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Published online: 02 Apr 2015.


To link to this article: http://dx.doi.org/10.1080/10656219.2015.1008084

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Auditory Processing Learning Disability, Suicidal Ideation, and Transformational Faith

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The purpose of this personal experience as a narrative investigation is to describe how an auditory processing learning disability exacerbated—and how spirituality and religiosity relieved—suicidal ideation, through the lived experiences of an individual born and raised in the United States. The study addresses: (a) how an auditory processing learning disability affected the primary participant’s view of life as a child, adolescent, and young adult, (b) how religiosity and spirituality helped to reframe that outlook after a near-fatal suicide attempt, and (c) how spirituality and religiosity serve to moderate the primary participant’s current view of life. Data were obtained from interviews, observations, and documents. The results elucidate how auditory learning disabilities can have a detrimental effect on psychosocial functioning and, conversely, how religiosity and spirituality can moderate that effect.

BACKGROUND

The devastating effects of suicide transcend descriptors, and, for every suicide, many lives are profoundly altered. Suicide deeply and permanently scars family members, friends, associates, and communities. Despite attempts to curb an upward trend, efforts have not achieved the desired outcome. Suicides have increased since 2000 making it the tenth leading cause of death.
in the United States, the highest rate in 15 years (American Foundation of Suicide Prevention, 2014). Among youth and young adults (age 15 to 24 years), the rate of suicide has nearly tripled since 1960, making it the third leading cause of death for that age group (National Institute of Mental Health, n.d.). Just as disturbing, for every suicide an estimated 100 to 200 non-fatal attempts are made (American Association of Suicidology, n.d.).

Individuals with learning disabilities (LD) are a high-risk population for suicide. LD is a stand-alone risk factor (Wood, as cited in Daniel et al., 2006), and it contributes to residual factors including marginalized self-concept (Al Zyoudi, 2010), relationship difficulties (Singer, 2005), problem solving issues (Schiff et al., 2009), depression (Nelson & Harwood, 2011), and substance abuse (Cosden, 2001). Research also indicates LD and corresponding psychosocial events do not naturally dissipate (Morris et al., 2009) and risk factors often continue into adulthood (Carter & Spencer, 2006; Cosden, 2001; Klomek et al., 2011).

The primary participant for this study, named Dana, was diagnosed with auditory processing LD as a teen. An evaluation revealed normal hearing sensitivity, but impaired auditory recall. Kreisman et al. (2012) found that auditory processing problems impacted psychosocial functioning in that age group. The condition appears to have contributed to the Dana’s academic problems and psychosocial maladjustment that amassed over-time, persisted into adulthood, and culminated in a near-fatal suicide attempt. Furthermore, neither her condition nor her circumstances improved after the attempt, but her outlook on life and will to live did. The transformation began following what Abraham Maslow (1964) termed a peak-experience, and was analogous with what Martin Seligman (1990) referred to as reframing.

The purpose of this study was to: (a) illustrate how auditory processing dysfunction can contribute to suicidal ideation, (b) demonstrate how spirituality and religiosity can help individuals reframe conditions and circumstances, and (c) explore how spirituality and religiosity can foster hopefulness post-attempted suicide, through the eyes of an individual who has experienced all three.

DEFINITION OF KEY TERMS

AUDITORY PROCESSING LEARNING DISABILITIES

The Individuals with Disabilities Education Act (IDEA), defines hearing impairment as an LD that adversely affects a child’s academic functioning, not otherwise included in the definition of deafness. Auditory processing dysfunction falls under this classification and according to Lucker (2014), common characteristics include: (a) normal hearing sensitivity, but deficits in gathering, recalling, comprehending, and applying auditory information, (b) extant neurological conditions, and (c) impaired listening.
SUICIDAL IDEATION

Vatne and Dagfinn (2012) defined suicidal ideation as a mind-set that could end in a suicide attempt. Brown et al. (2006) stated that attempted suicide was usually not an impulsive act, but the culmination of a continuum of thought about death and self-harm. For this study, the authors pooled the concepts, focusing on the processes demonstrated by an individual with an auditory processing LD.

SPIRITUALITY

Mason et al. (2009) found that spirituality was often described in the literature as a subjective, personal experience with a higher power. Here it is defined similarly while taking into account the primary participant’s personal ascription of higher power, that of historical Christianity.

RELIGIOSITY

Seidlitz et al. (2002) described religiosity as engaging in the beliefs and practices of a religious organization, a definition that Koenig (2009) found consistent in the literature. Hodge (2011) proposed “spirituality emphasizes the personal, and religion emphasizes the corporate” (p. 22). For this study, religiosity was defined according to the pervasive definition in the literature explicating that the religious traditions held by the primary participant were based on historical Christian practices.

