

INTRODUCTION

More than 40 years ago, I started my career as a clinical audiologist. At that time I thought I was interested in the precision and surety that working with machines seemed to give me. I soon realized that I was not a “machine person” but rather a “people person” and that the audiologic equipment was getting in the way of my relating to people. It was with some trepidation that I decided to come out from behind my audiometer and relate as a person rather than as a professional. The first outward manifestation of my slowly evolving inner changes was the willingness to wear nonwhite shirts; soon I went tieless. A few years later, I abandoned suits and sports jackets—the uniform of the male professional. A bit later I gave up all titles and prefer people to call me by my first name. These changes took more than 10 years to accomplish.

Rather than make a radical change in my life by moving to another position, I sought another way of relating to people with hearing impairment and their families. It became apparent to me that parents of children with hearing impairment were not being treated well. Everyone in the field of early childhood deafness acknowledges how important parents are to the habilitation of the child, yet parents are consistently kept peripheral to the educational process. I found that educational programs did what I did—namely, talked *at* parents and seldom *with* them—and no one was dealing with the parents’ feelings. When feelings are high, people cannot retain content being presented, and all the information I was providing to parents went in one ear and out the other. So with a great deal of naiveté, I decided in 1965 to begin a parent-centered nursery program at Emerson College in Boston. In addition to a nursery and language therapy for the children, the Emerson program provided a once-a-week session designed as a parent support group, which I led. The program has continued to the present day and has afforded me a marvelous opportunity to grow both personally and professionally. Out of my experience came a book describing the program in detail, including procedures for counseling parents of children with hearing impairment (Luterman, 1979).

I found that people learned more as I allowed more affect (feelings) to enter into the relationships (e.g., letting parents cry), listened more, and dealt less with content. When the information was spaced over time, and when I allowed parents to work through their very normal feelings about having a deaf child,

the parents could absorb and retain the information I and other parents were providing. I also discovered that people were not as fragile as I had thought (actually, it was my own fragility I had been worrying about) and that they could defend themselves quite well against my insensitivities and all-too-frequent lack of counseling skill. As long as I remained a caring, listening person, growth occurred within the relationship. I seemed to serve parents much better when I did not function in the traditional information-providing mode. As an added bonus, I found that my professional boredom was replaced by excitement.

The first edition of this book was initiated—as I suspect many texts are—when I agreed to teach a course on counseling persons with communication disorders and found that there was at that time no single, satisfactory text. For the speech pathologist it is becoming increasingly evident that more clinical time needs to be devoted to counseling. A recent survey of public school personnel indicated that as much as 20% of their time was spent in counseling (Flahive & Schmitt, 2004), yet the course work in preparing speech and hearing professionals still fails to reflect the importance of counseling. The ultimate purpose of this book is to demystify the counseling experience for the professional working within the field of communication disorders. It is my hope that, as a result of reading this book, clinicians will feel more comfortable in allowing the affect that is a normal concomitant of having a communication disorder to emerge in their clinical interactions. I hope this book will provide some insight into relationship building and its effect on the counseling process. By allowing more affect to occur in clinical relationships, speech-language pathologists and audiologists will find that their information-providing role will be enhanced and they will therefore be much more effective. I think they will also obtain more job satisfaction.

This text is not intended to supplant the clinical use of mental health professionals; they are trained professionals whose skills will be needed within a comprehensive speech language and hearing program. I hope, however, that this text will lead to a modified use of professional counselors so that they can provide support and ongoing inservice training to speech pathologists and audiologists as they deal with the normal emotions surrounding a communication disorder.

One of my major justifications for writing subsequent editions has been to make the text more teacher friendly, in the hope that more instructors will be emboldened to adopt this text and offer a counseling course. (I have also written an accompanying Instructor's Manual, which is included on disk with this edition.) Alternatively, if programs don't offer a specific course, I hope they will infuse their communication disorders curriculum with counseling notions. To paraphrase Eleanor Roosevelt, in life it is easy to grumble about the darkness but much harder to light candles. To that end I used monies raised by the col-

lege to honor my retirement to fund a series of intensive workshops for college instructors on how to teach counseling. I hope to add more light to the field. Forty-two instructors have taken the course, and hopefully, as a consequence, more courses will now be offered. Those instructors who see the vital need for counseling education in our field seem to be a passionate minority but a growing one nonetheless and one that I hope will have increasing influence in the field. I am encouraged by a recent American Speech-Language-Hearing Association (2006) publication on the skills needed by audiologists providing clinical services to infants and children. Within the document there is an acknowledgment of the importance of affect counseling by the audiologist. Hopefully training programs will take action.

I have been teaching a counseling course at Emerson College for the past 25 years, and I have also taught intensive counseling courses at several universities. I am convinced that the most fruitful way to teach counseling is through a personal growth paradigm. The course itself needs to be a genuine encounter between the instructor and students to encourage students' personal growth. To be sure, there is a body of cognitive material that needs to be learned. At the least, our students need to be exposed to it; the content and the specifics of counseling technique, however, should not be the major focus of the course. Our goal as educators must be to give students a solid knowledge base that is integrated with and guided by their clinical intuitions and feelings. We must give our students permission to be authentic human beings in a genuine encounter with their clients. In Chapter 6, "Techniques of Counseling," the section called "Counseling Caveats" pulls together material that was scattered throughout previous editions of this text. I never like to stress the negative but I have found that counseling is as much a matter of what you do as what you do not do. The essence of counseling as I see it is listening deeply to clients and creating an environment of trust and then getting out of the way. It is a matter of students' shedding a great many preconceptions that are brought to the counseling relationship; it is my hope that this section will do just that.

