



## Stigma and Misconceptions of Hearing Loss: Implications for Healthcare Professionals with Hearing Loss

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### Introduction

Over the last couple of decades there has been a rising yet almost undetected trend in the number of healthcare professionals with hearing loss (HL) working. The credit for this trend is due to advancing technology, improving education, increasing accessibility, and changing societal perceptions about hearing loss. Students with HL are full well capable of succeeding in the academic environment, and today it is not too surprising to learn that some of these students have aspirations to work in the healthcare industry. Students with HL who are already enrolled in healthcare programs may encounter situations that require good hearing abilities, but many of these situations are temporary and resolved with compensatory strategies, assistive or modified technology, and/or alternative clinical placement. Practicing individuals with chronic HL may have already assimilated themselves into their professional and social networks without significant problems. Clearly it seems that there is very little to prevent individuals with HL from becoming successful practitioners. However, it appears that there is still a long, arduous road ahead for individuals with HL interested in or currently working in healthcare. Lack of accessibility and persistent discrimination problems may be related to the issue of stigma and misconceptions of hearing loss.

### Stigma and Hearing Loss

The general issue of stigma has been described directly and indirectly by a number of authors in five major areas: psychology, sociology, anthropology, public health, and rehabilitation (e.g., Goffman, 1963; Ablon, 1981; Becker, 1981; Héту, 1996; Gilbert, 2001). Though there are a variety of definitions, stigma is generally defined as a condition of a person that is devalued because it deviates from the norm (Goffman, 1963; Links & Phelan, 2001). Stigma is mostly a social disease by which society imposes this negative status on a person or groups of people (Links & Phelan, 2001); however, a person may self-stigmatize their own conditions due to feelings of shame and embarrassment (Héту, 1996; Davidoff, 2002). Stigma can be thought of as a spoiled identity by which a person may have a shortcoming, failing, or handicap (Goffman, 1963). Examples of spoiled identity include disfigurement, loss of reputation, or loss of hearing. Loss of reputation and loss of hearing both threaten social bonds. Hearing loss threatens social bonds because of breakdowns in communication (Foster, 1998; Danermark, 1998). Undesirable behaviors, beliefs, attributes, characteristics, or items can also lead to stigma. With respect to hearing loss, having to ask people to repeat themselves may constitute an undesirable behavior. Kochkin (1993) found that hearing aids were considered undesirable items. What is it about hearing loss that is so stigmatizing, so devalued? Why are people still not receptive to the advances that have been made for individuals with HL? Why do people continue to doubt the abilities of people with HL?

Historically, hearing loss has not been viewed in particularly positive light. Aristotle, Pliny the Elder, and the Greeks believed that congenitally deaf children had no capacity to learn language and they would never be able to think independently (Higgins, 1980). It was not until the mid-1700s that people began to consider whether deaf youth could learn (Lang, 1994). One can only wonder how the deaf were treated until this time. Witt and Ogden (1981) have explained how deaf people throughout history have been viewed "with a mixture of fear, scorn, distaste, misunderstanding, and pity" (p.6). Lang (1994) gave numerous accounts on how congenitally- and late-deafened scientists and doctors have been marginalized and silenced through history.

## **Misconceptions of Hearing Loss**

Though hearing loss is not a new condition by any means, it continues to be a disability that is often misunderstood. It could be argued that certain conditions are stigmatized because they are not well understood. People with HL make up a widely heterogeneous group because of different severities of hearing loss, different hearing capabilities, use of different hearing technology, and different styles and modes of communication. No two people with the same audiogram are ever exactly alike in terms of hearing abilities. Because many people do not understand hearing loss, they may not always distinguish among manifestations associated with hearing loss. For example, Bunting (as cited in Héту, 1996) found in a large-scale survey conducted in the United Kingdom that people did not distinguish between the functional manifestations of deafness (total hearing loss) and the manifestations of hearing impairment (assuming some hearing capacity). In other words, lack of differentiation leads to a categorical judgment of hearing loss—people are deaf or they are not (Héту, 1996). This view has been reported even in individuals with acquired HL when they try to dissociate themselves from those who are deaf (Héту, 1996). Moreover, the public appears particularly mixed when they think of people with HL. Thoughts of hearing loss have been said to conjure up varied images including images of prelingually deaf who have profound hearing loss from birth (David & Trehub, 1989), images of people who are middle-aged or younger (Stika & Finisdore, 2000), and images of people who are aging (Kochkin, 1993; Héту, 1996).

The experiences that individuals with HL have had with others support the misconception of hearing loss. Many people with HL can relate to experiences when other people have tried to speak louder and slower to them or they have tried to increase the use of hand gestures. Even for people who wear hearing aids or cochlear implants, other people naturally assume that hearing has been corrected as they give out phone numbers and speak with their face turned from view. For both sign language users and non-sign language users, many can relate to accounts of other people assuming that they are all excellent lipreaders, they that need all require an interpreter to speak for them, and/or that they all need everything written. For individuals with acquired HL, there is a tendency for old friends and colleagues to assume that they can conduct all of their usual social activities as if there was no hearing loss at all. (Interested readers are referred to Kent et al., 2001 for a personal account of acquired hearing loss.) Hearing loss may invite other types of negative perceptions such as low mentality and intelligence (Higgins, 1980). All of these perceptions can lead to a plethora of erroneous assumptions about people with HL.

## **Implications for Healthcare Professionals with Hearing Loss**

The brief literature review above suggests that even today societal perceptions of hearing loss have not completely changed. People with HL constantly have to challenge the views of the hearing society. Admissions-seeking students may have to challenge technical standards that may not differentiate among the diverse manifestations of hearing loss. Practitioners seeking jobs may have to challenge employers on competency issues and demonstrate alternative strategies for yielding the same clinical result. Simply, admissions boards and employers may have ill-conceived notions that cause them to stigmatize individuals with HL. Individuals who are dealing with hearing loss should consider the effect that stigma may have on their personal, academic, and professional lives and realize that they can take initiative in changing erroneous perceptions.

## **Conclusions**

Stigma and misconceptions of hearing loss may impede academic and vocational goals. There are numerous advances that now enable individuals with HL to work in vocations thought to be reserved for those who have normal hearing. Unfortunately, persistent negative perceptions may make it difficult for people to realize the abilities of people with HL. Organizations such as the Association of Medical Professionals with Hearing Losses (AMPHL) can help to eradicate many of these negative perceptions and misconceptions for those who work in healthcare. Though the stigma of hearing loss may never be entirely removed, it is hoped that a time will come when professionals with hearing loss will become more the norm—less surprising and less questioned.

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