# *Stigma associated with hearing loss in older adults and ageism: What are they and what are the implications for rehabilitation*

# *Stigma associated with hearing loss in older adults and ageism: What are they and what are the implications for rehabilitation*

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# Goal of research program

- To describe the effects, manifestations and the inter-relationship between self-stigma and auto-ageism in older adults with HL

- To develop an intervention program designed to overcome the effects of self-stigma and/or auto-ageism in older adults with HL

- To evaluate the efficacy of the intervention program

# Overview

1.  Review of key concepts: Social stigma, self-stigma, ageism, auto-ageism

2.  Present progress report of the findings of the qualitative study

3.  Discuss the elements of an intervention program to overcome self-stigma

*Stigma:*

*the possession of, or the belief that one possesses, some attribute or characteristic that conveys a **social identity that is devalued** in a particular social context.*

*Stigma is a **social phenomenon** that can be investigated from many different perspectives*

*Crocker, Major, and Steele (1998)*

# Stigma: A Social Construction

A label attached by society; a phenomenon <u>defined by society</u>

- – Personal attributes that are stigmatizing in one society may not be stigmatizing in another society (e.g., tattoos; body piercing, being overweight, doing drugs)

- – Stigmatizing traits may change as a function of many factors including time (e.g., use of tobacco, drinking while driving, homosexuality, recycling, )

# Stigma: A Social Construction

Stigma is a phenomenon that can be investigated from many different perspectives

- outsiders
- insiders

# Stigma: Perspective of *OUTSIDERS*

Stigma may be studied from the vantage point of people who do not possess the stigmatizing trait (members of society in general)

These people are *'outsiders':*

- They are the people who hold prejudicial views; who stigmatize others

- *Outsiders* report that people with HL are old, senile, socially unfit, a burden to society

- O*utsiders* tend to avoid and/or ostracize individuals with stigmatizing conditions

# Stigma: Perspective of *INSIDERS*

Stigma can be studied from the vantage point of those who possess a stigmatizing trait

Those people are *'insiders'*

Usually *insiders* are aware of the prejudicial views held by the outsiders (unwed mothers, social welfare)

Often, *insiders* hold (consciously or not) the same prejudicial views about their stigmatizing condition as the outsiders

In the case of late-onset hearing impairment, *outsiders* may become part of the *insider* group

# Stigma and HL

Marketrak Studies (Kochkin: 2000, 2007) indicate:

Stigma is one of the main reason given by people to explain why they do not accept wearing hearing aids

40% of people with HL who do not use hearing aids give stigma as one of the 5 main reasons for their decision

# Marketrak Studies (Kochkin, 2000, 2007)

Reasons given by adults 35 to 65 years of age with HL to justify non-adoption of hearing aids:

Do not want to admit HL in public – 35%
Noticeable – 35%
Too embarrassed to wear – 34%
Makes you look disabled – 31%
Makes you look old – 31%

A glimpse of the image that people with hearing loss have of themselves (their own identity)

# Stigma and Hearing Loss

Further reasons given by people with HL to justify non-adoption of hearing aids (Kochkin, 2000, 2007):

Too proud to wear – 29%

People treat you differently – 28%

Makes you look weak and feeble – 26%

People make fun of you – 22%

Makes you look mentally slow - 20%

# Self-stigma

**Probably each one of us has felt discredited at a given time or in a given situation**

# Self-stigma



Recall a situation where you experienced self-stigma

Think about this stigmatizing experience as I describe the phenomenon of self-stigma

# Self-Stigma

Some *insiders* display *self-stigma*; these people agree with prejudicial views concerning their own stigmatizing trait (people who are obese- some yes; some no)

*Self-stigma* brings about a *threat to one's own identity (in the way we perceive ourselves)*

*Self-stigma* often leads to higher levels of stress, shame, and lower self-esteem and lower self-efficacy

# Self-Stigma
# and maladaptive behaviors

To avoid situations of perceived identity threat, many people employ *maladaptive coping strategies*:

   *denial* (possible because HL is invisible)

   *minimization*

   *normalization*

   *social isolation/withdrawal, avoidance, concealing the loss*

# Maladaptive Coping Strategies

**Denial**

The person insists that he/she is perfectly normal; that he/she does not have any problem hearing.

'I hear very well; everyone mumbles these days.'

# Maladaptive Coping Strategies

**Minimizing the impact:**

'It's not that bad!'

'It doesn't bother me!'

'It does not stop me from living my life!'

'I have some difficulties but I am not deaf!'

# Maladaptive Coping Strategies

**Normalization attempts:**

'It is normal when you have worked in noisy environments for 15 years!'

'It is normal at my age!'

'I am not worse than the others.'

# Maladaptive Coping Strategies

**Withdrawal/Isolation:**

The person stops participating in social activities

The person prefers to stay alone, isolate himself/herself

# Maladaptive Coping Strategies

**Concealing** (i.e.,: do not tell others about HL)

Strategy used by some people who display self-stigma

Do not want to be identified as having the stigmatizing trait

# Maladaptive Coping Strategies

**Concealing:**

1. Prevents individual from using appropriate communication strategies

2. Significant cognitive and emotional resources are expended in attempts to conceal HL and the effects of HL

3. Induces stress

   when (and to whom) to disclose vs. when (and to whom)

   to conceal

Self-stigma is an important obstacle to AR

# Maladaptive Coping Strategies

To avoid being identified as a member of a stigmatized group, individuals might choose not to seek treatment or fail to comply with treatment regimens

It is very likely that they will not agree to use amplification or any other type of assistive technology

