

## The Sociology of Age-related Hearing Loss



Donald J. Schum, PhD  
Vice President, Audiology  
Oticon USA

DJS@Oticonusa.com

---

---

---

---

---

---

---

---

## Learning Objectives

- Participants will be able to list the typical reaction patterns that older adults will demonstrate when faced with physical or social limitations as they age.
- Participants will be able to describe how changes in social interaction patterns may potentially make the person more at risk for accelerated cognitive decline.
- Participants will be able to identify potential subtle changes in patient counseling to reflect what we know about social interaction patterns in the older adult.

---

---

---

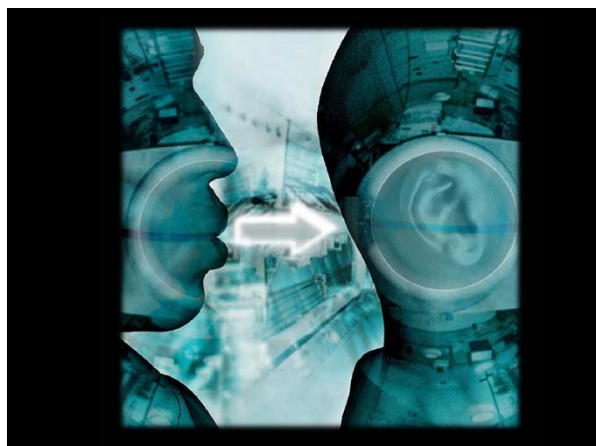
---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

**AUDITORY ECOLOGY IN A GROUP OF EXPERIENCED HEARING-AID USERS: CAN KNOWLEDGE ABOUT HEARING-AID USERS' AUDITORY ECOLOGY IMPROVE THEIR REHABILITATION?**

Niels Sogaard Jensen and Claus Nielsen  
Oticon Research Centre, 'Eriksholm', Denmark

2005

---

---

---

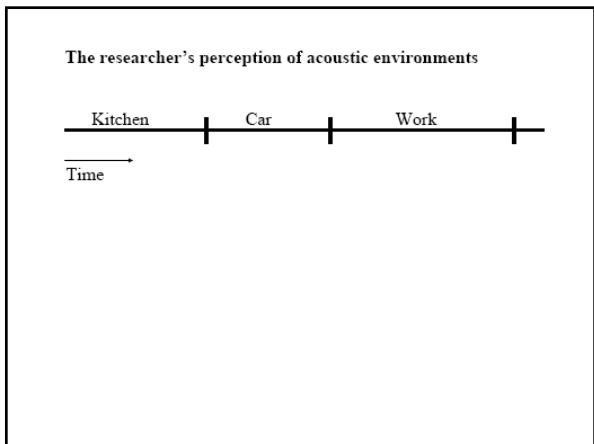
---

---

---

---

---



---

---

---

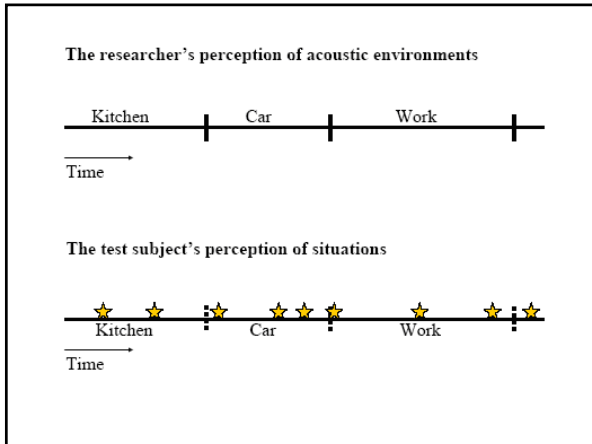
---

---

---

---

---



---

---

---

---

---

---

---

---

**We Are Not Alone**

Handbook of the PSYCHOLOGY of Aging

The Aging Individual: Physical and Psychological Perspectives, 2nd Edition  
Susan Krauss Whitbourne

Handbook of AGING and the SOCIAL SCIENCES

---

---

---

---

---

---

---

---

**Denial**

---

---

---

---

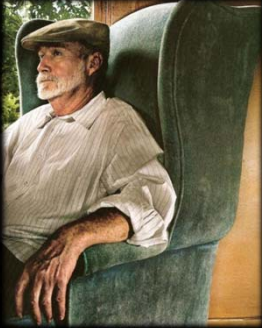
---

---

---

---

**Normalization & Passive Acceptance**



"This is just what happens when you get older . . ."

