



Emotional Issues and Compensatory Strategies Frequently Demonstrated by Some Persons with a Hearing Loss

Introduction:

It is often difficult for a person with a hearing loss to come to the realization that he or she may, in fact, be living with impaired hearing. Frequently, some people recognize they have diminished hearing but do not wish to acknowledge it. Some people may not believe the hearing loss is significant enough to interfere with their normal activities of daily living. They may not recognize that their hearing loss is interfering with the quality of their interpersonal communications or their ability to fully hear the sounds they heard prior to their hearing loss. Others may not choose to acknowledge their hearing loss because they do not wish to wear a hearing aid or to "be different." Others are not comfortable being considered or described as "disabled." And, finally some persons prefer living in a non-hearing culture and choose, instead, to communicate by using American Sign Language or other communication techniques or language systems.

For those persons who prefer to live in a "hearing culture" but have not yet acknowledged their hearing loss, it is not infrequent to observe various behaviors or "defense mechanisms." Some of these are described below.

Attention Getting: This method of adjustment is used to draw attention away from the hearing loss and to place the attention onto some other ailment. This may include an endless list of complaints about their health, with the absence of hearing loss as a problem.

Identification: Individuals may reduce the stress accompanying a hearing impairment by pointing out other senses they have that are exceptional. Instead of admitting the hearing loss, the person may talk about the fact that they don't need glasses and their vision is superior.

Compensation: This is characterized by substitution of activities to accommodate the hearing loss. This is evident for the person who has always enjoyed a group of friends or an activity that they begin to lose interest in. It is very easy to hide or deny a hearing problem if the situations they have difficulty in never arise due to the elimination of those events. (Example: the person used to enjoy attending the Opera but no longer attends performances.)

Rationalization: This defense mechanism relieves stress by providing an invalid but logical reason for auditory difficulties. For example a person may have difficulty understanding a speaker at their senior center, but may blame the difficulty on just having eaten lunch and being tired, thus not paying attention.

Projection: This is perhaps the most common defense mechanism. This is evident when a person with a hearing impairment blames their inability to hear and understand on their spouses or friend's inability to enunciate clearly. (e.g. "Stop mumbling!")

"Escape Techniques" That May be Employed

Simply **retreating** from the problem may lessen stress caused by a hearing loss. This is termed "insulation" and frequently the person with the hearing loss takes no rehabilitative action, shows little concern for possible alternatives and withdraws completely to the security of their home.

Negativism is characterized by negating, antagonistic behavior. The hearing impaired person may refuse any assistance towards aural rehabilitation, pessimistically offering reasons why it won't work.

Repression enables the individual with a hearing loss to avoid communicative difficulties by inhibiting or forgetting them. For example, the person forgets to wear his hearing aids but remembers to wear their glasses and earrings.

Regression enables the hearing impaired person to revert to more predictable behaviors, such as turning to a spouse for repetition of a statement during difficult listening situations.

Conclusion:

If you have a relationship with an individual who appears to behave in these or similar ways, you may wish to *gently* discuss your concerns with that individual. You may wish to suggest that the person would benefit from a medical evaluation with a primary care physician or with an otolaryngologist (Ear Nose and Throat physician) or have an audiology evaluation. If you believe this individual is experiencing depression and/or other emotional or psychological disorders, you may choose to suggest a consultation with a psychotherapist or psychologist.