

# PODCAST Episode 459

Sat, May 09, 2026 8:51PM 1:02:53

## SUMMARY KEYWORDS

Vision loss, podcast, mental health, rehab counseling, grief, identity, community, support network, progressive vision loss, sudden vision loss, therapy, resilience, Kintsugi, Insight Out, Integral Mental Health Services.

## SPEAKERS

Rob Mineault, Matthew Reeves, Lis Malone, Ryan Fleury, Steve Barclay

---

**R** Rob Mineault 00:15  
Hey and welcome to another episode of AT Banter,

**S** Steve Barclay 00:38  
Banter, banter.

**R** Rob Mineault 00:40  
Hey, this, of course, the podcast where we talk with advocates and members of the disability community to educate and inspire better conversation about disability. Hey there. My name is, oh, hey, I got an idea. Okay, since we're, since we're improvising here at the top of the show, and you know what, I'm not even gonna cut this out. I promise I will leave this in so the audience can see us, podcast professionals workshopping something in real time. Here's what I'm gonna do. okay, so I'm gonna introduce you. And instead of doing your like, your little thing, like hi, or whatever you do, I want you to go 'in the house', right? So Ryan, I'll say, I'll say, 'and joining us today, Ryan Fleury' and then Ryan, you go, yeah, okay. And then we'll go around that. We'll see how this works. Okay, so there we go. I'm gonna do the intro again. Here we go. This is, of course, the podcast where we talk with advocates and members of the disability community to educate and inspire better conversation about disability. Hey, look who's here. It's Mr. Ryan Fleury

R Ryan Fleury 01:49  
In the house

R Rob Mineault 01:51  
It's Mr. Steve Barclay

S Steve Barclay 01:53  
in The Man Cave.

R Rob Mineault 01:55  
And look who it is. It's Miss Lis Malone

L Lis Malone 01:59  
Down in the cellar, but still in the house.

R Rob Mineault 02:03  
Yeah, I don't know that sounded way better in my head. Whatever we tried, listen, we're trying something new. We've been doing this for 10 years. You got to try something out of the box occasionally, sometimes it works. Sometimes you get gold. So who knows? Who knows? Maybe that might be our new thing.

L Lis Malone 02:25  
Okay, Rob you. Sound like you had a Red Bull and freaking vodka before you, like, today, I don't know. I'm the only one who's getting the Red Bull vodka vibe.

R Rob Mineault 02:36  
That has been my podcast technique for probably six years now.

L Lis Malone 02:44  
Sorry for the expose, then.

R Rob Mineault 02:46  
Now how's everybody?

R Ryan Fleury 02:50  
in the house

R Rob Mineault 02:56  
See I started something...

S Steve Barclay 02:59  
It's gonna end here, though.

R Rob Mineault 03:04  
Luckily, that was the last time you'll you'll hear that happen, all right? Well, I think we used up all our bantering time trying my stupid little intro, so I think we should just get right to the show. What do you guys think? All right? Well, hey, Ryan...

R Ryan Fleury 03:38  
How can I help you?

R Rob Mineault 03:39  
What What the heck are we doing today?

R

Ryan Fleury 03:47

Today, we are speaking with Matthew Reeves, who is a legally blind psychotherapist and Rehab Counselor helping people thrive while living with disability, and he's also a bumper to bomb podcast host in the house, Matthew, welcome to the show.

M

Matthew Reeves 04:05

Thanks for having me. It Cinco de Mayo on the day we record this. So is it Red Bull and vodka or just straight tequila?

R

Rob Mineault 04:12

Yeah, that's right.

R

Ryan Fleury 04:12

Either works.

R

Rob Mineault 04:14

Yeah. No, listen. Thanks for joining us. So why don't we just just to get started? Maybe you could just start off with giving us a little bit of an introduction to yourself and a little bit about your vision.

**M****Matthew Reeves 04:26**

Sure, yeah, so I was diagnosed with Stargart's Disease when I was about 12 years old, so I've been living with vision impairment and legally blind the vast majority of my life. I'm in my early 50s now. So that's kind of kind of part and parcel of who I am, and for a long, long time, and we can probably get into this, I was working in a completely different field, but then in my 40s, I switched over and took a left turn in my life, and be went back to school, got my master's, became a therapist, and now I do a lot of work. Work with people with vision impairments and other, you know, chronic diseases, chronic illness, disability, chronic pain situations where folks feel like they are not getting along very well with their bodies in one way or another. It's kind of one of the areas that I specialize in so and when I was doing that work, I realized pretty quickly that a lot of the folks that needed that sort of emotional and mental health support as they were adjusting to these conditions, they just couldn't access it. There's not a lot of people that that do what I do, that have this kind of experience, and therapy is expensive. Another way it's inaccessible. So I decided to launch a podcast to try and create a little bit of community in my corner of the world, to give away that resource to anybody who has access to the internet. So I started the podcast called Insight Out to talk about kind of an emotionally honest exploration of what it takes to live well with vision loss. And I've, it's been well received. I'm grateful for that, and it's been a real pleasure to put that together. So I think that's how we got connected.

