

“The Grey Cat” Pads Softly

Hearing Loss and Denial



“The fog comes On little cat feet.” —*Carl Sandburg*

You were depressed when you were losing your hearing.” I wince as I hear my friend’s truthful words. My memory is dim as to my overall mood then. This observation affects me more than it might other people, as I am a psychologist by profession and therefore supposed to recognize those sorts of mood changes in myself. Certainly, I would have noticed it more if it had been due to the sharp pain of sudden loss that some people experience.

This was more like an ongoing feeling of being weighted down by cares that have become so a part of one’s life that one hardly notices them. I got up every day, went to work, kept as much of a social schedule as I could. The problem of my hearing loss gradually encroached on my freedom of engagement with my usual life. Like the fog of Carl Sandburg’s poem, it crept into my life, silently filling the crevices.

Over a 15-year period, beginning in mid-life, my hearing loss progressed. There was the inevitable search for a cause, with the eventual conclusion that the problem was genetic.

Sometimes during my appointments with the audiologist there would be little change in the audiogram, but mostly the chart recorded a steady worsening. Focusing intently on the present situation, I was fitted for new, more powerful hearing aids every four years.

Grateful for technology, I was distracted for a while by the new bells and whistles (or lack of them) of my newest earpiece. I tried out telephone after telephone, looking for one that was as compatible as possible with the telecoil.

One night, I became aware that I could no longer hear my husband

talking to me. Even if he spoke directly into my ear his words were barely perceptible. That was a stark reality.

My progressive hearing loss made contact with others more of an effort. My professional office was an optimal environment because it was consistently quiet. I placed a sound screen machine outside my door to muffle any noise from the hallway and arranged the furniture to enhance my capacity to hear what was being said. I also consulted with a colleague about talking with my patients about my changing capacity to hear.

The extra effort required to negotiate the world was fatiguing. I didn’t make the extra effort to stay in touch with people. Some friends and family generously went out of their way to make arrangements to accommodate my changing needs. Others, who saw me functioning well at work, sometimes didn’t get it.

Looking back, these changes added up to what my friend was referring to: a mild, reactive change in my mood. Winston Churchill, who suffered from recurrent major depression, a more pronounced emotional change than I had, referred to his episodes as being visited by “The Black Dog.”

A milder form of downturn in mood might more suitably be called “The Grey Cat”—one that pads softly into one’s life.

The Silver Lining

Were there bright spots? Sure. I became involved with the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons (NVRC), meeting other people who shared the problems I was experiencing. Their “can-do” attitudes were

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an inspiration in many ways. The information available regarding life style changes and technology was immensely helpful. Bonnie O'Leary introduced me to a hand-held device called a Pocket Talker that amplified voices.

New friends, resources, and ways of communicating helped me along.

Psychological Aspects of Denial

How can we understand what it is that contributes to the prevalence of denial of hearing loss? A friend and English teacher, Marion MacLean, supplies an idea through reintroducing me to Joseph Conrad's novella, *The Heart of Darkness*. The main character, Marlow, is a sea captain who travels deep into the dangerous, disease-ridden Congo:

Marlow is blind to what he's getting into—blind and hopeful...Does he keep thinking things are going OK? Or does he excuse or overlook the signs of despair...? He has to keep going, has to dwell not on the daunting view of the whole. His focus is, instead, on the particulars that will make possible the completion of the journey.

The term denial is often used negatively but in reality it serves a protective function. Usually, people deny reality in order to avoid some anticipated discomfort, anxiety, or pain. We have a natural tendency to do this, often without consciously being aware that the avoidance is happening. Denying, like other mental defense mechanisms, is a "silent" way that we look after ourselves and help ourselves to be able to function.

Like Marlow, we concentrate on our overall capacity to negotiate our daily lives rather than on the implications of the changes. This is why denial is so common, not just with hearing loss, but in many areas of our lives. It has sometimes been called "merciful" by mental health profes-

sionals because it protects self-esteem. We like to think of ourselves as able-bodied. If we don't know something is a problem, then we can maintain psychological equilibrium. We also avoid engaging in discouraging self-criticism.

This familiar reaction occurs with *sudden* change as well. Whether good or bad, in times of rapid change, we often question whether something has happened at all. In situations of good luck, people sometimes say they have to pinch themselves to believe something is true. When we lose a pet or family member, we can find ourselves looking for him or her as if he or she were still alive. This is a temporary forgetting or denial of the reality that is quickly reversed when we remember the new circumstances.

So, with subtler, progressive hearing loss, the reality can be even more difficult to accept.

Denial of hearing loss can take on different forms. Someone may acknowledge that his or her hearing is not as good while dismissing the effects of that change. It is not unusual to hear people admit that they have a problem but have not done anything about it.

The result of this kind of denial is an inability to engage in life as before. It can mean not recognizing how the loss affects those around us, requiring others to make the extra effort to communicate. Recognizing the problem and facing it means making a choice—to live actively with one's new state or to modify it.

The Grey Cat

Another part of the problem can be denial of the emotional consequences of hearing loss, as it was in my case. A dramatic downturn in mood usually sends people to their doctors for help. The reaction to a medical condition such as progressive hearing loss can be less noticeable. The symptoms include a lessening of interest in the outside world and diminished pleasure in situations involving oral communication.

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People can feel more irritable in general. As a result, the individual tends to think the problem lies in the world outside: the telephone isn't working right, the connection isn't good, or people are mumbling instead of articulating the way they did before.

Getting Hearing Aids

A commonly cited statistic is that only 20 percent of people who could benefit from a hearing aid actually wear one. This problem is already a focus of interest and concern by the medical establishment. In and of itself, the statistic does not mean that 80 percent deny the loss. Some may not want to wear or be able to use hearing aids, for various reasons.

Overall, though, it does suggest quite a gap in the response to the problems that the loss engenders. Unacknowledged loss can have deleterious effects on health in general as people may mishear the medical advice they are given or avoid asking important questions out of fear of not being able to hear.

The tendency to deny hearing loss, particularly in adults, is multifaceted. One likely source is attitudes about being considered old or weak. Many people are reluctant to admit to signs of aging anyway. Often, people deal with these realities through the use of humor, but this can also serve to downplay the impact of the loss. If the hearing change occurs earlier in life, there's an increased tendency to reject the loss. Hearing aid feedback whistles, as well as the

need to adjust the volume, have a social stigma attached to them that make people not want to try using their aids. This is gradually changing but remains a significant problem.

How Can We Help Others?

What can we do about the denial of hearing loss? We can share our experiences with others by being open about the reality. Often when I mention my situation people respond by expressing a concern about their own hearing or that of someone in their family. That's an opportunity to ask them more about it and to educate them about the choices they have.

When a friend talks about getting a hearing aid for the first time, I tell him or her to think of it as a process not a product. Getting hearing aids is not like getting glasses where you put them on and everything is fine. There is a period of adjustment, often, because hearing usually requires more fine-tuning than vision. Choosing an audiologist should be done carefully as this relationship is vital

to getting a proper fit and learning to adjust to the aids.

We can place greater emphasis publicly on the problems that result from denial of loss and associated depression. Loss, even in its mild forms, requires an alteration in life style.

Those who do not question what is happening fall into passive acceptance of limited possibilities. Meanwhile, they can miss out on fun and relationships. Being cut off from others because of hearing loss is preventable and it should be. **TTM**



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Hearing Loss Association of America **RENO**

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