Literature Review

This study addresses three risk factors associated with LD and suicidal ideation: low self-esteem (Kreisman et al., 2012), social/reational problems (Elksnin & Elksnin, 2004), and problem solving/decision-making issues (McNamara & Willoughby, 2010). Morris et al. (2009) found that the risk factors do not naturally diminish over time; therefore, this author team has included research involving adolescents and young adults.

SELF-ESTEEM

LD can generate short and long term conditions (Crews et al., 2007) that can be mild or severe, leading to suicidal ideation (Wilson et al., 2009). Al Zyoudi (2010) linked compromised self-esteem to LD and according to Ntshangase et al. (2008), research consistently indicates that self-esteem affects cognition, emotion, and behavior. Creemers et al. (2012) conducted research among college students (mean age, 21.2 years) concluding that negative (explicit) self-esteem significantly impacted suicidal ideation. The findings were not surprising given the results of previous research (Evans et al., 2004;
Kreisman et al. (2012) studied psychosocial functioning of individuals with auditory processing disorder (APD) age 9.5–17.8 years (mean, 12.8 years) and found that they scored lower on several subscales, including self-esteem. In addition, older subjects reported greater deficits. They found no difference between subjects with or without language disorders.

RELATIONSHIPS/SOCIALIZATION

Reading social cues can be problematic for individuals with LD (Singer, 2005) and they may experience difficulties in the social-emotional domain (Elksnin & Elksnin, 2004). Sanger and Veach (2008) analyzed 186 suicide notes and found personal relationships the pervasive theme. Riggio and Kwong (2009) found social proficiency also predicted loneliness, levels of social support, and many other components of mental health. Lasgaard et al. (2011) studied symptomology related to suicidal ideation among adolescents and found that loneliness was a symptom of depression. In addition, Carter and Spencer (2006) studied adolescents with LD and found that deficits in social skills put them at greater risk for victimization. Conversely, Segrin and Rynes (2009) found positive relationships mediated conditions associated with suicidal ideation, depression, and stress.

Kavale and Forness (1996) conducted a meta-analysis revealing “social skill deficits appear to be an integral part of the learning disability experience” (p. 226). Toro et al. (1999) sought and found literature seeking empirical justification that LD students exhibited social skills deficits. The dearth of related studies in recent years suggests that those conclusions are widely accepted. Presently, researchers seem more concerned with the various subcategories of LD and how to deal with the issues related to them.

PROBLEM-SOLVING/DECISION-MAKING

A study by Schneider and Yoshida (1988) connected LD with deficits in problem recognition, means-ends, and the ability to formulate alternative solutions. Schiff et al. (2009) concurred and Daigle et al. (2011) deduced that deficits in problem solving strategies influenced suicidal ideation, attempt, and repeat attempts. The lack of problem solving and decision-making skill can also contribute to substance abuse and other risk factors (Pompili et al., 2012; Dhawan et al., 2007). Researchers at Columbia University (Daw, 2001) examined the link between LD and substance abuse and found several other shared risk factors including low self-esteem and social skill deficits. Reviewing the literature, Daigle et al. (2011) noted that coping strategies are also influenced by problem solving and decision-making ability and connected to suicidal behavior (Pollock & Williams, 2004).
Wheeler (2010) found that among adolescent girls, academic performance was connected to their decisions regarding drug use.

SPIRITUALITY, RELIGIOSITY, AND SUICIDAL IDEATION

Hayman et al. (2007) studied spirituality among college students and found it has a positive effect on self-esteem. Laird et al. (2010) found that the importance adolescents placed on religious activity can affect self-control and participation in anti-social behavior. Hou and Heppner (2010) found a significant connection between positive problem solving and higher levels of spirituality among university students. Spirituality and religiosity can gird mental health, relieve emotional suffering, promote coping mechanisms, and facilitate recovery from substance abuse across ethnic backgrounds, age, and demographics (Koenig, 2009). They can also moderate the experience of suffering and the subtexts of symptoms (Walsh, 2009).

METHODOLOGY

Participants

This research team employed typical case typology that is favorable to comparability (Teddlie & Yu, 2007). The primary participant was a member of the ethnic majority in a mid-western town, middle class, attractive, and unassuming. Her disability was not highly noticeable. She was raised by a supportive father and caring stepmother while attending public schools with her siblings and neighborhood friends. Secondary participants included several members of the primary participant’s family, medical/therapeutic team members, close friends, co-workers, and spiritual mentors.