---

---

---

---

---

---

---

---

**Discounting / Misinterpretation / Normalization / Passive Acceptance**

- Many health issues evolve over time
- Body change is expected / Can't fix every little thing / "Growing old gracefully"
- Definition of "do I need to talk to a doctor about this" is unclear
- Symptom minimization has a positive aspect: helps protect self-image

---

---

---

---

---

---

---

---



Where does hearing loss fall in the progression of aging?

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

**Self-confidence often erodes in older persons:**

- Children grow up, start own families and no longer use parents as the safety net
- Replaced at work (either actually or in effect) by younger person
- No longer in work force, holding a position of responsibility
- Physical limits on the activities that can be enjoyed
- Falling behind in technology uptake
- Out of touch with popular culture
- Friends die off, move away
- Need care assistance
- Not allowed to do things such as drive
- Etc.

---

---

---

---

---

---

---

---

**SOC Model of Reaction to Aging**

- Selectivity
- Optimization
- Compensation

---

---

---

---

---

---

---

---

SOC Model of Reaction to Aging

- Selectivity ↖ Most common
- Optimization
- Compensation ↖ Least common

---

---

---


---

---

---

---

---



The Effort of Communication

---

---

---

---

---

---

---

---

*Well, there is a distinction between that I have to direct my attention to what is being said and that someone is merely saying something. That is two very distinct actions.*

- Hans, 88 years old.

Therese Thorstholm, 2013

---

---

---

---

---

---

---

---

## Communication as a Health Issue



---

---

---

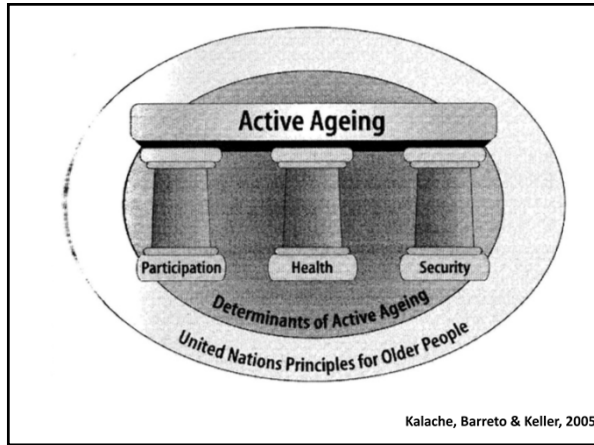
---

---

---

---

---



---

---

---

---

---

---

---

---



"Successful Aging"

---

---

---

---

---

---

---

---

1: Free from disease  
2: Maintaining good cognitive function  
3: Maintaining quality contacts with people and activities

---

---

---

---

---


---

---

---

**Preventing Alzheimer's Disease and Cognitive Decline**

*Authors:*  
John W. Williams, M.D., M.P.H.  
Brenda L. Plassman, Ph.D.  
James Burke, M.D., Ph.D.  
Tracey Holsinger, M.D.  
Sophiya Benjamin, M.D.



April 2010

---

---

---

---

---

---

---

---

**Preventing Alzheimer's Disease and Cognitive Decline**

|  |   |
|--|---|
| <b>Greatest Risk Factors:</b>  | <b>Protective Factors:</b>  |
| <ul style="list-style-type: none"><li>• Diabetes</li><li>• Genetic predisposition</li><li>• Smoking</li><li>• Depression</li></ul> | <ul style="list-style-type: none"><li>• <i>Cognitive Engagement</i></li><li>• Physical Activity</li></ul> |

