IS ANYONE LISTENING?

How hearing loss affects church involvement.

Part 1

By Graham Weir

In this age of inclusion and fuller community acceptance of those with some form of physical disability, hearing loss is the "invisible disability." This is not only because of its lack of observable symptoms, but also because of the wide spectrum hearing loss encompasses and how that impacts relationships, including participation in church activities.

Hearing loss is an enormous if unobserved, problem. Unaddressed hearing loss is the third largest cause of years lived with disability globally, affecting people of all ages and with an impact well beyond the family. An estimated US\$1 trillion is lost annually due to a collective failure to address hearing loss adequately. But while the economic burden is enormous, what cannot be quantified is the personal distress caused by the loss of communication, its effects on education, and the social integration that accompanies it.¹

And the number of people with hearing loss is only going to rise in the coming decades, from the current 1.5 billion to an estimated 2.5 billion by 2050. In Australia, over half of those over 60 experience some form of hearing impairment. With the cohort increasing to 27 percent of the total population by 2051, the numbers will obviously grow. Internationally, the ratio is similar in most first-world countries, such as the U.S.A., the UK, Canada, Europe, and New Zealand.

Regardless of age, inadequate hearing care drastically reduces everyday functioning, communication, social participation, and general quality of life. For example, someone who loses 50 percent of high-frequency hearing finds it challenging to understand the speech of many women and children, even at close range. Such a hearing loss is comparable to losing 50 percent of one's peripheral vision, in a similar way to macular degeneration, which makes it difficult to see people standing at one's side.²

But unlike those with visual problems which will quickly seek treatment, strangely, people with similarly impaired hearing will often resist treatment, sometimes for years, shifting the remedial burden to others who must compensate by acting as messengers and interpreters. Conversely, when the need for help is accepted, and the person with hearing loss educates themselves to use personal assistive listening devices, communication barriers diminish significantly and, relevant to this discussion, to church involvement.

How can churches accommodate the needs of members who are deaf or hard-of-hearing? In brief, acknowledge its existence and how it impacts church member relationships and affects the mental health of the individuals and families who live with it. Then build an "educated" supportive church environment that is welcoming and inclusive and provides the technical infrastructure to dismantle communication barriers.

The role of communication in social integration.

Regardless of hearing condition, it is through our conversational behavior that we build healthy relationships and social involvement. All conversation has two components: the messages we receive via our ears and eyes and our responses with words, tone, and facial expression. Our responses express our feelings and thoughts and determine our effectiveness in interpersonal engagement and social survival. Any barrier to the frequency, quantity, or quality of our conversational exchanges will inhibit the quality and stability of our social involvement. If the combined effect of those barriers is repeatedly negative, our mental health will ultimately be affected. It doesn't matter what the "barrier" is—hearing loss, speech impediment, language difference, anti-social behavior, or a persistently off-putting way of expressing oneself—a failure to compensate can permanently damage our ability to socialize productively and in healthful ways.

The "Communication Diet"3.

Our communication is "food" for our minds. It's just as necessary to our mental health as edible foods are to our physical health. So let's begin by looking at how our body reacts when deprived of literal food; it will help us understand what happens to our mind when deprived of regular unhindered communication.

The essentials of a food diet

- 1. **Quantity**, An inadequate intake of nutritious food at regular intervals results in sickness, even threatening survival in extreme cases.
- **2. Quality** If a person eats regularly and gets the meal size right but eats only food devoid of nutritional value, sickness will eventually occur.
- 3. Frequency If a person is careful to eat nutritionally balanced good-sized meals but repeatedly skews the frequency by eating too often or too infrequently, illness eventually follows.

The same essentials apply to our "Communication diet."

The same three elements apply to communication as "food" for the mind. Logically then, it is a reasonable hypothesis that a failure to "feed" the mind with an adequate amount of "nutritious" communication and at regular intervals, at the extremes, could trigger psycho-social damage, such as loneliness, depression, anxiety, and withdrawal (Table 1).

