

Hearing loss within a marriage: perceptions of the spouse with normal hearing

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Abstract

Objective: The objective of the study was to determine the perceptions of a spouse about the influence of his or her partner's hearing loss on their relationship as it may have an impact on aural rehabilitation.

Design: A descriptive survey design was utilised. A questionnaire, adapted from The Significant Other Scale for Hearing Disability was used for data collection.

Subjects: Through purposive sampling, 35 individuals who reported experiencing no hearing difficulties and who were married to a person with an acquired hearing loss contributed data for this study. These data were analysed using Stata® version 9.

Results: The majority of the participants identified a range of communication-related difficulties within their marriage, such as repeating themselves extensively in conversation with their hearing-impaired partners (97%), raising the volume of their voices (83%), and having to maintain face-to-face contact with their spouse (74%). These difficulties may have led to negative feelings within the marriage as during communication, 69% of participants reported feeling frustrated because of difficulties experienced in respect of their partner's hearing impairment. Participants reported that they had to accept a hearing impairment in their marriage. Seventy-one per cent of participants expressed concern for their hearing-impaired partners, and specifically with regard to fearing for their safety, e.g. when alarms or warning bells were not heard.

Conclusion: A partner's acquired hearing impairment may lead to the development of negative feelings within a marriage. Therefore, audiologists must be aware of the perceptions of spouses with normal hearing when providing aural rehabilitation to both the hearing-impaired individuals and their partners, and thereby preventing disharmony in the marriage, while ensuring effective service delivery.

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Introduction

When one spouse acquires hearing loss later in life, especially after relationship patterns have become established, the couple may experience anger, anxiety, depression, resentment, guilt and withdrawal.¹ This may be because of communication difficulties between the couple being misinterpreted as a lack of concentration or unwillingness to communicate, rather than being attributed to the hearing loss.² If these emotions are not adequately dealt with, additional stress may be placed on the relationship.³ In addition, a spouse may experience a range of emotions in connection with his or her partner's hearing loss, including loss, confusion, sadness, irritation, frustration and embarrassment.⁴

The complexity of everyday tasks may also appear to be exaggerated by hearing difficulties. Arguments between couples may occur more frequently owing to communication inadequacies.^{5,6} Specifically, these arguments may stem from issues such as telephone usage and speaking on their partner's behalf, which may add to the married couple's frustration.⁷ Additionally, leisure and social activities that the couple once enjoyed together may be limited, or given up completely as a result of communication difficulties,⁴ which may cause feelings of loneliness. A partner's hearing loss may also cause a spouse to feel that his or her relationship has become "less personal"⁸ as there may be difficulties in spontaneously sharing secrets or whispering to each other. Consequently, communication breakdowns

may be encountered more frequently. It is possible that a high number of communication breakdowns might result in the parties experiencing distance between them which could lead to fewer episodes of everyday chit-chat,⁵ and consequently a change in the interpersonal relationship. The resultant loss of intimate talk can curtail physical and emotional intimacy. Additionally, partners who are able to hear normally may complain of loss of spontaneity within their relationship, following the hearing loss.⁹ It has also been noted that partners without the hearing loss report lower levels of overall relationship and intimacy satisfaction than partners with the hearing loss.¹⁰ Thus, the more severe perception of the spouse with normal hearing of the effects of the hearing impairment may induce feelings of discontentment, anger and impatience. It may be thought that the hearing-impaired partner is less willing to communicate about and understand relationship issues.¹⁰

This has a direct impact on the couple's behaviour towards each other. If a spouse does not appreciate or understand the significant effect of the hearing impairment on his or her partner's life, or have a technique with which to deal with difficulties associated with the loss, it could affect the success of an intervention programme, i.e. aural rehabilitation,⁴ as well as the harmonious marital state. Therefore, appropriate support, information and directions need to be provided to the patient, but also to the patient's significant other, usually a spouse. Therefore, aural rehabilitation strategies should encompass the inclusion of spouses in therapy sessions, informational counselling that is directly geared towards spouses, and the facilitation of necessary skills required for daily living with a hearing-impaired partner. It appears that the inclusion of the significant other in the aural rehabilitation process improves outcomes for both the person with the hearing loss and his or her spouse. This emphasises the need for an understanding to be gained of the perceptions of a spouse about the influence of his or her partner's hearing loss on their relationship. These are areas which may form the basis of effective aural rehabilitation programmes. The process of including spouses in holistic interventions may be facilitated by asking their views of the impact of their partner's hearing impairment on their relationship.