Data Collection

Data were collected from interviews, participant and non-participant observations, and documents. The study was conducted in and around the primary participant’s hometown. Interviews and observations were held in various locations with consideration given for convenience, familiarity, and privacy. Interviews were conducted in person, via telephone, electronic mail, or regular post. Observations transpired in common venues to limit extraneous affects. The data were gleaned over two decades.

Data Analysis

Initially data were classified chronologically and according to Dana’s experiences related to auditory processing complications, suicidal ideation, and reframing. Focused coding was then used to aggregate data regarding
self-esteem, social functioning, problem solving/decision-making, and spiritual themes.

Analysis was reflective and holistic. Clandinin and Connelly (2000) referred to reflective analysis as “wakefulness” and cited it as a requisite for effective narrative inquiry (p. 184). Lieblich, Tuval-Mashiach, and Zilber (1998) described holistic in terms of examining text in its entirety with an eye for situational analysis, sequential movement, and degeneration. Miller, Karsten, Denton, Orr, and Kates (2005) defined holistic in terms of the total person, “intellectual, emotional, physical, social aesthetic, and spiritual” (p. 2). Synthesis was collaborative; outcomes were negotiated by the researchers and primary participant resulting in an accurate, sometimes poignant exposition of Dana’s experiences. Results were also organized chronologically.

RESULTS

Infancy

Dana weighed less than 4 lbs. at birth and spent several weeks in neonatal intensive care. Medical records did not indicate whether she was born with auditory processing issues, but an assessment disclosed prenatal alcohol exposure with fetal alcohol syndrome (FAS) implications. Because small doses of prenatal alcohol exposure can affect the central nervous system, the conduit for central auditory development, it is plausible that Dana was born with the disability. And it did seem to affect her early in life. When Dana was evaluated for placement in first grade, testing indicated she would have difficulty keeping up while her twin sister was deemed ready. Early-on, Dana’s auditory processing issues began impacting her success in school and she began comparing herself with her classmates.

Elementary School

Dana could not count to 100 as early as her peers and it troubled her. Her first grade teacher recalled having to be mindful whether Dana understood instructions, particularly verbal instructions and could always sense when she did not by “looking at her little eyes” (personal communication, December 5, 2013). In the summer before third grade, Dana received support for reading, but indicated it made her feel “less smart than others” and it upset her when a sibling said she “had an LD” (personal communication, June 17, 2013). She was offered ongoing assistance, but complained that special programs made her feel stigmatized and pressured. She also spoke of her shyness and was cognizant that she was not “friends with the cool kids as good as [her twin sister]” (personal communication, June 17, 2013). She elaborated that she often felt insecure and not as social as others. Witnesses
described Dana as delightful, but her self-appraisal appeared to be encumbered by academic and social comparisons. Unnoticed by caretakers, the effects of auditory processing LD began to accumulate. Dana attended religious functions regularly during this time period.

Middle School
Dana liked middle school, but seemed to become increasingly perplexed and frustrated by some issues. She found academics difficult and lamented she did not have as many friends as her sister, adding that there were times when she felt “awkward [sic],” shy, and noted that they were growing apart (personal communication, July 3, 2013). Her step-mother observed that Dana’s circle of friends seemed to diminish.

Dana revealed that her decisions were largely based on “going with the flow” (personal communication, September 4, 2013) and that spiritually she did not have a strong relationship with God, although she continued to participate in religious activities. Overall, Dana testified that by the end of middle school she did not feel good about herself.

High School
Dana had a great deal of difficulty following detailed verbal instructions and was evaluated for FAS. Prenatal alcohol exposure was substantiated, but it was not conclusively demonstrated to be a factor in the problems she was experiencing. The diagnosis was LD, not otherwise specified. One year later when another assessment was administered, auditory sensitivity and intellectual functioning appeared normal, but Dana scored extremely impaired in auditory memory and auditory recall. Although she was upset by the diagnosis, she admitted that trying to keep up with conversations and processing information was difficult. She stated that it sometimes “drains me and sucks up all my energy,” and that it made her feel like it would “explode” (personal communication, October 6, 2013). She gave an example of often being the last person to laugh at jokes because she was the last one to understand.

Dana’s decision-making did not improve as she grew and appeared to be influenced by self-esteem and relationship issues as well as diminishing spiritual and religious participation. As her autonomy increased, her decision-making became more risky and as result, her situation deteriorated. She abused drugs and alcohol to feel “cool” (personal communication, July 15, 2013) and decided to leave home, in part, to escape consistent supervision and to separate from her twin sister with whom she felt she could not compete. During that time she was convicted for driving under the influence of intoxicants and developed eating disorders requiring hospitalization. Throughout her freshman and sophomore years, Dana
attended church, Sunday School, and youth group. After she moved she discontinued church activities and ceased having a relationship with God altogether. During her junior year she began having suicidal ideation.

