

Case Study: Patient's Perspective

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Patient RN

Female, age 32, congenital mod. HL

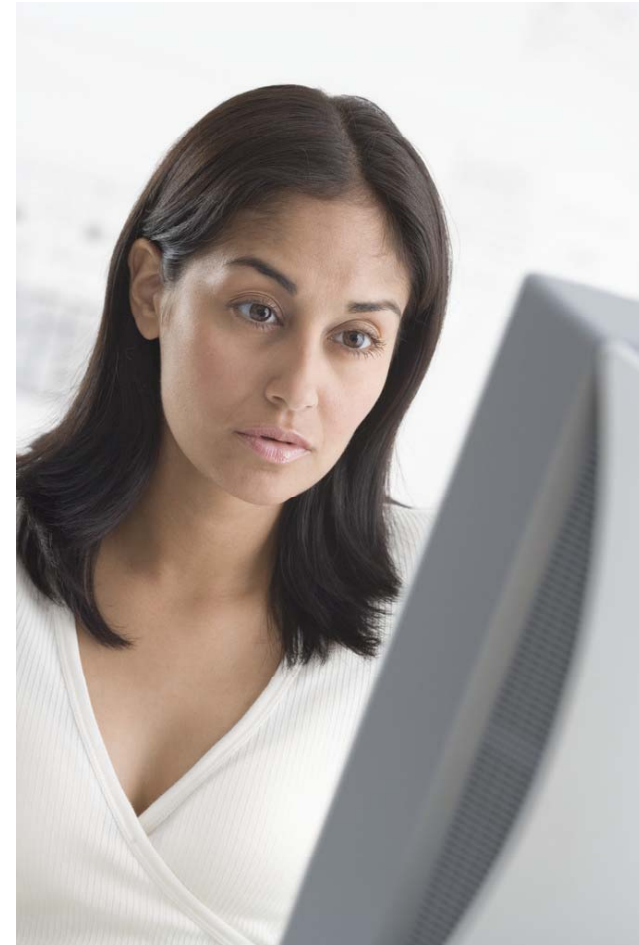
Rejected HAs in teen years

- Placed high value on cosmetics
- Used high intelligence and compensatory

strategies to succeed in school

Went into nursing; profs did not know she had a HL

Ultimately earned PhD, is a faculty member in nursing department



Concerns at Appointment

HL seems to be getting worse

cannot follow classroom discussions

Mentions in passing:

RN is engaged

Fiancé is unaware of HL

Audiologist's Challenge

How to understand, define this point in the patient's journey?

What are her stressors?

External

Internal

What are her goals?

Clear: Vocational

Not clear: Personal?

External Stressors

These are familiar to us:

Work

Affect productivity, quality of performance

Limit opportunities for promotion?

Family, personal relationships

Leisure activities

Environment

Internal Stressors

Personal reaction to challenge

Personal coping strategies

Personal history

Biases re: disability?

Comfort level with asking for help

Temperament

Self-concept

Reactions: Does Challenge Represent a Loss?

Conventional Kübler-Ross grief cycle Variations

Grief Cycle: Denial

Purpose?

A necessary “buffer” (defense mechanism)

Defending against what?