In previous editions, Chapter 8, "Working With Families," was very much skewed to the families with young children with disabilities; it is now in better balance and shows how chronic illness of a significant adult can affect families. Shortly after my 65th birthday, my wife had a major exacerbation of her multiple sclerosis and became much more disabled, which necessitated increased caregiving on my part. The combination of diminished energy and increased caregiving led to my decision to retire from full-time teaching. I am now emeritus but continue to teach a counseling course and work with the parent group. Writing about chronic illness is not only a result of my personal experiences and professional practice as I continue to work with well family members, but a recognition on my part that chronic illness presents a huge challenge to our

society which is not being met. It is becoming increasingly likely that every one of us will be either a caregiver or care recipient in our lifetime. Some will experience this early in life, as my wife and I did, and others will experience it later, but all of us will incur the increasing probability as we age that chronic illness will enter our lives. As a consequence, the work of professionals in communication disorders will increasingly involve contact with chronically ill persons and their families.

For me personally, since the last edition of this text, I have intensified my involvement with Buddhist philosophy. I find the notion of mindfulness and the gentleness of the approach immensely helpful in my personal and professional life. I find the combination of Buddhist and existential thought very helpful in promoting personal growth. I take every opportunity I can to expose students to these notions. Two books, Hanh's (1999) *The Heart of the Buddha's Teaching* and Kabat-Zinn's (2005) *Wherever You Go, There You Are*, have been very helpful in shaping my thought. I read portions of the latter book prior to meditating with my counseling class. I also have found the work of Cassell attractive. His book, *The Nature of Suffering and the Goals of Medicine* (1999), presents some interesting notions of the transcendence that often accompanies pain and suffering. This is something I have noticed in my personal and professional life. People often ask me how I have been able to work in this profession for so many years amidst so much pain and suffering. The answer is that I tell parents that I will share their pain as long as they will share with me their joy and growth. The latter are the moments of grace that make this profession worthwhile and have sustained me over the years.

At 72 years of age, I was beginning to think that it was time to rest on my laurels, but the dislocation in early childhood deafness caused by technological advances has stirred my passions again. Newborn screening has changed the diagnostic model from a parent-driven to an institution-driven one, with unforeseen consequences. Newborn screening is also conducted at a time that is not optimal for either parents or children. The cochlear implant in newborns has provided professionals, in many instances, a way to bypass or mitigate parents' initial grief reaction by holding it out as a cure; however, the technology often defers their grief to a later time when there is less emotional support for the parents. The implant itself has converted childhood deafness from an overt disorder to a subtle one that is not understood by many professionals and is not seen by parents until much later. Although I think the technology is marvelous and, when used appropriately, can mitigate the effects of early childhood deafness, it can sometimes have negative effects on counseling issues. Hence I pick up pen again, feeling like an old warrior tilting at windmills. I have devoted a section of Chapter 5, "Counseling and the Diagnostic Process," to dealing with technology and its impact on counseling. In that chapter I distinguish between

the congenital diagnosis and the deferred one, each presenting unique counseling challenges. Newborn screening has converted early childhood deafness into a congenital counseling issue rather than a deferred one. I have also revised my thinking about the grief reaction in communication disorders and now see it as a chronic, episodic phenomenon rather than a stage issue. This discussion can be found in Chapter 4, “The Emotions of Communication Disorders.”

The intervening years since the last edition of this book have been incredibly tumultuous for me. My wife of 44 years, Cari, died in March of 2001 from the complications of multiple sclerosis, which we had battled for over 30 years. The last 4 years were especially difficult for her and me, as she was almost totally disabled. The disease was unrelenting, and she did die at home as she had wished. Subsequently, in the fall of 2001, I met, at a Buddhist meditation group, and ultimately married Leonie, a wonderful woman with six children. With my four children and eight grandchildren, we tend to fill a tent. My life in my dotage is very full and incredibly happy. I never anticipated this outcome, having envisioned myself as an old man in a nursing home pushing a wheelchair. Instead I continue to write, lead parent groups, teach counseling, and give workshops. My attraction to Buddhism continues unabated both as a philosophy and as an ethical way to be on this planet. I see a huge application of Buddhism to counseling, and it is reflected in this book as in previous editions. I have recently taken workshops from Pema Chodren and Robert Thurman and have found their presence and writing most helpful. But above all, I have been gently guided on the Buddhist path by Leonie, who was recently ordained with the new name Samayadevi.

I have found that one of the gifts of being past 70 is that I have developed the wisdom of using my energy better even though it is diminished; I seem able to use it more productively than in my youth. One learns the art of pacing; things that seemed hard then are now easy. I just have to nap more. As I get older I also recognize fully how time limited I am and consequently I want to use my diminished energy and time well.

The nice thing about writing five editions of the same book is that you get a chance to refine and say what you want to say better. I have done just that throughout this text. It is a rare privilege and I am thankful to the publisher, PRO-ED, for giving me this chance. I do not anticipate producing any more editions, but given my previous experience, I never know. I guess the gods do laugh the most when we mortals make plans. We seldom know in life when there is actually a “last”; but this really does feel like a last to me. When my professional epitaph is written, I hope it reads, “He expanded the field to include feelings and families.” This, however, may be a bit hard to get on the tombstone. This volume represents my 72 years of living and nearly 50 years of clinical work. It is my hope that you, the reader, can build on this.