**R****Rob Mineault 06:16**

Well, it's really interesting too. I mean, that's, you know, I think that that's the real power of podcasting, is that we can put all of these resources out into the world for for folks that need it. And you know, especially, especially when you're talking about things like adjusting to to vision loss, because that is such a personal experience. But there's also so many variables. You can have somebody that maybe has vision loss earlier in their life or late in their life. You can have somebody who's who it's more it's a slower process. Or you can have sudden vision loss. So I would imagine that, you know, given that there's sort of a lot to talk about in that, in that sort of realm.

**M****Matthew Reeves 07:13**

Absolutely. It is both incredibly personal and unique for every individual, because vision loss is so different for every individual, like you said. You named some of the ways that they're they vary a lot, and there's a lot more. But also, there are some pretty broad themes that show up for most people, not everybody, that that can help people feel like what they're going through is not completely foreign, like other people have gone through it and have come out with some strength and and happiness and life that they enjoy living, that it is possible. So I think those themes are also they're just as important to recognize as the the the the the uniqueness of everybody's story. I think it's both at the same time.

R

Rob Mineault 08:05

Yeah, and just by its nature, I mean, it can feel very isolating, you know, I imagine the people who are going through vision loss, you know, a lot of times they're, maybe they're, they're the only person in their family, maybe they're only a person in their town, or, you know, they aren't connected with, with any sort of other folks in a in any sort of a network where they can, they can hear other people's experiences. So, you know, again, that's, I think that that goes back to why podcasts like yours are really important for the community, because it's so key for people to hear those stories of from people who have gone through it.

M

Matthew Reeves 08:47

Yeah, absolutely. I remember when I was diagnosed as a kid - this was back in the 80s - and the literally, the only connection I had to any type of vision loss community came through the mailbox. And so it was like national organizations that would send maybe a newsletter, or, you know, catalogs of products for people with low vision. That was the only community I knew. And that kind of persisted for a really long time, and even in the age of the internet that that changed a lot, because there aren't that many of us, so we can't we're not going to gather geographically. Most of the time is we need to gather online, and oftentimes even the those gathering spaces are difficult to navigate, difficult to find, may not offer the kinds of resources or support that somebody needs at that point in their in their journey. So, you know, have creating the podcast was just one way to put out what I hope is kind of some curated content that can kind of model or. Or display some some other people's experiences and some expertise, not just from me, but from a lot of the guests, that is otherwise really hard to find online, really hard to find, especially if you're facing accessibility issues. Sometimes the web pages are there and they're not accessible. So you know, and a format like a podcast is probably one of the lowest barriers to entry for somebody with vision impairment that I can think of. Not to say that it's zero barrier to entry, but it's low, I hope so. Yeah, I think it's, I think it's a really, really effective format for speaking to our community.

R

Ryan Fleury 10:40

I would think too that being that you are legally blind, can put people at ease as well. Knowing that you have that personal lived experience, right, you can kind of relate to them on some level. You're not just coming into this as some able bodied, sighted, you know, rehab counselor.

M**Matthew Reeves 11:02**

Yeah, I hope my experience is not going to be the same as everybody else's, but I think one of the things that I that informs how I work with people is that I know how hard it is to communicate what I've been through, which tells me that my experience is just my own. And there's, you know, the more more I do this, the more I appreciate just how different vision loss is from person to person. And that's just the differences in the eye or the brain in terms of how they're seeing, but what they bring to it is their own story, and the resources they've got, and then connections they've got, and the, you know, the support systems they've got, the knowledge they've got going into it, every one of those variables, and more, their geographic location, there's so many things that affect what the experience is like for a person. And so I think what my own experience has enabled me to appreciate that, not necessarily to say, Oh, well, I've been through what you've been through. It's, it's to say, I've been through something similar, but it's different, and I know it's different, and I'd love you know, let's, let's appreciate that and recognize that and really honor the successes that any given person has gone through as their own. They get their own reward for going through their own challenges. It's very, very personal.

L**Lis Malone 12:30**

And I think the way you just said is very, very commendable, because I think when anyone approaches any kind of counseling or therapy environment, there's always that fear that the person they're going to be talking to is bringing a bias to the sessions on some level, and we all have them to some extent. So on one hand, someone might feel that if you have somebody who is fully sighted, that you can just have them hear you and not under you know, and just listen and allow you to express yourself without maybe having any judgment of, well, I'm low vision and I you know, so, but I think that it's really important that people know that there are therapists of all different abilities that can just go in there with With the right attitude, whether you're sighted or uncited and and just sort of look at you as an individual and your story. Because I know that I've been, I had been scared away by by bad counselors in the low vision community, because it became boilerplate that they like, oh, with it, then you should now feel this way. Or now, oh, you're, you're experiencing this. I'm like, Okay. I'm like, no, no. Like, do not treat me like this. I'm not, I'm not, I'm not a punch card. And so I think that that is something that many do subscribe to, and it's, I think it really turns people off from wanting to go into the rehab process.

