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Eyeing the Pedagogy of Trouble: The Cultural Documentation of the Problem-Subject

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Abstract

Blindness lives in a world, one both organized and defined by the eye that sees itself as sighted. Seeing is believing, and this belief, eyes believe, is learning. But, what if the eyes that are "seeing" are "blind"? Do we believe these eyes as we do those that see? Do we learn from blind eyes as we do from sighted ones?

This paper seeks to question not only what sighted eyes see, but also what they imagine - what do they imagine they are seeing when they look? And, when sighted eyes look at blind eyes, what do they imagine they are seeing? Certainly, not sight. But what? If sight believes not only what it sees, but that it sees, then seeing blindness must be imagined as seeing "no sight". Thus, blind eyes see nothing and cannot be believed, let alone learned from.

This paper will explore this conventional view of the blind/sight dichotomy and will do so through autobiography. This exploration is one that serves to provoke sighted imagination to go beyond what its conventional version of itself is - to go beyond what sight imagines blindness to be. Blindness can disrupt sight and such disruption often leads to discomfort, and this marks a critical site for re-imagining what we ordinarily see when we look at blindness. In this sense, blindness is teacher; but, like anything else, we must let blindness teach us. Thus, this paper seeks to develop a pedagogy that embraces the disruptive power of blindness.

Keywords

Blindness; Emotion; Discomfort; Medicine; Imagination; Pedagogy; Identity; Trouble

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I imagine a time when I am no longer material, research, an object. I imagine a time when my words are not feverishly transcribed into the professional 'chicken scratch' that only *they* can decipher; my words; my stories and yet, somehow - *theirs*.

"We are totally paperless now! Switching to all online files!"

"Fantastic!" I say, as if it actually matters. As if *going paperless* would in any way affect me? It was for *them*, so *they* could manage my words better, so they could share and discuss - so they would *know*. Not me, it wasn't for me.

The chair was high and sturdy, like a throne in the room. *They* do their work; ophthalmologists examine you when you are sitting on the throne. I waited. The clinical grade leather upholstery stuck to the back of my legs, I gently lifted one leg, trying to gain some comfort - the door opened . . .

I had been waiting for this moment, for months, weeks, days, hours now waiting, wanting to know, wanting to know more - waiting. But, they go first; they *always* go first.

"Tell me, how are your eyes?" *Their* want is never waited on. They get right to it, without hesitation. I tell them everything. I know I don't have to, but I do it anyways, because maybe that will make them like me. I answer in the most polite, cheerful way I know. I need them to like me because if they like me, then maybe I can know too. But if they don't like me...

"You look great - but take that with a grain of salt from me," they laugh, so I laugh. This is currency, patient to doctor currency, if they like you then maybe that will buy you

more time, maybe *they* will spend a little more time with you, answer a few questions, let you in on the *know*. I tell *them* everything. He types, they are *paperless now* - fantastic - I give them everything. Take it, do with it what you will, now can I ask a question? Can I have a minute to know?

I need to be careful with this. It is a delicate dance; one move too soon and you can put them right off and *poof*, out the door, gone, no 'see you next year'. Too late and then they have control, no room to interject - *I was just wondering...* Not on their watch you don't. *You* don't get to wonder. Leave that to *them*. Now. Do it now! "Doctor, before you go, I was just wondering..."

And so that is how I ended up here.

"I don't think all this information is too good for you", he said, looking at my mother who was sitting in the corner of the room, writing-pad in hand just in case I forgot anything. "Does she have any hobbies?" I was sitting right there. All 28 years wrapped up into me, the patient, *there* right there on that throne, and he was asking my mother?

"She is very busy", my mum politely responded, searching for an answer to a ridiculous question, "She is in the first year of her PhD at the University of Toronto..."

He didn't think it was healthy to ask all these questions. He thought that it would be a good idea to talk to you, that you might have more information for me about my sight since you are...blind...I guess.

This was a very different office from *his* in ophthalmology; this one did not have a throne in it. A simple chair was placed against the wall by the door across from *hers* in a small room. Pictures hung crooked on the walls, halogen lights illuminating a room enveloped by papers: a desk spilling over with files and notes, a printer in what appeared to be mid jam, an actual *paper-jam* frozen in time. *She* had not gone paperless – that should have been my first hint.

