

By Katherine Bouton

Let's  
Talk

Hearing  
Loss

About

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the more  
we normalize it.

There is a stigma associated with hearing loss. That is pretty well known. Many factors contribute to the stigma, but perhaps the biggest one is that we don't talk about it enough. When confronting a possible hearing loss, people deny it, hide it, ignore it or blame it on the situation; anything but acknowledge it and talk about it. This only contributes to the problem. In order to change society's views toward hearing loss, we need to change the conversation. We need to open up and talk about it.

Most people lose their hearing gradually and might not even realize it. It's easy to forget that many visual things also have sound. They might not hear the leaves rustle as they walk in the woods. They might leave the water running in the sink because they don't hear it. If a spouse tosses off a remark as he or she walks out of the room, they dismiss it as something they weren't meant to hear anyway.

They have trouble hearing in restaurants: the restaurant is too noisy. They sit up front at the movies or in their place of worship: everyone mumbles. They have a hard time understanding their 3-year-old grandchild: she has a lisp. The friend from Russia: an accent. The neighbor: he has a big, bushy mustache.

Why does it matter if they are successfully fooling themselves and others? Where's the harm?

### Untreated Hearing Loss has Social, Physical and Psychological Consequences

Socially, hearing loss is mistaken for aloofness or snobbery. At work, colleagues—or worse, the boss—may think they're bored or burned out. Others might wonder if their colleague is losing it mentally; or drunk. Few will guess it's hearing loss, because we

don't acknowledge hearing loss if we can possibly avoid it.

Physically, the noise and/or aging that caused the hearing loss—by destroying the tiny hair cells in the inner ear—has often also left other hair cells vulnerable. Unless the affected person is more careful about noise exposure, the hearing loss will accelerate.

Psychologically, those with hearing loss are at a greater risk of depression and isolation, and a greater risk of falls. Perhaps most alarming to many, they are at a greater risk of cognitive decline and dementia.

### **The Stigma of Hearing Loss**

Stigma remains the biggest obstacle to treating hearing loss, with cost an evermore distant second as less expensive devices come on the market. How do we defeat this stigma? By speaking up, loudly and often. The more open people are about hearing loss and the need for affordable, effective, and accessible hearing help, the more common the condition will come to seem. The more we talk about hearing loss, the more we normalize it.

Part of the stigma of hearing loss is the association with aging. Hearing loss is a feature of aging, but it is important to recognize that more than half of those with hearing loss in this country are under the age of 60. Why don't we know this?

We don't see those younger people with hearing loss because they hide it. They don't want employers to know, for fear of losing their jobs. They don't want friends to know, for fear of seeming old. They might not want to acknowledge it even to themselves.

Because we aren't aware that younger people with hearing loss are all around us, we forget that it exists in this age group. The only people we see with hearing loss are the elderly, and even among the elderly most deny that they have a hearing loss.

As a result, ignorance about

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hearing loss is mind-boggling. Most people never even think about it, and yet it affects millions more than vision loss does. Glasses are unremarkable—and sometimes chic. Think of Sophia Loren. Could Sophia Loren make hearing aids fashionable?

### **Willful Ignorance on the Part of the Medical Establishment**

It's time for hearing loss to be accommodated as routinely as other health care issues, many of which (like hearing loss) are also a nearly inevitable part of aging.

Hearing loss should be regarded the same way having high cholesterol is, or high blood pressure, or sensitive skin, or allergies. We wouldn't think of ignoring those—nor does our insurance company refuse to pay for treatment for them. Insurers know that ignoring these conditions results in more expensive consequences down the road. Continue with the high-fat diet, don't exercise, and refuse to take a statin and you could end up with a heart attack. Ignore your soaring blood pressure and succumb to a stroke. Fail to use sunscreen and end up with melanoma.

Is hearing loss any different? Continue to ignore your hearing loss and sooner or later you put yourself at risk for depression, isolation, and cognitive decline. A fall in the elderly can be life-altering, broken bones could result in the loss of the ability to live independently.

Only 20 percent of those who could benefit from hearing aids wear

them. Part of the reason for that is that people don't know where to begin. Even most primary care physicians don't talk about hearing loss in the elderly. Many doctors cannot refer you to an audiologist because they don't know any.

It is often left up to the individual to figure things out. Where do they get tested? Do they need an audiologist? Where do they find one? Should they go to a big-box store like Costco? Or order online?

Those of us in HLAA know the answers, but the general public doesn't seem to. Every time a mainstream newspaper publishes a story with basic information about hearing aids, the surprise and gratitude expressed is overwhelming.