M

Matthew Reeves 14:01

Yeah, I think you're right, and that breaks my heart. In my very first class of the program I went back to to become a therapist, the professor said something that's that stuck with me. He said, You know, if people go to a bad restaurant, they'll never go to that restaurant again, but if they go to a bad therapist, they'll never go to therapy again. And that just God, that broke my heart. So it is so important to create that space where people can feel truly heard and and seen for who they are, and you're right. Every that doesn't make therapists inhuman. We do all have biases. Of course we do. It's part of the human experience. The difference is whether you're aware of those biases and can can acknowledge them and own them and be transparent about them. And I think that's I think that's what you're talking about, and that's. I think that somebody who, maybe, who hasn't been through vision loss can still be a good vision loss therapist. It's not about necessarily. I think, I think having a similar experience maybe is an asset, but I don't think it's a requirement. I think awareness of bias is a requirement. So I don't know, does that make sense?

L

Lis Malone 15:20

Yeah. Yeah. I mean, I'm totally biased of Ryan, you know, and his and his inability to cowbell, but, you know, I still, I still do the show with him, you know?

R

Rob Mineault 15:31

important.

M

Matthew Reeves 15:32

Lis, that's some, that's some true grace.

L

Lis Malone 15:36

I try.

R

Rob Mineault 15:37

Could you speak maybe a little bit about because I feel like something that, that a lot of people maybe don't think about, is that vision loss can also really affect the entire family unit. Can you speak a little bit to that, and do you sort of do work with, say, an entire family unit?

**M****Matthew Reeves 15:59**

I You're right. It absolutely can expand to the entire unit, and in fact, I'd be shocked if it didn't expand to the entire family unit. I don't do a lot of family therapy. I do a little bit. Sometimes I'll do a family session in the midst of individual therapy and individual counseling. But to speak to your question, when one thing I've noticed that's come up, well, I guess I'll speak to two things that had come up a lot. One is the role, or the role of parent with vision loss, especially with young kids who are not capable of understanding vision loss. They haven't developed the brain structures necessary for empathy. So, you know, and the grief that a parent may feel not being able to see their child, and also the grief they feel when the child doesn't understand why their parent is living a different experience than they are. And, yeah, we do a lot of work in that space that comes up pretty frequently, especially for, I mean, obviously, for folks with young kids. And then the other area is more dealing with other adults or other, you know, adolescents and forward and that that i i frame as part of the grieving process. And, and this gets a little complicated, but one thing I've noticed is one of the ways that vision loss grief is different than sort of the more typical grief. When we talk about grief, like when somebody dies, is that isolation you were talking about? It is an experience that, you know, we're not all losing the same person in this situation. So I may have lost my ability to see at some one level or another, and then I'm attempting to adapt to that, and if it's a progressive condition, I'm having to constantly readapt to that. And that is a grieving process that's very, very complicated. At the same time, the members of the family, they are also losing something, but it's not the same thing. They're losing my capabilities. Maybe they're losing my independence. Maybe it's impacting their independence. And then they've got, you know, their own emotions about that, you know, empathy on the one hand and also frustration on the other hand. And can I even talk about the frustration that I'm feeling? And then they also have to learn from the person who's lost the thing, what they've lost like they haven't experienced it themselves. So there's this delay between what I've lost and then my ability to communicate that to the people around me. So they're always, you know, inevitably, two steps behind in the grieving process. So there's this to put it, to make it as almost a scientific term on it, there's like a phase offset between what I'm going through and the people around me, which is another sense of isolation, if they're if they're just getting used to the thing I lost, you know, six months ago, and I've already moved on to the next thing I it's, it's just as hard for me as ever to really feel seen and understood, and that's, and be feeling seen and understood is just crucial to the grieving process. So it gets really complicated when we start talking about families. I hope I didn't go too deep there.

**R****Rob Mineault 19:36**

Not at all. It's, it is, it's really interesting stuff. I mean, we talk, we've talked on the podcast for many, many years, you know, talking about about vision loss and how it is a grieving process. And we've talked to a lot of folks on the on the podcast over the years that have described it as as much, but it is very deep. Going back to all of the different variables, can you, can you speak to a little bit about that, of how, how grief might manifest differently? And I know that it's, it's it's very it's also a very personal experience. But for example, for somebody who is just does say have something that's degenerative, that is slowly progressing over time. Do you find that that's a different kind of grief than somebody that, say, lost their vision suddenly in an accident? And can you kind of speak to kind of the differences between the two?