The wait for *this* appointment was three months I didn't know what to expect. I just wanted to know more about my vision, so I could plan. I wanted to know, to speak and be heard - maybe this time *they* would like me and maybe this time I could finally know . . . know more. I was in school and I wanted to know what to expect. Should I take all my coursework in the beginning? If my vision was going to change that would be a good idea. Get all the required reading out of the way while I can still see - that way I won't have to worry about it later. Apparently *this* was unhealthy. Wanting to plan out the next four years of my PhD based on my visual acuity was unhealthy, *dangerous* even, to use *his* words. But a psychiatrist? Was this really necessary?

Her office was located at the back of the hospital in the psychiatric ward, the part of the hospital that had offices with names on the doors. My appointment was for 5 o'clock. The hospital was old, one of Toronto's 'staple institutions' with mahogany wood trim around the doors, curtains in the windows, large lighting sconces on the walls and chandeliers that lowered themselves from the ceilings. It was quite beautiful in a creepy kind of way. I couldn't make up my mind if I loved or hated it. Her office was at the back, in the *new-ish* part of the hospital: down the hall, turn right at the double doors, go through the doors, then left, walk straight, you'll see a glass 'elephant walk' over the outdoor parking lot, walk through this, up the elevators on your left, through the big doors, oh - push the red button to open the doors, and *she* is seven doors down, the office on the left - don't knock, *she* is in session - just wait.

I had an idea of what kind of doctor she was - one that read too much into everything - so I had to think ahead.

"Thanks for helping me find *her* office. Would you mind sitting in this waiting room? It's out of sight." The last thing I needed at this moment was for *her* to write: "*the patient appears to have an attachment disorder, unable to attend the appointment without her*

mother...interesting...very interesting" - not interesting at all when the fountain of youth is easier to find than *her* office blind.

I waited.

The door opened and a white cane hit the side of the door, "Devon?"

"Oh hi Doctor," keep it light and polite, "thank you so much for taking the time." This stuff is worth its weight in gold! She led me into the office and I sat in the chair against the wall across from *hers*. She placed her cane against the wall, sat down and grabbed her paper and pen.

"So, tell me your story."

"Umm, about my vision? Would you like me to start when my vision began to change?"

"Sure, or not, whatever you would like. Start with high school."

I couldn't help but laugh a little; I mean offering a person the freedom to start their story at whatever point they like and then following that statement up by telling them where to start, it's a little funny. I cleared my throat, "I went to an arts high school, where I majored in drama" - her cell phone was ringing. She looked at the screen, put it down and nodded to me to keep talking. "Ah, it was great so I decided to study drama in university - do you need to take that? Your phone?"

She was visibly distracted, her phone had captured her attention, "yes, yeah, just hang on a minute there De-hang on", had she forgotten my name? *She* listened to her messages, "Nope, no it's fine, continue . . ."

And I did. I told her about my vision and finally how I ended up in her office: "And that brings me to you. The doctor said that you would have more information regarding my vision, that you would be able to fill me in so to speak".

She laughed, placing her pen and paper with "her eyes only notes" on the desk. I looked at her with pleasant neutrality, my eyes fixed, as best I could, on hers; this laughter wasn't funny. "I can't help you. I mean, I don't know what you want. SickKids Hospital keeps sending me their blind adult patients when they can no longer see them anymore because I am blind and *they* think that, I don't know, that I can help because I have experience with blindness. I work with the critically mentally ill, Devon - schizophrenia, that sort of thing".