### **Hearing Loss Comes at a High Cost**

People are afraid of the cost of hearing aids. They are rightly resentful that they are not generally covered by insurance, including Medicare. They don't understand why a hearing aid costs \$2,500 when a smartphone equipped with enough apps to run your whole life costs \$500. They don't know that trying out a hearing aid is risk-free: state laws mandate at least a 30-day return policy for hearing aids. Many people are turning to do-it-yourself hearing care. Personal Sound Amplification Products (PSAPs) are one of the fastest growing segments of the market. They are not regulated by the Food and Drug Administration (FDA), and most audiologists won't sell them. So the DIY model comes with little in the way of oversight.

Audiologists are frustrated by the trend toward PSAPs or buying hearing aids at big-box stores. They don't want you buying your hearing aids at Costco. But they don't do a very good job of telling you why you shouldn't.

When you ask an audiologist why someone with normal age-related hearing loss shouldn't go to Costco,

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they say the “service” is better at a private audiology clinic. They need to tell us *why* the service is better. For someone with a serious hearing loss, a skilled audiologist is essential. But most people with hearing loss aren't like I am.

Audiologists today make their living selling hearing aids. If that business is going away, they need to figure out how to offer other services. We need audiologists to be on board with new approaches and new technologies, especially in cases when a hearing aid isn't enough. We need them to offer aural rehabilitation on an individual and group basis for new hearing aid or cochlear implant users.

We do need audiologists, but maybe not to sell overpriced hearing aids to people who have normal age-related hearing loss.

For normal age- or noise-related hearing loss, big-box stores might not only be a good solution but more than good—because if they get more people wearing hearing aids we will all be the better for it. Getting more help for more people means making hearing aids more accessible and more affordable.

When hearing aids become more affordable, they might also begin to be covered by insurance. Medicare would go bankrupt if it paid for \$3,000 hearing aids (\$6,000 for the pair) for every senior who needed them, but Medicare might cover hearing aids that cost \$1,000.

### We Need to Change the Conversation

We need to rethink the way we talk about hearing loss. It would be great to talk about better hearing, hearing enhancement, and facilitating communication. “Hearing loss”

is a negative term. People resist negatives. But hearing loss is the term we are stuck with so let's detoxify it by using it as casually as we do “near-sighted” or a “bad back” or “the old ticker.”

If we talk about hearing loss, about how many people it affects, and how severely it can limit lives and compromise healthy aging, institutions will change. Advocacy works.

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Hearing loss itself is not an obstacle to communication. The failure in communication—in hearing—is a result instead of our personal and societal willful ignorance about hearing loss, our reluctance to acknowledge it and to treat it. The hearing aid profession's obfuscation about pricing has to change, and the costs have to come down. The hearing health professionals' internal squabbling about who has a right to sell hearing aids doesn't serve anyone. Failure to acknowledge cheaper and simpler aids to hearing, and the need for them, ignores the public need.

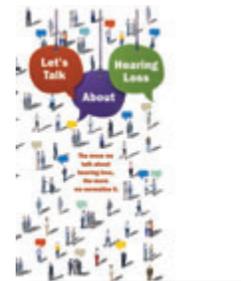
But most of all, those of us with hearing loss need to speak up! Acknowledging your hearing loss, to yourself and others, is a big step toward personal acceptance. The personal reward is immense. But acknowledging hearing loss is also a big step toward societal acceptance.

Those of us who have treated our hearing loss, who have joined HLAA and found fellowship and support, those

of us who advocate for change—we're the lucky ones. We know that hearing loss doesn't have to be the center of life. For late-deafened adults this is something we often learn after years of pretending to be something we aren't. We don't worry every time we go out whether we'll be able to hear or not, or if this is the time we'll finally make a really embarrassing blunder. We might not hear perfectly, but we don't have to struggle to hide it, to deal with the stress of pretending we're something we aren't.

For those who haven't acknowledged the possibility of a problem, get started, get tested, try out a PSAP if you're not ready for a hearing aid, get a hearing aid if you can afford it, and add on more devices as you need them. Speak up for equality for those with hearing loss, advocate for looping and captions, and support those who advocate for us, like HLAA. Healthy hearing means healthier aging. Healthier aging is happier living. **HLM**

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This article is adapted from *Living Better with Hearing Loss: A Guide to Health, Happiness, Love, Sex, Work, Friends...and Hearing Aids*, available at [amazon.com](http://amazon.com), [barnesandnoble.com](http://barnesandnoble.com) or through your local bookstore.