

Preparing for Battle Against the Hearing Loss: A Narrative Therapy Approach

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PREPARING FOR BATTLE AGAINST *THE* HEARING LOSS: A NARRATIVE THERAPY APPROACH

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Abstract

This case study describes brief psychotherapy with a 67-year-old man who had a severe-to-profound hearing loss. In his words, he began treatment “to get my wife off my back,” as his wife wanted him to be evaluated for hearing aids. The therapist used a narrative treatment approach to externalize and personify the hearing loss and also to facilitate “re-membering” conversations concerning the patient’s grandfather. Clinical vignettes and theoretical notes are offered.

Keywords: deaf, counseling, narrative therapy, hearing loss

Introduction

Although it began on a difficult note, I had a fun initial psychotherapy session with Fred. (Therapy can be fun!) He was a 67-year old, man with a progressive, severe-to-profound hearing loss, which began approximately 10 years prior. He came, in his words, “to get my wife off my back.”

“What’s your wife on your back about?” I asked.

“What?” Fred asked.

“What’s your wife on your back about?”

“Oh, she wants me to get hearing aids.”

I knew where this was going and I suspected Fred did as well. Sure enough, he complained that Wilma yells at him to turn down the TV volume, to stop asking “What?” all the time, to stop withdrawing more to himself, to stop being so stubborn and irritable and to get therapy.

“It sounds like a battle between you and your wife,” I said.

“My wife? What about my wife?” Fred asked.

This wasn’t going to work. And if I suggested too quickly that Wilma

was absolutely right – that hearing aids would help – he would politely, or not so politely, thank me for my time and give me a version of “Don’t call me, I’ll call you.”

A New Approach

I assured Fred that I wouldn’t try to badger him to get hearing aids, and instead I asked him if he thinks he’s affected by hearing loss.

“Yeah, sure I have a hearing loss, but who doesn’t have it at my age?”

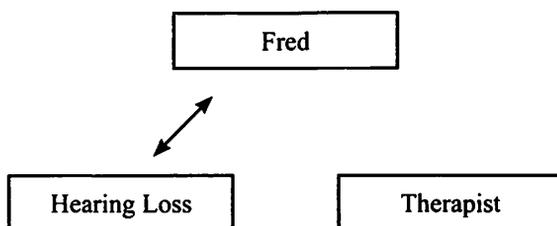
“Not many people,” I replied. “But it sounds like it has you, not that you have it.”

“Huh?”

This time he heard me clearly. “Bear with me, would you? Imagine, please, that the hearing loss is sitting in the empty seat in front of you. It’s so smart that it can even sit! What does it look like? How big is it? What color? What is it wearing? Is it friendly or mean? What’s its name?” Fred didn’t expect these rather strange questions and I’m sure he became dubious of my mental stability at this point. Nevertheless, with a fair amount of prodding, he accommodated my line of questioning: “It’s dark and heavy, real strong, over 6 feet tall, has bulging muscles and is wearing an Army uniform. And it’s mean, real mean. His name is Joker [Batman’s nemesis].” Fred let out a smile.

In this manner, I personified the hearing loss and located it as separate from Fred (see Figure 1).

Figure 1: Externalizing and Interviewing the Hearing Loss



I then asked him to switch seats and to role play the hearing loss. By this time, he was enjoying this “unorthodox approach,” as he now put it, and was in a more playful, imaginative mood. He flexed his muscles, scowled and made mean, intimidating faces. It would have made the Joker proud. In turn, I role played an investigative reporter whose task was to ask the hearing loss about all the ways that *it had succeeded in disrupting Fred’s life*. For the next several sessions, I investigated the following:

- The hearing loss’ influence in the different areas of the Fred’s life (e.g., its effects on his relationships with others, its impact on his feelings, its interference in his thoughts, its effects on Fred’s story about who he is a person, and so on);
- The strategies, the techniques, the deceits, and the tricks that the hearing loss has resorted to in its efforts to get the upper-hand in Fred’s life;
- The special qualities possessed by the hearing loss that it depends upon to undermine Fred’s knowledge and skills, including an inquiry into the powerful ways that the hearing loss imposes its authority on his life;
- Who helps the hearing loss achieve its goals; and
- The plans that the hearing loss has ready to put into action should its dominance be threatened.

