



# Canadian Hard of Hearing Association

## North Shore Branch

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# Mountain Ear



**The North Shore Branch Board  
of Directors wish all  
our members and friends  
a Happy Holiday Season  
and a Healthy and Prosperous  
New Year**



## Prez-Mez

By Mike Hocevar

Just the other day before writing this piece I was visiting with friends out of town. In casual conversation, it turns out my friend's dad, in his 80s now, is having great difficulty coping with poor hearing. After trying some hearing aids without satisfactory results, the man's frustration has intensified to the point where his personality and psyche are obviously causing discomfort not just to himself, but to his wife and family. He has seemingly concluded there is nothing to be done and so no watching TV, no social activities, etc. Regrettably, after a very active and productive retirement until now, he just hangs around the house in a state of misery.

I often recall one of my North Van High School teacher's favourite sayings, "The smart one isn't the one who has all the information in their head, but is the one that knows where to find the information." This is in no way to imply my friend's father isn't smart—he was a world renowned UBC professor—

but it is to suggest that if one can obtain useful information, then perhaps some positive problem solving can occur. For example, in this day of information with the Internet—just type in a question as if you were at the Oracle and you get an answer—it seems sad that such situations as described do occur. We have heard many accounts at our meetings about the frustration caused by hearing loss in relationships and quality of life.

On the other hand, another professor, Fred Siller at UBC marketing school emphasized, "You can build a better mousetrap for the world, but if no one knows about it, no one will care!" Your CHHA North Shore branch has a very good board of directors all doing their part in delivering information through the monthly drop-in Sound Advice sessions, occasional special sessions in different North Shore neighbourhoods and of course, our bi-monthly public presentations that feature outstanding guest speakers. These information sessions have been going on for years. And to note too, Hugh Hetherington often makes personal visits to our friends to advise on their situa-

tions. He is very technically savvy too, a real help in explaining the latest devices.

We have targeted a number of churches to encourage the installation of loop listening systems, with success. A survey of employers, locales and institutions with meeting spaces is also an ongoing project. Future outreach to targeted “communities” and age groups are anticipated. There is more that might be done, including further outreach to younger age groups and to local communities. Educating the public in the best way we can as to how to address and cope with hearing loss is the primary focus of the North Shore branch.

But what can we as individuals do, when we come across situations like that of my friend’s father’s. Let’s encourage them to not give up, but instead check out information online, get in touch with local audiologists or the Western Institute for the Deaf and Hard of Hearing, check us out at CHHA – North Shore Branch—after all, you have benefitted from being a member. Livable communities start at home, let’s all do our best for our friends and neighbours who are struggling to cope with hearing loss. We are here to help.

On behalf of the Board, I extend best wishes for the upcoming holiday season, and a big thank you for your continued support and participation in our branch. —mh

## DIARY OF A COCHLEAR IMPLANT

### A New Label for Me?

By Flo Spratt

A couple of weeks ago, Hugh and I were discussing the theme of Single Sided Deafness (SSD) for this issue of the newsletter. He asked me if I considered myself as having single sided deafness. I replied, "No, I had never thought of it like that". To me, my implant seems to be doing the job for both ears! Yes, my right ear wears a hearing aid (HA) and it takes in sound, albeit very muffled. When I happen to be wearing only the hearing aid, I might receive an indicator that something is making a sound. That’s it. But does that make me a SSD person? We went back and forth on the topic, and I said I'd email Jowan, my CI audiologist at St. Paul’s, to see just where one with a CI fits into the scheme of hearing impaired people.

Jowan’s responses to my questions confirmed that

the issues are very similar, if not identical, for those who hear with one CI with those people who wear one hearing aid and whose remaining ear has little or no hearing. He pointed out that, if the other ear has some hearing assistance, the issues are not as pronounced. This is something we would expect, for when the second ear is working, it enables some important functions, namely: 1. Localizing sound; 2. Providing better “balance” in background noise; and, 3. Allowing the volume of the aids to be at a more reasonable level. Sometimes, to compensate for the deaf ear, the hearing aid wearer will increase the volume above normal, creating more unnatural sound.

