

A hearing therapist works with the deaf

Bob Schulte Interviews Esther Rosen-Bernays

Esther Rosen-Bernays grew up in Switzerland and earned her doctorate in clinical psychology before emigrating to the United States. She is in private practice in Rockville, MD. She and interviewer Bob Schulte are alumni of the WSP. Bob is President-Elect of the Mid-Atlantic Group Psychotherapy Association and practices in Virginia.

Schulte: Help us understand the various meanings of 'deafness'.

Rosen-Bernays: Deafness can simply refer to the inability or decreased ability to hear and understand spoken language. It can also be understood as a



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complex cultural phenomenon, encompassing a personal identification with the deaf community, an experience of membership in that community, and often quite importantly, the use of sign language.

Schulte: How did you become involved in working with the deaf community?

Rosen-Bernays: My interest began early in my career as simply a way to develop a niche for my practice. It quickly deepened into a personal connection that eventually brought me to the United States to learn more about deaf culture. The deaf in Switzerland had not quite developed a cultural identity yet.

Schulte: What are some basic requirements for a hearing therapist treating deaf clients?

Rosen-Bernays: It's essential to be able to sign and understand sign language fluently and to know deaf people who are living successful lives in a hearing world. Experiencing deafness as a culture rather than as a deficiency only helps to develop an appreciation of deafness as a unique way of being human.

Schulte: Can you share an example of how this attitude is reflected in your own clinical experience?

Rosen-Bernays: Approximately 90 percent of all deaf people are born into hearing families. These deaf children have to deal with the fact that they are different from the rest of their family. I worked with an academically successful young man whose parents were very positive in their attitude towards his disability, using sign language as well as oral language to communicate. The man signed well, spoke comprehensibly, and was able to lip-read. And yet he felt depressed and unhappy about being deaf. His parents cheered him on for succeeding in his oral communication, but the meta-communication that he should behave like a hearing person to insure his parents' approval left him unable to truly accept his deafness.

Schulte: How is this family dilemma amplified in the social environment?

Rosen-Bernays: Deaf people must navigate a world that is set up for the hearing. There are daily aggravations, misunderstandings, and ambiguous interactions that ultimately limit opportunity and create a deep sense of frustration, isolation and loneliness. A deaf patient of mine was employed in retail. Being very capable he aspired to a managerial position. He was told that since he was unable to answer the phone he would not qualify. When he presented several creative solutions to this problem, his ideas 'fell on deaf ears'. It is amazing how deaf the hearing world can be! I often think that being deaf means that you're born with the challenge to fight, to stand up for yourself and assert your rights.

Schulte: Can you describe some ways that the moment-to-moment experience of a therapy session is unique?

Rosen-Bernays: From a technical standpoint, eye contact can't be as easily averted. You have to look at the person directly to 'hear' them. Interestingly, I experience silences in a session with a deaf client the same way I do with a hearing person. Relationally, positive transference routinely develops where I am idealized as 'always right' just because I'm hearing. When negative transference emerges I am sometimes viewed as someone who couldn't possibly understand what a deaf person goes through.

Schulte: Do similar transference configurations develop in group therapy?

Rosen-Bernays: I once had a difficult experience replacing a much loved, elderly female deaf group leader who moved to another state. Members greeted me with very mixed feelings, claiming I was hard to understand even though my signing skills were up to par. I was even given suggestions as to how to sign more clearly and where to take additional classes. I began to experience my own communications as complete gibberish and felt very out of place. I finally made sense of my experience as an unconscious attempt by group members to communicate their minority experience in a hearing world to me. Through projective identification I became the deaf one amongst the hearing. The lesson was invaluable to my empathic understanding of the deaf experience.

Schulte: What has this work meant to you personally?

Rosen-Bernays: My own struggle of dealing with ostracism, of being the 'odd one out' in the deaf community, has been a remarkable journey of discovery. By immersing myself in this unique culture of the deaf I've learned ways to bridge the gap of misunderstanding between the deaf and the hearing and in the process faced myself in ways I had not experienced before. Finally, the ability to make true connections has made me hopeful about the possibilities for humankind.

This is the fifth in a series of articles addressing diversity issues in psychotherapy. We welcome reader comment and additional submissions concerning work with specific groups that require an expansion of the therapist's psychodynamic knowledge. □