A critical review of the literature has revealed that no studies have focused on this in the South African context. Therefore, there is a need for a study of this nature. It is proposed that the results of this study would inform clinical practice in terms of service delivery, i.e. of efficient aural rehabilitation programmes.

Method

Aim

The aim of the study was to determine the perceptions of a spouse with normal hearing about the influence of his or her partner's hearing loss on their relationship.

The objectives of the study were:

- To describe the perceptions of a spouse with normal hearing about the influence of his or her partner's hearing loss on communication.
- To explore the perceptions of a spouse with normal hearing about the changes in the relationship, as a result of his or her partner's hearing loss.
- To describe the perceptions of a spouse with normal hearing about changes to their social life as a result of his or her partner's hearing loss.
- To explore the perceptions of a spouse with normal hearing about emotional reactions to adaptations as a result of his or her partner's hearing loss.
- To describe the perceptions of a spouse with normal hearing about concerns for his or her partner with hearing loss.

Study design

This was a descriptive survey design which used a self-report questionnaire to obtain the data.

Study participants

The study population included 35 spouses between the ages of 30 and 90 years old, selected via purposive sampling from the client base of the University of KwaZulu-Natal audiology clinic.

The following inclusion criteria applied to participant selection:

- Experiencing no difficulties hearing in all situations.
- Being married to and living with a partner with hearing loss, irrespective of the duration of the marriage.
- The partner must have acquired the hearing loss after the marriage.

The exclusion criterion was that the participant should not have reported or presented with a hearing loss.

Data collection

A questionnaire, adapted from The Significant Other Scale for Hearing Disability,¹¹ was used. The questionnaire, while selected for the Australian population, was chosen as it is a brief, easy-to-administer instrument that has evidence of reliability and validity.¹¹

The questionnaire was divided into six categories:

- *Communication changes*: This category contained six items which addressed the various changes in communication experienced by the married couple as a result of the partner's hearing loss.
- *Communication burden*: The six items in this category encompassed the communicative burden experienced by the spouse, and the extra responsibilities that the spouse had to assume as a result of his or her partner's hearing loss.

- *Relationship changes*: This category comprised three items that addressed the changes in the couple's relationship owing to the partner's hearing loss, such as physical or intimacy changes, or reduced relationship satisfaction.
- *Going out and socialising*: Four items were associated with the couple's social life and outings.
- *Emotional reactions to adaptations*: This category contained five items that concerned the impact of the partner's hearing loss on the spouse's emotional functioning.
- *Concern for the partner*: This category consisted of three items that related to a spouse's concern for his or her hearing-impaired partner.

This questionnaire was adapted to include a "yes" or "no" option. Respondents first indicated a yes/no response to the question and then were asked to respond to a Likert Scale. It consisted of 27 questions, followed by a four point response scale, including the following options in respect of the problem, e.g. mild, moderate, severe or complete.

Data collection procedure

The researchers conformed to the University of KwaZulu-Natal ethical principles when accessing data and files. Patient files from 2005-2010 from the University of KwaZulu-Natal audiology clinic were reviewed which pertained to 85 participants who met the inclusion criteria and who were selected. The participants were telephonically contacted by the researchers in either English or *isiZulu* and invited to participate, based on their preference.

Informed consent was obtained from each participant. The letters to participants were in English and *isiZulu*. The information document given to participants informed them of the intended purpose of the research, confidentiality and anonymity, voluntary participation, the benefits of participation and the procedures to be conducted. Confidentiality and anonymity were maintained as participants were not required to identify themselves in the questionnaire. The questionnaires were posted using self-addressed envelopes.

Of the 85 participants, five were randomly selected for the pilot study. The pilot study required participants to comment on the clarity of the instructions and questions. The results of the pilot study revealed that no changes had to be made to the questionnaire or consent documents. Sixty participants agreed to participate, but 40 questionnaires were returned by post within the data collection period. However, five questionnaires were discarded as they were incomplete. Thus, 35 questionnaires were used for data collection.