# Untreated hearing loss may evolve into a degenerative social disorder
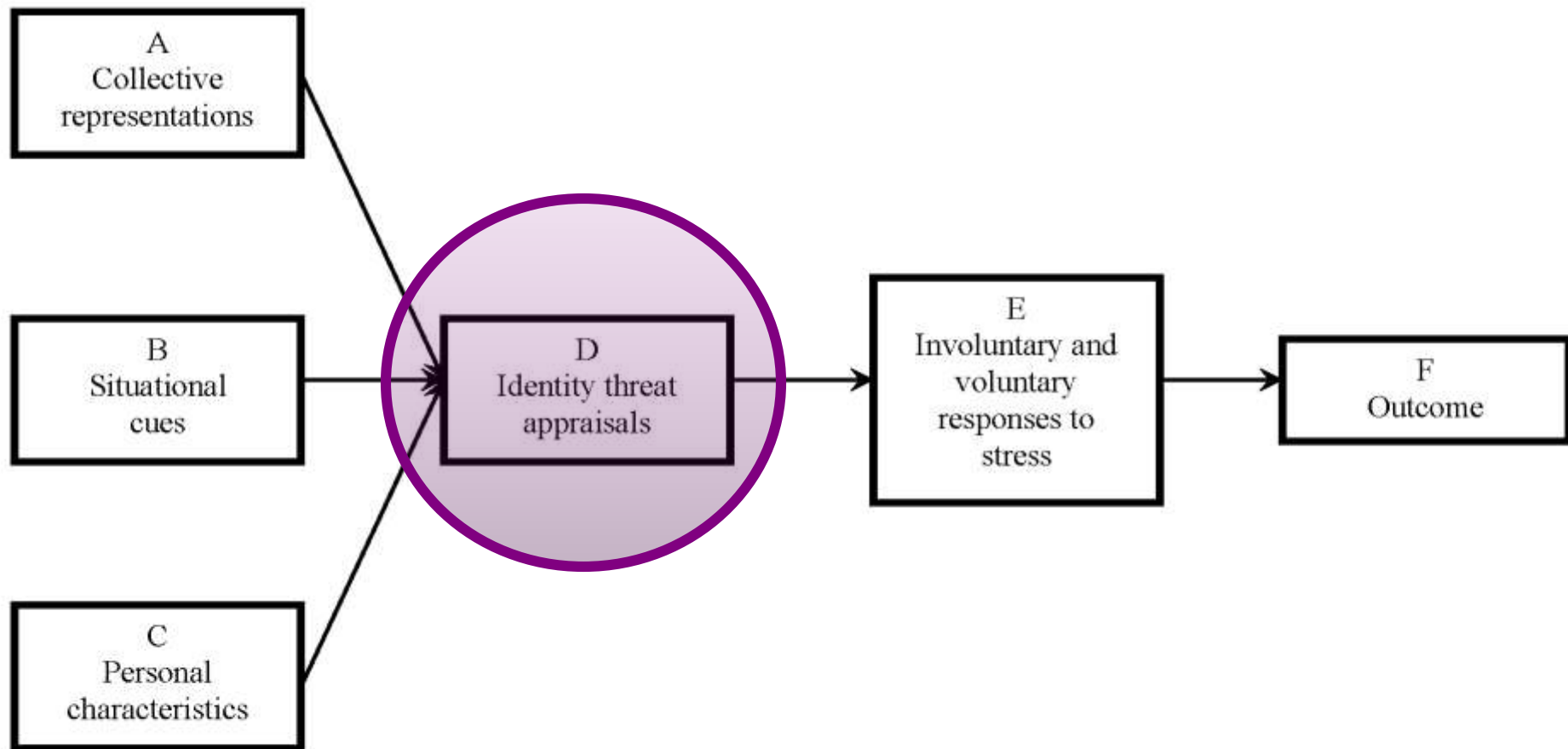
# Stigma & Self-stigma



**A conceptual framework for understanding the effects and manifestations of self-stigma associated with hearing loss**

# A Stigma-Induced Identity Threat Model

Major & O'Brien, 2005

Figure 3:
Conceptual framework displaying the elements of the Stigma-induced identity threat described by Major and O'Brien (2005)

Depends on the person's assessment of the demands of the situation
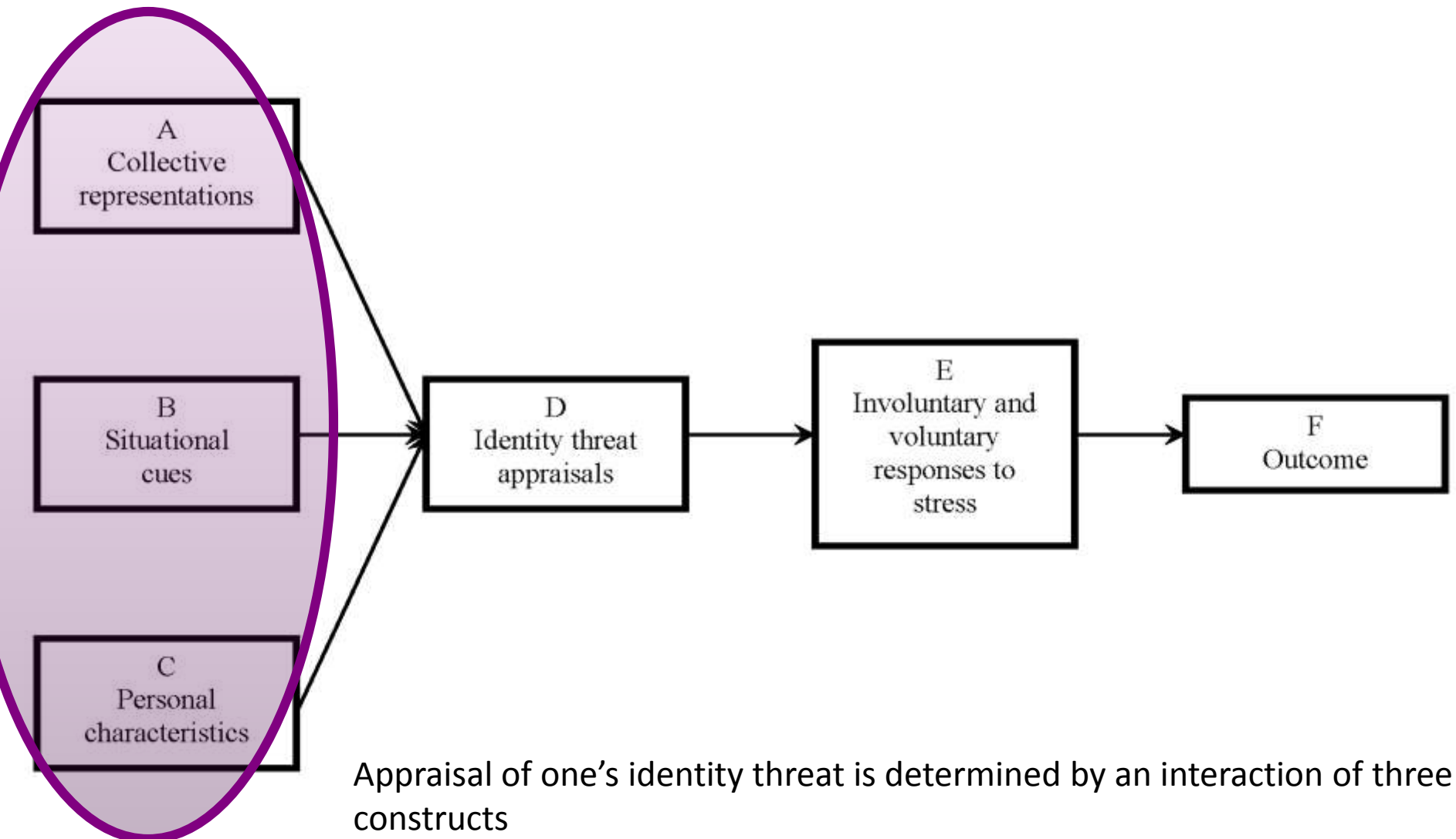
# Stigma-Induced Identity Threat