I wasn't surprised. This sort of thing happened to me all the time. Doctors, passing me off to other doctors, avoiding my questions, their empty promises of "they'll know more" never resulting in more than wasted time. My time, my energy, my emotional investment - not theirs - wasted. The appointment, in my mind, was over. She was of no use and yet, it continued. *She* continued it. Two hours and twenty minutes of asking what eye specialists I had seen, offering *her* opinions of each, telling me the assisted devices *she* loved - "let's not tell OHIP this is an assisted devices chat" she chuckled - and so on. I wanted to leave. This was a waste. She was talking about things that were of no value to me, but I could not move. I was held hostage in her small, untidy office. If I left: *The patient left the appointment abruptly, unable to discuss her vision, a hostile act, she is clearly not handling this well ... interesting ... very interesting.*" So I sat there, listening to her; positive neutrality splashed across my face, nodding my head as she spoke, smiling, "Oh that sounds interesting." My eyes began to ache as I fixed my gaze on hers, trying to steady my eyes. My head throbbed, my eyes were not used to such a prolonged focus, my central vision filled with gray fuzz and the swirling lights began to widen, they were tired and I needed to leave.

"Doctor, I do not mean to be rude, you are very lovely but I am sure I am not what you expected and you are certainly not what I expected..." I trailed off, hoping she would get the hint.

"So you want to end. OK. Well I need to diagnose you with something. How do you feel about an adjustment disorder with a little depression?" she smiled. This shocked me. I was shocked. I had not come across this before.

"Excuse me?"

"Well" *she* exhaled, "I need to diagnose you with something. OHIP requires that I put in a diagnosis code for the session". It was clear now; she wanted to get paid. I shook my head from side to side quickly in disbelief, scrunching my nose and eyes.

"But I don't have any of those things. Can you not just put in a consultation visit?"

Silence.

"How about a little anxiety, that's not so bad..."

We went back and forth as I tried to explain how I felt. She was medicalizing me, taking my words, my vision, creating a file of 'knowledge' *about me*. And it was wrong! All of this because I wanted to know more, more about my eyes, my vision and *she* refused and so did *he* and *they* before him. A desire for knowledge about my own body was seen as unhealthy by *them* and now I was here; sitting in this room, across from *her*, trying to refuse a label of distress all because I wanted to ask a question, to know. I left her office, not knowing what label she finally chose to describe me.

If I imagine a time when blindness is no longer disability, and disability is no longer a problem, and that problems are no longer troubling, then I become lost in a story that has not yet been told. To imagine a time when I am not what society has made me negates the power to tell another story, to create a new file. To tell another story *I need to know* the story I am currently in; the one that has been told is told and, at the moment, will continue being told. And yet . . . I still imagine.

There has been, however, a foundation already set to achieve such an 'imagined time'. We find this foundation in the work of Avery Gordon. She says: "We need to know where we live to imagine living elsewhere. We need to imagine living elsewhere before we can live there" (2008, 5). If I am to imagine blindness as something more than trips to doctor's offices, diagnoses and the need to know more, if I am to imagine living in blindness in this way, then I first must immerse myself in *their* blindness, in their story of blindness. *They* made a file on me, so now I am making a file on them.

Your Blindness, Not Mine.

"All sorrows can be borne," says Hannah Arendt, "if you put them into a story, or tell a story about them" (1998,175). But what of sorrows that are bound to someone else's story? Ontological narratives of blindness make persons of blindness *mean* exactly what those stories say blindness is - blindness *is not sight*. This has become the *only* interpretation that everyday life views as worth telling a story about. Blindness is the story of how sight vanished as told by pathology; it is isolating in its precision and in its ability to dismiss any story of blindness that troubles it. This story teller (pathology) cannot tolerate a world with many blindnesses (Michalko, 1999, 153).

In the following pages, I will explore the conventional, common everyday stories of blindness as a way to proceed to counter stories. Making use of Sue Campbell's work on bitterness, I will venture into a story of blindness often told by sighted others, namely, the story of anger, of bitterness. I then turn to stories of blindness as told by blind people - stories that represent the 'manyness' of blindness, as Michalko puts it, with the aim of uncovering the uncanny story of blindness. But, I will first briefly touch on blindness and the uncanny.

There is something uncanny about stories of blindness. It is uncanny how close blindness is to the story of sight and yet how distant blindness actually is from sight. Sight is

comforted by blindness when blindness is living in its shadow, wanting to be sight, lamenting its loss and desire to see. The uncanny quality of this story is that blindness is defined by sight in that it does not have any. Sight, society, medicine etc, likes this story. *They know* this story; it is a problem *they* can handle, a trouble *they* can manage.

