



# Why Don't More People Wear Hearing Aids?

*A social psychologist suggests strategies to overcome the reluctance of consumers*

By David G. Myers, PhD

**I**T'S NO NEWS TO AUDIOLOGISTS THAT those of us who wear hearing aids not only hear better, we're also less vulnerable to social isolation, depression and feeling others' irritation.<sup>1</sup> So why are only approximately 5 million people availing themselves of hearing technology, when 23 million Americans have significant hearing impairment?<sup>2</sup>

Folks with vision problems don't hesitate to wear contacts or glasses; why don't people who are hard of hearing similarly regard hearing aids as mere glasses for the ears? And what can be done to persuade and motivate them to visit their audiologist?

It's unlikely that they're repressing the painful awareness of our loss. Psychological science reveals that repression—or banishing pain from awareness—rarely, if ever, occurs. Even those who have experienced profound pain, such as witnessing a parent's murder or watching the World Trade Center collapse, do not repress. In fact, they remember all too well.

But don't people with hearing loss often persist in actively denying their loss?

"If you refuse to admit that you cannot hear well and persist in blaming other people for not speaking clearly or loudly enough, you are in a psychological state known as denial," states Marcia Dugan in her book, *Keys to Living with Hearing Loss*.<sup>3</sup> Actually, active denial contributes less to the reluctance in getting hearing aids than do several cognitive processes, including ignorance of things unheard and of others' auditory experience, situational attributions, and the impercepti-



PHOTO/JAY WILEY

bly slow decline of hearing ability.

People with untreated hearing loss are unaware of what they have not heard. On my mental report card, unheard greetings and doorbells don't get scored. When my wife calls me from an adjacent room and I don't hear her, she counts a miss; I count nothing.

But because we're aware of what we do hear—people with clear, strong voices, for example—we readily attribute our occasional hearing failures to a speaker's soft, mumbling voice or the noisy context. Such attributions reflect a repeated finding of social psychological research: People attribute others' behavior to their personal traits, while attributing their own behavior to their situation.

Imagine watching someone give a lecture. Your attention focuses on the lecturer, likely leading you to infer that this loquacious person is a natural extrovert. The lecturer, however, observes his or her own behavior in various situations—in the classroom, at home, in meetings—and so might say, "Me, outgoing? It all depends

on the situation. In class or with friends, yes; but around strangers I'm rather shy." In the same way, I might say, "Me, hard of hearing? Well, with many people and in many situations, I hear just fine!"

People with hearing loss often are ignorant of others' auditory experiences. For example, I presume that the things I hear are all there is to hear. It's only when I find myself not hearing a musical instrument that the soloist seems to be playing or when I need the TV louder than others can bear it that I am forced to realize that others are experiencing a different world.

#### Gradual Decline

People also may not realize they have a hearing problem due to an imperceptibly slow decline in their hearing ability. If a person's hearing loss occurred abruptly, they'd be stunned. Like those who've lost hearing after an illness or accident, they'd visit a physician or audiologist in a hurry. Instead, hearing declines so gradually, so insidiously, for most that they perceive no noticeable difference from one month to the next. Maybe they realize they're missing more than they did five or 10 years ago, but the change hardly seems worth fussing over.

### Active denial contributes less to the reluctance in getting hearing aids than do several cognitive processes.

Such cognitive mechanisms are sufficiently powerful that there's little need to accuse people who are hard of hearing of being in deep denial. The resistance of men and women to acknowledging their hearing loss can be explained easily by their not scoring unheard things as misses, by the imperceptible rate of their hearing erosion, and by their natural awareness of the way their hearing varies with situations. Add to this mix the stigma of aging, hearing loss and hearing aids—reinforced by ads for hip hearing aids so tiny that no one can tell (is it shameful if they could?)—and add the uninsured cost of high-end aids, and a penetration of only 20 percent of the market is understandable.

How can one motivate a parent, partner or friend who is hard of hearing to deal with it? It may help to apply some

persuasion strategies based on social psychology: using the foot-in-the-door technique, striving for modest concessions: if large requests are rejected, stimulate active cognitive processing, adapting the message to the person, addressing fears related to the "spotlight effect," and counseling spouses.

People who agree to a small request often become more willing to comply with a bigger one later. First ask, "Will you think about it?" then, "Will you seriously consider doing it?" and later, "I'd be glad to make an appointment for a free hearing test, or would you rather make it?"

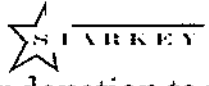
#### Modest Concessions

To gain modest concessions, take advantage of the door in the face. Someone who has just turned down a large request often will concede to a more modest second request. For instance, a husband or wife might be advised to ask the spouse with hearing loss to call right now about a problem. If the person responds with a resounding "no," the spouse might ask if they'd consider calling after the holidays, when visiting children have left home.

To stimulate active cognitive processing,

*Continued on page 40*

Audiology is not yet considered to be a doctoring profession.  
Without your donation, it may never become one.

Thanks to  for their challenge program that doubles your donation to the AFA!

If you haven't already donated, don't wait. Choose an audiology symbol gift with your contribution.

Challenge ends September 1<sup>st</sup>. Send your donation now!