Responses to stigmatization depend on the person's assessment of the demands of the situation

A situation is assessed as stigmatizing if:

- one appraises a situation as harmful (or potentially harmful) to his/her social identity
  and
- when the stress induced by the situation is judged to exceed the resources available to cope

Figure 3:
Conceptual framework displaying the elements of the Stigma-induced identity threat described by Major and O'Brien (2005)



Appraisal of one's identity threat is determined by an interaction of three constructs
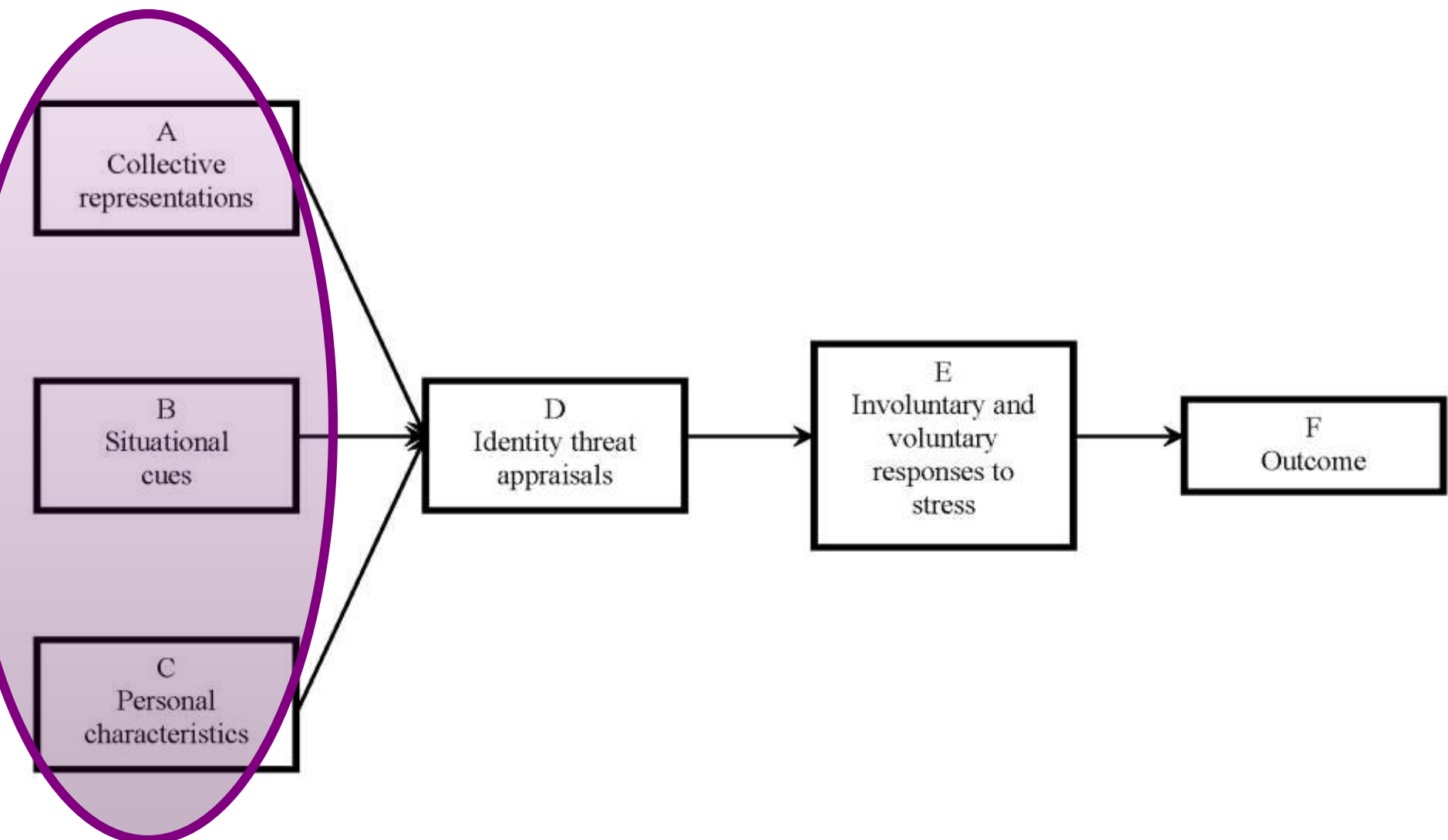
# Stigma-Induced Identity Threat

*1. Collective Representations*

Shared understandings and beliefs about stigmatizing conditions

Collective representations (society's) and the stigmatized person's own view of the stigmatized trait will determine whether or not their will be *a perceived identity threat*