Post-High School

Unlike most of her friends in high school, Dana did little career planning and the lack of direction caused her anxiety. She continued to abuse substances, and at age 19 years she became homeless. She entered a residential rehabilitation center and stayed beyond the normal 30 days on the advice of her counselor who said she did not “get it” (personal communication, July 25, 2013). On release, Dana remained substance-free for five months before requiring additional in-patient treatment. During her time in rehabilitation she formed a concept of God, but explained it was not based on Christian canon.

Suicidal Ideation

Dana made bad decisions regarding recovery and finances and after six months she relapsed again. Guilt and shame burdened her and she felt lonely and hopeless. She described herself derogatorily and believed others concurred. She explained that she could find little to live for. She did not have a relationship with God and inferred that she never did. Dana appeared to employ unhealthy strategies to compensate for poor self-esteem, relationship issues, and difficulty solving problems. Over time the behaviors served to further destabilize her situation and at age 21 years, Dana decided to take her own life.

Attempted Suicide

Dana researched ways to commit suicide. On the internet she learned that Tylenol would be painful, but consumed more than enough to cause liver and kidney failure. She survived a wretched night, but began the next day feeling shame, embarrassment, and regret. She reviled herself and lamented that she was not her twin sister, “smart, happy, [with] a boyfriend, and friends” (personal communication, November 4, 2013). She delayed seeking help and chose to face death over losing face—she did not want to “bother” her sister and wanted to avoid being called “stupid” by her uncle (personal communication, November 4, 2013). Spiritually, Dana testified that she did not embrace the concept of Heaven and Hell and believed that death simply meant ceasing to exist.

Although she did not intend to tell anyone, she did explaining that it was because of her stepmother’s non-judgmental demeanor. In the emergency room Dana was surprised by her father’s concern, even though her
father had always been there for her, and reflected that it was love that she needed more than anything.

The prognosis was grave and an airlift was scheduled to take her to a hospital where liver and kidney transplants could be performed. Dana relinquished decision-making rights to her father and step-mother, but stabilized during the night and the airlift was postponed. Several family members visited Dana in intensive care and she was moved by their concern; she had expected anger. She repeatedly expressed her gratitude as if she did not deserve their love. Dana reflected, “After seeing my family I wanted to live. My will wasn't that strong but I didn’t want to die anymore” (personal communication, August 12, 2013). Dana contemplated the consequences of drinking and fully intended to abstain, finish college, get a job, and stay sober. After eight days she returned home.

Second Chance

For support Dana attended Alcoholics Anonymous (AA) functions regularly and received care from a physician, nutritionist, psychologist, and AA sponsor. She began to realize the profundity of her family’s love, but did not think she deserved it and the self-loathing returned. Guilt and shame returned, accompanied by depression. She regretted that her sisters needed to take care of her and was anxious about what family members, who did not know what she had done, would think.

Peak Experience

Medical staff warned Dana about the dangers of drinking again, but it did not prevent her from another relapse even though she knew she was hurting others and fragmenting the family. But following an alcoholic binge she knelt by her bed and asked for God’s forgiveness, help, and guidance. The spiritual epiphany happened quietly, but it began a process that would help her reframe the learning challenges and burdensome circumstances that oppressed her.

Relapse Four

Dana returned to rehab and after successfully completing the program intended to live life “sober, happy and free” (personal communication, September 1, 2013). She gained employment, continued involvement in AA functions, and enrolled at a university that matched her learning style and facilitated her growing faith. Dana felt loved, but admitted that she still felt lonely and carried a lot of guilt and anger, mostly toward herself. Nevertheless, she recognized that like recovery, the Christian lifestyle was “def [sic] a process” (personal communication, August 1, 2013) and began to feel better.
about life, no-longer entertaining suicidal thoughts. When her addictions resurfaced, her desire was to recover as soon as possible and move on.

Relapse Five

Intoxicated, Dana drove her car into a tree. The responding officer thought she may have attempted to hurt herself, but she repeatedly denied it—an assertion supported by circumstances and the results of a suicide risk scale that did not warrant great concern. Considered non-suicidal, she returned to rehab, but two weeks later she walked away and was found semi-conscious in a roadside drainage ditch. She returned to the psychiatric unit and was released after agreeing to long-term, Christian based residential care. Dana hoped to overcome her addictions for good, and use her knowledge to help others. Despite many outward appearances, she had begun a spiritual journey.

