



The theory of the rite of passage may offer hearing care managers inspiration for an alternative approach to conceptualizing the patient journey.

**T**he image of a burning platform is a popular business term for crises that force change.

Wisdom suggests the better strategy may be earlier identification of the need for transformation and “stepping boldly into the future.” Such is the opportunity that faces modern hearing care.

Future technological breakthroughs may change the fitting process as we know it. Already, new self-adjusting technology and personal

sound amplification products (PSAPs) are re-defining what a hearing loss means. Clients are becoming consumers. If professionals spend less time focusing on technology, they may be able to focus more on counseling services and on better understanding the client’s hearing loss. And this might turn out to be good news for both clients and clinicians.

Of course, understanding the client’s needs, supportive counseling, caring guidance, and trust have



always been part of the hearing-care equation. But the importance and added value of being able to assist the client all the way on the journey through the rough patches of living with hearing loss has not always received the attention it should. Do recent advances in hearing technology create new opportunities for hearing-care professionals to take on a more proactive role?

At times like these, it makes good sense to look at our practice and our

reasons for why we do what we do. The sciences of anthropology and ethnography offer insightful perspectives on understanding our roles as both individuals and as professionals. The theory of the rite of passage may offer inspiration that enables hearing-care managers to conceptualize an alternate approach to their role in the patient journey of hearing loss, especially as it relates to the rehabilitation process back into “normal” life.

### **Rite of Passage**

The notion of the rite of passage originally described by ethnography has lately been reintroduced as a very useful concept to empower people by counseling them successfully through difficult stages of life, such as soldiers’ redeployment to combat, treatment of cancer patients, social rehabilitation of disabled people, and insight into consumer behavior (Willett and Deegan, 2001; Irwin, 2008; Waller and Sibbett, 2008; Sieck, 2013). The

number one insight to take away from the research and innovative methods mentioned above is that a successful journey owes its accomplishment to qualified, trustworthy, and wise guidance. A successfully performed rite of passage brings order to the chaotic and confusing phases in life, for those involved and also for the surrounding society. It helps us understand, accept, and adapt to the necessary transition that we all are faced with in different phases of our lives.

The rite of passage is one of the oldest and most fundamental cultural and social practices we still are engaged in; we have just forgotten it. Sometimes we forget why we do what we do. The meaning of practices might also change over time. I believe the time is right for hearing-care managers to be inspired by the rite of passage.

We have at all times used rituals to guide us through the most significant changes in our lives. Classic examples would be transitions from childhood to adulthood, marriage, death, and the journey from apprentice to master, all of which are filled with rituals.

Rites of passage are one way as individuals and as a society, to cope with the events in our lives that irrevocably change us. These milestones on our journeys are known to us because they are shared and, at the same time, unknown to us since the experiences are individual. We are not sure what will happen to us in the process, and it might even be frightening.

The rites of passage give us an opportunity to acquire and share the experiences of going through the same passages in life as others do. When we “return” to our “everyday lives” again, we do so with a new knowledge that changes both the way others look at us and how we look at ourselves. We have become different people. Nobody can make the journey or passage without some form of guidance, and the guidance in itself is an essential part of the “glue” that makes a society meaningful to its members.



A successful journey owes its accomplishment to qualified, trustworthy, and wise guidance.

We do not, however, travel this journey alone. We are advised by “the knowledgeable elders.” These indispensable mentors, senseis, Obi-Wan Kenobis, or Gandalfs have always helped us along, coached us during the detachment, the liminal (transitional) phase, and back to into “normal” society again.

## The Phases

It has long been established that people with hearing loss go through different phases or stages of change. This journey includes elements of awareness, preparation, help seeking, decision taking, and rehabilitation (McKellin, 1995).

The common characteristic of rites of passage is their tripartite structure. First, there is the *separation or detachment*, then a *liminal phase*, and finally a *reintegration*.

The anthropological literature is rich with accounts of rites of separation. Some anthropologists describe the process as a separation from former status and identity, leaving family and friends behind (Turner, 1967). In Papua, New Guinea, this is a period where the teenagers leave their homes to enter the taboo restricted huts to share the storytelling and secret rituals that will prepare them for adulthood (Brumbaugh, 1980). The liminal phase often becomes a period where time and space is disrupted. On the other hand, it is also a time where deep learning can occur and in which shared experience contributes to the creation of a new social identity.