A
Collective representations

B
Situational cues

C
Personal characteristics

D
Identity threat appraisals

E
Involuntary and voluntary responses to stress
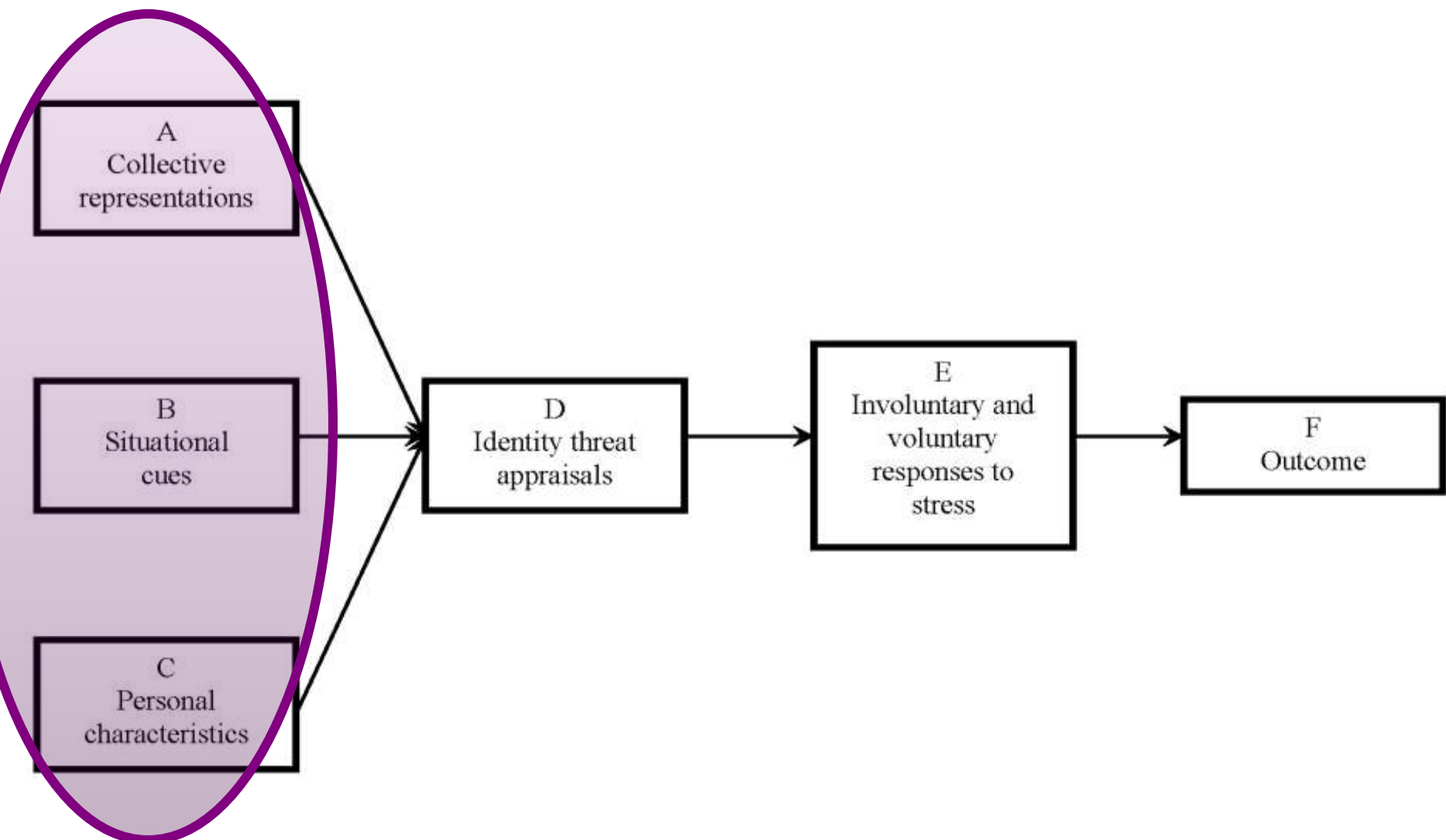
F
Outcome

# Stigma-Induced Identity Threat

## 2. *Situational cues*

Factors related to the <u>physical and social environment</u> in which a given activity takes place

It is the person's perception of the situational cues that are important (real or not)

| A Collective representations | D Identity threat appraisals | E Involuntary and voluntary responses to stress | F Outcome |

B Situational cues
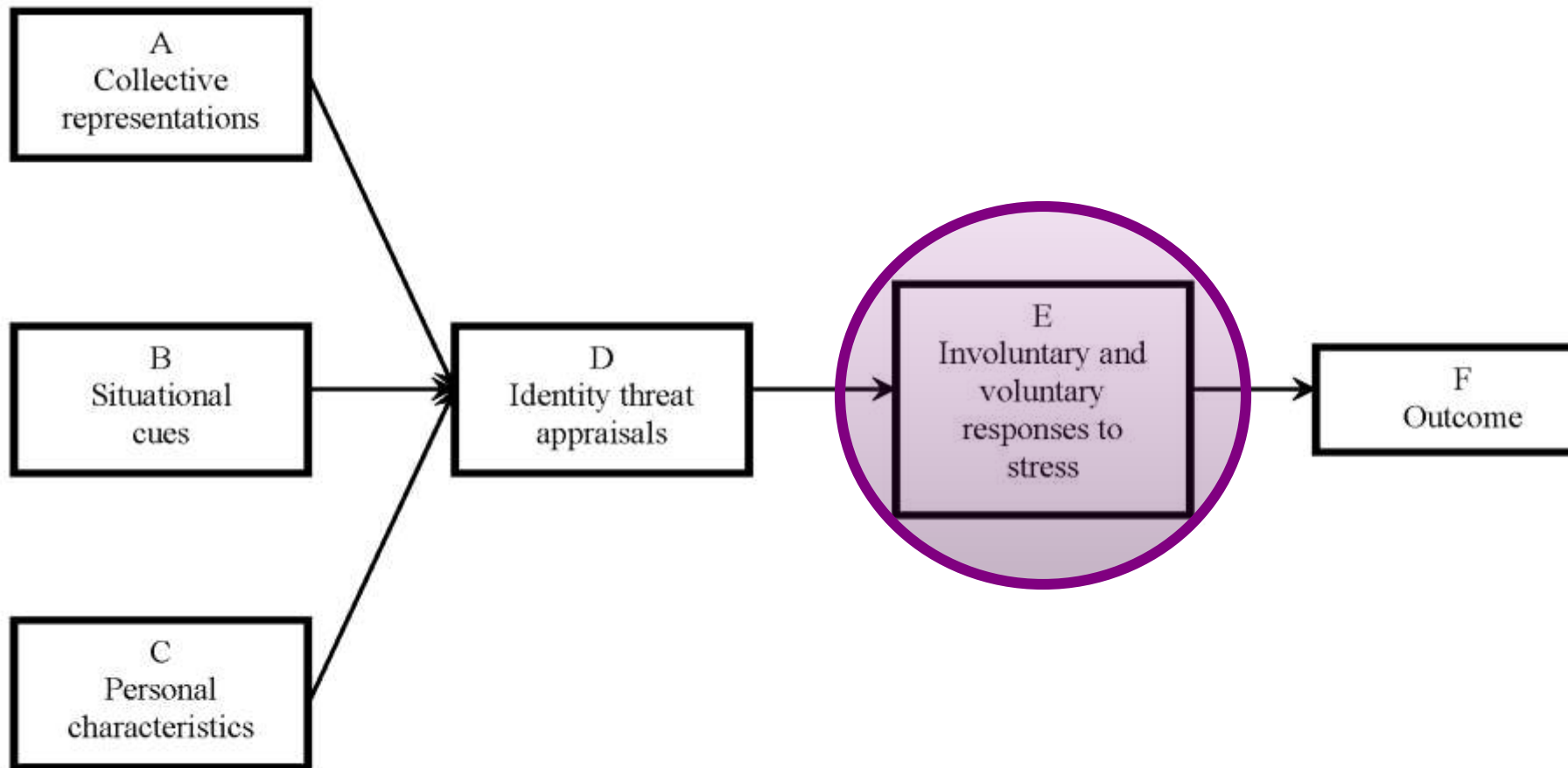
C Personal characteristics

