

***An Audiological Perspective on the Psycho-Social Impact of Hearing loss in Everyday life: An Anthropological View***

***L'impact psycho-social de la perte auditive dans la vie quotidienne : perspective anthropologique - une perspective audiolgique***

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One role of a scholar is to confront and challenge conventional wisdom by discovering new ideas and information in familiar circumstances. By this definition, M. Kathleen Pichora-Fuller, guest editor of the special issue on the Psycho-social Impact of Hearing Loss in Everyday Life: An Anthropological Perspective, and her colleagues are scholars par excellence. This special issue resulted from the establishment of a multidisciplinary Institute for Hearing Accessibility Research (IHEAR) at the University of British Columbia. The Institute promoted collaborations among many diverse disciplines and groups and, fortunately for us, among colleagues in hearing and speech sciences, anthropology, and sociology. The illuminating information within this special issue resulted from a symposium organized by IHEAR to explore whether an anthropological framework might facilitate a more coherent view of the handicapping effects of hearing loss.

Most of us, at least upon first reflection, probably associate anthropology with the study of exotic or technologically-underdeveloped societies. Within this context, a relation between cultural/societal standards and health standards is not surprising. Surely many readers are familiar with the interesting ideas of folk medicine, its practices, and beliefs. I remember hearing, for example, about how some tribal communities value intestinal worms as helpful to digestion or view draining ears in early childhood as normal and no cause for concern. What seems less obvious from this naive perspective is the great relevance that the tools and theories of anthropology have for understanding and promoting hearing health care in contemporary North America. Important insights are provided when hearing disability and hearing impairment are viewed within the cultural and social contexts of the individual with hearing impairment.

Throughout the December 1994 issue, the important distinctions among impairment (i.e., abnormality of function), disability (i.e., loss in normal function resulting from impairment), and handicap (i.e., effects of disability on daily living) are prominent. The authors contend that the

latter two outcomes are a function of the social and cultural contexts wherein they occur. Audiologists must understand and take into account the cultural and societal assumptions and values that influence a patient's disability and handicap in order to promote successful rehabilitation.

Audiologists are aware, at least implicitly, of the social stigmatization of hearing impairment and hearing aids, and of physical disabilities in general, in contemporary North American culture. Nonetheless, as professionals, many audiologists have not considered in a thoughtful manner how social stigmas may impact our rehabilitative services, perhaps hoping that our patients would rise above the fray of childish taunts on the playground. This special issue clearly demonstrates the social stigmatization of both children and adults with disabilities and establishes the value of an anthropological perspective in this regard. Anthropology's tools and theories seem to provide noteworthy concepts and data that can aid audiologists in understanding how to cultivate the human and societal resources that help patients adapt to their hearing impairments.

The special issue also develops two other very important themes. One is the concept of hearing accessibility and the "soundscape". An activity or place is hearing accessible to the extent that hearing difficulties do not interfere with the participation of any person, regardless of hearing status, in that activity or place. Although this tenet seems an example of common sense, as professionals we have typically disregarded the idea. A critical notion stressed by the concept of hearing accessibility is that people with normal hearing will find it difficult to hear in some places or activities. Again, I'm sure audiologists recognize this implicitly, but we have neglected to incorporate hearing accessibility sufficiently into our clinical models and into our attempts to define, measure, and reduce disability. The point of view fostered by the December 1994 issue documents in numerous important ways that disability and handicap are characteristics that cannot be understood or remediated without considering the accompanying "physical, psychological, institutional, and social contexts" (Pichora-Fuller, p. 210).

A final important area is the concept that individuals have self identities and that significant cognitive and emotional resources are required to reconstruct one's identity whenever change occurs. Any person with adult-onset hearing disability and handicap must either transform his or her self identity into an identity with hearing impairment or deny the hearing impairment. The December 1994 issue examines two important arguments pertinent to this area. First, audiological rehabilitative process should address the dimensions of handicap relating to an individual's reconstruction of his or her self-identity as a visibly hearing-impaired person. Second, the audiological rehabilitative process must acknowledge an individual's right to decide not to acknowledge his or her hearing impairment publicly, not to change his or her public image. The rehabilitative process should extend the range of services to include intervention techniques that do not draw attention to an individual's hearing impairment. Examples of the latter techniques include modifications in the physical and social environments.