M

## Matthew Reeves 20:38

Yeah, in that specific case that you're talking about, the difference between a sudden onset that is then stable versus something that's progressive. It is, it is profoundly different. Not to say that the grief itself is different, that I think the difference is that the grief is ongoing, because we never achieve that new normal with a progressive condition. We never say, we never get the respite of saying, Okay, I lost this thing. Now I'm going through this process. I'm going to it. It becomes something that I'm acquainted with, right, and I understand with progressive vision loss, there's this, this additional burden of having to always notice, maybe not always, but often notice something new that I can't do anymore, that I used to be able to do, and that can be really upsetting. And, you know, I'll say, I'll say this about grief in general. You know grief, there's no wrong way to grieve. It is, it is a profoundly human experience. We've got our DNA is programmed for grief. We any if we didn't grieve, it would be because we didn't value anything, and we didn't there was nothing to lose. So grief is a reflection of having something valuable that we've lost and we are, you know, we've got how many 1000s of generations of humanity that we've lost, of people that we're close to and who have protected us and kept us safe and that we've loved so we are very well equipped to grieve safely as humans. Where it gets dangerous is when that grief doesn't happen. Grief is unpleasant, but it's not dangerous inherently. But when we stall it or prevent it from happening, that's when it can turn into depression or anxiety, or, you know, any number of you know, a somatic condition, or, you know, something along those lines, that's where it can really cause some harm. But what does it take then to grieve like what? What does it take to allow grief to move? And the word I like to use to describe that is accompaniment it. It needs to be seen and heard by ourselves, by others. And I think that's where vision loss is so tricky is because it is so isolating and when we and there's so many different ways that we can, you know, work to stall that grief, because the grief is so difficult and so unpleasant and so exhausting, so we just kind of forestall it and say, Nope, not today or maybe not this month, or maybe not this year, or maybe not ever. And that's when it can get really dangerous, as opposed to merely unpleasant or very, very in and when I say unpleasant, I'm not trivializing. It can be profoundly unpleasant, but but grief, but that process is not dangerous, so long as it gets accompanied. So we need. We need to be able to accompany ourselves in that first of all, because we're the only ones who have experienced it. Generally, the people around us haven't lost our vision, only we have lost our vision. So we need to be with ourselves and that. I think that's where I think maybe, with vision loss clients, I hope that's maybe one of the most valuable things that I can offer is the space to allow somebody to grieve their own loss and then externally. I can't I can accompany them. I can I can validate what they're experiencing. I can look I can seek to understand it. But nothing is as important as their own ability to be with themselves, instead of turning their backs on themselves, and then that once that happens, it's generally the next steps down the road come a little bit easier, and that's to do the work of allowing the people around us in on that experience, and let them experience our grief with us, and then and get into the sort of the master class of grief, and that's us accompanying them in their grief, because they've lost something too. But all of this takes an enormous amount of energy and attention and time, so it's hard, it's really hard, and it's really complicated, and it's really different than what most people who have not spent a lot of time studying and talking about. Vision loss, or experiencing vision loss, understand. So it takes a lot of work.

L

Lis Malone 25:05

Matthew, we've actually, actually talked about that on our on the podcast, because Ryan, he lost his vision very suddenly, and I have RP, and it's been progressive, and we've had moments where we sort of compared some of the challenges of of each and, and I don't want to speak for Ryan, but I remember one of the episodes Brian had said that that he almost was like, Well, okay, boom, bam, boom. It sucks. You're blind, but at least he almost preferred having it in one shot. I don't know Ryan is that still?

R

Ryan Fleury 25:40

Yeah, absolutely. And I can't fathom what it would be like, as you explained, Matthew, that that journey of suddenly, not suddenly, slowly losing your sight all of a sudden, the lighting changes, and now you can't see this, or you can't do that. I would almost equate it to watching a loved one slowly, slowly pass away. And dealing with that ongoing grief, the family dynamic that gets involved as well. You know, I lost my sight in a car accident, boom, it was gone. And sure, there was grief, there was anger, there still can be today, and that was 30 years ago, but it is different, and coming to terms with coming to terms with the fact that my site is never coming back, I was able to pull up my socks, and, you know, surround myself with people who were encouraging and supportive. And you know, that whole journey initially took about a year for me to get through, and I wouldn't go back to the person I was when I had sight because I was, I was not a nice guy. I'm a better person today because of my sight loss. So that was, you know, just for me, that was my, my journey.

M

Matthew Reeves 27:14

Yeah, it's that sudden shock of losing it all at one time. That's not something I've experienced. I'm grateful for you sharing that, because that's that's not been my experience. I haven't I don't know what that's like. I can i i almost use the expression I can only imagine, but I really can't imagine. I don't know what it would be like to wake up in an emergency room going from fully sighted to completely blind. Think that I I can't, I can't imagine that, and I don't know what that grieving process is like. I do know that it's survivable, you know? I do know that that grief is not going to kill anybody and and for that reason, there's ways, there's ways to navigate our way through it, but it's going to look different for everyone. And then for progressive vision loss, I think there's a there's a there's another difference, or maybe in this case, it's less about the progressive nature of it and more about the the cause of it being, in my case and Liz's case, something genetic. I think one of the things that a lot of folks will kind of pin a lot of their energy on is the hope of a cure. And I'm a big fan of hope. I love hope, but hope can, sometimes can be weaponized against letting grief happen. And I think that's that's that can be dangerous, and I think we should be. I think we're benefited by being aware of of when we're doing that, so we can both grieve what we've lost and hope for it to return at the same time. And that that's again, that's tricky, that's complicated, but awareness of it just like bias, it's the awareness of it that makes the biggest difference.

