

# Effects of denied hearing loss on the significant other

By Oscar E. Armero

Patients with similar hearing losses often display differing degrees of communication problems.<sup>1</sup> It has been demonstrated that even mild hearing losses in an elderly person may result in reduced personal satisfaction because of loss of independence, reduction in emotional well being, and other limitations that are not seen in normal-hearing elderly persons.<sup>2</sup> Therefore, it is likely that even some elderly patients who deny their hearing impairment may experience the same limitations but do not seek intervention.

People in denial of a hearing loss often create conflicts with their significant others. Significant others are most often spouses, but may also include siblings, children, other family members, and friends. A couple in crisis due to a hearing impairment experiences frustration and anxiety that lead to behavior and coping strategies that are maladaptive. Crisis can be defined as an emotionally significant event that is often the turning point, for better or worse, for a given situation.

The elderly hearing-impaired patient who is in denial is often in crisis with his or her spouse and family. Recognition and resolution of this crisis will help the patient and the significant other proceed successfully into a hearing rehabilitation program. For a review of the denial process in the hearing-impaired, see Luterman<sup>3</sup> and Armero.<sup>4</sup> This article will address the effects that the denial of an impairment has on significant others.

## REVIEW OF THE LITERATURE

Few studies have examined the impact of a denied hearing impairment on the significant others.<sup>5,6</sup> A study in Wales used an open-ended questionnaire to assess the common difficulties experienced by 121 hearing-impaired people and their significant others.<sup>7</sup> It found that subtle differences between the responses of the two partners are prevalent—differences that would be overlooked by standard disability and handicap scales. The emotional content tended to be more obvious in the response of the significant other than in the response of the hearing-impaired partner.

A study in Sweden on the effects of occupational hearing loss on the family of the individual revealed that the hearing impairment had a negative impact on the inti-

mate relationship of couples.<sup>8</sup> The interviews conducted with the subjects showed that hearing-impaired individuals demonstrated an unwillingness to acknowledge, a lack of awareness, and a denial of their hearing problem. The subsequent rehabilitation program focused on the psychological support of the significant others.

A related study looked at the perspective of the spouses of persons with noise-induced hearing loss.<sup>5</sup> It found that the spouses used a number of coping strategies to deal with the impact of the denied impairment on their relationship. The study went on to suggest that the strategies of the spouses influenced the outcome of the audiologic rehabilitation. Therefore, the behavior of the spouse may be a crucial factor in the hearing-impaired person's decision to obtain testing and accept intervention.

## SIGNIFICANT OTHER PLAYS AN IMPORTANT ROLE

Since each person has his or her own personality traits, the role and support of the significant other in the initial hearing evaluation may vary. Some significant others drag their hearing-impaired family member to the hearing clinic; others do not even accompany the person. I recommend that the hearing professional include a significant other

in all consultations, whenever possible. The information and support of the significant other in every aspect of a hearing evaluation and rehabilitation program are invaluable.<sup>9</sup> The accompanying member may also reveal emotional conflicts that have developed from a communication problem that is denied or minimized by the hearing-impaired partner.

## Using questionnaires

Many self-assessment scales measure perceived hearing disability and handicap (see Geier for a review<sup>10</sup>). Some scales assess personality, attitudes, expectations, and satisfaction with amplification.<sup>11-13</sup> These and other measurement tools may be helpful in developing a treatment plan.

There are also some scales that include versions for the significant other. The responses of significant others may serve as counseling material useful in overcoming emotional issues resulting from a denied hearing impairment.<sup>14,15</sup> The Self Assessment of Communication (SOC),

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Significant Other Assessment of Communication (SOAC), Hearing Handicap Inventory for the Elderly Screener (HHIE-S) and HHIE-SP (SP for spouse) are scales that compare self-perceived handicap of the patient with the handicap perceived by the significant other, and are used for hearing aid outcome measures.<sup>16,17</sup> The scales may provide the hearing professional with information that is beneficial for counseling the patient and the significant other.

The McCarthy-Alpiner Scale of Hearing Handicap is a 38-item questionnaire that assesses the psychological, social, and

and frustration at the partner's unwillingness to accept responsibility for the consequences of the impairment.<sup>20</sup> Frequent arguments may result when the person who denies a hearing impairment fails to recognize the partner's efforts to adjust to the communication problems.<sup>21</sup> Married couples frequently report years of quarreling resulting from communication problems at home. The spouse may complain about the level of loudness of the television or radio, lack of participation in social activities, the hearing-impaired person's telephone habits and loud speaking voice, and other commu-

ation, and feelings of getting old.

Some significant others express hopelessness with comments such as "I give up. He won't go anywhere because he is tired of pretending to understand what people say. I've lost all my friends since he has been this way."

Hearing professionals should not depend on amplification alone to resolve the emotional and social consequences of a hearing impairment.<sup>23</sup> Hearing aids are only part of a complete rehabilitation program, which should include the participation of a significant other. The couple should be included in the planning and design of their care through a client-centered approach to counseling.<sup>23</sup>

Often, significant others can offer valuable insights or report emotional distress in their role as interpreter for their hearing-impaired partner. Hearing-impaired patients may avoid answering the telephone or give it to significant others when they have trouble understanding. My preliminary data reveal problems with the telephone to be the second most denied handicap next to withdrawal from social activities.