In my case, with one CI, I find that I do not struggle with these issues as much as I did when I wore two hearing aids. One of the main reasons, it seems to me, is that sound is coming to me so much clearer than it ever did. As a result, speech is clear to me even with background noise or when it is very soft; I do not need to change seating to have the speaker on the CI side, nor do I need to increase the volume on my speech processor. You could say that my hearing is more like a person with normal/near normal hearing but with one deaf ear.

There is one caveat, however. Jowan, who has normal hearing, did a simple experiment that pointed to the fact that we who hear out of one ear may not appreciate the depth and character of sound. In other words, we don’t know what we are missing! Plugging one of his ears while driving, he found that the noise made it more difficult to hear the voice on the radio over the engine noise. Of course, he could still hear the radio with his normal ear, but he noticed that sounds in general do not have a sense of space (i.e., layered), but sound flatter. So, despite the one ear functioning normally, it was more difficult to discriminate between sounds.

After receiving Jowan’s email, I made a point of checking how well I hear with the speaker on my CI side versus my HA side. To my surprise, there was a marked difference! Especially when noise is in the background, there is less “competition” when the speaker is on my CI side.

So, in conclusion, I do experience issues related to SSD. Now that I know I have SSD, albeit on a mild to moderate level, I am benefiting from a new-to-me coping strategy: doing my best to have the speaker on my CI side. This strategy was not useful before

my CI as both of my ears were at a profound level.

Does my experience suggest anything to you? Might there be some coping strategy, some technology or some knowledge about hearing loss that you could still learn about to apply to your situation? We are here to help you find out.

You just might be surprised.

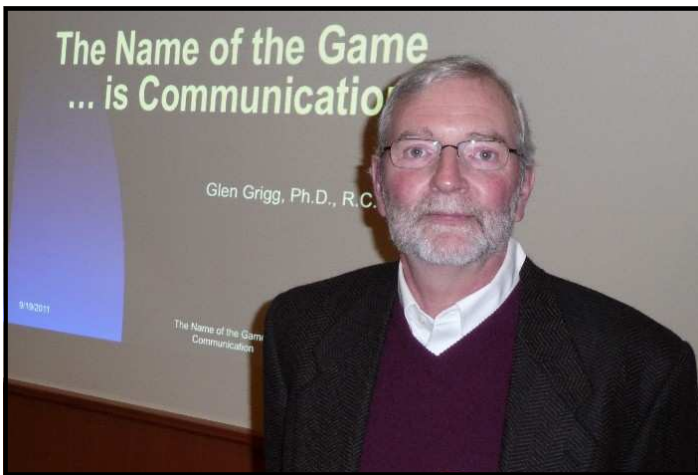
## Annual General Meeting

### Inspiring Talk by Glen Grigg

By Mike Hocevar

“The name of the game is Communication” was the message promoted at our September AGM by Glen Grigg, Ph.D, R.C.C. Attendees were encouraged to develop and maintain effective domestic and social lifestyles by recognizing their responsibility to use clear communications through interpersonal skills, assistive hearing devices and by developing personal safety strategies made necessary by the consequences of hearing impairment.

Dr. Grigg conceded he wasn't a medical doctor who can diagnose a hearing problem, that he isn't a neurologist



who can analyze how or why the brain is affected by poor hearing, that he isn't an audiologist who will test your hearing and advise on hearing aids based on your receptive sound frequency levels, nor is he a sound engineer who has the technical know how to design sound and listening devices. What he does offer though, is observations and practical strategies from 30 years of professional experience as a psychologist specializing in the field of personal relationships; also as an instructor at the Justice Institute of BC and the Vancouver campus of City University of Seattle. But what really helps to make him an expert, is living with his spouse, Andrea who has a hearing impairment, and is a long time member of our branch.

Dr. Grigg started off with a simple primer about the

physical and psychological actions between the brain and the ears; the way sound is interpreted by the brain for its sense and meaning, and how such is affected by damaged hearing. These factors contribute to how we understand situations and why we must recognize the need to be conscious to always make ourselves clearly understood.