**R****Rob Mineault 29:05**

So the other interesting part of this is that, you know, when we talk about loss, we're talking about grief and we're talking about loss. Obviously the implications that it's about vision loss, but, but there's more to it, right? Like, it's sort of tied to identity as well. Like people feel like they're losing the person that that they were, because whatever they can't maybe they can't do the job that they, that they were doing, or maybe they can't do some of the hobbies that they, that they used to do, or at least that's how they feel initially, and that's that sort of helps, you know, sort of fuel that grief is that, is that what you find is that, is that you're also dealing with a lot of people who feel like they're kind of rebuilding themselves.

**M****Matthew Reeves 29:53**

Yes, very much so. And I think the way you phrase that is important that you used. There may be things that we simply cannot do. I One of the things I'm grateful from that I got from my parents is they never gave me the line, oh, you can do anything, because that's simply not true. In the 1980s I was never going to be a neurosurgeon or a jet pilot or a bus driver, like it's not, it ain't gonna happen. So I was never fed that line, and I'm really grateful for that, because it gave me a more realistic perspective. But you know what? There are things that, if you point out any human who has ever lived, there are going to be things that they were never capable of doing. So we all have our limitations. It's part of being human. So what's different about vision loss is maybe encountering that in a really sudden way or a really unusual way that other people aren't understanding. It just feels very distinct. But the fundamental experience is pretty universal, so But what you're talking about, I think, is really important, is like, once you have that identity in those activities, in that in those capabilities, and then it gets taken away through something that you have no control over, that is absolutely loss. And a lot of times our activities do play a role in defining how we view ourselves, how we identify and how we define ourselves. So if that's the case, now, we haven't just lost an activity. We've lost part of our identity, and that can be really that can take the ground out from under us and really make us feel unmoored, and that takes some time to process through and grieve and acknowledge, and I hope come out. I won't say the other side, because I think it's, it's a journey without an end, but, but we can move through it to the point where we can start to say, either, okay, that thing is, I've lost that thing. I loved that thing, I missed that thing. What's the next thing? Or, you know, that thing, the way I used to do it is gone. But maybe the thing itself doesn't have to be maybe I can get creative. Maybe I can find a different way of doing that thing. And I think that's another area where therapy can be really valuable, and not to say that I, as a therapist, or any therapist, are going to be able to take the thing you love and just magically know the solution for how to adapt it to vision loss. That's certainly that's not our role, but to create a space where we can process through it and get creative. And sometimes it's just about brainstorming. Sometimes it's just about having a space that encourages the energy it takes to find those solutions or to acknowledge that. Okay, in this case, yeah, there is no solution, but sometimes you don't know what you don't know, and so sometimes it maybe take another perspective to help challenge the assumption that that thing is gone forever. Yeah. So, that's something I try to help, help folks with when I can.

R

Rob Mineault 33:13

I think it's, it's really important for people out there that are say, are going through vision loss again, not to minimize it, like you were saying, but it can, but it's a transformative experience, and that can be, that can be positive and negative. That's why, you know, Ryan's story always is really powerful to me. Because, you know, whenever he always says that, every time he tells that story, he always says the same thing. He always says, Yeah, I was, I was actually, you know, really terrible person before. And Secret, secret is, he's actually still a terrible person. I'm just kidding. And we've talked to people with who are like, Yeah, you know, before I lost my vision, I was a couch potato. I didn't do anything. They lost their vision. And three years down the road, they're a Paralympian. They're going to, they're going to the Paralympics, or they've gone down a completely different path. And that's not necessarily to say they have to be going, going out there and climbing Mount Kilimanjaro or anything like that, but just they're, they're on it. It puts them on a different path. And that can be whatever you never know, I guess is my point, and that's why I think again, going back to podcasting and sharing stories with the community, I think that that that is a really important message for people who are going through it to just be like, you don't know it's, yes, there's, There's an element of loss there, but it also is putting you on a new path, and you don't necessarily know where that path is going to take you.

M

Matthew Reeves 34:48

Yeah, and not everybody's Kilimanjaro is a physical mountain. You know? We you, you can, you can give yourself a medal if you, if you've climbed your own personal Kilimanjaro. And have you heard of Kintsugi? I hope I'm pronouncing that right. Is that new for any of you?

R

Rob Mineault 35:08

It's new for me.

M

Matthew Reeves 35:09

Okay, so Kintsugi is and I'm I. I am only telling you what I've learned. I'm not an expert, but so I could be getting this wrong, but as I understand it, Kintsugi is a Japanese art form that I think is an incredible metaphor for what you're describing. As I understand it, if you take a piece of pottery, fine pottery, and it gets broken and gets shattered into a bunch of pieces, Kintsugi artists will take that pottery and put the vase, or whatever it is, back together, and they will adhere the pieces together using gold. So when it's done, the pottery is formed back together, but in every spot where it broke, there is now a seam of gold. And it's gorgeous. It's absolutely beautiful, and it's more, far more valuable than the pottery ever was to begin with before it shattered.