Data analysis

The results of the questionnaires were reviewed and the data analysed using descriptive statistics, i.e. frequency of counts, and entered into Stata® version 9 software. These data were then converted into percentages and expressed in graph format for ease of interpretation. The categories of mild and moderate difficulties, and severe and complete difficulties, were grouped together. This was because the sample was limited in size. Therefore, significant information could not be derived from a greater number of categories.

Results

The results are presented in terms of the five objectives:

- Communication changes.
- Communication burden.
- Relationship changes.
- Going out and socialising.
- Emotional reactions to adaptations.
- Concern for the partner.

The figures reflect total positive responses to the different questions in each category.

Communication changes

Figure 1 shows that participants experienced communication changes in respect of all of the examined items following their partner developing hearing loss. Communication changes that were viewed as a severe or complete problem by more than 50% of the participants were having to raise the volume of their voices and experiencing a reduction in the amount of communication and in the amount of spontaneous communication.

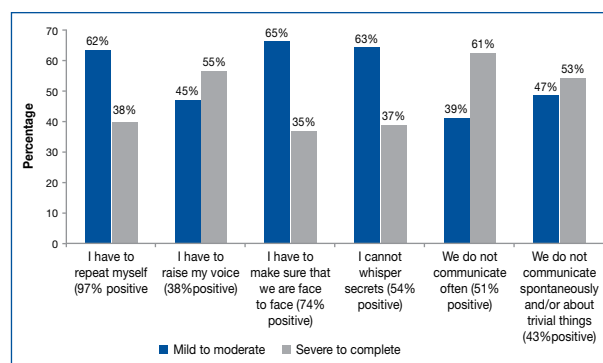


Figure 1: Communication changes

Communication burden

Figure 2 reflects that the majority of the participants (> 50%) did not perceive that their partner's hearing loss had caused an additional communicative burden. In respect of areas that were perceived as having created an additional communicative burden, the majority of participants said that having to answer on their spouse's behalf during group conversations (53%) was a severe to complete problem.

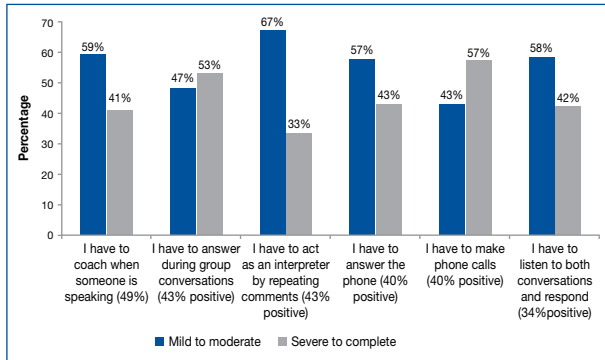


Figure 2: Communication burden

Relationship changes

Figure 3 reflects that the majority of the participants did not perceive that their partner's acquired hearing loss had affected their relationship in terms of relationship satisfaction, intimacy and withdrawal. However, in respect of participants who thought that there had been changes to the relationship, the majority reported a severe to complete problem with the intimacy in their relationship (63%) and withdrawal from their partners (63%).

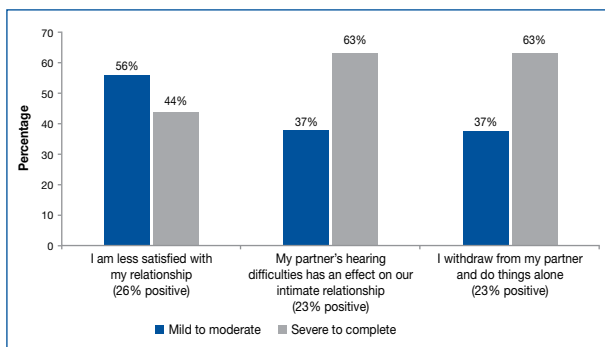


Figure 3: Relationship changes

Going out and socialising

Figure 4 indicates the social areas of the couple's relationship that were affected when the one partner developed hearing loss. The majority of the participants (> 50%) worried that their partner did not hear warnings. This was viewed to be a severe to complete problem by the majority of the participants (71%).