Not only were we shown charts and cutaway illustrations, but were given demonstrations of misunderstandings in the message resulting from not hearing the words right, or by the tone and clarity of our speech. For the hearing impaired so much more effort is required in these matters because, for example, while eyeglasses restore sight, hearing aids do not fully restore hearing—they only amplify sound and that means more often than not, we receive overwhelming levels of background noise interference.

With normal hearing one can usually “block out” noises and just concentrate on the sound desired, while with a hearing aid there isn't always a choice because a real “wash” of sound also comes in. Users of hearing aids often find it is usually only in a quiet room without background noise that one is able to comfortably converse. Think of pub or restaurant settings. With a huge noise load, it can take up to four seconds for the desired sound, voice or word to be grasped and recognized.

Our emotions and personal body language may be misleading to others if messages are not heard properly or not heard at all. Our responses may be confusing to others when we don't express proper or protocol emotion for the given situation.

We must realize our hearing over the eons has evolved into highly effective hearing from an evolutionary point of view and contributed importantly to mankind's survival since the dinosaur age. We immediately determine the direction and distance of sound heard by the fact that sound reaches the closest ear first and allows our brain to make the necessary computations. Other factors are also involved, such as, the fact that higher and lower frequencies travel at different velocities and arrive at our ears with different timing.

But none of this makes a huge difference to those who have hearing loss in one ear, or in the case where hearing aids tend to distort and confuse us about where and how distant or close the sound is. So often, some disorientation occurs which obviously would baffle another person as to what or why a person doesn't hear, respond or act accordingly in given situations. The hearing impaired are often in a state of anxiety or even may be in situations that can affect real personal safety. It certainly makes driving a vehicle much more difficult and possibly even dangerous depending on the level of hearing impairment, as an example. It is true, that the brain in recognizing hearing impairment will then use to a degree, other senses to assist in coping to understand a person's situation in

any given moment, such as with eyesight or keener smell, perhaps. That is not enough though to compensate for the hearing loss in most situations.

So your personal comfort, relationships and safety are at constant risk of being unsatisfactory given these consequences of hearing impairment. Dr. Grigg offered some advice to address these matters. He advised us to consider taking control and to share our situation with others so that they can be appreciative and patient in dealing with us. Be explicit, clarify, double check, and do what it takes in personal conversation to be sure both of you are understood. Providing a bit of background or educating them on the very topics Dr. Grigg presented would also prove useful to those that you will have frequent interaction with.

Learning what assistive devices are available can allow or expand your ability to participate in many diverse social settings, let alone at home where a positive spousal relationship is paramount. Tackling frustration through a level of patience over determining the right hearing aid, or conquering a fear of technology (it is important to realize just how user friendly most devices are today) must be components of your effective communication strategy. Your own life may also depend on being equipped with assistive devices, for example vibrating devices or flashing lights for fire and burglar alarms.

Something else that Dr. Grigg highly recommends: Give yourself credit for coping with the sheer exhaustion of managing life under the drain of hearing impairment and its issues; develop lifestyle and relationships that take into account the effect hearing impairment has on you in order to maximize your comfort and self esteem.

The attendees definitely appreciated Glen's orderly and effective presentation, spiced up throughout with splendid humour, terrific anecdotes and analogies. Everyone got a good laugh about the issue of blocking out sound you don't want or care to hear: that the family dog understood doggie biscuits as "cookies" and one time in the kitchen Greg and his wife were chatting while the dog was sleeping, the radio on and so on. They discussed making a pie and while they were at it maybe they ought to bake cookies. Well, the sleeping dog jumped right up all excited having heard that word, thinking a treat of doggie biscuits was intended at that moment!

Questions and comments were solicited afterwards. Hugh Hetherington declared, "Thank you for such an illuminating talk. I work with the hearing impaired just about every day and learned many new things this evening!" This talk was definitely a highlight event for our 2011 AGM. Everyone went away much more enlightened and inspired to consider meaningfully as to how they will embrace and practice the message, "The name of the game is communication."



## CHHA Walk2Hear

The Walk-a-thon took place on September 24th at Jericho Beach Park. \$15,000 was raised among the CHHA National organization, CHHA BC Chapter, various Branches and walking groups.