# Stigma-Induced Identity Threat

*3. Personal Characteristics*

The personal attributes of the person such as age, gender, educational level, occupation, etc…

attitudes, beliefs, level of optimism, self-esteem, etc..

Power relationship with others in a given situation

| | | |
|---|---|---|
| A Collective representations | | |
| B Situational cues | D Identity threat appraisals | E Involuntary and voluntary responses to stress |
| C Personal characteristics | | F Outcome |

# Involuntary responses to stress

# Body

headaches
frequent infections
taut muscles
muscular twitches
fatigue
skin irritations
breathlessness

# Mind

worrying
muddled thinking
impaired judgement
nightmares
indecisions
negativity
hasty decisions

## Stress

loss of confidence
more fussy
irritability
depression
apathy
alienation
apprehension

accident prone
loss of appetite
loss of sex drive
drinking more
insomnia
restlessness
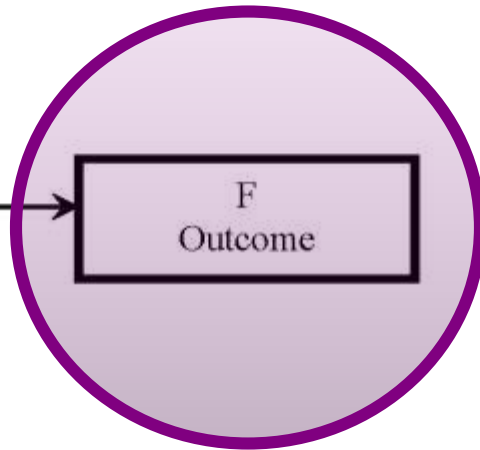smoking more

# Emotions

# Behavior

A
Collective representations

B
Situational cues

C
Personal characteristics

D
Identity threat appraisals

E
Involuntary and voluntary responses to stress

F
Outcome

# Stigma-Induced Identity Threat

The <u>outcomes of coping responses</u> may be:

Attitudes and feelings (self-defeating, pessimistic) low self-esteem shame, fear, low confidence)

Behaviours (acad. performance, job performance, isolation, health conditions)

# AGEISM & AUTO-AGEISM

# AGEISM & AUTO-ageism

**Ageism:**

discrimination against people <u>on</u> the grounds of their age;

Typically, discrimination against the elderly

**Auto-ageism:**

older adults who hold the same negative/

discriminatory attitude (consciously or not) towards the elderly

the identity-threat model proposed by Major and O'Brien (2005) can be applied to auto-ageism.

Activity:

Name some characteristics associated with older adults/aging

# Our society's view of older adults

Ageist attitudes :

'slow' physically and cognitively

not healthy (sick, chronic disability)

poor performance - efficiency

burden (cost) to society

dementia

not interesting to interact with

being a bother to others

Loss of autonomy

Ageist comments that (we!) use:

'She did great for her age', 'looks great for her age'

'Still very active for a person of 77 years of age'

'Using clear speech' – 'elderspeak' (!)

# Qualitative Research Project

# Qualitative Research Project

- To describe the perception of older adults concerning <u>ageism</u> (in general) and the <u>stigma</u> associated with HL in older adults as well as the <u>auto-ageism</u> and the <u>self-stigma</u> associated with HL in older adults

- To characterize the manifestations of self-stigma and auto-ageism

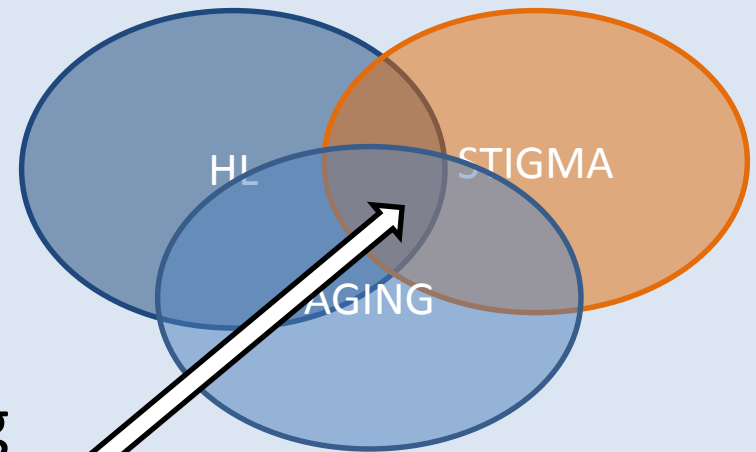\* Incorporate relevant findings into the intervention program