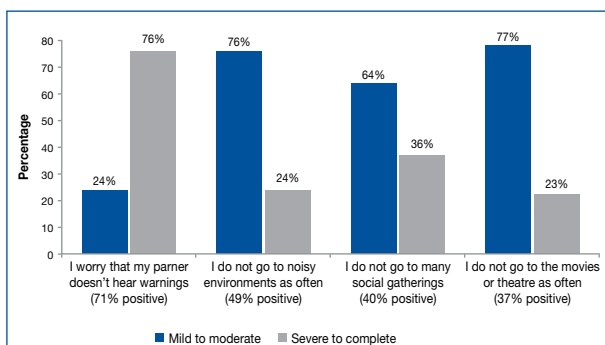


Figure 4: Going out and socialising

Emotional reactions to adaptations

Figure 5 depicts the spouse's emotional reactions to adaptations within the married couple's relationship, as necessitated by his or her partner's acquired hearing impairment. The majority of spouses with normal hearing indicated that they experienced feelings of acceptance (89%), albeit frustration (69%), following their partner developing hearing loss, as well as anger because of having to turn the television volume up. This was viewed as a mild to moderate problem by participants.

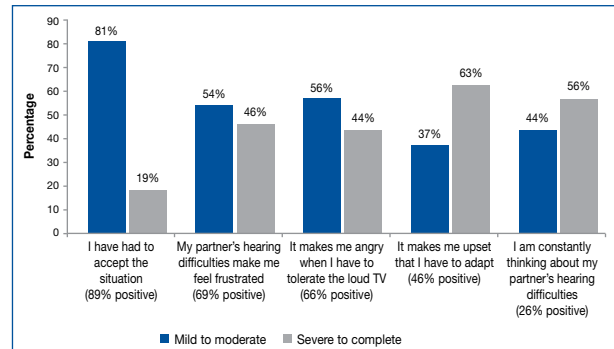


Figure 5: Emotional reactions to adaptations

Concern for the partner

Figure 6 shows that the majority of the participants (60%) felt sorry for their partners with hearing loss, but that 67% of these participants perceived this to be a mild to moderate problem.

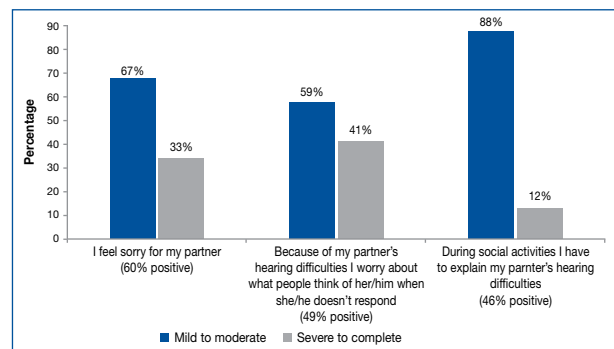


Figure 6: Concern for the partner

Discussion

Communication changes

In the current study, 97% of participants reported having to repeat themselves extensively in conversations with their hearing-impaired partner. This represented a significant change in typical communication which affected both partners differently. However, the fact that the majority of the participants (62%) indicated that they experienced this change as a mild to moderate difficulty could be attributed to the benefit that the hearing-impaired partner received from

the repetition, as it may have provided missing information or have enhanced the spoken message. The remainder of the participants who perceived the repetition to be a severe to complete problem may have been agitated by always having to repeat themselves. This mirrors the findings of Scarinci et al,⁷ whereby participants reported that “constant repetition is tiring and annoying”.

Other areas which presented a challenge to spouses with normal hearing were the need to constantly raise the volume of their voices and having to maintain face-to-face contact during communication. Having to talk at a much louder level was rated to be a severe to complete problem by more participants than having to maintain face-to-face contact during communication. This may be attributed to typical communication etiquette which usually involves maintaining a visual view of a partner's face⁷ during communication. Therefore, it may not have been viewed as a severe problem by spouses with normal hearing. However, having to speak louder when talking can cause speech distortion.¹² This could be ineffective when attempting to reduce a communication breakdown. In addition, the partner with hearing loss may experience resentment towards the spouse with normal hearing because of misconceptions about being shouted at.