Over 125 walkers were registered to take part. Pictured above (left to right) are North Shore Branch members, Lauren Cotterall, Henry Romain, Ruth Lapointe and Karen Hunter at the walk.

## Single Sided Deafness

By Hugh Hetherington

*This article is a reprint of an article I wrote for the September 2005 issue of Mountain Ear. I am publishing it again because of the number of people with this condition who have attended our meetings lately. I have also updated it where necessary.*

Single sided deafness (SSD) also referred to as unilateral hearing loss is the complete or substantial loss of hearing in one ear. The condition appears to be far more prevalent than I would have thought and according to statistics, each year it afflicts 200 out of each one million of the population. If true, this would mean that about 6000 people in Canada are victims of this condition every year and effectively live in a monaural world.

As a music lover and an aficionado of listening in stereo, I can only imagine what it must be like to live in a monaural world. I can remember back to the late 1940s and early 1950s when Hi-Fidelity music became the rage with the introduction of 33 1/3 and 45 R.P.M. vinyl recordings. Such brilliance, could it get any better? Then stereo recording techniques were introduced to us in the early 1960s and suddenly those old monaural recordings sounded dull and lifeless. Now, of course, with digital sound proc-

essing capability, those old monaural recordings can be reprocessed to give spatial ambience to improve listening enjoyment. But, I stray from the point. All of this requires that you have two functioning ears. What can be done for those with SSD? We'll talk about that later in the article.

SSD can be congenital or caused by a wide range of conditions, such as, Meniere's disease, childhood diseases like measles and chicken pox, viral infections, trauma or through surgery for acoustic neuroma tumour. The condition is also influenced by the level of hearing in the "good ear" which can range from normal through any degree of hearing loss from mild to profound.

Noise, in particular, becomes a severe problem. Not only is it difficult or impossible to determine the direction sound is coming from, but also the speech sounds are inextricably interlaced with the noise since all sounds appear to be in one plane. Another problem is referred to as the "head shadow effect". This is the difficulty or inability to hear sounds from a particular direction. Those with SSD have to be particularly aware of listening environments and give special attention to seating arrangements. A good example of this is traveling with someone in a car. Depending upon the side of the deafness, is it better to be the driver or the passenger?

If you are not affected by SSD, it is difficult to realize the day-to-day problems that this condition causes for those affected. Similar to those with severe bilateral hearing loss, the person may feel uncomfortable in or no longer able to cope with normal everyday situations such as, restaurants, family gatherings, sporting activities, driving a car, business meetings, or just crossing the street. These difficulties often lead to withdrawal from social and business occasions.

When SSD occurs, it is vital to have a proper assessment of the situation. Patients should initially consult with their GP and obtain a referral to an ENT or Neurological Physician. Once the condition has been properly diagnosed and medical or surgical intervention ruled out, an audiological assessment will determine the best course of treatment.

The main solution for SSD is the CROS (Contralateral Routing Of Signal) hearing aid. These can be of a (BTE) behind-the-ear or (ITE) in-the-ear type. This system used to consist of a microphone fitted to the deaf ear in a hearing aid shell with a wired connection that went behind the head to a

hearing aid in the good ear. Today, wireless solutions are possible making the wired CROS hearing aid obsolete. While the CROS hearing aid doesn't solve the problem for the deaf ear, it does make it possible for a person to hear speech and sound originating on the deaf side, even though it is heard in the good ear. I have talked with people who were really pleased with the CROS solution while some others have said they found it unnatural and annoying and rejected it. Maybe some of this was due to having a wire running between the two sides.



Phonak CrosLink Hearing Aid and Micro Receiver

A BI-CROS hearing aid works in the same way and is used when the hearing ear has a significant hearing loss also and requires amplification.