When given the opportunity to participate in counseling, the significant other may reveal feelings that often surprise and move the patient. For example, the son of a patient told me, "Ever since my mom died, I'm constantly worried about my dad. Even though I know he is home, he rarely answers my calls. I don't know if he doesn't hear the phone or if he is hurt or even dead." This type of sentiment and genuine concern has a great shock value to an individual denying an impairment.

The wife of another patient said, "Every time our daughter calls from New York he gives me the phone because he can't hear. Our grandchildren never get to talk to their grandfather."

Further exploration of feelings expressed by significant others is both therapeutic to couples and instrumental in overcoming the denial. Both significant others and patients who deny a hearing impairment strongly agree that the volume of the television is often louder than others like. My data found that 15 of 16 significant others and 13 of 16 patients reported this problem. This finding is consistent with the results of the Wales study cited earlier. It reported that family members and patients are more

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vocational effects of adult hearing loss and provides an index of whether hearing loss results in a handicap.<sup>15</sup> There is also a version for the significant other. But, according to Alpiner, it resulted in poor construct validity, partly because some hearing-impaired patients denied a handicap that the significant other recognized.<sup>18</sup> However, the responses to this scale may prove useful in counseling the patient and his or her significant other.

A case study reporting the results of an HHIE and HHIE-SP in a patient in denial of a hearing impairment and the spouse revealed an atypical finding consistent with that reported by Alpiner and McCarthy. Nevertheless, the questionnaires proved helpful in counseling.<sup>14</sup>

### *Development of a crisis*

Scales are valuable in assessing and measuring the need for and benefits of intervention as well as providing a counseling benefit. However, a personal interview is more sensitive in exploring the specific personal issues that lead to a denied hearing disability.<sup>19</sup> The interview process can also be used to discover the emotional and psychosocial effects that the hearing impairment and its denial have on the significant other.

The significant other may feel anger

and frustration at the partner's unwillingness to accept responsibility for the consequences of the impairment.<sup>20</sup> Frequent arguments may result when the person who denies a hearing impairment fails to recognize the partner's efforts to adjust to the communication problems.<sup>21</sup> Married couples frequently report years of quarreling resulting from communication problems at home. The spouse may complain about the level of loudness of the television or radio, lack of participation in social activities, the hearing-impaired person's telephone habits and loud speaking voice, and other commu-

nication problems that arise from years of an untreated hearing impairment. The significant other shares in the handicap of the denier by experiencing a reduced quality of life, embarrassment in public, and social withdrawal.<sup>19</sup>

A study by Garstecki found that older adults rate effective communication in social situations as the least important factor in the Communication Profile for the Hearing Impaired (CPHI).<sup>22</sup> He surmised that the elderly avoid challenging social situations by rationalizing that they do not care to participate in situations that they find unenjoyable or intolerable because of their impairment. The resultant behavior affects the significant other, particularly a spouse.

### **FINDINGS OF CURRENT STUDY**

In a study now in progress of couples in crisis due to a denied hearing impairment, I have obtained data revealing that the spouse is more than twice as likely as the patient to complain about a reduction in social activities. Through questioning of the significant others, empathetic listening, and open-ended questions, I have discovered a number of emotional consequences, including deep resentment, depression, anger, reclusiveness, desper-

apt to complain about the high volume of the radio or television than other factors associated with communication dysfunction.<sup>7</sup>

Open discussions with patients and family members are professionally rewarding and productive. Practice and experience in counseling couples provide the hear-

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When couples were asked if the significant other was accused by the patient of having bad speaking habits, I found that 15 of 16 significant others felt that they were. The person denying an impairment frequently blames the significant other for the poor communication at home. In a recent interview, the wife of a denier stated, "I'm accused of mumbling, and when he gets angry because of it, he scares me."

These findings indicate that it is fair to consider that significant others are often victims, so it may be necessary for the practitioner to explore the fear, resentment, and frustrations that they experience. In 1998, Garstecki studied a group of patients who accepted amplification (adherents) and another group who chose not to use hearing aids (non-adherents). The adherents were found to accept responsibility for a lack of communication and be less likely to blame others.<sup>25</sup>

## DISCUSSION

The effects of a denied hearing impairment on significant others is an important issue that should be explored. In my opinion, research is needed to investigate:

- (1) the emotional problems that may develop in family members,
- (2) the threat to the intimate relationship of the couple in crisis,
- (3) strategies that help resolve the crisis in a relationship,
- (4) methods of assessing the effects of intervention on the relationship of families.

Questionnaires, personal interviews, and empathetic listening are methods that are commonly used in evaluating hearing-impaired patients. In addition, I propose that significant others be given similar attention during the evaluation and also during and after intervention.

ing professional with knowledge about the limits of professional boundaries.<sup>26</sup> The need to refer to mental health experts is infrequent. However, good working relationships with other professionals may prove beneficial. (HJ)

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