As an audiologist in an urban setting in the United States, I would like to reflect on three additional issues arising out of my reading of the special issue. One relates to the special issue as a whole, another relates to a specific article, and the third relates to the field of audiology in general. First, the number of persons in U.S. cities from different cultural, ethnic, and racial heritages has increased dramatically in the last few decades. For example, today at the Texas Medical Center of Houston African Americans, Chinese, Hispanics, Indians, Vietnamese, and White Americans were using the audiological services. Given diversity such as this, the ability to draw generalizations from the Special Issue must be questioned. The participants in the studies reported in the Special Issue are described as an audiologist, rather than as an anthropologist would describe them. Subsequent studies might benefit significantly from a consideration of the culture, ethnicity, and race of the participants in addition to providing typical audiological background information.

Second, as we become engrossed in the excitement of a new approach that offers valuable insights, we sometimes concentrate on the novel information at the expense of other knowledge. To me, the article entitled "Hard-of-Hearing Inmates in Penitentiaries" (Dahl, p. 271) illustrates such a point. Routine behavioural audiometry was completed on a large number of inmates who agreed to be tested. About 70% of the inmates had some hearing loss, a rate noted to be approximately 10 times higher than the rate (7%) of the general Canadian populace. The results indicated a high percentage of previously unidentified hearing losses. The article then beautifully dissects prison culture, noting how behaviours that are typical of a hard-of-hearing person tend to be interpreted negatively by prison staff who also tend to

be unaware of any hearing problems among the inmates. The article establishes some very interesting points from an anthropological perspective. However, from an audiological and epidemiological perspective, relating the prevalence of hearing loss in these inmates to the general population raises an issue about the meaningfulness of the comparison. Assuming that the audiological data are valid, is it the case that these prison inmates have 10 times more hearing loss than would have been expected? Or is it the case that the rate of loss in the prison inmates is more appropriately interpreted relative to another comparison group? The inmates were described, on average, as 40-year-old white males with histories of drug abuse and noise exposure. Further, the inmates represented a group of volunteers, many of whom acknowledged problems with hearing. These qualifications suggest that a more sensitive interpretation of the prevalence rate might have been accomplished by forming a non-inmate comparison group with the same general characteristics. This seems an important issue to resolve - is hearing impairment a significant concomitant of societal behavioural problems or is the association described in this article mostly or solely indirect, arising through mediating variables such as noise? As we participate more in multidisciplinary approaches and benefit from the sophisticated approaches of more disciplines, our ability to address the important questions of our field in a more sensitive manner should be advanced significantly.

Finally, the education of audiologists is becoming increasingly parochial. The new "professional" approach is to train students more and more in the core and subspecialties of our discipline due to the burgeoning of knowledge within audiology proper. A relevant question is whether an increased internal focus may make multidisciplinary perspectives all the more difficult for future colleagues. Will future colleagues have sufficient knowledge and awareness of sister disciplines to achieve a true multidisciplinary approach? Surely this special issue directs our attention to the strength of addressing real and vital problems from a multidisciplinary perspective. We must educate our students to appreciate and be capable of benefiting from multidisciplinary approaches. Thus can we increase the effectiveness of our models and methods and enhance our patients' ability to achieve satisfaction and success within their cultural milieus. Our field owes Dr. Pichora-Fuller and her colleagues immense gratitude for the pioneering achievements of this special issue.

## References

- Pichora-Fuller, M. K. (Ed.). (1994). The psycho-social impact of hearing loss in everyday life: An anthropological view [Special issue]. *Journal of Speech-Language Pathology and Audiology*, 18(4).