

What's That You Say?

Hearing loss is not necessarily an all or none phenomenon. If it were, detection would be simple. More often, hearing loss is a partial phenomenon and frequently with a gradual onset. Given partial hearing loss and gradual onset, detection comes as a result of secondary symptoms, if you know what to look for. Further, the implications and symptoms differ by age.

In the preschooler, recurrent ear infections are common. As a result of infection, the middle ear fills with fluid, impairing hearing often for days to weeks. Children, who up until this point have been responsive to the call of their parents, may now appear unresponsive. Their language development may seem somewhat off, due to the unresponsiveness. For children of this age group, it is important to appreciate that this hearing loss comes at a time that the brain is wiring itself to decode, comprehend and produce language. Hence ongoing hearing loss the result of recurrent ear infections can lead to lifelong language impairments. Thus detection of illness, prompt treatment and at times tube implants to facilitate the draining of fluid, can be critical to lifelong language development in the brain of these children. Untreated, language impairments can undermine academic performance as evidenced by poor school performance and at times behavioral difficulty such as either acting out or withdrawal.

In older children and adolescents, hearing loss can be associated with other forms of infection as well as over-exposure to loud sound. Illness related hearing loss may be more obvious in that many infections that affect hearing will include other symptoms such as fever and dizziness. Hearing loss associated with loud sound tends to have a gradual onset and go undetected in the earlier stages. With the proliferation of personal music devices, more children have had increasing exposure to loud music. Many concertgoers can attest to the ringing in the ears and difficulty hearing after attending a rock concert. Now imagine the availability of taking those concerts with you every waking moment of the day. As the child "unplugs", the ability to then "tune in" may be compromised. Over time and with prolonged exposure to loud sound, actual damage is done to the mechanics of the inner ear.

Children and adolescents affected can appear argumentative, "not listening" and hence may appear defiant and oppositional and at times sullen and withdrawn. For many children in this category, their symptoms may be less obvious. The child may spend increasing time alone in solitary activities such as playing video games. The effect of their seeming attitude or withdrawal brings them into conflict with others, most notably parents and teachers. Hearing loss may be a distant consideration to the more obvious behavioural or psychological issues, but should be considered as part of any assessment process.

Hearing loss associated with prolonged exposure to loud sound is an ongoing issue for adults too, both in the workplace and with personal music devices. Signs of hearing loss may be more evident by the frustration of others, trying to communicate, not being heard. This may be seen in the wife who complains that her husband doesn't listen to her, yet listens to his male friends. While this appears as selective hearing, the scenario is consistent with the fact that at times, it is the higher pitched sounds that are sooner affected by gradual hearing loss associated with prolonged exposure to loud sounds and with the aging process. By pitch alone, a woman's voice may be more difficult to discern than a male voice. That lack of response may be a real hearing loss rather than selective hearing.

With regard to persons 65 years of age and older, already a third will suffer some degree of hearing loss normally associated with aging. Hearing loss tends to favour men more so than women. In view of a spouse affected with hearing loss, non-affected women tend to be at greater risk than non-affected husbands for their own physical, psychological, and social well-being as women tend to be more reliant on interpersonal communication than men and women are more likely to use assistive devices. Hence the impact is not only a concern for the individual affected, but for the partner too.

While hearing loss tends to be considered an issue for the listener, the fact of the matter is that hearing loss has far reaching psychological and social consequences. For the very young, hearing loss can affect language development in the brain and hence latter academic performance and thus behaviour. For the school aged child and adolescent, hearing loss can be perceived as a bad attitude and seen as social withdrawal. For the adult it can affect spousal relationships and for the elderly it can seriously impact self-care and the well-being of the spouse. Relationships hinge on hearing.

What's that you say?

Mind your hearing as you would any other aspect of your health. Consider hearing loss when concerned for the behaviour or attitude of a child or spouse or in view of compromised self-care and well-being in the elderly. Given the diagnosis of hearing loss, follow the prescription of your ENT, audiologist or speech-language pathologist. Utilize assistive devices such as hearing aids and amplification aids. Tuning in will help mitigate the psychological and social effects of tuning out.

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