In the story of blindness wanting to know more, wanting to move outside this comfort zone of sight, to be its own author of its own story, as I did in the opening section of this paper, blindness becomes a problematic problem, a troubling trouble. Sue Campbell explores how certain emotions *felt* in specific situations (stories) tend to either be dismissed or validated in what she refers to as "social uptake" (1994, 48). 'Social uptake' of emotion is when our feelings or intentions are interpreted by persons or society and validated in the intended way they were expressed. A refusal of 'social uptake' is the dismissal of one's emotions/assessment of a situation (story), and is instead dismissed, silenced, labeled as something other than what was expressed or intended. It is the refusal to acknowledge (Campbell, 1994, 49). When blindness moves beyond the uncanny confines of its approved story - lack, loss, limit, desire for sight, etc. - into the need to know more or do more, their story becomes one of, as Campbell says, "dismissability" (1994, 47); blindness is denied the 'social uptake' of its *own* emotions.

How is it that blindness is dismissed? In what ways do we, a sighted society, deny blindness 'social uptake'? My opening story of blindness interacting with one of sight's meaning makers, pathology, shows the discomfort that sight feels when blindness desires anything other than sight. Sight becomes defensive in its capacity to understand what blindness is saying and doing; threatened by its ability to live *beyond* sight - something unimaginable to sight itself. It is in sight's inability to 'imagine blindness' as a *site* of value and production that 'blindness-doing' (performative, Butler) becomes a troubling trouble, one that must be treated and monitored. "This type of dismissal "characterizes our emotional lives

as unhealthy" says Campbell, "attempting to limit our ways of acting in the world, and, consequently, our effects on the world" (1994, 49). When blindness aims to tell sight of its actions, hopes and desires - how it feels and what it wants - a distinct pattern of existence is imposed onto blindness. Sight makes blindness reflect only what sight can imagine. This is how blindness is made to be a medical problem, understood as outside normal functioning and therefore in need of treatment. From ophthalmologist to psychiatrist blindness is denied 'social uptake' in favor of only that which sight can imagine. This denial then leads to feelings and situations of constant dismissal. When blindness speaks it is only ever heard as yearning sight - angry that it has been denied sensorial functioning not social validation. It is this interpretation of blindness tied up in the loss of sight that the blind person is heard as 'bitter', telling a consistent story of loss negating the need *to be heard. Sight already knows what blindness has to say.*

Bitter-blindness becomes the mantra of sightless-eyes. This marks the foundation on which to build and carve out an identity. "Bitterness" says Campbell, "seems to be a particular mode of expression - the recounting of incidents of injury - only in a certain context of interpretation - one in which people no longer care to listen" (1994, 50). Bitter-blindness becomes the rule of existence to which there is no exception. Sight invokes this rule as though it was natural - it is natural to feel bitter if you are blind. If you don't, you are, of course, in "denial". This is the rule of sight: no exceptions.

Sara Ahmed explores how identity creation is dominated by rules that "stick" to people. She says, "Rather than using stickiness to describe an object's surface, we can think of stickiness as an effect of surfacing, as an effect of the histories of contact between bodies, objects, and signs" (Ahmed, 2004, 90). If we think of bitterness as a sticky substance that is the affect of social dismissal, then it is not difficult to see how blindness has been relegated to the category of 'bitter'.

In my opening story of blindness wanting to know more, wanting to be the active agent of its own future, the need to exude a congenial demeanor was seen as the possible exception to the rule of bitter-blindness. The need for sight to 'like' blindness hinges on how blindness *sees* itself through sight. W.E.B. Du Bois in, *The Souls of Black Folk*, speaks of this moment of looking and seeing what, for him white eyes see and what, for me, sighted eyes see: "It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity" (1903, 3). When I spoke to the first doctor (the ophthalmologist) in that paperless office of my eyes, of what I had done and what I wanted to do, and, when I spoke to her of wanting to know more she looked at me, despite her blindness, with the eyes of sight, eyes, that were equally jammed with paper, with medical files and the requirement of still more files, a diagnosis. I knew she would do this, every word I said, every movement I made was seen and analyzed - I saw it, I saw myself in her eyes, and I wasn't me, I was bitter-blindness with delusions of grandeur, of blindness wanting to be more than bitter and that was a "sticky" situation.