Not being able to whisper secrets to a partner with hearing loss can also be perceived to be problematic. It might lead to a decrease in the couple's ability to share secret messages and jokes, especially when in the company of other people.⁸ This concurs with the findings of Jones et al⁹ whereby participants reported that their relationship with their partner became less personal following the latter's hearing loss. This can also lead to a reduction in spontaneous communication and in talking about trivial matters, as indicated by the results of this study. The inability to share secrets, having to engage in fewer episodes of everyday chit-chat and not being able to communicate with each other spontaneously could result in distance developing between the couple. In addition, the increased time and effort involved in communicating with a partner with hearing loss may have resulted in 53% of the participants perceiving this to be a severe to complete problem.

Scarinci et al⁷ attributed the reduction in communication with a partner with a hearing loss to a higher frequency of communication breakdown. Experiencing a reduction in spontaneous communication and an increase in communication breakdown may lead to extensive changes to the frequency of daily communicative acts. A spouse with normal hearing may feel that communication with his or her partner with hearing loss does not occur as often as desired. A larger percentage of participants in this study perceived this to be a severe to complete problem as it affected the dynamics of the married couple's relationship. Therefore, the findings of this study correspond with those

of Yorgason et al¹³ who reported partner interactions to be one of the affected underlying areas of a married couple's relationship following the development of hearing loss by one of the partners.

Communication burden

Less than half of the study population indicated that the development of hearing loss by a partner was an added communication burden. While spouses with normal hearing may need to act as coach and interpreter during group conversations, as well having to listen to both conversations and respond, this was perceived to be a mild to moderate problem by the majority of participants. Therefore, the findings of this study do not correlate with those of Hickson and Scarinci,¹⁴ whereby participants reported having an increased responsibility as they were often required to intervene in conversations on behalf of their partner with hearing loss. The researchers postulate that this could be because the spouses with normal hearing could have felt that assisting their partner with hearing loss would prevent embarrassment in group situations. Tasks such as answering the telephone and making calls were also viewed as a mild to moderate problem. Therefore, these findings are in contrast with those of Scarinci et al⁷ who reported that issues around telephone usage caused added frustration between the married couple. The researchers of the current study postulate that this could be because some tasks, such as answering the telephone, already constitute a daily task in an individual's life, and are therefore not perceived to be an additional burden.

Relationship changes

Most of the participants in this study (> 50%) did not feel that relationship changes had occurred as a result of their partner's hearing loss. This may have been because of positive aspects within the marriage. This was apparent in the study by Yorgason et al¹³ which suggested that when a spouse suffers hearing loss, he or she may develop strengths in response to the challenges that need to be faced. However, the effect of hearing loss in one partner on the married couple's intimacy and subsequent withdrawal from each other, were relationship changes that were perceived to be a complete to severe problem. Therefore, the findings of the current study concur with those of Morgan and Jones⁹ who reported that hearing impairment might impact on critical features of the married couple's relationship, such as reduced intimate relations owing to communication difficulties. This in turn, could contribute to negative feelings exhibited by spouses and significantly affect overall satisfaction with the relationship. This concurs with the findings of Brooks et al⁴ who stated that acquired hearing loss may result in significant emotional symptoms, such as depression, anxiety, loneliness and social withdrawal. In addition, withdrawal from a partner with

hearing loss can cause further deterioration to the quality of the relationship.

Going out and socialising

Seventy-one per cent of spouses with normal hearing feared for their partner's safety because of misheard alarms or warning bells, and perceived this to be a severe to complete problem. Of the participants who felt that changes had occurred in relation to having to avoid noisy environments (49%), attending social gatherings (40%) and going to the movies often (40%), the majority (> 60%) reported that these problems were mild to moderate in nature. Because of the breakdown in communication, a hearing impairment can place restrictions on a couple's typical leisure activities. Therefore, the findings of this study reflect those of Brooks et al⁴ who reported that activities which the couple once enjoyed together, such as going to the movies or to dinner, or simply visiting friends or family, could become limited or abandoned completely owing to communication difficulties. This may be because of communication difficulties experienced with by the partner with hearing loss, including having to raise the pitch of their voice in order to be heard, an inability to share personal messages in public discreetly, and feeling pressured to always monitor both their partner's and their own conversations with other individuals. Thus, spouses could become embarrassed in social situations and begin to go out alone, or to socialise less frequently.