Teen Challenge

Dana entered Teen Challenge, a well regarded faith-based residential program. But in some ways it was not a good fit. She had difficulty understanding the structure and struggled with the tight living quarters, unable to find solitude. After 30 days she appealed to her family, requesting to leave. Declined, she left the facility on her own to reflect on her situation. As she wandered inner-city Milwaukee with $5 in her pocket and nowhere to go, she did not consume alcohol or other substances and returned the same day fully expecting re-entry, but was turned away. Auditory processing issues continued to hamper her and she made a risky decision that appeared to be based on incomplete information; the no-return policy had been disseminated verbally.

Hope Restored

Dana borrowed enough money to spend the night in a hotel and her father and stepmother brought her to Bible Mission Training Center, an alternative faith based, long-term facility similar to Teen Challenge, but with more physical space and a slower pace. She began to grow spiritually and reported internalizing the “unconditional” love of God (personal communication, September 1, 2013). She began discerning healthy guilt from self-loathing, reaching out to help others, and striving to be a better person. She began believing that her life had purpose and recognizing that she was uniquely gifted, she set out to discover those gifts. She reported making new friends and realized she did not have to face issues alone. She was increasingly compelled to make decisions based on biblical principles as opposed to going along with the crowd. She began to see setbacks as a vehicle to
self-improvement and grasped that acts of self-harm were counter to spiritual principles. Dana continued to wrestle with auditory processing problems, but successfully completed the program and became a full counselor and engaged to a well respected staff person. Latter conversations were increasingly infused with spiritual content and her growing spirituality and religiosity appeared to coincide with her commitment to recovery and blossoming affect.

Summary

The data show the progressive effect of auditory processing dysfunction on psychosocial issues related to self-esteem, relationships/socialization, and problem solving/decision-making. In this case, the cumulative effect was attempted suicide. The data also show the paradigm shifting value of spirituality and religiosity as defined earlier.

DISCUSSION

Medical records indicated that Dana was exposed to alcohol in utero. She displayed sentinel physical attributes along with neurobehavioral characteristics consistent with FAS. According to Kellerman (2002), FAS is a predictor of APD, has several crossover symptoms, and is a fetal alcohol spectrum disorder. While not conclusive, a preponderance of evidence exists indicating that Dana was born with auditory processing issues. The following discussion addresses themes that weave in and out inextricably.

Self-Esteem

Social identity is integrated into self-concept during childhood and partly informed by self-appraisal in relation to one’s contemporaries (Trautwein et al., 2009). For 11 years, four times a year, Dana and two sisters returned home with report cards with different results. They often had the same teachers, but Dana’s grades were consistently lower. As early as second grade she endured sarcastic remarks from peers concerning her academic performance while hearing story after story about her twin who excelled at everything. Dana’s interpretation is documented in her testimony. As early as kindergarten she viewed herself as somewhat inferior and consequent entries showed that her self-esteem deteriorated as she grew older, phenomena consistent with the findings of Kreisman et al. (2012).

Dana participated in remedial academics in elementary, middle, and senior high school. Her struggles seemed to play a part in defining who she was, at least in her own mind. Carter and Spencer (2006) linked participation in special services to increased risk of victimization and it was the
primary reason Dana turned down academic support later on. It provoked name calling and made her feel “less smart than others” (personal communication, June 17, 2013). Dana also testified that she was victimized by social exclusion and condescending attitudes. Dana was oft- misunderstood and not well equipped to defend against it. As her self-image and self-confidence waned her diffidence increased. In addition, negative self-image can result in social anxiety (Hirsch et al., 2003). The self-doubt even seemed to affect other areas of her life:

I believed in God & went to [Bible camp] a lot in the summer. I always remember asking him into my life a lot of times because I feared I didn’t do it right & needed to ask him again & again. (personal communication, June 17, 2013)

Relationships/Socialization

Reading social cues can be difficult for those with LD (Singer, 2005) and it can hinder personal relationships (Elksnin & Elksnin, 2004). Swanson and Malone (1992) conducted a meta-analysis and concluded that children with LD were likely to be esteemed less and rejected more than their peers. In elementary school and throughout her teen years Dana expressed feelings of rejection. Sanger and Veach (2008) reviewed nearly 200 suicide notes and deduced that troubled relationships were the primary cause for suicide.

In social situations, particularly group settings, Dana reported becoming fatigued. She complained of difficulty hearing and understanding auditory information in noisy environments. As she grew older, her conversations tended to be one-sided as she tried, oftentimes unsuccessfully, to follow along. Several secondary participants noted that Dana often seemed to feign understanding exchanges, a behavior that she admitted and observations confirmed. Detailed sequences and fast cadences seemed particularly problematic. Dana was observed nodding during conversations while actually comprehending little. Asked directly, Dana sometimes claimed to track conversations when she did not. It is not difficult to see how auditory processing LD can give rise to introversion and shyness, which, in this society, are often considered imperfections (Cain, 2012). Internalizing such comments constitute “priming” behavior that can facilitate self-fulfilling prophecy (Bargh et al., 1996, p. 230).