Initially, Fred responded to my question with the familiar phrase “*My hearing loss*” to which I immediately countered with “It’s *the hearing loss*, one that clearly affects you but it isn’t you.” That refrain would become important in our work: The hearing loss is a condition that influences him but is separate from him. *The person is not the problem; the problem is the problem*. The implications of this important tenant of narrative therapy (White, 2007) would become clearer later. Here is a summary of Fred’s responses:

You want to know how the hearing loss has succeeding in disrupting my life? It separates me from my wife, turns her into a nag, turns me into a recluse, shuts me out from family gatherings, makes me feel lousy and depressed and angry and makes the title of the story of

my life to be “Fred is a loser.” I don’t know how the hearing loss gets the upper hand, as you say. Maybe one of the hearing loss’ strategies or tricks is that it makes me think that my depression is other peoples’ fault: they’re mumbling, not talking loud enough, purposely trying to make my life difficult, or don’t care about me. The hearing loss is very smart and real tricky; it makes it so I can’t put my finger on him. Like sometimes I can understand people and other times I can’t. It’s random. So sometimes I don’t think I have a hearing loss and others doubt me as well. The hearing loss wants control of me, probably because it has nothing better to do, or because he doesn’t hear well so he controls me – makes me feel bad – which makes him feel more powerful. He screws up my relationships so even my wife makes me come here to play this stupid game – no offense, Doc.

He gave a half-smile. “No offense taken,” I smiled back.

“I don’t know who helps him [the hearing loss],” Fred continued. “Maybe people who say ‘deaf and dumb’ and who make people with hearing loss feel embarrassed. And if hearing loss wasn’t in control of me, what would it do? He would grieve that he couldn’t control me.”

“Maybe the hearing loss would need to get a hobby, get a life,” I offered. Fred let out a chuckle.

It was time to switch gears. For the next several sessions, I asked him to continue role playing the hearing loss, but for this juncture, I would investigate how the hearing loss had *failed* to disrupt Fred’s life:

- The aspects of Fred’s life that Fred still controls despite the hearing loss’s influences;
- The counter-techniques, counter-strategies, and the tricks that Fred has developed that have at times been effective in preventing the hearing loss to get the upper hand and impose its authority;
- The special qualities, knowledge, and skills and self-talk that Fred uses that have proven difficult for the hearing loss to undermine and to disqualify;

- Who stands with Fred (relatives, friends, acquaintances, teachers, therapists, and so on), and the part they have played in denying the hearing loss' desires and wishes; and
- The options available to Fred for taking advantage of the hearing loss' vulnerabilities and for reclaiming his own life.

Predictably, Fred had fewer responses than he did with the previous discussion. After a long silence, he finally said:

It [the hearing loss] took away my music but it hasn't taken away my collecting stamps. It hasn't taken away my photography, taking pictures of my grandkids so they'll have a photo album of their lives. My counter-technique against the hearing loss, as you put it, is to do things that I don't need hearing for.

I asked, "What do you say to the hearing loss while you employ this strategy?"

"You can't control everything!" He shouted toward the empty seat with his fist raised and a half-smirk.

"This doesn't sound like part of the Fred is a loser story," I remarked. Fred nodded his head somewhat tentatively. I then asked, "When you succeed in outsmarting the hearing loss like that, what do you title your story about yourself?"

"Maybe something like 'Sometimes, Fred is a fighter.'" He emphasized *sometimes*.