FOOD FOR THE BODY	FOOD FOR THE MIND
REGULAR MEAL	REGULAR COMMUNICATION
ADEQUATE QUANTITY OF FOOD	ADEQUATE LENGTH OF
	CONVERSATIONS
ADEQUATE NUTRITION	MEANINGFUL CONTENT OF
	CONVERSATIONS

Table 1. Comparison of essential elements of a food diet and a "Communication Diet"

Our communication diet can just as easily become unbalanced as a food diet. Fleeting, irregular communication without meaningful content will upset and likely destroy a relationship over time. The likelihood of this happening is much higher for someone with severe hearing loss, even when only one of the essential elements gets depleted. See illustration in Table 2.

INADEQUATE	'CLOSE FRIEND'
FREQUENCY	RARELY COMMUNICATES
INADEQUATE	WHEN 'CLOSE FRIEND' DOES
QUANTITY	COMMUNICATE, IT IS VERY BRIEF
INADEQUATE	CONVERSATION WITH 'CLOSE
QUALITY	FRIEND' IS MOSTLY SUPERFICIAL

Table 2. Example of an undernourished communication diet between two friends.

Anyone who's been the recipient of this kind of communication knows it spells disaster for the relationship. Further, if it's practiced frequently, it will result in poor social integration for the perpetrator. Such an outcome is true with or without hearing loss interposing itself. But a hard-of-hearing person is more likely to be the recipient of such destructive communicative behavior simply because it can be too difficult for others to communicate meaningfully without the need to speak loudly and repeat often. To avoid such stressors, when faced with the need to communicate with someone with a severe hearing loss, some people will revert to basic or incomplete information sharing. The resulting communication deprivation is inevitably socially devastating for someone with hearing loss in just the same way that an inadequate food diet will eventually damage physical health.

In reviewing our food analogy, a nutritional disorder may result from an imbalance of three essential elements in our food intake - frequency of meals, the quantity of food, and nutrition (regularity, quantity and quality). In the case of a nutrition deficiency, a dietician trying to remedy the situation will perform two well-defined tasks: (1) Do an analysis of the client's food and nutrition intake over time and (2) Make a recommendation for changes in eating habits that will restore nutritional balance to the diet.

What is communication "nutrition"?

While "nutrition" is well understood by a food professional dealing with eating disorders, it isn't quite so for the communication professional. A helpful analogous definition might go something like this, as in Table 3.

1	SUPERFICIAL LEVEL	"H.I.! HOW ARE YOU TODAY?" – "THAT'S GREAT!" –
		GOOD TO SEE YOU. BYE!"
2	INFORMATION SHARING	"HI JIM! LAST WEEK JOE CAME IN TO DISCUSS PLANS.
	LEVEL	WHEN CAN WE MEET TO DISCUSS THEM?"
3	MEANINGFUL LEVEL	"J.I.M.! I APPRECIATE YOUR PERCEPTIVE INSIGHTS, AND IF
		YOU'RE AGREEABLE, I'D LIKE TO SHARE MY PERSONAL
		FEELINGS ABOUT THE SITUATION WITH YOU.?"

Table 3. Three possible levels of communicative "nutrition."

At each level, we ask: Is it possible to develop and maintain a meaningful and close personal relationship if we only ever communicate with someone on either of these levels? The answer for the first two levels is obviously *no*. While we would have a relationship, it wouldn't be sufficient to hold a marriage together for very long. The third level contains the most communicative nutrition. Only on this level is it possible to express the most profound emotions and obtain the reinforcement and motivation necessary to determine attitudes and feelings in relationships. Indeed, a relationship cannot proceed beyond a superficial or information sharing level long-term unless all parties *regularly* engage in a significant *quantity* of *meaningful* ("nutritious") communication. If any of those elements are missing for too long, the relationship will begin to fracture.

For a relationship to develop beyond the superficial, both parties must continuously demonstrate appropriate listening and responding behaviors. Typically, a connection will start at the first level and proceed smoothly to the third level before matters of profound personal importance and sensitivity can be discussed. If either party makes too many inappropriate responses at any level, the communicative relationship will start to break down.

Inappropriate responses can be verbal or non-verbal, conscious or unconscious, including not giving full attention, a wandering gaze, bluffing, making comments unrelated to the speakers' statements, interjecting, and defensive rude or violent language. But because personal communication skills and tolerance for ambiguity vary, poor communication affects people in different ways. Some may tolerate an impoverished communicative relationship for years without complaint, whereas others may separate when a relationship doesn't quickly move beyond the superficial. But how does such a deprived communication diet impact the deaf and hard of hearing? Especially when it comes to church involvement? Watch this space.

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