Emotional reactions to adaptations

While 89% of participants reported that they had to accept the situation, 81% of them thought that this was a mild to moderate problem. Although these adaptations caused participants to experience changes to their lifestyle, as demonstrated by the results of the questionnaire, as with all differences in a marriage, couples eventually come to accept the situation in which they are placed. This could be because of the habituation process in respect of the relationship experienced by married couples.¹⁵ The process of habituation refers to the couple's level of familiarity with each other following a naturally developing closeness throughout the marriage.

However, this does not mean that spouses with normal hearing do not experience feelings of frustration arising from changes in communication, and with respect to relationship intimacy and social activities, as demonstrated by 69% of participants in this study. In addition, everyday activities, such as watching television together, could cause spouses with normal hearing to become angry, as they have to tolerate a louder volume. This reflects previous research that suggests that behavioural changes may exacerbate tensions, irritations and frustrations within a marriage.⁷ Behavioural changes can be attributed to adaptations that have to be made by spouses with normal hearing, as

demonstrated by the majority of participants (63%), who viewed this to be a severe to complete problem. Twenty-six per cent of participants indicated that they constantly thought about their partner's hearing difficulties because of concern for their partner's safety, and also for about the way in which their partner was viewed by other people when communicating.

Concern for the partner

While 49% of participants reported that they worried about what people thought when their hearing-impaired spouse did not adequately respond to communication, 46% of participants stated that they had to explain their partners' hearing difficulties at social activities in order to prevent embarrassment. However, these two aspects were perceived to be a mild to moderate problem by the majority of participants. The researchers hypothesise that when couples converse in a group, this allows spouses to help their partner and save them from embarrassment. This was the finding in the current study, where spouses with normal hearing cued their hearing-impaired partners during conversations, acted as their spouse's interpreter during conversations and answered for their hearing-impaired spouse. Therefore, the findings of this study concur with those of Yorgason et al¹³ who described the development of marital relationships over time as facilitating the process of interpersonal habituation and spousal caregiving in response to a spouse's hearing loss. Specifically, in situations of hearing loss, spouses with normal hearing can become an important communication aid and caregiver to the partner with hearing loss. However, this can lead to spouses with normal hearing feeling pity for the partner with hearing loss, as indicated by 60% of the participants. This is further supported by Alpiner, Hansen and Kaufman¹ who noted that spouses with normal hearing felt pity for their hearing-impaired partner because they were frequently misunderstood.

Conclusion

Individuals presenting with hearing loss are required to cope with the impairment and its associated effects. Similarly, spouses with normal hearing also have to experience the consequences of adjusting to hearing impairment within the marriage. In this study, although negative experiences were cited across a range of various categories, communication difficulties and the subsequent changes necessitated by the hearing impaired partner's disorder greatly impacted on the quality of a married couple's relationship. This directly affected the relationship dynamics between the couple and their overall satisfaction with the relationship. Therefore, it is imperative that audiologists are aware of changes to the communication process, the burden that communication places on the couple, changes within the relationship,

the burden of coping at social events and adaptations that spouses have to make when implementing aural rehabilitation programmes. Essentially, such programmes should include the couple and facilitate the mandatory inclusion of both spouses in therapy so that efficient and effective service delivery is ensured.

Limitations

A limitation of this study was the sample size. Therefore, the findings cannot be generalised to the broader population of spouses with normal hearing who have partners with hearing loss. Participants were only accessed from the University of KwaZulu-Natal audiology clinic. Therefore, this may also have limited the findings of the study. A second limitation was that the duration of the marriage was not considered as this might have influenced participants' reactions to their spouse's acquired hearing loss. In addition, while the study was conducted in South Africa, a country with many cultures, it does not reflect the effect of multicultural influences on communication.

Clinical implications of the current study are that it might inform clinical practice in terms of improving audiological counselling and efficient service delivery, i.e. effective aural rehabilitation with the mandatory inclusion of both spouses in the programme.

Research implications of the current study are that more specific and in-depth information needs to be obtained by conducting a qualitative study that involves a focus group. In addition, a parallel study which includes both spouses may yield more detailed information to form the basis of counselling during aural rehabilitation.

Conflict of interest

We declare that we have no financial or personal relationships which may have inappropriately influenced us in writing this paper.

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