The Sociology of Age-related Hearing Loss

Learning Objectives

- Participants will be able to list the typical reaction patterns that older adults will demonstrate when face 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.
The researcher’s perception of acoustic environments

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<tr>
<th>Kitchen</th>
<th>Car</th>
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The test subject’s perception of situations

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We Are Not Alone

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?
Children grow up, start own families and no longer user 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.

Self-confidence often erodes in older persons:

- Selectivity
- Optimization
- Compensation
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 Thorsholm, 2013
Communication as a Health Issue

Active Ageing

Determinants of Active Ageing
United Nations Principles for Older People

"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

Greatest Risk Factors:
- Diabetes
- Genetic predisposition
- Smoking
- Depression

Protective Factors:
- Cognitive Engagement
- Physical Activity
Families

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

Adult Friendships

Loneliness

Health risk
Loneliness

Health risk

Not related to *number* of relationships

Is related to *depth* of relationships

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Eriksholm Ear Miles Project

What factors predict help seeking in patients with hearing loss?

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Eriksholm Ear Miles Project

- 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

53% Participate in a group discussion

Not related to:
• Age
• Audiogram
Over the past several years, I do not seem to be in as many social situations as I used to.

N = 421  Non-Users  Age Range: 55 - 75 years

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No *simple* Age or Hearing Loss correlations
Factor Analysis & Multiple Correlational Analysis

Factors:

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

Over the past several years, I do not seem to be in as many social situations as I used to.

...but, predicted by:

- Willingness to Take Action (-)
- Acceptance of Aging (+)
- Retirement as “Gearing Down” (+)
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
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”

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