One's story or narrative about oneself is inextricably related to one's identity. Fred's dominant narrative had been that he is a loser. But now, for the first time, we excavated another narrative of himself – another "title" that would define his identity – as *sometimes* a fighter. It would be important to embellish this heretofore dormant narrative with details: to make it more dominant, to put more "meat on it." Any version of "Tell me more" would do, but typically one's narrative or identity is related to a previous relationship which has the capacity to be useful in the present I therefore asked Fred, "Who taught you to fight?" Again, after a pause, Fred told me that his long deceased grandfather was a Second Lieutenant in World War

II. I asked Fred several questions about his grandfather's life, about why he joined the Armed Forces, about his bravery, what his fears might have been, how he might have felt going to battle. We spent over half the session with old war stories. Finally, I wondered aloud whether his grandfather was psychologically present when Fred was able to shout to his hearing loss "You can't control everything" – when he viewed himself as a fighter. Fred looked at me quizzically and reminded me that "My grandfather's dead." I nodded my head and told him this instructive story:

Two months after September 11, 2001, a Boston-based flight attendant requested psychotherapy. She hadn't been to a therapist since she was 10 years old when her mother passed away. But now, amidst sobs, she told me that she was brutally awakened most every night by nightmares of explosions, being trapped, flying blooded bodies and mass graves. She felt alone and scared. Obviously, no interpretation was needed. Her best friend had been trapped on that fateful flight that ended in a mass explosion of the World Trade Center. Her so-called *post-traumatic symptoms* began days afterward. Among other things, I asked her if she talked to her mother after awakening from her nightmares. She gave me an angry glare and said, 'I told you my mother is dead.' I replied, 'I know, but you can still talk to her.'

Several days later, I got an e-mail from this woman that contained a letter that she had just written to her long deceased mother:

Dear Mom. I feel silly writing this, but I need to tell you something. When I'm up at night by myself, thinking of how our world has changed, I think of us in the kitchen together. Do you remember when Johnny called me ugly? You hugged me. Then we made caramel apples and you let me eat one after I had brushed my teeth. I smile every time I recall that very special night. Alongside the unfathomable horror of 9/11, that flight attendant could talk to her long deceased mother about that special night and feel less alone, worthy and safer.

Fred got my underlying message. I asked him if he would talk to his grandfather about how he could help him prepare for battle against the hearing loss. I motioned to the last remaining empty chair in my office. Again after some awkwardness and nervous laughter, he complied with my request. “Do you have any advice for me,” he asked the empty seat. At this point, I asked him to switch seats and be his grandfather while I took over asking the questions.

T:¹ [to grandfather] “You must have some advice for your grandson on how he can prevent the hearing loss [motioned to the hearing loss seat] to get the upper hand in his life.”

GF:² “Fred, you should learn as much as you can about its weaknesses, its vulnerabilities,” he responded with a deep voice, confidence and conviction. His advice reminded me of General Westmoreland’s famous statement that the inability to understand the enemy was “the basic error” in the conduct of the war in Vietnam.

T: “What weaknesses of the hearing loss can Fred exploit?” I asked.

GF: “He shrugged his shoulders, “I don’t know.”

T: “Guess.” My standard response to when anyone says “I don’t know.”

GF: “Hmmm, well the hearing loss doesn’t do well with soft noises. So Fred can maybe get people to speaking louder, he can turn the volume up on the TV, get his wife to stop calling him from the other room.”

T: “A good start,” I responded. “Speaking of Fred’s wife, help me understand something about your grandson. He came to therapy to get Wilma off his back about hearing aids. In your opinion, would getting hearing aids be an effective weapon against the hearing loss?”

GF: “Yeah, probably,” he said, somewhat hesitantly.

T: “So why won’t Fred listen to Wilma?” I asked.

- GF: “Fred’s always been a bit stubborn. He digs in his heels. He never has wanted to lose a battle – just like me.”
- T: “Chip of the old block. But Fred’s fighting the battle against the wrong person!”
- GF: “What do you mean?”
- T: “The enemy is the hearing loss [motions to the hearing loss chair], not Wilma! I bet that one of hearing loss’s tricks is to get Fred to fire artillery at his own forces! In fact, the war is Fred and Wilma against the hearing loss!”
- GF: “The hearing loss is very cunning,” the Lieutenant agreed, now nodding his head.
- T: “Exactly. Do you have any thoughts about some of the other tricks and deceits that the hearing loss uses against Fred?”
- GF: “It makes him feel ashamed, very down on himself, and it makes him think that hearing aids will make him more ashamed and even depressed.”
- T: “Astute observation, Lieutenant! How do you think Fred could maneuver around the forces of the hearing loss to get hearing aids?”
- GF: “Shock and awe!” he yelled, now enjoying this discussion. “Regime change!” The Lieutenant proclaimed, “He could blow hearing loss out of the water!” I had a foreboding sense that Donald Rumsfeld³ had just entered the room but that may have been my countertransference.
- T: “I bet he would! What strategy do you think the hearing loss is using to prevent Fred from blowing it out of the water with hearing aids?”
- GF: “Oh, I bet the hearing loss is convincing Fred that hearing aids will make him look old, that people will pity him, and that they cost too much” He listed typical reasons why people resist amplification devices.