# Methods

The Interviews:

Queries/conversations on four main topics and follow-up questions:

- Society's views of HL associated with aging
- Their own personal views of HL accompanying aging
- Society's view of the elderly (general)
- Their own personal view of aging

One goal was to investigate the point of convergence among those the themes

HL

STIGMA

AGING

# Methods

- Experimental approach: qualitative, descriptive, exploratory
- Using a multiple cases analyses paradigm
- Participants (n=37)
  - All 37 interviews video recorded, and transcribed
  - In depth analyses of 14 interviews (sampling on the basis of contrasting cases)
  - Listened/read to the
    remaining 23 cases
    (with analysis when warranted)

# Methods

Categories of participants recruited
- All over 65 years of age (range between 65 – 89 yrs of age)
- Men & Women
- Rural  & urban settings
- With HL & without a diagnosed HL
- With HL: use & non use of hearing aids
- Significant others (no known HL)

# Data analysis strategy

Mixed coding strategy

- Codes identified on the basis of the goal of the study and our conceptual framework of identity threat
- The definition of codes could be modified based on the data
- Additional codes could be added based on the data

Approach to analysis

- Series of case studies to develop a profile of each individual
- Cross case analysis to identify recurrent themes/subthemes

# Analysis

## Multiple case study

**Phase 1: Analysis of individual case studies**

Coding the data

Elaboration of themes/subthemes

**Phase 2: Analysis of a series of cases**

- Identify the commonalities across cases
- Identify issues unique to 1 or 2 cases but nonetheless pertinent given the research objectives

# Coding system

Seven (7) principal/main themes:

- Hearing Loss

- Aging

- Stigmatization

- Self-stigma of HL

- Ageism

- Auto-ageism

- Social identity

*Several sub-themes for each main themes

**Sub-themes  associated with HL (7)**

- Denial/minimizing effect of HL*

- Becoming aware of HL*

- Functional limitations due to HL*

- **'Remediating' (dealing with) problems caused by HL**

- **'Models' of other persons with HL**

- **Impact of HL**

- Use of hearing aids

# HL is an aging disorder -- & Concealing HL

MP : What is it that we associate with HL and aging?
How come these things go together?

MM: Well HL is a disorder of aging

MP:  OK

MM: It is obvious, when you are 60 years of age you
don't want to…

MP:  OK.

MM: Well if you get it at 80 years of age, that's
understandable

MP:  OK.

MM: Well I know that the first HA I had, I didn't tell
others.

# Reason for not revealing one's HL

BB:   well it becomes, especially if you are alone… the only one that asks others to repeat.. when all the others understand.

MP: Yes, when you are the only one in the group, that is even more difficult. Are we different than others?

BB: Yes, I think so… a little different, yes…

**Hearing Loss:**
- Denial/minimizing
- Becoming aware of HL
- Functional limitations due to HL

# 'Remediating' (dealing with) problems caused by HL

- Conditions required to apply remedial strategies*

- Cost/benefit of applying remedial strategies*

- Communication strategies used*

- Behavioral strategies*

- Modification (management) of the physical environment*

- Use of Hearing aids*

- Non-use of hearing aids*

## Self-stigma -- concealing

CT: I think also, our grandchildren. Of course we want to have a good relationship with them. They could say: Grandpa is deaf. We don't speak to him anymore… that is annoying.

MP: OK

CT: We'll speak less to him. He doesn't understand

MP: So there is a threat. It is like you don't want to jeopardize a relationship that is important. We wouldn't want one element to make things more difficult.. to increase the distance.

continued

# Self-stigma-- concealing

CT: Yeah.. yeah... Yeah... Yes because for them of course if they become aware that when they say something, I respond inappropriately.. well you know they are children..

Self-stigma   Denying HL

MP: Of course we don't like that. For you, what don't you like about asking others to repeat.

I want to understand.. Is it.. I don't know because it can create some tension... because you have the impression that it is bothersome?

CT: Well, it is bothersome for the others and also you have the impression that when the other person is speaking you are not listening well enough.

MP: OK.

CT: It is as if I said ' she told me but I wasn't paying attention—I wasn't listening. Instead of saying it is because of my HL

Continued

Self-stigma   Denying HL

MP:  OK

CT:  It is as if I wasn't listening to what you just said..

MP: Ok.. So?

CT: when that happens it is like denying my HL

MP:  it is like a voluntary decision- not a disability

CT: That's it. If I wanted…

MP: You could hear. If you were really really concentrated

CT: Yeah That's right (laugh)

# The effects of Self-stigma

MP: Ok.. Ok... For sure it is not an easy moment. It is a big thing to become aware (... to recognize that we have  HL). Right?

MM : Well, I know that it is better not to think about it too much... But, nevertheless.. I try to stay active, but...often I do.. i do things that I don't like too much (laugh).. More passive activities

MP : OK

MM : Well.

MP : OK.

MM : Well I have some equipment to do .. ummm. To do physical activities.

MP : OK.

MM : Like tennis, well.. swimming.. well.. it was so hot this summer that it was .. Well

Continued...

# The effects of Self-stigma

MP : Yeah…

MM : It required more effort to go down.. to the swimming pool (laugh)..

MP : OK

MM : Hot!.. I would take out… well you know around the swimming pool there are always a lot of different social activities

MP : Yeah.

MM : the people are in the water …and they chat… well

MP : Oh Yeah?

MM : Instead… I would do my swimming lengths .. without being preoccupied by the others.. Well, I know I look like someone who is anti-social..

**Hearing Loss (continued)**

- **'Models' of persons with HL**
  - Positive or negative models
- **Impact of HL**
  - Motivation to consult
  - Change in leisure activity
  - Change in communication (network & style)
  - Modifications in interpersonal relationships
  - Stigmatization / Self-stigma
  - Perception of others
  - Ageism

# HL is associated with aging

MM : But in younger people.. it could be an accident. So, it is not... for a younger person having a HA does not identify him as old... he could have had an ear infection or something...