Prior to her peak-experience, Dana generally went with the flow—wherever the flow spilled, a good example of how self-image can affect socialization (Hirsch et al., 2003) and how self-esteem can affect decision-making (Wheeler, 2010). Dana said drinking made her feel accepted and inferred that it was a primary reason she continued. Her desire to be outgoing was a common theme, and Dana’s sister thought that Dana’s
loosening social inhibitions contributed to her alcohol consumption (personal communication, August 26, 2013). Furthermore, substance abuse seemed to contribute to a cycle that exacerbated auditory processing issues and made it more difficult for her to read the social cues necessary to achieve the social status she so desired.

Dana’s symptoms were subtle. Her natural quietness could give the impression that she was aloof and her reticence to join group activities sometimes made others feel rejected and hesitant to approach her. Her stepsister and best friend learned not to take her rejections personally. She learned to accept that when Dana felt up to socializing, she would socialize (personal communication, July 24, 2013), but being at ease is an important characteristic in relationships. Dana’s sister-in-law commented, “I would like to think she feels comfortable around me but I’m not sure” (personal communication, July 28, 2013). Interestingly, Dana often spoke of her affection for her sister-in-law.

Problem Solving/Decision-Making

Informed decisions are based on accurate information. When information is lacking, misinterpreted, or distorted, so goes the decision. For example, Dana’s decision to wander from Teen Challenge was based on a lack of information regarding the rules. That information was disseminated verbally and Dana did not process it. The unfortunate consequence was that she found herself alone in a dangerous part of the city with evening approaching and the nearest help a half-day’s drive away. To make matters worse, she was accused of attempting to manipulate her family to rescue her. Addiction specialists use the term rescue when referring to actions that allow an individual to avoid the natural consequences of their behavior, the results of which are not positive (Denning, 2010). According to one substance abuse counselor, “she knew what she was doing” (personal communication, June 26, 2013), but the counselor was ignorant of Dana’s condition. Nevertheless, it could not have had a positive impact on her self-esteem.

During follow-up questioning Dana was asked to clarify the episode and she explained that she left seeking solitude because her living quarters were crowded and noisy, conditions ill-suited for persons with auditory processing deficits. The incident illustrates how her condition not only created a problem, it weighed on a decision. It also illustrates other issues experienced by many LD students involving means-end, and formulating alternative solutions (Schneider & Yoshida, 1988). Dana did not understand she would not be allowed re-entry and did not consider consequences she could not have foreseen and thus, did not contemplate alternative solutions.

Beyond having accurate information on which to base decisions, other dynamics may have been in play. According to McNamara and Willoughby (2010), individuals with LD tend to be risk-takers. As Dana’s sister-in-law
noted, “If you don’t feel good about yourself, you might get reckless” (personal communication, July 28, 2013). Being accepted also has a role in social decision-making (Anthony et al., 2007) and throughout the study Dana expressed difficulty comprehending that she was worthy of others’ affection. It seemed particularly important for Dana to “feel cool” (personal communication, July 15, 2013) around her friends, some of whom encouraged her to abuse substances which is unequivocally linked to suicide (e.g., Dhawan et al. 2007; National Coalition of Auditory Processing Disorders, 2014; Pompili et al., 2012). In addition, Dana repeatedly ignored warnings from family members about leaving home for an unstable situation that indeed proved troublesome. A review of psychological records revealed that her decision was based partly on a desire to live “away from her twin whom she does not seem to believe she measures up to academically or socially.” She also engaged in a romantic relationship with a convicted felon who broke several rules by pursuing her and was eventually arrested for raping another woman.

Help-negation is another serious problem for suicide attempters that can impact decision-making (Wilson & Deanne, 2010). Dana decided not to ask for help or tell anyone she consumed the Tylenol, opting to face death rather than ridicule. She eventually told one of the few people that she trusted would not affront her sense of self.

Spirituality, Religiosity, and Suicidal Ideation

A person does not, without considerable deliberation awaken and announce, “Gee, I think I’ll kill myself.” The act begins with ideation (Brown et al., 2006). As a result of poor problem solving and decision-making, Dana’s circumstances had been deteriorating for years. As noted, many decisions seemed to be impacted by deficits in information processing and others by self-esteem issues. Strained and severed relationships resulted in more self-doubt. The self-doubt intensified relational problems, which caused isolation and further relational issues. Drugs and alcohol gave immediate relief, but the relief was short-lived and affected more bad decisions, social complications, and decreasing self-esteem, and so on. Dana was trapped in a vicious cycle and as the issues wore her into a depressed, hopeless state she lost her ability to cope.