T: “The hearing loss is a formidable enemy,” I observed with mock respect. “Simple sanctions obviously aren’t going to work. Fred, Wilma and you need to join forces and launch a full scale military campaign with covert and overt special combat operations against the hearing loss! Maximize your fire power with air, naval, land invasions to strategic targets” I, too, was enjoying myself at this point. After my speech, I asked him, “Can the three of you be ready to present a comprehensive battle plan in my office tomorrow at 18-hundred hours?”

GF: “Aye aye sir!” he saluted.

I saluted him back. The next day at 18-hundred hours, I entered the waiting room, not knowing who would be present: Fred, his grandfather, Rumsfeld, the hearing loss, or Wilma. It was Fred and Wilma. We formulated a battle plan worthy of scrutiny by Donald Rumsfeld and General Franks who led the 2003 Iraq invasion. It included:

- An audiological evaluation to learn more about the hearing loss (“a reconnaissance mission”);
- Putting aside monies to purchase hearing aids (“weaponry”)and batteries (“ammunition”);
- Taking speech reading classes (“combat training”);
- Taking an introductory sign class (“more combat training”);
- Negotiating communication rules (“code of conduct”).

Discussion

I began this article with a parenthetical comment that therapy can be fun for the therapist. Perhaps, I should have said that therapy *should* be fun for the therapist. This merits elaboration, as it wasn’t a casual comment. I use the term “fun” as personal shorthand to mean engaged, curious, appreciative, spontaneous, a sense of playfulness, some positive energy – all of which occur alongside some hard and difficult work – the rather heady, deliberate, precise clinical intervention tasks. Fred introduces himself to me by saying his wife made him come. My immediate internal reaction is, “Ugh, here we go again: one of a thousand unmotivated men who start therapy this way.” I felt mild irritation and boredom, perhaps having to do with my mood that day. It’s clear that Fred also felt mild irritation and boredom with me and, due to audiological factors and/or to his psychological resistance, he doesn’t understand my speech. I predict that he expects me to ask about his feelings,

perhaps to talk about his childhood “like a typical shrink” and to side with Wilma about his need to get hearing aids. But if I follow this predicted script, our reciprocal irritation and boredom with each other would only increase and therapy would be doomed from the start.

Therefore, my first task is to introduce an element of surprise that is “fun” and that would also be potentially beneficial for the patient. So I abruptly ask Fred to visualize his hearing loss sitting on an empty seat and ask him to describe and name it. Humor is important and is deliberately utilized: e.g., “The hearing loss is so smart it can even sit on a chair.” Soon enough, Fred lets out a smile and I smile. Now we’re both having “fun.” In other words, we achieve what would be the first building block of our therapeutic alliance. This is a “win-win” situation for both the therapist and patient.

I also use a well-known narrative therapy technique (White, 2007) of externalizing and personifying a problem – in this case, hearing loss. Fred’s hearing loss is the problem; it affects Fred but is *not* part of Fred. *The person is not the problem; the problem is the problem.* In this manner, I reduce what Wright (1983) referred to as the “spread” of his hearing disability: the degree to which Fred experiences himself as consumed by that disability.⁴

Accordingly, I become an “investigative reporter” (White, 2007) whose job it is to learn about how the hearing loss sabotages Fred’s life and how Fred resists its sabotaging influences. The task is to *learn more* about how the hearing loss operates, including its successes and failures; the task is *not* to help at this point. A reporter’s job is to seek information, not to help.