---

---

---

---

---

---

---

---





---

---

---

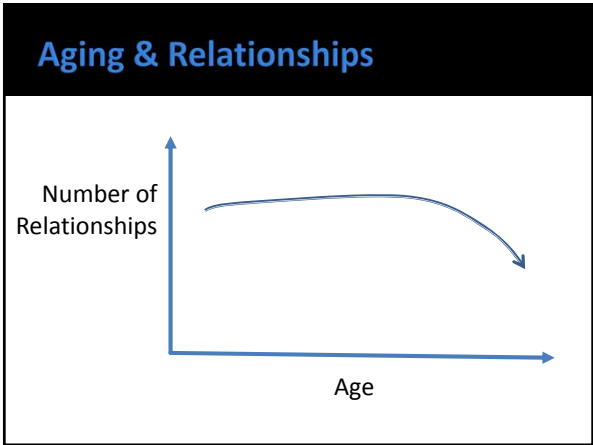
---

---

---

---

---



---

---

---

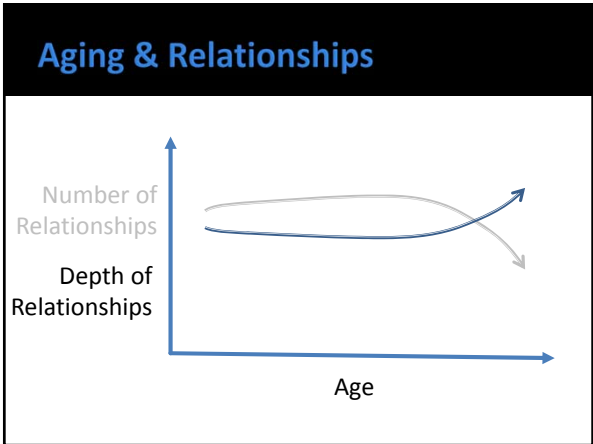
---

---

---

---

---



---

---

---

---

---

---

---

---



**Families**

---

---

---

---

---

---

---

---

**Adult Friendships**

- Typically:
  - Voluntary
  - Nonobligatory
  - Emotional support
  - Less likelihood of ambivalence
  - Better predictor of overall psychological well-being




---

---

---

---

---

---

---

---

**Loneliness**

Health risk

---

---

---

---

---

---

---

---

**Loneliness**

Health risk

Not related to **number** of relationships

Is related to **depth** of relationships

---

---

---

---

---

---

---

---

**Eriksholm Ear Miles Project**

What factors predict help seeking in patients with hearing loss?

---

---

---

---

---

---

---

---

**Eriksholm Ear Miles Project**

*Not consistently related to Help Seeking, Obtaining Has or Benefit with HAs :*

- Age
- Gender
- Measured Hearing Loss
- Duration of Loss
- Socio-economic Status
- Health
- Expectations
- Activity Level
- Etc.

---

---

---

---

---

---

---

---

**Eriksholm Ear Miles Project**

Only consistent factor:  
**Self-perceived Hearing Difficulties**

---

---

---

---

---

---

---

---

N = 92    First Time Users    Average Age: 73 years

When at a social gathering, I would prefer to:

Have a quiet conversation with one person

Participate in a group discussion

---

---

---

---

---

---

---

---

N = 92    First Time Users    Average Age: 73 years

When at a social gathering, I would prefer to:

**47%** Have a quiet conversation with one person

**53%** Participate in a group discussion

**Not related to:**

- ~~Age~~
- ~~Audiogram~~

---

---

---

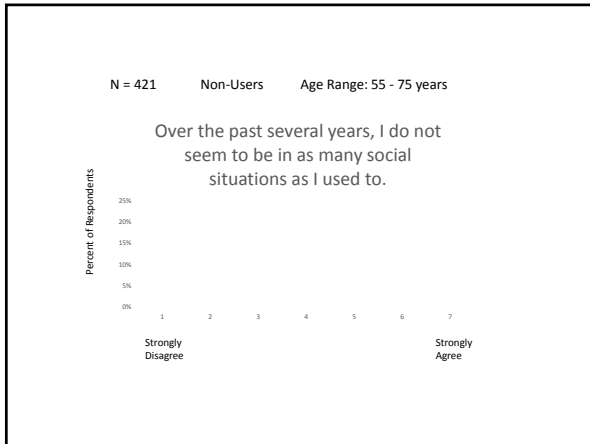
---

---

---

---

---




---

---

---

---

---

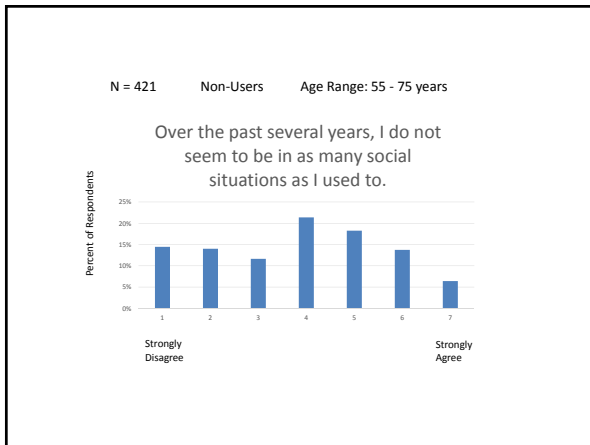
---

---

---

---

---




---

---

---

---

---

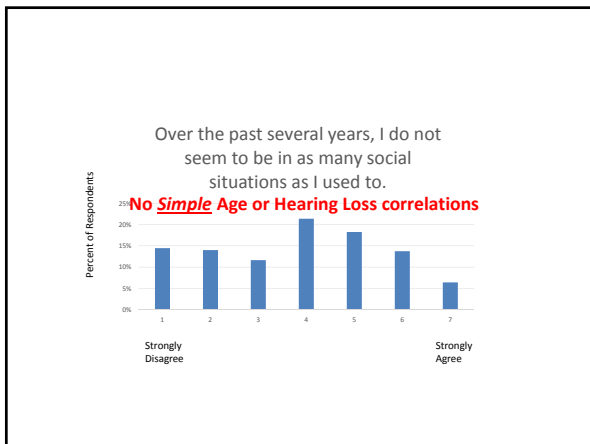
---

---

---

---

---




---

---

---

---

---


---

---

---

---

---



### Factor Analysis & Multiple Correlational Analysis

---

---

---

---

---

---

---

---

### Factors:

- Willingness to take action
- Retirement as "gearing down"
- Sociability
- Self-efficacy
- Acceptance of aging

---

---

---

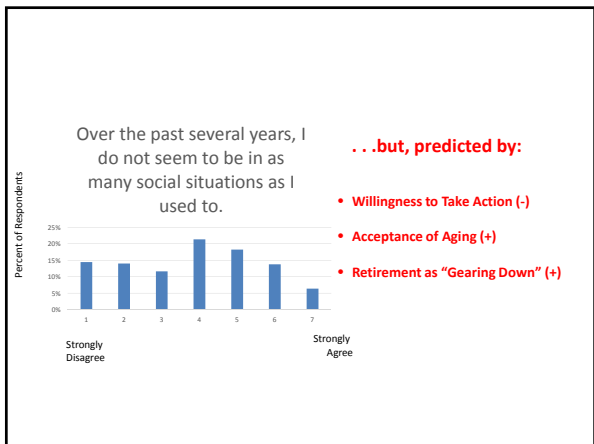
---

---

---

---

---



---

---

---

---

---

---

---

---

### Health Belief Model (L. George, 2001)

Elderly seeking out medical attention? (5 factors)

- Susceptibility (can it really happen to me)
- Symptom severity
- Perceived (expected) benefits
- Perceived (expected) costs
- Self-efficacy

---

---

---

---

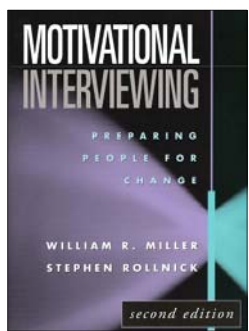
---

---

---

---

### Creating Change



---

---

---

---

---

---

---

---

### Motivational Interviewing

- Patient makes decision to change: **Options & Personal Goals**
- Demonstrated to be effective in a variety of health behavior change contexts (i.e., drug use, alcohol use, weight control, etc.)
- Ambivalence lead to inaction
- Counselor develops discrepancy (but non-confrontational)
- Implementation is short term

[www.motivationalinterview.org](http://www.motivationalinterview.org)

---

---

---

---

---

---

---

---

Suggestions on Counseling Strategy:

- Hearing loss as a disruptor of socialization, not just communication

---

---

---

---

---

---

---

---

Suggestions on Counseling Strategy:

- Move the discussion from how they *FEEL* about their hearing loss . . .
- . . . to what they *MISS* because of hearing loss

---

---

---

---

---

---

---

---

Suggestions on Counseling Strategy:

- Refer to The Second Life: participation without limitations

---

---

---

---

---

---

---

---



Don't Focus on the "Where" or "How Often"

**Focus on the "Who"**



---

---

---

---

---

---

---

---

**The Sociology of Age-related Hearing Loss**



Donald J. Schum, PhD  
Vice President, Audiology  
Oticon, Inc.

DJS@Oticonusa.com

---

---

---

---

---

---

---

---