For people experiencing hearing loss, the first phase is a feeling of detachment from participating in “normal” social interaction with family members, at work, or perhaps with health professionals. People with hearing loss find their status questioned by others. They are no longer as “they used to be.” Their role as an equal conversation partner is compromised. One is not capable of prompt responses in smooth conversational exchanges. An increasing detachment from “normal” social activity (how it was before) is a very common form of client feedback. A sense of belonging to “another world” is well documented.

When the hearing loss gets worse, the second phase, known as “the liminal phase,” begins. In ethnographic literature, and in cancer and disability studies, this phase refers to a limited period when people are between statuses and ambiguous with respect to their social identity. Admitted to a hospital, you are no longer Mr. Smith the carpenter, or Ms. Bernstein the professor. You are “a patient” undergoing a treatment. The normal social structure is in abeyance and hierarchical relationships are flattened and sometimes reversed.

For people with hearing loss, the liminal phase is often painful. In interviews with people with hearing loss, I have been told that, “you still feel that you are yourself,





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but you cannot be yourself, because people see you as that other person with a hearing loss” (Ida Institute, 2010).

Some degree of depression often occurs in this stage. There is a sense of withdrawal from society without knowing if it is the hearing loss or perhaps dementia. Interactions with other people often become less frequent, as one avoids unnecessary social contact. The lack of hearing makes the person with hearing loss cross culturally defined norms of good behavior, such as interrupting conversations, avoiding small talk, looking unengaged and uninterested, and looking “stupid or slow.” This can create “social pain” and isolates the person with hearing loss even more (MacDonald and Jensen-Cambell, 2011).

The third phase of the rite of passage is the “rite of reintegration” or “rite of rehabilitation,” during which the individual returns to society with a new status. Ethnographic literature describes how the new status may be marked permanently on the body through scarification (e.g., initiation rituals, circumcision, operation scar), tattooing (from military services, gang-related markers, etc.) and artifacts (e.g., lip plates, hearing aids, and marriage rings) (Turner, 1969; van Gennep, 1960).

The culmination of the reintegration into “normal” society almost always includes a new position, identity, and set of responsibilities. One will be socially visible again.

In the case of the Mursi women in Ethiopia, the lip plate is an indication that one is now ready for marriage and new “normal” responsibilities sustaining society’s norms (Turton, 2004). In Southeast Asia, the red dot on a woman’s forehead (bindi) signals she has reentered society having a married woman’s status (Mills et al, 2003).

Many people with a treated hearing loss (e.g., with cochlear implants) have told me that getting back to an active social life is like “getting the old-new life back again” (Ida Institute, 2010). The hearing instruments (if visible at all) are a sign of a person who has taken action on his or her hearing loss. The changes form a part of a new identity as a hearing aid user. As is the case with any new identity or role, a responsibility and new sets of behaviors are included. For people with hearing aids, this means implementing new adopted communication strategies that facilitate and make communication easier.

The experience of “becoming” always includes guidance—guidance to reach a tipping point, a point of no return, like a child progressing into adulthood. People with hearing loss decide to take action, get hearing aids, learn communication strategies, and adapt to the new way of hearing.

The mentor and guide is crucial in the reintegration process. This position has always been highly respected as providing the skills necessary for society to work. In our world, one needs to understand the norms of culturally

determined social behavior where unwritten rules leave only a narrow margin. To get through these obstacles, we need guidance from the knowledgeable, wise Gandalfs, Dumbledores, and dedicated hearing-care managers.

To get through the reintegration process, one cannot just read about the process in a book or on an appealing Web site. One will always need contact with another person for the process to work and give meaning. This happens through dialogue and negotiation. We might be experts in our own lives, but we seldom live those lives in isolation.

## Inspiration for the Future Hearing-Care Manager

As a hearing-care manager, you belong to the “elders in the village,” the experienced mentors that guide and support clients to manage the situation and empower them to take action. You are an expert in communication, up-to-date on the best practice, and can help people understand what to expect as they continue on their journey. As an elder, the hearing-care manager also knows about behavior and emotional comportment that reflect the prevailing values on the meaning of hearing loss within the given culture.

I have many times heard that it is the hearing aids, rather than the hearing loss, that denominate and stigmatize you as being “handicapped” in the eyes of others. That’s a problem and part of the initial burning platform referenced at the start of this article. The new role that technology seems to be able to provide calls for strong “mentors” who can connect the elements of a hearing loss in a logical and meaningful way that makes the passages of the journey of hearing loss safe and understandable for clients. 🎧

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