What Dana believed about herself, how she viewed her circumstances, and the basis of her decisions seemed to correspond with her ascription of faith at any given time and aligned with the literature. As a child she was curious about God, involved in church activities, and happy. As a young teen her enthusiasm for spirituality and religiosity waned, but she remained active in church functions and it seemed to help her maintain equilibrium, similarly to how it helped the adolescents studied by Laird et al. (2010). As a middle teen, Dana’s religious activities ceased and she was lured into the substance abuse
Miller et al. (2000) confirmed earlier studies showing the inverse effect of religiosity on substance abuse. At the height of her distress Dana maintained an ambiguous agnosticism and reported no religious activity. Conversely, reclaiming the faith of her youth seemed to trigger the reverse effect. She displayed elevated levels of self-esteem similar to a trend discovered by Hayman et al. (2009) and began reaching out to others, an important feature of Maslow’s (1964) hierarchy of needs theory. As she grew spiritually and started feeling better about herself, she began associating with safer people and making better decisions. The overall process was congruent with the self-regulatory principles of non-classical psychology (Leontiev, 2007) and is allied with the literature indicating spirituality and religiosity inversely impacts suicidal ideation and residual factors (Daw et al., 2008).

Earlier it was noted that the risk factors associated with LD do not diminish naturally over time (Morris et al., 2009). However, for Dana spirituality and religiosity seemed to prompt a dramatic paradigm shift. Just as Walsh (2009) found among coed college students engaged spiritually, Dana began to deal with life’s challenges more productively, view her situation without self-pity, and regard her disability more academically. Interview data, informal conversations, and observations indicated a transformation. The following excerpts illustrate the progression. Original spelling, punctuation, and grammar have been preserved.

I just wanted out of the Hellhole I was living in. I saw myself as hopeless, a failure, friendless, worthless, ugly person. I saw myself as self-centered and no talents, nothing to live for I thought others saw me as selfish, irresponsible, untrustworthy. I didn’t want to be alive anymore.

I was thinking that my life was hopeless and there was no way out. I lost my family’s trust and felt that I couldn’t get it back. I felt like a failure. I thought [suicide] was the answer to my drinking problem. I just wanted to die and not be on the earth anymore. (personal communication, July 25, 2013)

And later:

Now that I am Living the Christian Lifestyle as best I can I see myself as a better person. I feel God’s loves and God’s Blessings. Having a relationship with God has made me look at myself in a different light. He loves me unconditionally just the way I am so I am praying to love myself just as He does. He has a future and a hope for me and that is why I wake up every morning wanting to change into a better person. I talk to God and thank Him throughout my day. I try to help others & show God’s love. I know that God is with me always. (personal communication, September 1, 2013)
Over two years after Dana attempted suicide, her stepmother asked her how she was getting along and coping with life. Dana replied, “I want to live and I want to live for a very long time” (personal communication, November 12, 2014).

Dana attributed her growing ability to reframe circumstances to spirituality and religiosity, i.e., “Living a Christian Lifestyle” (personal communication, September 1, 2013). She reported having found purpose, if nothing more than seeking what that purpose was and recognizing that her condition was not a character defect. Since her spiritual epiphany Dana has experienced reversions in substance abuse, psychosocial issues, and general life concerns such as employment, yet according to interview data, she has ceased to consider suicide as an option. It may be a patently anecdotal bit of datum, but it has been two years since the lead author has been awakened by an adrenalin rush incited by ominous premonitions of her well being.

The transparency required to participate in a study such as this one may be viewed as tangible evidence of purpose transcending self. Dana’s participation was uncommonly courageous and sacrificial—these researchers offer the dearth of comparably formatted research on similarly sensitive topics as evidence. Still, according to her brand of spirituality, self-sacrifice is not above the call of duty. The authors are not so naïve as to suppose that all the storms are behind Dana, but she seems much better equipped to deal with the ones that come her way. As defined earlier in this study, spirituality and religiosity foster a propitious sense of self, purpose, optimism, and hope ad infinitum.

Implications and Applications

Kreisman et al. (2012) showed that auditory processing dysfunction can impact psychosocial functioning in many undesirable ways. This research objective was to “put a face” on their findings and explore how that happens. There is no substitute for hard data, but when it is not sufficiently connected with the human experience it is limited in its power to affect change.