R

Rob Mineault 36:15

Wow. I love this. I love that metaphor.

M

Matthew Reeves 36:18

Yeah, it, I feel it right now, it's I'm welling up as I even describe it, because it's such a powerful metaphor to me. And you know, we I'm reluctant early in the therapy process to talk about resilience and strength and what you're getting from this loss and like that feels so inaccessible and hokey and and minimizing. So I don't, I don't. I think there's a time and place for the for the discussion about resilience, but you know, for for those of us who have been on this journey for a long time, we know it's true. We absolutely know it's true, but that's something for everybody to discover in their own time, in their own way.

R

Rob Mineault 37:03

And you know, and again, going back. That's why podcasts are so really important, is because, you know, those stories are out there for people when they're ready to hear them.

M

Matthew Reeves 38:37

Yeah, yeah, on their own timetable, exactly, yeah. About half the episodes of Insight Out I try, I aim for about half of them to be personal experiences. I call them personal perspectives on vision loss. And then the other half are, you know, somebody speaking to kind of subject matter expertise, you know, educating myself and the audience on something, but what I've found is the best episodes are the ones that are a hybrid between the two, somebody who has experience with vision loss and has become a subject matter expert, and that Those are the conversations that I find just really flow, and are the most valuable for that, for that reason?

R

Ryan Fleury 39:27

Yeah, I find it interesting that, and this is to you know, everybody in the room, we've been doing this show for 10 years, and I don't think there has been a handful of episodes where we've had a guest come on and talk so openly, honestly and frankly about vision loss the way you are, Matthew, and it makes me wonder, have Are we in a better place now when it comes to. Resources, because I sure I'm not out there looking for psychotherapists and rehab rehab counseling, but I also don't hear about them. So do we have resources? Is there still a lack of resources? Because I think you should be doing TED talks on a monthly basis.

M

Matthew Reeves 40:18

Oh, my fear of public speaking would get me in trouble there. But thank you. That was very kind of you to say. I can tell you that there are not enough people having these conversations and and helping to lead these conversations, it's there. There are far too many people that are going through the especially the beginning of a vision, loss journey, who feel absolutely lost at sea, without a compass, without stars, without a buoy, without a shore, and we need as a community to rally, and I don't know exactly what that looks like. I know there's some efforts. I know that Foundation Fighting Blindness has recently launched a mental health page on their website. There there are some other efforts I think, I think awareness of the mental health aspect of vision loss is increasing, but not fast enough and not early enough. But yeah, for for those that you know, if I'm the wrong fit, I will do my best to try and help somebody find the right fit. The problem is the resources are not plentiful. Which is tough. I did just interview somebody on an episode of the podcast who's still early on in their training. They're practicing, but they're, they're still under supervision, so still early on in their training. And they also have vision loss. So I know that at least one other person who's is coming around is getting there, but it's, you know, we're such a small community, and it's the intersection of people who have experienced this or have a personal passion for helping people who've experienced it with the folks who have the privilege of getting the education and the training and, you know, actually doing it professionally, it's just vanishingly small, which is really tough pill to swallow.

R

Ryan Fleury 40:18

So has you know what we've talked about before, one of the benefits of Covid was zoom and being able to meet virtually and build connections again when we couldn't in person. Have you found that virtual gatherings, virtual counseling, rehab has really opened up the doors for yourself and others in this field?

M

Matthew Reeves 40:38

Yeah, absolutely. I was, like, I mentioned at the top, I'm a career changer, so I went back to get my training for this in 2019 so I was in the middle of grad school when covid hit, and we all took a crash course like the rest of the world did. We took a crash course and how to adapt to a big change, and we all learned how to use virtual meetings. And therapists had some particular, you know, challenges to figure out in that space, but we did pretty quickly. It's one of the few times when the state licensing boards moved quickly to allow for that, and I'm really grateful for that. They also allowed for virtual continuing education. We're all required to get continuing education, and that still can be virtual. That's a big deal to me. I don't drive right that I work from home. All my sessions are virtual. That's my own accommodation for myself, and I, in that sense, I'm I'm an entrepreneur, and I think entrepreneurship is not spoken, not talked about, enough for people with vision loss or any disability, I don't have to ask anybody for an accommodation. I run my own show, and that makes it a lot easier. But so, so, yeah, I think the virtual space kind of was normalized because of the pandemic. It also allows me to do something else that would be logistically impossible, you know, for giving for psychotherapy when we're dealing with, you know, serious mental or acute mental health issues. I stick to my Georgia license because that's where, that's the only state I'm licensed in. But for doing adjustment counseling, I've got a different credential. It's a national credential. And within, within some pretty serious limits that I that I manage really carefully and ethically and legally, I am able to see people in other places and do vision adjustment counseling. I This is not a technical term. I just use these terms to help me distinguish between the two. I use therapy to describe what I need to be working with folks in my state as part of my license for and I use counseling to describe helping people adjust to disability or specifically vision loss. And I'm able to do that nationwide because of the output of the pandemic and the technology, and the intersection of those two things at the same time. And I'm it's one of those silver linings of something that was really, really tragic.