The conventional everyday story of blindness is itself a sticky situation, it shapes identities of blindness in that it always already assumes bitterness to be an integral part of its existence - forcing blindness to *feel* and *exist* in limited and constraining ways. As the blind story teller of my pathologized existence, I must always see myself through sight: "their feelings remain the object of 'my feelings', while my feelings only ever approximate the form of theirs" (Ahmed, 2004, 21) - I exist only for *them*, my story only told by my imagined ability to see both sight and blindness and this, double- consciousness, is uncanny.

Am I bitter because I can do both? Both see and not see at the same time? Perhaps my bitterness is uncanny in that I see more than sight can imagine. But this cannot be it. I cannot simply perpetuate an identity that exists only ever in the shadows of sight. My bitterness is

not my own but stuck onto me, my blindness becomes the "surface that is felt only in the event of being 'impressed upon' in the encounters we have with others" (Ahmed, 2004, 25). I am blind because *you* tell me I am. Indeed, if you tell me I am then I must be all that blindness is said to be, so I turn to the stories of blindness only to find the narrator is not blindness, but sight. So how can I exist? If sight cannot imagine blindness how then does it have the authoritative power to confer my blindness and position me as blind? And yet, it does. I go to sight to hear of my blindness; it tells; "it *knows*;" so I want to listen, only what it tells me is that I am wrong, unhealthy, with dangerous behavior of wanting to know. I cannot be helped. Blindness and its stories, the counter stories that serve to resist sight, "flash here and there like falling stars, and die sometimes before the world has rightly gauged their brightness"(Du Bois, 1903, 5). My story of blindness as an ambitious student, making plans for a life to achieve success, wanting not sight but to know more of her own blindness, was a falling star, a light that burns bright but too often dies before being recognized. Like my narrative, dismissed as dangerous in the paper-jammed office, testimony and experience do not receive 'uptake'.

I was told I would receive the tools to be blind in a sighted world by *another* doctor, one that would *know* me because she too was blind. Except, in the world of sight there can be only one blindness, one story to be told, and she in that paper-jammed room was the one to tell me, remind me of my blindness, remind me that I am bitter.

So the story goes: if I am blind, then I must be bitter-blind. But am I *really* bitter about blindness, about not seeing or having sight? Or is there something else? Is there some other reason for my bitterness - if I am so - beyond me but serving the larger story? Am I bitter-blindness or . . .

When the doctor laughed at me, at blindness, that day in her office, when she said she could not help me but wanted to profit from me by labeling my troubling trouble as an

adjustment disorder, or as depression, or as anxiety, or all three - what she was really doing was reminding me to be not blind but bitter-blind. For her (pathology), as an active narrator of the everyday story of blindness, being blind means that you are bitter - end of story. My desire to lift blindness above the depths of lack, loss, limit, tragedy and the like was to her, all qualities of sighted eyes not blindness. Being blind could never mean anything more. If it did, it would not be blindness. It would be sight. The power to 'impress' upon blindness a sighted meaning is immense indeed. Campbell tells us that:

'You're so bitter' is to block the strategy of anger by both shifting the attention away from blameworthy behavior to the mode of expressing blame and by shifting the responsibility from the people who could do something about the blameworthy behavior to the expresser herself, who is now made to account for *her* behavior [...] this is meant to be not challenging but silencing/ (1994, 51)

Let me illustrate what Campbell is saying, particularly her idea of 'silencing.' If you are blind, devoid of sight in its stereotypical understanding, then you possess the power to question the author of your story. Blindness alone is not weakness; blindness is in direct conflict with sight in that it does not *need* sight to live - thereby questioning its authority. This questioning can take the forms of, for example, equity, accessibility, reimagining the built environment, etc. Blindness is more a way of being than it is a lesser form of life. Most poignantly, blindness may be understood as a creative look at life. The fact that these questions are rarely raised is something to get angry over. But, this anger is quickly stifled by sight's demand that blindness be not active, but passive, docile, the shadow that follows but never leads. When this passive narrative begins to crack and blindness emerges from the edges of our world, questions fill the gaping holes. 'Sight' as the all-knowing power is no longer innocent but emerges in full view; it can no longer hide in plain sight. To call *blindness-doing* bitter reverses the gaze back onto blindness, shifting the responsibility, as Campbell says, away from sight and back to blindness as the trouble maker. This itself needs to be reversed.