Allows temporary maintenance of self-identity

An effort to hold on to the past

Protects from overwhelming pain, confusion

Gives time to assimilate implications, gradually

Denial Has Purpose

“Buys time” to

to gather inner strength

to gather information

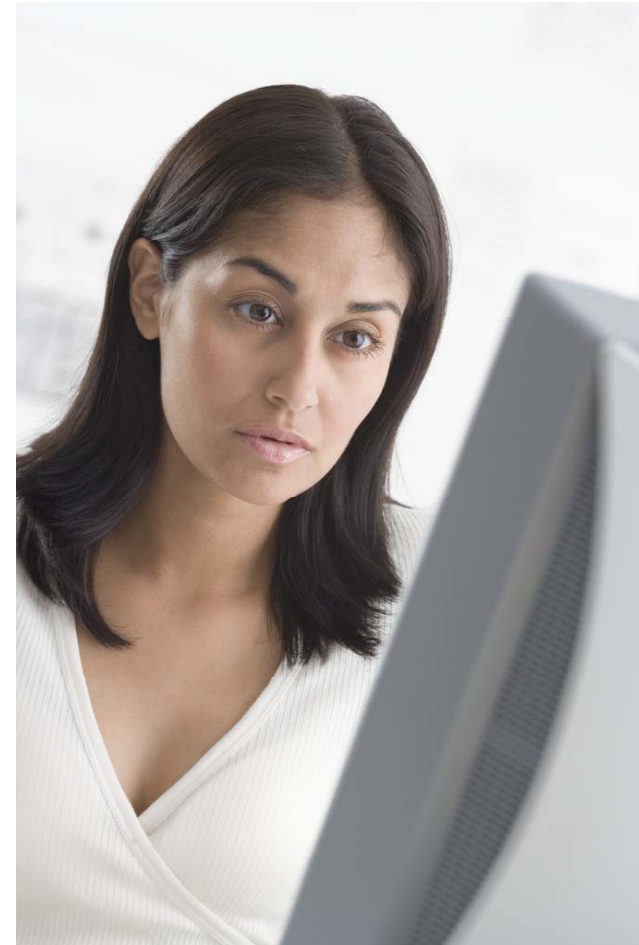
for “readiness”

Patient RN

One way to consider this point in her journey:

Long-term, entrenched denial
Facing a change could be very challenging for her

Is she motivated to work through it?



Anger

Resenting, resisting and fighting back against reality

Displaced anger?

“Hiding anger:” what does it look like?

- little enthusiasm for help

- passive-aggressive behaviors

- low affect

- low frustration thresholds

Bargaining

Often a private stage

Depression:

A diminished state of mental, psychomotor activity

Reality is slowly sinking in

Acceptance

“Integration and growth” (Smart, 2001)

“Transcending the loss” (Bristol, 1984)

