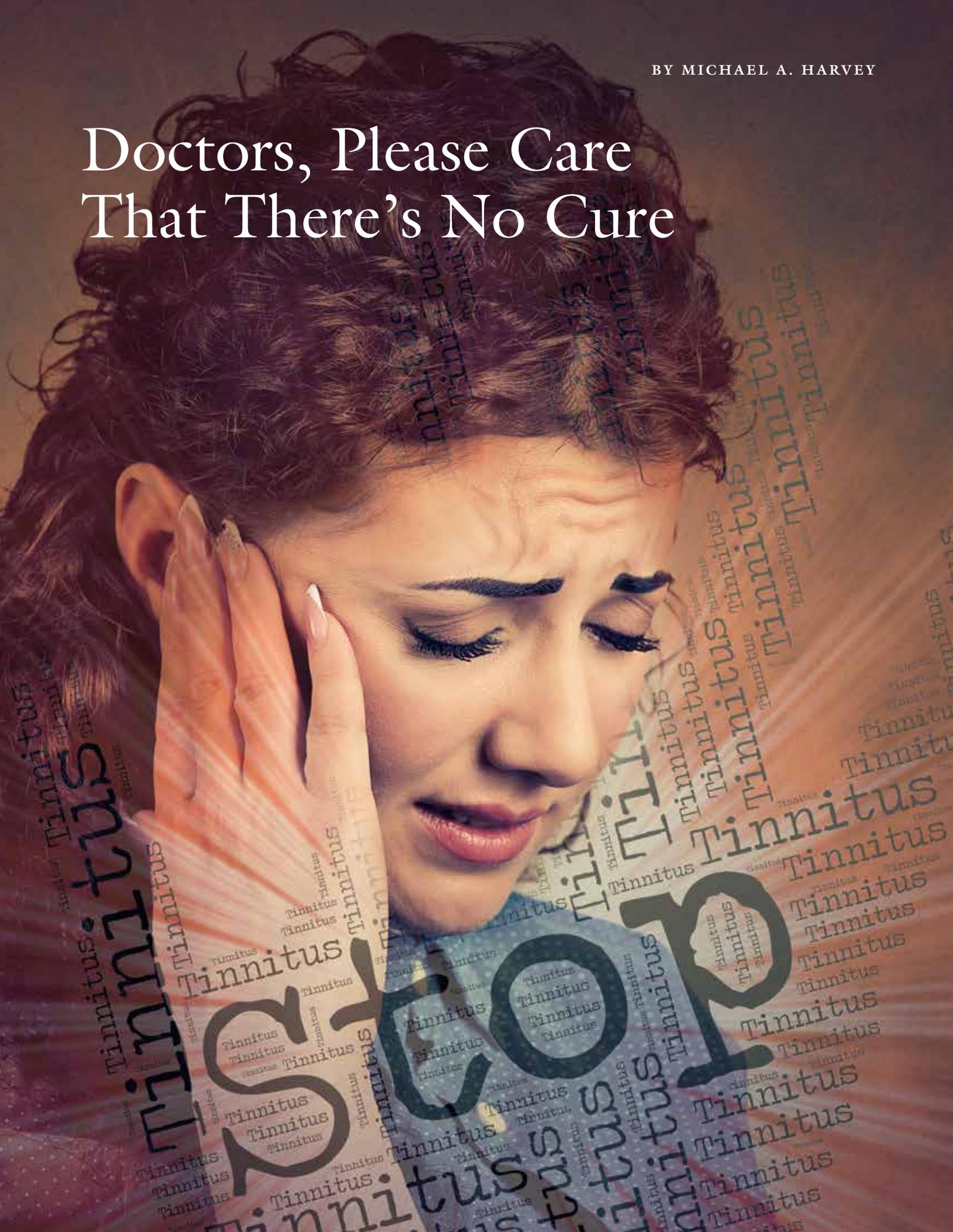


BY MICHAEL A. HARVEY

Doctors, Please Care That There's No Cure



Tinnitus: A Rude Awakening

Mary awoke one morning to the sudden sound of relentless clanging in her head. For several long, torturous days, she gritted her teeth before finally meeting with specialists from neurology, otolaryngology, psychiatry, audiology, acupuncture and therapeutic massage. After the first round of visits proved futile, her husband sought the advice of more of the best doctors. There had to be some way to make the noise go away. Mary's life was morphing from one filled with the joys of a happy, devoted wife, mother and grandmother to one in which she felt like she was a burden to everyone. Mary remains petrified that tinnitus is taking over her life.

I inquired about her recent visit to the prominent audiology practice that her husband had found. Immediately, she wept, responding that for several days after that visit, she couldn't stop crying. "It wasn't because Dr. Smith didn't have a cure," she emphasized, "but it was because of how he behaved."

Help Me Make Sense of Your Insensitivity

I asked Mary to write a letter to that doctor that she may never send. This is a common ritual I recommend to help adults recovering from trauma. Here is the letter she wrote:

Dear Dr. Smith,

I want to let you know how I felt about our appointment and how I felt when I left your office. As I'm sure you know, your tinnitus patients are probably the most vulnerable people you see. We come into your office knowing there's very little you're going to be able to do for us, but we have the slight glimmer of hope that you will find something—anything! The fact that you made little to no eye contact with me made me realize early on that our meeting would be quick and there would be no answers. I felt like I was a nuisance, and you would just go through the steps and dismiss me.