Every time blindness seeks the knowledge of sight, every time medicine makes eyes see or die, every time blindness is understood to be bitter or congenial, the stories of blindness are lost, our sorrows bound to blind sight. If I imagine a time when I am no longer bitter, no longer a problematic problem, a troubling trouble to be handled or managed; if I imagine a time when blindness is no longer lack of sight but something more, then I am imagining a time when blindness is the subject of 'social uptake,' validated rather than dismissed. To imagine is to long for something outside our grasp, to begin to dream of something more. But that is getting ahead of myself. That is a few stories away. In the beginning I said that I needed to know the story I am living in, in order to imagine another place, another time, another blindness. But this is it; at the moment this is blindness, the dismissed shadow behind the powerful gaze of 'social uptake'. Campbell's words tell our individualized story:

[W]hen our feelings are trivialized, ignored, systemically criticized, or when they are extremely constrained by the poverty of our expressive resources, this situation can lead to a very serious kind of dismissal - the dismissal of the significance of a person to her own life, in a way that reached down deeply into what the significance of a life can be to the person whose life it is. (1994, 63).

I still do not know what is written in the ophthalmologist's paperless rational, his notes of referral that lead me to a psychiatrist, nor do I know what that psychiatrist decided to label me as. There is a file, telling a story of bitter-blindness somewhere, documented proof that when blindness strives for more, it can only end in trouble. I find it difficult knowing that *he/she/they* had the power to define me, conceal information and define me as, what? I still do not know. There is a comfort in the authority and power that the medical profession has in knowing that it is the knowing body of society, that it is the dominant meaning maker in and of our world. Medicine does not have to imagine. It has never been bitter. It proves its own stories by creating its own meaning. It does not imagine because it does not have too. I do not want to rid the world of medicine - it has its place. Instead, I want to bring imagination into

medicine; I want medicine to imagine beyond proof. To do this, medicine must be made to feel a sense of discomfort in its need to end stories by proof - to conclude someone's story before they have the chance to begin, and to not pathologize its 'subjects' so pervasively, invasively, but rather, to - what? The answer is unclear but the need is not.

Who is Uncomfortable with Blindness?

Does blindness cause blind people discomfort? Sometimes. Does blindness cause sighted people discomfort? Always. Does blindness destabilize blind people? Sometimes. Does blindness destabilize sighted people? Always. Megan Boler explores how our emotions and ways of being in the world are static; fraught with taken-for-granted meanings and practices that label and constrain who we are and who we want to be. Boler, working in an educational framework, calls for a 'pedagogy of discomfort' (1999) as a way for teachers to proceed from this static state. If I am to bring imagination into medicine, then medicine must become my student, blindness the teacher, where I too, will utilize a 'pedagogy of discomfort' as a way to undo and do-over what has already been done *to* blindness. "A pedagogy of discomfort invites students to leave the familiar shores of learned beliefs and habits" says Boler, "and swim further out into the 'foreign' and risky depths of the sea of ethical and moral differences" (1999,181). My aim is to 'view' blindness as a social actor who provides a sense of discomfort to medicine and sight by challenging the everyday pathologized story that is bitter-blindness. The discomfort for pathology/sight/the everyday lies in the fact that blindness lives in a space where bitterness is required by sight but it is not necessarily *present* in blindness.

In my opening story where I requested sight (the doctors) to tell me *more* about my blindness so that I could plan, do and be more than bitter - sight became uncomfortable. This 'discomfort' was quickly remedied by turning the situation back onto me, to blindness,

making *me* the problem to be solved, relieving sight of its discomfort - blindness was quickly put back into its *bitter* place. It is in *this* moment - the moment before sight 'solves' blindness; the moment before blindness is sent into the depths of pathology or 'reduced to pathology'; or, 'silenced and buried' by the avalanche of Western medicine's pathologizing power; the moment of blindness breaking or, interrupting sight's insights - this is the moment that a 'pedagogy of discomfort is needed. When blindness is allowed to tell its own story, to be more than bitter, this *blind-potential* is like powerful currents of electricity - powerful but potentially present energies awaiting ignition. This blind-potential is what fuels a pedagogy of discomfort: "to explore what we stand to gain requires, then, a pedagogy that emphasizes the interrelationships of how we see as well as well as the emotional selectivity that shapes what and how we see" (Boler, 1999, 182).