An important principle of motivational interviewing (Miller & Rollnick, 2002) is that premature attempts to offer advice are not helpful. In that regard, it is important to note that Fred is at the “Contemplation Stage” (Miller & Rollnick, 2002): Fred acknowledges his hearing loss but is ambivalent, at best, to address it. It would be an error to “jump on the change bandwagon” too soon as it would increase his resistance to change. In addition, in structural family therapy terminology (Minuchin, 1974), my attempting to convince him to get hearing aids at this juncture would be to collude with Wilma against Fred. Later, I would be able to re-structure the collusion as Fred, Wilma and the Lieutenant (grandfather) against the hearing loss.

In narrative therapy terms, the therapeutic task is to draw Fred's attention to gaps in his storylines of his life: called "subordinate" storylines. Why is this important? The "stuff" that comprises one's identity is one's stories or narratives. Accordingly, any renegotiation of the stories of people's lives is also a renegotiation of their identity: the goal is to support people "to derive new conclusions about their lives, many of which will contradict existing deficit-focus conclusions that are associated with the dominant storylines and that have been limiting their lives," (White, 2007).

Fred's dominant storyline was "Fred is a loser," but when he experienced himself in battle against the hearing loss, we discovered a subordinate storyline of "sometimes, Fred is a fighter." The task then becomes to embellish or thicken the alternative narrative with details, thereby support a more dominant, positive self-identity. It is my common practice to elicit previous important role models who have contributed to one's identity – what White refers to as "re-memembering conversations." "Identity is founded upon the 'association of life' rather than on a core self. This association of life has a membership composed of the significant figures . . . whose voices are influential with regard to the construction of the person's identity," (White, 2007).

Like the flight attendant's deceased mother, the Lieutenant – as we had come to call his grandfather – had come to be an important mentor in Fred's life. Hence, Fred and I spent over half of one session reviewing old war stories.

The importance of matching a patient's metaphors cannot be overstated. It is important to note how a patient uses metaphors for constructing reality. Consistent with the self-world view narrative of Fred's grandfather that was shaped by the military, battle metaphors were abundant in Fred's emerging narrative of his identity. He emerged as a fighter "like the Lieutenant." Fred was strongly supportive of the United States invading Iraq, so it was no surprise that, while role playing his grandfather, he envisioned "shock and awe" tactics against the hearing loss. My reference to a "foreboding sense that Donald Rumsfeld had just entered the room" was reflective of my own negative countertransference as I have been strongly against that war. My task then was to ensure that my negative bias did not interfere with my alliance with Fred. I spent some time between our sessions Googling military terms, such as *recognizance mission*, *full scale military campaign*, and *special combat operations*.

Conclusion

Fred and I met for eight visits and interestingly enough, the final meeting was with his wife – previously the enemy, now his ally. They had been successful in battle. Fred showed me his hearing aids and was enrolled in speech therapy training. He and Wilma negotiated communication rules (e.g. face each other, don't talk from the other room, when/how to "interpret" at social gatherings) and were enjoying an introductory course in Sign Language.

As we prepared to say good bye, he hesitated a bit then asked Wilma to open her pocket book. He took out several photos of his grandfather and medals that he was awarded, taking time to show me all the details, one by one. Perhaps he was trying to teach me about military honor, I don't know. But I said to Fred quite honestly that I wish I could have met his grandpa. Wilma quickly responded, "You've already met him several times."

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Footnotes

¹ Therapist

² Grandfather

³ The Secretary of Defense under George W. Bush from 2001 to 2006. Before the 2003 invasion of Iraq, Rumsfeld and U.S. officials in the armed forces described their plan as employing “shock and awe”: a military doctrine based on the use of overwhelming power, dominant battlefield awareness, dominant maneuvers, and spectacular displays of force to paralyze an adversary’s perception of the battlefield and destroy its will to fight.

⁴ Fred’s identity is of a hearing-impaired person who wished his hearing improved as much as possible. He did not consider himself culturally Deaf.