When I got emotional, it didn't seem to faze you, and I sensed it made you speed up the appointment to get rid of me quicker. When I asked questions, your answers were very blunt, stoic and unfiltered with little to no compassion. And because of COVID, I had to be there alone so gathering myself together and getting out of your office in one piece was even more difficult without a family member or anyone there for support. I'm sure that never even crossed your mind. Honestly, it took me a couple of days to get that appointment out of my head.

Obviously, you should know that tinnitus is a difficult diagnosis to bear, but I guess if you haven't suffered it yourself you can't relate.

This was an articulate letter written straight from Mary's soul. She minced no words. It was Maya Angelou who said, "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." She was half right in Mary's case. She remembered *each and every word* Dr. Smith had uttered, including how she felt upon hearing his words. Every detail of the visit was seared into her mind.

If You Can't Give Me a Cure, Give Me Compassion

I repeatedly told Mary how sorry I was that she had this experience, particularly since she had held on to the hope that "the best" doctor would have an answer. She was prepared for that disappointment but not for feeling abruptly dismissed, which felt like a slap in the face. After taking care to validate the fact that her anger was justified and assuring her that I was in no way excusing Dr. Smith's demeanor, I said that I could easily imagine what he may have been feeling.

Dr. Smith isn't the bogeyman. It's supposed to happen like this; if we render the proper diagnosis and prescribe the proper treatment, we will have a successful outcome. It's a done deal. However, when that medical model's algorithm falters, there is an inevitable *cost of caring*. Although we may not be able to empathetically relate to tinnitus sufferers, we aren't immune to internalizing their pain. All too insidiously, we may become weighed down by an accumulation of protective armor that erodes our compassion for patients who are desperately seeking help. In 1995, C. R. Figley aptly coined a new term for this cost of caring: compassion fatigue. In the words of Czech author, Milan Kundera, "There is nothing heavier than compassion. Not even one's own pain weighs so heavy as a pain with someone and for someone, a pain intensified by the imagination and prolonged by a hundred echoes."

Mary and I discussed Dr. Smith's compassion fatigue for a bit. Then I gave her some more homework: to imagine how Dr. Smith could have responded to her letter, and how he could have comforted her even though he had no magic pill:

Dear Mary,

Thank you very much for your heartfelt note, which I'm sure was very difficult to write. I'm so sorry for my poor bedside manner with you in my office. I didn't mean any disrespect and you're

right—I have never had tinnitus, so I can't know exactly how you feel. But over many decades of practice, I've heard countless patients tell me, as you aptly put it, what a difficult diagnosis it is to bear. I'm not making excuses but frankly, after a while, it gets to me. I became a doctor to help people and with tinnitus sufferers, my ability to help doesn't feel adequate. And with you—and unfortunately, with some other patients—I've often found myself just going through the motions.

Mary, your letter jarred me out of that numbness of helplessness and woke me up to a realization that I have underrated the benefits of compassion. So let me now reach out to you and see if there's anything else that I can possibly do for you. I can appreciate how disappointing it is to hear that you have a condition that medicine cannot help but I want you to know that I am here for you. If there are any other professional services you may need, please reach out to me to see if I can connect you with the right people. Of course, I will keep you informed if any new treatments become available.

I Know You Can't Heal Me, So Just Help Me Help Myself

Mary quickly bounced back after her appointment with Dr. Smith. With her doctors, she dedicated herself to leaving no potentially curative stone unturned and with me, she learned backup strategies for ultimately managing what she may not be able to change. During our sessions, I often speak of her personal journey incorporating an essential dialectic, which refers to a synthesis or integration of opposites: her path must strike a balance between continually searching for a cure and simultaneously surrendering to a chronic disorder for which there is none.

On the one hand, Mary and her family assiduously continue to research traditional and alternative remedies, e.g., tinnitus retraining therapy, auditory masking, medication, herbal remedies and dietary supplements. She exercises what sociologists call personal agency, or a version of the American folktale about the train that could make it up the hill (“I think I can, I think I can.”); it teaches children the value of optimism and hard work. On the other hand, Mary acknowledges in her imaginary letter to Dr. Smith that “We come into your office knowing there's very little you're going to be able to do for us.” This part of the dialectic presents her grief about the fact that she may never be able to make it up the hill, no matter how hard she tries, and will thus never be able to rid herself of the noises in her head.

I continue to encourage her to investigate any remedy that does not have significant health risks—even

remedies that are not evidence-based. Admittedly, this approach may render her vulnerable to scams and delay her success in coming to terms with managing, not curing, tinnitus. However, how many unturned stones are enough? One cannot absolutely guarantee to a patient that a particular remedy won't help, as evidenced by the plethora of anecdotal success stories. I predicted to her that she will intuitively know when enough is enough. To reiterate, this is the dialectic: balancing personal agency (“I can”) with grieving (“I can't”). Of course, this is easier said than done.

I began one session by telling Mary I was proud of her. I didn't mean to sound paternalistic, but what suddenly struck me was that for more than two months, she had endured my numerous versions of “Just ignore the intruder in your body.” Sometimes in the early evenings, she cannot bear it anymore and takes a sleeping pill only to renew her struggle the next day. Like Dr. Smith, I cannot empathetically relate to Mary, as I don't suffer from tinnitus. (I often quip that I know how it feels to give birth because I saw my wife do it twice.). However, I feel inspired by her tenacity along her difficult journey that began out of nowhere upon awakening from a peaceful sleep.

I am not only proud of her, but she has also given me an intimate glimpse of resilience and increased respect for the human spirit. As health care practitioners, we can benefit in this manner from our patients if we are open to it. Note that in Mary's fantasized correspondence with Dr. Smith, he validates her suffering and assures her of continued care and she facilitates the lowering of his protective shield of compassion fatigue—a win-win outcome. **HL**

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