Other Reactions

Vulnerability

Isolation

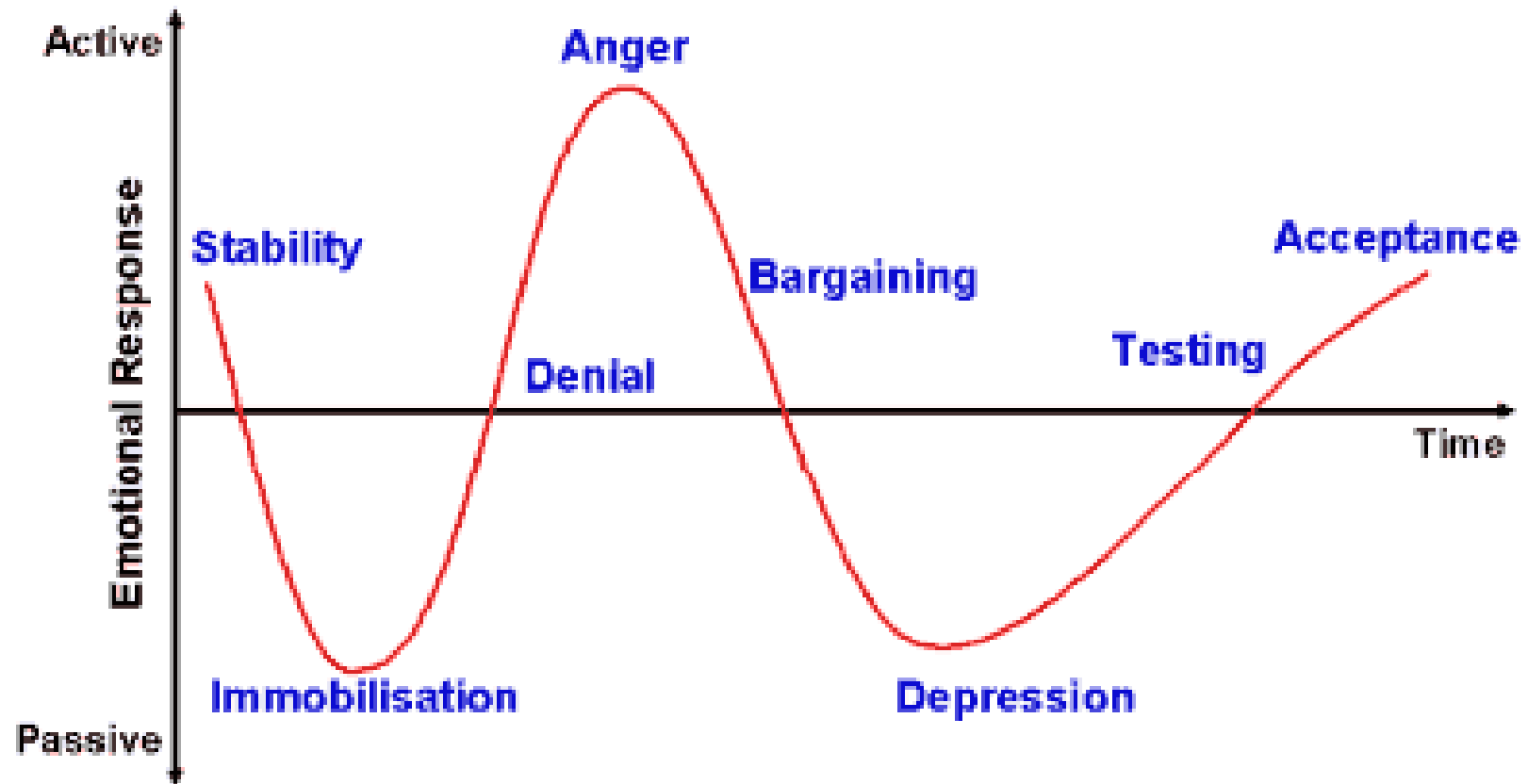
Anxiety

Guilt

“Illusion of control” (Van Hecke, 1994):

I could have somehow prevented this

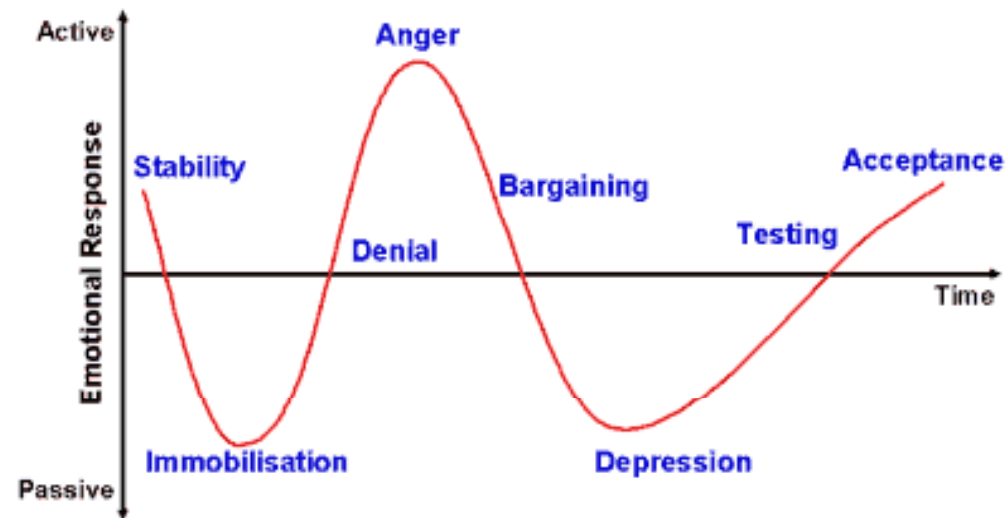
Q: Is this a cyclical process?



http://trueanduseful.eponym.com/blog/_archives/2007/4/12/2866492.html

An Even Simpler Model

Periods of disorganization and reorganization



Reactions to HL Challenge:

Must work through personal reactions

Must decide how much importance to place on social approval and acceptance.

