by his millions of admiring readers. The point here is clear: when it comes to capturing the attention of those outside the field of eye-care, matters of anatomical accuracy are outweighed by matters of the human heart.

PATIENT CONSULTATION

But how does all this relate to the practice of those few who believe vision to be more than the sum of its anatomical parts? How can we, who provide vision-care rather than eye-care, profit from an understanding of the human heart? And more important, how can we turn this understanding into a tool for communicating to patients the need for services which could free them from their prisons of heartbreaking failure and silent regret?

While such explanations as, "Johnny's broken eyes are improperly focused, and he needs these glasses," or "Johnny's broken brain chemicals are unbalanced, and he needs this pill" may suffice for those doctors who believe they are working merely with eyeballs or brains, such explanations are simply not enough for those who work with the heart.

Telling a patient that "your child sees with the number four prism but the normal child sees with the number sixteen prism," is, by itself, unlikely to secure care for that child. Imagine the child's mother returning home to share this hard-won revelation with the father: "Honey, Johnny's prisms are all messed up and we can fix them for just two months' income!"

Now this is not to say that you should abandon using demonstrations in the office to obtain the parent's agreement that the child in fact does not see like other children. Before leaving the office, the parent should have seen for themselves that the child's eyes "dance" when following a moving object, or that the child sees two lights instead of one when looking within arms' reach, or that the child is shutting off an eye when looking at the red and green flashlight. You could even use your tools to demonstrate for the parent what it looks like to see double. Such demonstrations help make it clear that there is a problem. But showing parents that there is a problem resides more in the realm of eyes and brains than in the realm of the heart. Having seen the signs of a vision problem, the parent may not yet be ready to act. To reach for care, the parent will also have to recognize the symptoms connected with the problem.

For years successful clinicians have known to concentrate on symptoms rather than findings. But what symptoms are we talking about here? Blurred vision? Double Vision? Headaches and eyestrain? Writing letters backwards? Rapidly fatiguing when reading? Losing reading comprehension with time? All of these symptoms are important, but when talking to parents, are these the sole symptoms we want to discuss? Or is there another checklist of symptoms to which we need to refer?

THE CHECKLIST OF VISION-BASED TRAGEDIES

Twenty years ago, when I was an optometry student chafing under the yoke of a mainly cold and unfeeling scientific curriculum, one of my clinical instructors gave a welcome lecture on what he termed the chief complaint. The chief complaint he defined as "the real reason the patient came to see you." He cautioned that patients would not always divulge the complaint by more than a subtle hint. The parent who comes to you distraught that a child is "reversing letters" or "seeing double" may not be giving the true reason for the visit. This "true reason" often rests on issues of broader and more serious consequences, issues which if unresolved could end in tragedies such as those which follow:

- Homework, which should take thirty minutes, drags on all night and ends up with the child crying, the parent yelling, and everybody in the house too upset to enjoy life. The parents feel terrible because they are beginning to dislike the child and themselves; they cannot control their anger.
- The child is in third grade but reading at first grade level; if this trend continues unaltered the child will be lucky to be reading at a fourth grade level when graduating from highschool, if he graduates at all.
- The child will have few job choices in life because he cannot read. The child will never go to college and enjoy the increased freedom in life which a college education may provide; the child may end up like his parents, bound in a job he does not like because he has no other choice.

- The parents love reading. The child may never come to enjoy the wonder of books. The home library may never receive the child's welcome invasion.
- Because of difficulty reading, the teenager feels stupid. Self esteem is plummeting. The teenager's friends all share the same lack of hope. Illegitimacy, drugs, or worse could be the outcome.
- The child with a lazy eye is sixteen times more likely to have his good eye injured than a child with two normal eyes. The child (or adult) may one day fail to see a car coming from the side of a lazy eye.
- The computer operator, suffering from headaches or eyestrain, comes home from work completely worn out, or angry. This exhausted worker "snaps" at spouse and children. Those who should be "loved ones" are becoming the targets of attacks. The problem has long since passed beyond the inconvenience of "eyestrain." The entire family is suffering.
- A woman in her late twenties is terrified to drive at night. She cannot judge distances. She lives in terror of having an accident. Because she is confined to the house after sunset, she may have to drop out of night school.
- A young pilot, who dreams of one day flying with a major airline, has always prided himself on his "perfect eyes." In the meantime, he gets a job using a computer. His distance vision starts to falter. He fears his perfect eyesight, as well as his future career, will soon vanish forever.
- A young man and his parents dream of his taking a place on the professional golf tour. Despite talent and hard work, the youth cannot quite reach his goal. The family is on the verge of panic. They increasingly fear that they may soon have to abandon the dream which, for years, has filled their lives with hope.
- The illiterate worker bypasses every opportunity for promotion because of a dread that his inability to read will be found out. Carefully guarding the secret, this worker can never really open his heart to those around him. Every sign, every note, every book is another mystery withheld from him and another secret failure he must withhold from others.
- Frustrated in a dead-end job, a young woman dreams of returning to college to become a teacher. She knows, though, that she will never be able to keep up with the volume of reading required. The prospect of spending a dismal lifetime being forever frustrated in her goals weighs heavily on her mind. Her psychiatrist confides that her "bio-chemicals are imbalanced." The drugs prescribed, however, fail to fully erase the pain of her broken dreams. Occasionally, she even wonders if perhaps she should take all the pills at the same time?

Checklists which relate vision problems to headaches, loss of place, etc., are extremely useful in allowing patients to understand that their problems may relate to vision. But when it comes to seeking care, most patients are less concerned with solving problems than in averting those tragedies which otherwise may forever tear at their hearts.

The above list of symptoms could be termed "The Checklist of Vision-based Tragedies." It contains some of the more common reasons why patients not only seek, but follow through with, our services. If, in our consultations, we can get patients to reveal these real symptoms, these "chief complaints," these impending, "tragedies" which lurk down deep in their hearts, then we are well on the way to providing care.

CONCLUSION

As practitioners who treat patients rather than eyes, and vision rather than eyesight, we cannot limit ourselves to talk of brains and eyeballs. We are working with that which transcends anatomy. To confine ourselves to mechanical descriptions betrays not only our integrity but our patients. During our consultations, when we uncover symptoms like those listed above—the real symptoms which bring patients to us in the first place—we have left the realm of eyes and brains and entered the Kingdom of the Human Heart, a kingdom where, it seems, only a handful have the courage to tread. For those of us with enough love to devote our lives to helping patients see beyond 20/20, this kingdom is, after all, where we truly belong.

REFERENCE

1. Cook DL. *The Eye Bone's Connected to the Heart Bone.* Manuscript in preparation. All rights reserved.