MP: OK.

HL is an aging disorder

(from previous verbatim)

MP :  What is it that we associate with HL and aging? How come these things go together?

MM: Well HL is a disorder of aging

MP:   OK

# Self-stigma -- social isolation

MM: Instead I do lengths (in the swimming pool) and I am not bothered by the others.

MP: OK

MM: Well, I don't know if they all know it. But, at least some of them known. I told them (about the HL). So, I think that by now they all know (laugh)

MP: OK

MM: But me.. well no... I don't mind it if they know but.. I don't want to get involved in their conversation... I don't want to take part.

# AGING PROCESS

- **The 'self' representation of aging**
- **Participant's aging trajectory**
- **Changes associated with aging**
- **Feeling of being useful**
- **Revealing one's age**
- **Feeling of accomplishment**

# AGING

MP: And what would you say about your relationship with yourself.. because you have .. well, the incident that you mentioned – that the hearing changed. Communication is more difficult. How did this change how you see yourself? Did it change anything?

PAUSE……

MM:  Well I don't want to answer (laugh..)

MP:   (laugh).. Would you say…

MM:  Well it is because my perception… what I am realizing.. me.. what I am becoming aware of …. I am old. I have just realized that a few months ago.

continued

# Hearing and aging

MP: Ok..?. Is there a link between becoming aware of that and the feeling of apathy that you feel?

MM: Yes, probably.

MP: OH..

MM: For about 3 – 4 months, I am going towards illness – disabilities.

# AGING

- **The 'self' representation of aging**
  - Positive representation of self
  - Negative representation of self

- **Participant's aging trajectory**
  - Criteria used to evaluate trajectory
  - Difference between present abilities and previous abilities
  - Integrating the perception of others re: our trajectory
  - Ability to maintain a satisfying functional status
  - Transition into vs. Category (in or out)

- **Changes associated with aging**
  - Negative changes (losses) associated with aging

# AGING (continued)

- **Feeling of not being useful**
  - A burden to others
  - Not useful to society
- **Feeling of being useful**
  - Contributing to society
- **Revealing one's age**
  - The need to (or not!) reveal one's age
  - Assessing advantages/disadvantages of revealing one's age
- **Feeling of accomplishment**
  - The essential/important goals of life have been achieved

# Ageism and auto-ageism

MP: Is there something else that can replace that? Slowly, the body let's go…. Is there something else that can replace that… what do you think?

MM: When we are healthy we can do anything. But, when… when you don't have it anymore..

MP: Yeah?

MM: Not a lot of things can… replace that.. as you say.

MP: Yeah well…

MM: Well, you can't do anything anymore… you ache everywhere… you become completely deaf… or you become blind.

# Ageism … comparing oneself to others

MP:   I was wondering about you reaction concerning the fact that you are with older people… did it bring about.. give, a special feeling?

TC: No.

MP: No?

TC: well because I arrived (at the residential apartment) at 74 years of age in 2004.

MP: Yes?

TC: The average age was 74 years of age.. I have been here 8 years.. Now the average age is 82. I am still at the average…

# Revealing one's age

MM:   Well, if someone asks me my age, I will tell them. The other day at tennis, there were 4 others. They are all in their 60s. When I told them I was 74 years old (laugh...)

MP:   they must have been

MM:  Well (they said)- 'I would have given you in the 60s'. Well, that was nice to say.

MP:  yes.. yes, for sure.

MM:  Well in the end it doesn't mean very much

MP:  What doesn't mean very much?

MM:   To receive compliments.

# About aging

MP:  Yeah?

MM:   Well, for them to say..

MP:  yeah..

MM:   You may not look 74 years of age.. But, I know how old I am!....

SELF-STIGMA
- re: HL
- re: hearing aids
- Degrading (lost of) one's self-efficacy
- Integrating the negative stereotypes of aging
- Degrading self-worth
- Degrading one's personal values
- **Reactions to self-stigma**
- **Normalisation process**
- **Revealing a (self) stigmatizing trait**

# SELF-STIGMA (continued)

**Normalization process** (+/-)

- Put/divert blame for stigmatizing trait on another personal characteristic (age, noise, previous illness)
- Identify one's self to another non-stigmatizing group
- Associate the stigmatizing trait to the normal aging process
- Down-play the self-stigmatizing trait
- Associate with other individuals who have same stigmatizing trait
- Develop problem solving strategies to reduce the negative effects of self-stigmatizing trait

# SELF-STIGMA (continued)

## Normalization process (+/-)

– Re-assess the importance of a given social identity trait; diminish its importance

– Find alternate ways of boosting self-esteem

– Avoid self-stigmatizing situations

– find/identify benefits to having a trait up-to now being perceived as stigmatizing

# SOCIAL IDENTITY

- **Characteristics of social identity**
- **Assessment of social identity**
- **Sources of satisfaction (present)**
- **Sources of satisfaction (previously)**
- **Communication**
- **Physical health**
- **Psychological health**
- **Significant others**
- **Daily activities**

# Social Identity

- **Characteristics of social identity** (+/-)
  - Being/staying active
  - Retired
  - Privileged
  - Believer (spiritually)
  - Elderly
  - Artistic
  - Not very sociable
  - Lost of autonomy
  - Handicapped
  - Hearing-impaired

  - Useful individual
  - Leadership
  - Healthy
  - Parent/grandparent
  - Optimist
  - Accomplished ind.
  - Frank/honest
  - Volunteer worker
  - Model for others