Medical Community

Audiologists acknowledge the importance of intervention that begins with early diagnosis (Lucker, 2014) and awareness precedes diagnosis. The logical place to disseminate auditory processing information is through those who have the most experience and knowledge. Audiologists could help educators, health care providers, and lay people (parents and caregivers) become aware of and understand the disorder. For audiologists it seems obligatory and practical—lives depend on it and by increasing awareness, there would be more requests for the services they provide.
Dana benefited from good health care her entire life, but it was her guardians who sensed a problem and initiated an assessment. The research team discussed the situation with a health professional who observed that medical care in the United States is based on a cost-effective, high patient volume; an acute care model organized to treat an immediate problem in a 10–15 minute appointment. She opined that typically, physicians are not well versed in auditory processing issues, which can be difficult to recognize in the time they have with the patient (J. Bailey, personal communication, January 12, 2014). Diagnosis would improve by using a multidisciplinary, non-fragmented approach (Lucker, 2014) not commonly implemented in western health care at this time.

It was disconcerting that an addiction specialist prescribed Dana, a recovering alcoholic and drug addict, anti-addiction, anti-anxiety, anti-depression, and sleeping medication. When they did not help, the dosages were increased. The action was supported by a psychiatrist and a family care physician whose suggestion was trying other drugs if the increased dosages proved ineffective. A psychologist from a regional substance abuse and behavioral health organization also condoned the approach. Yet, one can only guess how such a mix of medications affect auditory processing. Ultimately, Dana ceased medication altogether and family members noted an improvement in her ability to process information. She self-reported improvement in other areas as well. These authors are not implying that medication should not be considered, but suggest that research on psychotropic medication in regards to auditory processing is warranted. In another regard, spirituality and religious activity have been shown to moderate psychosocial issues and improve a sense of well-being. Dana’s progression from suicidal ideation suggests a more holistic approach to mental health is in order that includes a strong dose of each.

CAREGIVERS

Based on the data, it seems reasonable to conclude that there is a need for greater awareness of auditory processing issues. In this age of electronic communication, the situation can be improved expeditiously. For instance, in 1983 the popular entertainer Karen Carpenter died from complications attributed to what had been a little known disease, anorexia nervosa. Today, even school children are familiar with the term and even have a general understanding of its characteristics. Dana was not, and probably will never be, a high-profile personality, but her story and the stories of others like her could be used to illustrate the need for early detection and intervention.

EDUCATION COMMUNITY

In developed countries, most children are educated in public or private schools and families that homeschool are often part of supportive associations.
All are important venues to consider. When Dana was in first grade, her teacher sensed a problem; had a screening tool been readily available, it is possible that remedial measures could have been implemented.

Despite overwhelming evidence regarding the benefits of spirituality and religiosity across ethnicity, age, and demographic boundaries (Koenig, 2009), anti-religious groups have been an effective deterrent to holistic education that includes such components. The authors of this article suggest that educators learn their rights and become familiar with legal associations committed to defending them against frivolous litigation. One good resource is Christian Rights Ministries (n.d.). The authors also suggest that school counselors encourage students and parents to seek support outside of school through local churches, youth groups, and similar venues. This author team believes it is obligatory to inform consumers of effective care regardless of one’s personal beliefs.

Limitations and Recommendations for Further Research

Single case studies limit generalizability. The relationship between the researcher, primary participant, and several secondary participants may have caused them to be reluctant to disclose sensitive details. The written interview arrangement with the primary participant limited the natural flow of conversations and non-verbal cues, particularly important considering the primary participant’s communication complications, could not be discerned to inform the interviewer. The primary participant’s deposition may have been affected by verbal and writing proficiency.

The number of studies involving suicide attempters is insufficient as is qualitative research related to spirituality, religiosity, and suicidal ideation. Studies that address auditory processing LD and suicidal ideation are particularly rare. As a result, “Resources for clinicians attempting to manage the potential social and emotional sequelae of (APD)” are very limited (Kreisman et al., 2012, p. 223). As far as is known by these authors, this study is the only one illustrating, on a personal level, how auditory processing LD can impact suicidal ideation and how spirituality and religiosity can temper suicidal ideation in those individuals. Follow-up studies would elucidate the issue more and give clinicians additional resources.

Kreisman et al. (2012) found that parents of children with auditory processing disabilities were optimistic about their children’s capacity to resolve internalizing problem behaviors, but the study did not include self-reporting from the children. Dana reported the opposite until her spiritual epiphany. It would be useful to obtain a larger sample of self-evaluations from individuals with auditory processing disabilities.

A follow-up study with Dana would shed light on her experiences as an adult. This study was based on typical case typology; further research might employ extreme case typology to explore the issues from a different
standpoint. Note that the authors are currently involved in a follow-up study based on extreme case typology. Finally, research of how psychotropic medication affects auditory processing is clearly warranted.

REFERENCES


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