Recently, newer developments have led to wireless CROS/BI-CROS systems. These use radio transmission

or other proprietary systems to transmit the sound from one ear to the other. New micro FM technology developed for hearing aids and assistive devices has led to even greater flexibility. With Phonak's CROSLink® system, the hearing ear can be fitted with any appropriate microlink compatible hearing aid. A microlink receiver attaches to the hearing aid and a wireless FM microphone is worn on the deaf ear. Sound is transmitted wirelessly from the deaf side to the hearing side. Unitron's WiFiMic® system functions in the same way. Unitron also has a



Unitron Tandem System

newer system called Tandem®, which comes in two technology levels. All of these systems enable the user to take advantage of newer digital technology with a wireless CROS or BiCROS solution. Your

audiologist can determine which system is best for you.

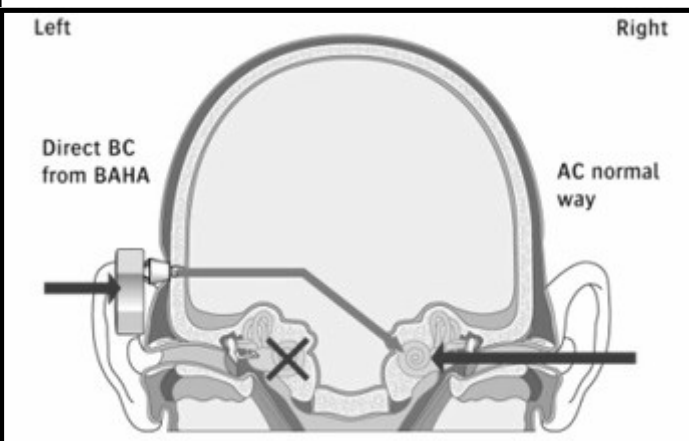
If the person with SSD has a significant hearing loss in the hearing ear where it requires amplification, I cannot overstate the importance of having your hearing aid equipped with a good telecoil (T-Switch). This enables the person to use a wide range of assistive listening devices (ALD's) such as, loop systems, pockettalkers, and personal FM systems. The Phonak CROSLink® system is also compatible with the EasyLink®, ZoomLink® and SmartLink® FM systems. These can help overcome the problems of distance, reverberation and background noise in many situations. They can also provide hands free interconnection with Bluetooth cell phones and connect with your TV, iPod or computer.

Also, a system called the BAHA® (Bone Anchored Hearing Aid) is offering an alternative to the CROS system. In the



USA, the BAHA received approval from the FDA for treatment of sensorineural SSD in 2002. The BAHA has, how-

ever, been available for over 30 years for the treatment of all types of conductive hearing loss, both bilateral and unilateral. The BAHA is a semi-implantable device that works by conducting sounds from the deaf side through bone conduction to the cochlea on the hearing side. This enables the person to hear and understand sounds from both sides of the head. Many are even able to tell which side the sound is coming from by the difference in sound quality between the bone conduction on the deaf side and the air conduction on the hearing side. With



normal hearing in one ear, the BAHA solution gives hearing on the deaf side without the use of a hearing aid in either ear.

The BAHA system consists of three main parts. (1) A small titanium implant which is placed in the skull bone behind the deaf ear, (2) an abutment to which is attached (3) an external sound processor. Minor surgery is needed to place the implant in the skull and this is often done under a local anesthetic. Patients leave the hospital the same day. After allowing 3 months for the surgery to heal, the speech processor is programmed and fitted by an audiologist.

For more information on the BAHA® system visit their website at [www.cochlearamericas.com/](http://www.cochlearamericas.com/). Not all audiologists are able to program the BAHA processor. Some Connect Hearing locations do provide the service and to find a location near you call their Customer Service Department at 1-800-563-HEAR (4327).

## Sound Advice

Presented by:

**The Canadian Hard of Hearing Association**

**North Shore Branch**

**The group meets on the First Friday of each month from 10:00 AM to 12 Noon**

(Holidays excepted) at the West Vancouver Seniors' Activity Centre's Social Rec Room, 695 21st Street in West Vancouver.

(No meeting in July and August)

We look forward to seeing you there.

Bring a friend, a family member, they are welcome too.

**For information call: 604-926-5222**

All opinions expressed in this newsletter are those of the contributors and not necessarily those of the Canadian Hard of Hearing Association or CHHA – North Shore Branch.

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