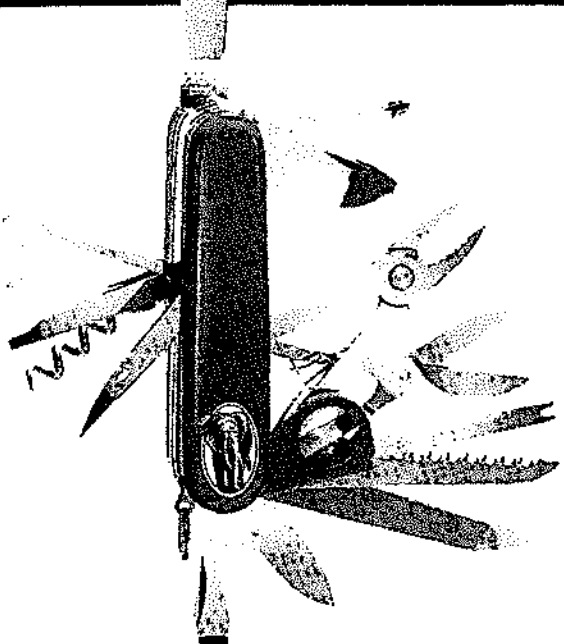
Donation forms available: [www.AuDFound.org](http://www.AuDFound.org)  
Or phone us: 765-743-6283

**AFA** AUDIOLOGY  
FOUNDATION  
OF AMERICA  
Au.D. means professional hearing care

207 North Street, Suite 103  
West Lafayette, IN 47906-3083  
E-mail: [info-afa@AuDFound.org](mailto:info-afa@AuDFound.org)

DECLARE PROFESSIONAL  
INDEPENDENCE WITH  
AUD EDUCATION

**DO YOU HAVE ALL THE TOOLS YOU NEED**



**IN ONE GREAT PACKAGE?**

At THE Audiology Companies that's exactly what we offer!

- Large Selections Of Manufacturers
- Personalized Marketing Attention At No Additional Charge
- Maintain Your Independence
- No Purchase Commitment
- One Bill Per Month

Call us today for details, a full price list, and marketing samples.

**THE AUDIOLOGY COMPANIES**

Full Service Buying & Marketing Group

**THE CO-OP**

2717 South Arlington Road · Unit C  
Akron, Ohio 44312-4711

**800-228-0050**  
**www.audioco-op.com**

*Continued from page 37*

audiologists can explore what their client's hearing loss feels like by asking questions. For example, you might ask a client, "How did you feel when you realized you had interrupted your spouse?" or "Do you ever wish you could hear the doorbell or telephone from upstairs?"

An important strategy is to adapt your message to the individual. Experiments have found that engaged, interested people respond best to logical arguments. Try saying, "The new digital aids simulate natural hearing better than before by enabling directionality, sound compression and frequency selection. Let me explain." Less interested people respond better to indirect cues, such as attractive comparisons. For example, the audiologist could remark to someone who seems disinterested that "President Clinton got hearing aids when he was younger than you are."

Be sure to address the fears of your clients. As people often are captives to vanity, clients could be reminded by their audiologist that others really don't care whether they have visible prostheses for their eyes or ears. Moreover, unbeknownst to them, their hearing loss may be more conspicuous than any hearing aid.

Recently, a clever study revealed the extent to which we imagine that others notice us more than they really do, which is known as the "spotlight effect." Thomas Gilovich, a professor in the Department of Psychology at Cornell University, in Ithaca, NY, demonstrated this

Engaged, interested people  
respond best to logical  
arguments and evidence.

phenomenon by having students at the university don Barry Manilow T-shirts before entering a classroom. Feeling self-conscious, people wearing the shirts guessed that nearly half of their peers would take note of the shirt as they walked in. In reality, only 23 percent did. The moral is that whether people are wearing distinctive clothing or a hearing aid, they should relax. Fewer people notice, or care, than they imagine.

Finally, audiologists can counsel spouses or children of people who are hard of hearing to combine reason and emotion in a "speak the truth in love speech." For example, the spouse can say, "I love you, but I am tired of hearing the radio and television blare. I am weary of being misunderstood and ignored and of repeating myself. I am tired of your interrupting when you don't realize that someone hasn't finished speaking. I am embarrassed for you. If only you realized that your hearing loss is more conspicuous than any hearing aid would be. Please, as a gift to both of us, get a hearing test. If our vision is blurry, we get our eyes checked and maybe get glasses. If our hearing is indistinct, we get our ears checked and maybe get 'glasses for the ears.' Eyes or ears, it's no big deal." ☐

**References**

1. National Council on the Aging. (1999). Untreated hearing loss linked to depression, isolation in seniors, accessed via [www.ncoa.org/news/archives/hearing\\_loss.htm](http://www.ncoa.org/news/archives/hearing_loss.htm), May 26.
2. National Center for Health Statistics, accessed via [www.cdc.gov/nchs/](http://www.cdc.gov/nchs/).
3. Dugan, M. (1997). *Keys to Living with Hearing Loss*.

David G. Myers is a social psychologist at Hope College in Holland, MI. He adapted this essay from *A Quiet World: Living with Hearing Loss*, which was recently published by Yale University Press. He can be reached via e-mail at [dmyers@hope.edu](mailto:dmyers@hope.edu) or online at [www.davidmyers.org/quiet](http://www.davidmyers.org/quiet).



Circle 5 on Information Card