R

Rob Mineault 45:48

So I want to talk a little bit about about the podcast. How do you find doing doing the podcast on - is it monthly or by bi weekly? Or how often do you put it out?

M

Matthew Reeves 46:00

So so far I've been publishing every two weeks, which is, which is a machine going into it. I don't think I appreciated how much work it would be to keep it rolling. But so far it's been every two weeks.

R

Rob Mineault 46:14

Yeah, no. Trust us. We know. We did ours weekly for quite a few years, and just it's just it's just recently, actually, we started doing it every two weeks. But well, know that, well know the grind, but the other thing about what we found doing the podcast is that it can be so rewarding and it can be so enlightening and educational. Every single guest that we have on that we talk to, you know, I think all of us take something away from that, from that conversation, and we or we learn something, something new that we didn't know before. Is that what you're finding with with the podcast and your guests, and what kind of things have you been really surprised about in the time that you've been doing it?

M

Matthew Reeves 47:01

The answer is, yes, it has been very rewarding. I'm getting to spend time with folks that I otherwise would not get a chance to spend any time with. These conversations feel quite a bit different than how I spend most of my days doing therapy sessions. It's more free form, it's more bi directional, and sometimes it's, it's just straight up, you know, more education, I get to ask questions and get curious and learn things which I love doing. The surprising thing probably shouldn't be a surprise, but it kind of is, and it speaks to what we were talking about earlier, about how everybody is is completely different, and different things resonate with different people. So sometimes, you know it is, I'll get feedback from episodes where it's like, people are blown away by a particular guest, and it's like, oh, that that's not the episode that I thought was going to get attention. And so it's like, okay, just because that conversation maybe didn't resonate quite as much with me, that doesn't mean it doesn't resonate with somebody else, and that has prompted me to remain more open about, you know, what kinds of conversations are valuable to people. We're all at different places. So that's that's been one of the things that's helped to keep me humble. I've been, I've been, I guess, like I said, I probably shouldn't have been surprised by that, but to whatever degree I was surprised, I'm grateful for it.

R

Rob Mineault 48:34

Yeah,, same response here on our end. I'm sure everybody would tell you, we've always said, like, you look, if one person out there somewhere gets something out of an episode that we did, it's worth the hour, you know, the hour, two hours of our recording time to put it out there. It's you don't know. And in a lot of times you never do know, like, it's not like, you know, we get constant feedback. It's not like we get tons of mail saying, Oh, we, you know, absolutely love this episode that you had so and so on. We generally don't get that type of feedback.

S

Steve Barclay 49:15

You hear that fans?

R Rob Mineault 49:17  
Yeah!

S Steve Barclay 49:18  
We want that feedback.

R Rob Mineault 49:21  
We want our egos stroked, dammit.

M Matthew Reeves 49:24  
You know, it the feedback is helpful when, when we get it. And you're right, it is hard to get. I think most people listen to podcasts and and, you know, one of the things that about podcasts is I think audience audiences, including when I'm a podcast listener, even having nothing to do with vision loss. I listen to a lot of podcasts. I kind of assume, if they, if this is a good podcast, they've got, you know, huge audiences, and they probably get tons of mail, and the in my voice would be a drop in an ocean. And so what's the point? So I don't tend to community. Kate, back to the podcast that mean a lot to me in my life, but I'll tell you what, this is a really small community. My numbers are not big. They're not big, then that's okay. This is a really decentralized community, in addition to being a really small community, so getting the word out about my podcast is hard. So I would encourage anybody who's listening to this podcast, if you do have feedback, you know, take advantage of the opportunities. Shoot an email it, and that's with not just, as you say, to stroke the ego. It's not just about that. It's about saying, you know that was meaningful to me. Please keep doing that. You know that encouragement can mean a lot. So yeah, this is not have to be like broadcast television, where, where it's really a one way street. Podcasts have the opportunity to build community.

R Ryan Fleury 50:49  
Yeah want to know when the TED talk is.

M Matthew Reeves 50:53  
Yeah, no TED talk, but I will tell you that my podcast can be accessed at [www.insightoutpod.com](http://www.insightoutpod.com) and it's all, and it's on all the platforms, all the usual podcast places.

R

Rob Mineault 51:08

Excellent. And we'll, we will make sure that we, we leave a link in the show notes as well anything else you want to plug, any anywhere people can you, where you want them to go to find you, or anything like that.

M

Matthew Reeves 51:18

Sure if, if people are perhaps interested in, you know, adjustment to disability counseling or low vision adjustment to vision loss counseling, my private practice is Integral Mental Health Services. The website for that is [integralmhs.com](http://integralmhs.com) and you can just hit the contact page and shoot me a form or a text message or whatever, whatever, whatever form suits you, whatever feels most accessible, and I'd be happy to get in touch with you and see if it's a good fit.