Classic example: “HA effect”

As Social Beings:

Others' opinions, attitudes, reactions influence our emotional state

What others think/say/do matters to us

“The social environment can moderate or alter the impact of chronic stressors [like HL] by mitigating or exacerbating people's responses to them.” (p. 133)

Coping with Chronic Stress (1997)

Often Forgotten:

We Have Some Control About Other
People Think

“HA Effect in Older Females”

Doggett et al., 1998, JAAA

“Adolescents’ Attitudes Toward Their Peers with HI”

Stein et al., 2000, JEA

Another Internal Stressor: Our Coping Style

To Approach or Avoid

Approach Responses

Logical analysis, problem-solving

Seeking guidance, support

Avoidance Responses

Cognitive avoidance

“think about it later”

Emotional redirection

upset about something unrelated

Cognitive distortion: “all or nothing” or “perfectionist” thinking

“If I let my fiancé know about my hearing loss, he will stop loving me.”

Another Internal Stressor: Comfortable asking for help?

5 Stages of Help-Seeking Process

- I don't have a problem.
- I have a problem but I don't need help.
- I have a problem and need help, but won't accept help.
- I have a problem and need help, will even consider accepting help, but I have some lingering concerns.
- I have a problem; I need and want help, and am ready to accept help.

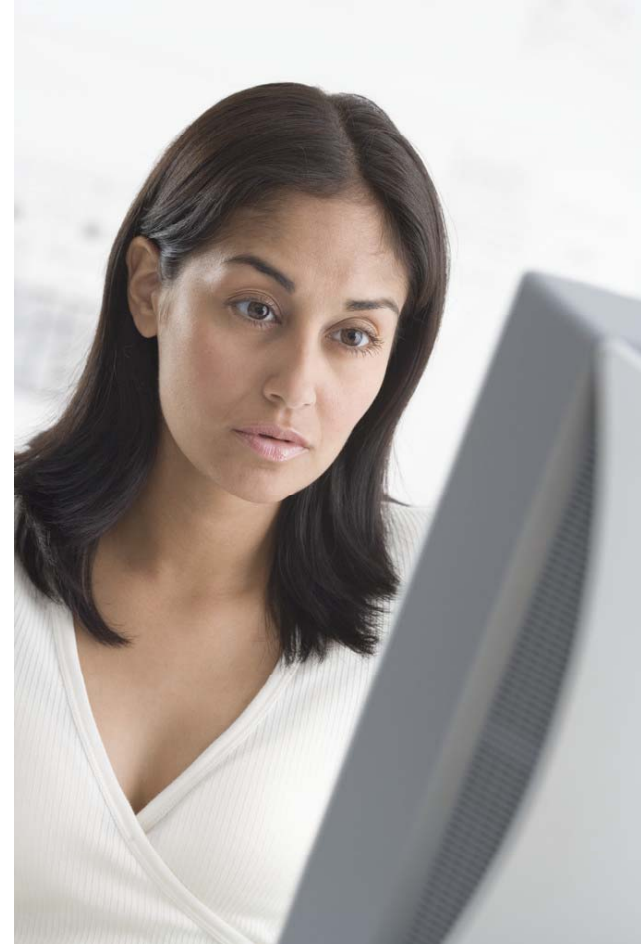
(Clark & English, 2004)

Patient RN

For years:

I have a problem and need help,
but won't accept help.

Now??



Asking for Help

Why is it so hard??

It means change ...

“Changing the way we are is of necessity a profound, awesome, and often difficult experience. It means tampering with our basic self-identity. Letting go of who we are or the way we were can be fraught with both fears and pain: pain over the past and fears about the future.” (Shames, 2000)

“Letting Go of Who We Are”

Adults must re-define self-concept

- I have become a person with a disability
- Getting older, more vulnerable

Children, teens must accept permanence of existing self-concept

- I am a person who will always have a disability
- Wish it were not so
- Would prefer to be “normal”

W. James & Self-Concept (1898)

The Me: (Objective Data)

Gender, age

Physical aspects

Roles, Relationships

Occupation, Hobbies

The I: How these objective characteristics are uniquely, personally, subjectively interpreted; I.e., how I feel about:

Their impact

Their importance

Their value

The Me and I: As Communicative Beings

Objective:

History

Data

Anatomy/Phys.

Comp. To Norms

Prognosis

Subjective:

Do We Know??

Impact

Importance

Value

Moving Past Knowing to Understanding

“Knowing” the Me

- **History**
- **Test Results**
- **Normative Data**

“Understanding” the I

**How does this HL
affect your life?**

Patient must teach us