When the ophthalmologist heard that I was entering a doctoral program he was instantly uncomfortable; "oh . . . that is hard enough for normal students but for you . . ." he trailed off. He was worried. Was his worry for me, as his blind patient, why he sent me to a psychiatrist? Or, was he worried for himself? Was he thrown by blindness challenging *their* knowledge, sight? He saw me not for what I am but for what he *wanted (needed?)* me to be, bitter and blind; he saw my blind-ambition as trouble. Blind-ambition has consistently been denied 'social uptake' and has been made to *be* bitter. This is why, collectively, we *need* a pedagogy of discomfort - to disrupt sight's normative regime, its persistent oversight of *blind-potential*.

The denial of blind-ambition as made manifest through bitter-blindness is done by pathology looking *at* blindness and pretending to know, watching it - 'sight-spectating'. This relationship *to* blindness, sight as its spectator, has led to the selective 'social uptake' of blind-ambition by sight; sight only perceives what it *sees* blindness to be. "Spectating thus signifies a privilege: allowing oneself to inhabit a position of distance and separation, [...]"

and abdicate any possible responsibility" (Boler, 1999, 184). Medicine has no imagination when it comes to blindness, it sees that there is no sight and that is *all* it sees. If these pages were to be treated as a document belonging to a 'pedagogy of discomfort' then a counter story of blindness emerges, one that speaks to sight and its problematic position as a knowing spectator; "as one learns to recognize patterns of emotional selectivity" says Boler, "one also learns to recognize when one "spectates" vs. when one "bears witness" (1999,183). Sight, in these pages, has become the student of blindness, uncomfortable as it may be for sight, it is required for sight to begin to move from the violence that is spectating to the process of 'social uptake' or 'bearing witness.' As Boler notes, "witnessing, in contrast to spectating, is a process in which we do not have the luxury of seeing a static truth or fixed certainty" (1999, 186).

Bear witness to my blind eyes. Do not pretend to know, listen; do not assume, ask; do not deny me but take me, take my eyes and see *with* me, for I may be blind, but I have seen more that you can imagine.

What would a 'pedagogy of discomfort' for sight/medicine look like? How would it be perceived? Who would teach it and where? These questions long for a structure in order to approach the uncanny relationship between sight and blind - as I write this I am struck with how sight usually 'stands' on its own while blind needs a *ness* in order to stand, even shakily. They cannot be viewed as separate and yet, there is no harmony in their relationship. Sight, bear witness to my blind....

The Eyes that Bind

If I imagine a time when my eyes are witnessed for what they are, as blind-ambition; if I imagine a time when I no longer feel like bitter-blindness, a troubling trouble, a problematic problem or a worrying site - then I am imagining a time when sight and

blindness are comfortable with each other, a time when no one *knows* the other, but gets-to-know. I want you to know my blindness. I want you to see my eyes so we can imagine together. Use these pages as a teacher, a 'pedagogy of discomfort' to trouble the uncanny story of the eyes. Whether you see or do not see is not the question to be answered, pathologized or known; it is to witness each other in the telling of our own story, to be present and willing to imagine what our eyes cannot see. In, *The Truth About Stories*, Thomas King asks, "why [do] we tell our children that life is hard, when we could just as easily tell them that it is sweet" (2003, 26). Similarly, my blindness is not bitter. It is full of sights you would not believe. I want to tell you that blindness is sweet, but that is in my imagined time. I have been told that blindness is hard and, to tell you the truth, it is. But, it can be so much more than merely sweet or merely hard.

Blind can be more, so much more ... but this would require "bearing witness". It would require, too, imagination. What then might we see, when we look at or in blind?

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