R

Rob Mineault 51:57

Excellent. Well, Matthew, thanks so much for coming on. It's been an absolute pleasure, and please come back anytime.

R

Rob Mineault 52:05

Thank you so much. Thanks for the podcast. Thanks for what you're doing.

S

Steve Barclay 52:09

Yeah, thanks for coming on. You know, just Matthew, I, I have a store that's just down the street from the biggest eye care clinic in Vancouver, so I regularly see people who are coming in from, from their first experience at that at that clinic, and in a lot of cases, you know, they're coming in with something like, you know, macular degeneration, and they're just starting their vision loss experience. And it's a very emotional time for them, of course. So this is, this has been really, really helpful for me, just to get more insight into you know, that process. So very, very much appreciate it.

M

Matthew Reeves 52:47

I appreciate you saying that I happened. I'm going to be in Vancouver later this year, so ..

L Lis Malone 52:55

Go visit the boys.

R Rob Mineault 52:57

Look us up. Yeah, stay in touch. Let's Yeah, let's definitely get together.

M Matthew Reeves 53:01

Sounds good.

L Lis Malone 53:03

Actually, I'm not far are you in Atlanta?

M Matthew Reeves 53:05

That's right, I'm in Atlanta.

L Lis Malone 53:07

I'm in Charlotte. So we're neighbors,

M Matthew Reeves 53:09

Yeah, we're not far apart at all.

R Ryan Fleury 53:12

Let's clarify just for a second, because there's Vancouver, Washington and Vancouver, British Columbia,

**M** Matthew Reeves 53:21  
Vancouver, British Columbia is where I'm visiting. Is that where you are?

**R** Ryan Fleury 53:24  
That's where we are.

**S** Steve Barclay 53:28  
The right choice.

**M** Matthew Reeves 53:29  
Okay, yeah, Thanks so much everybody. Thanks.

**M** Matthew Reeves 53:34  
Well, anything else to say about that?

**R** Ryan Fleury 54:56  
No, it's just a very good, open, honest conversation.

R

Rob Mineault 55:00

Yeah, it was, and he's so right, like, there's the we are lacking resources in that sense. Because if you really think about somebody who's going through vision loss, and you know, we've talked about this over the years about how many, all the different aspects that are very important, you got to have a good support network. You want to be dialed into, like, say, an existing blindness or low vision community. Ideally, maybe you have a mentor, somebody you know, somebody that you can reach out to and talk to and ask questions and all of that stuff. And then, you know, you should be going through some sort of a counseling thing. That's, I think that's the ideal pathway. You know, maybe someone might get one out of the four things, if you're lucky, from, say, your local blindness organization, not that they're, you know, they're not trying and stuff, but it's just, it's hard you can't, you know, they're the resources just aren't there for rehab plus counseling, plus mentorship, plus community building. It's just a lot, and I feel like, you know, that's why you know podcasts like Matthew where he's, where he's doing what he can is just so important, and we just need, you know, a lot more of of Matthew in the world.

R

Ryan Fleury 56:19

That's for sure.

L

Lis Malone 56:20

In the house.

R

Rob Mineault 56:28

Well, shall we get out of here?

R

Ryan Fleury 56:32

Good plan.

R

Rob Mineault 57:18

Let's get out of the house. Hey, hey, hey somebody, Hey, Lis.

L Lis Malone 57:18  
Yeah, somebody here. What's up, Rob?

R Rob Mineault 57:18  
Where can people find us?

L Lis Malone 57:18  
in the house?

R Rob Mineault 57:18  
Yes,

R Rob Mineault 57:19  
All right, I was expecting that. Okay, good, no, but really, where can we find us?

L Lis Malone 57:33  
Oh, never. I'm not really in the house. Okay, never mind. They can find us [www.atbanter.com](http://www.atbanter.com).

R Rob Mineault 1:01:24  
Yes, they can. They can also drop us an email if they so desire, at [cowbell@atbanter.com](mailto:cowbell@atbanter.com) Hey, Steve.

S Steve Barclay 1:01:39  
Out of the house. Mic drop.

R

Rob Mineault 1:01:44

Love it, love it. Yeah, they can also find us on some social media stuff.

S

Steve Barclay 1:01:50

Yeah, there's that.

R

Rob Mineault 1:01:53

Well, I think that is gonna about do it for us this week. Big thanks, of course, to Matthew for joining us and we will see everybody next time.

S

Steve Barclay 1:02:06

This podcast has been brought to you by Canadian Assistive Technology, providing low vision and blindness solutions, as well as physical access solutions and augmentative communication aids across Canada, find us [online@www.canasstech.com](mailto:online@www.canasstech.com) or if you're in the Vancouver Lower Mainland, visit our storefront at #106-828 West Eighth Avenue in Vancouver. That's one block off Broadway at Willow. You can reach us by phone, toll free at 1-844-795-8324, or by email at [sales@canasstech.com](mailto:sales@canasstech.com).