# Social Identity

- **Assessment of social identity**
  - Sentiment of being useful
  - Self-esteem (+ or -)
  - Positive perceived self-efficacy
  - Feeling of accomplishment
  - Stigmatization
  - Self-stigmatization
  - Ageism (negative aspects of being 'old')
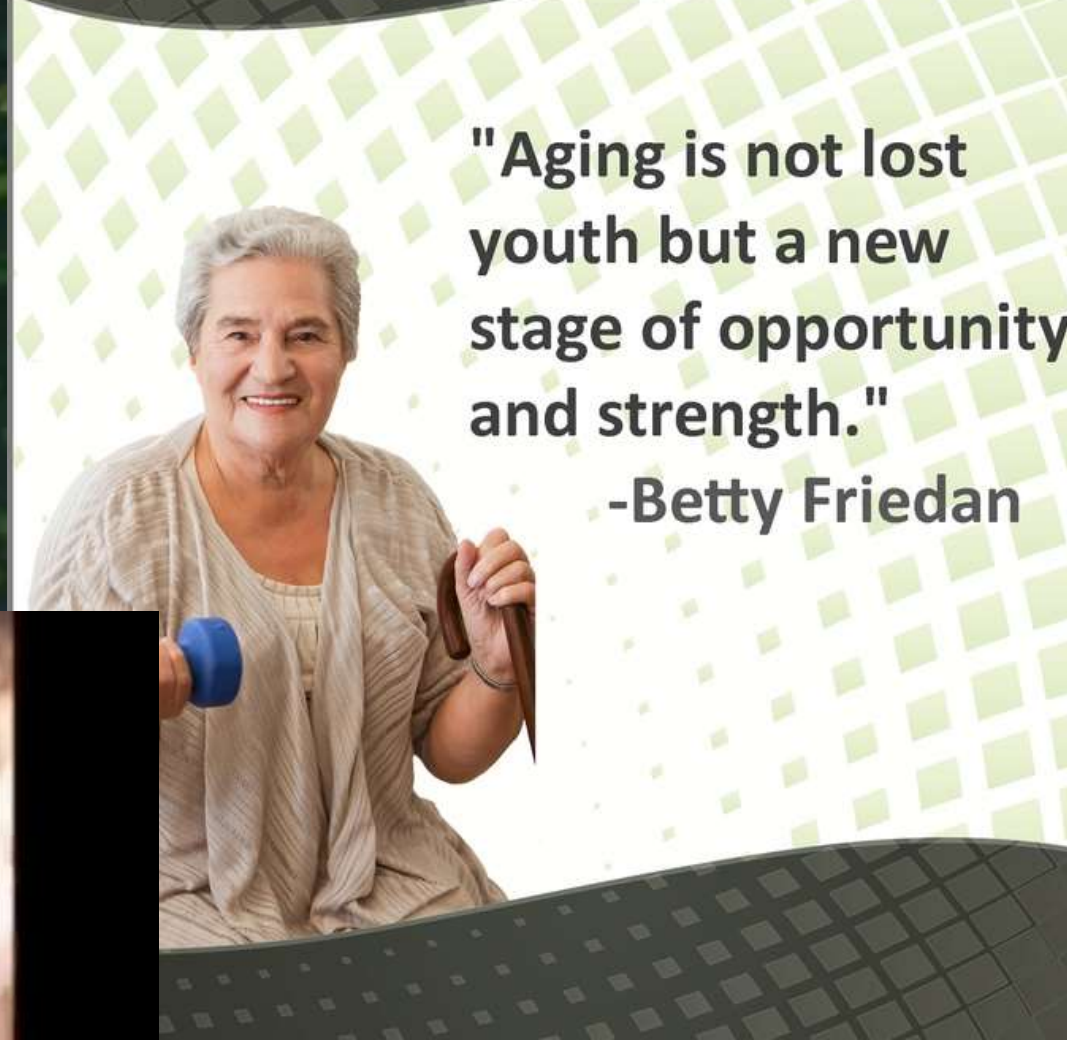
"Aging is not lost youth but a new stage of opportunity and strength."
-Betty Friedan

I used to love swimming.

For some older adults, aging is seen as something negative and for other older adults it is seen as something positive.

FINDINGS


INTERPRETATIONS



IMPLICATIONS



APPLICATIONS

# Main findings according to JP

- For some people having HL and aging does not seem to have a negative impact on their social identity (<u>not an identity threat</u>)

- Some participants <u>displayed self-stigma and/or auto-ageism</u>

- For some people self-stigma associated with HL, auto-ageism are intricately related

- In some cases, for some people displaying auto-ageism,  <span style="color:red">HL seems to be a negative <u>marker of aging</u></span>

# Main findings according to JP

- For some people having HL and aging does not seem to have a negative impact on their social identity (not an identity threat)
- Some participants displayed self-stigma and/or auto-ageism
- For some self-stigma associated with HL, auto-ageism are intricately related
- In some cases, for some people displaying auto-ageism,  HL seems to be a negative marker of aging

- Is self-stigma re: HL essentially one of many indicators/markers of aging (implications for treatment)

- Are self-stigma re: HL and auto-ageism similar concepts but separate (independent) from each other concepts (implications for treatment)

# Main findings according to JP

- The deleterious effects of self-stigma associated with HL and auto-ageism are similar

- Not every older adults manifest auto-ageism

- Not every OA with HL manifest self-stigma re:HL

# Main findings according to JP

The effects of self-stigma associated with HL and auto-ageism are similar

- – Perceived identity threat
- – Social identity is 'diminished'
- – Develop and focus on negative self-image
- – Try to conceal or normalize the stigmatizing trait
- – Cost-benefit analysis of revealing stigmatizing trait
- – Poor self-esteem
- – Poor self-efficacy
- – Shame
- – May lead to social withdrawal

# Main findings according to JP

For some OAs, aging and/or having a stigmatizing trait creates an identity threat (reaction to threat leads to voluntary/involuntary stress, use of coping strategies, negative outcomes)

For some OAs, aging and/or having a stigmatizing trait does NOT create an identity threat

**So what is the difference between those who do and those who don't?**

# When there is an identity threat

Perhaps they have a more rigid (uni-dimensional) perception of who they are as a person (poor social identity)

CHARACTERIZATION

- Physically, socially, cognitively, etc.. I can't do the things I use to do
- I am not as 'good' as others (my friends, my family my society, etc..)
- It is because I am old (I have HL, I have ????)
- I don't like myself very much (poor self-image, social identity)
- I am not much good at anything – a burden (poor self esteem)
- There is nothing (not much) I can do to improve my condition about who I have become (poor self-efficacy)
- I will try to conceal (and/or minimize) my 'condition' from others, especially those with whom my identity threat is high
- I will avoid situations where my identity threat is high

# When there is an identity threat

Perhaps they have a more rigid (uni-dimensional) perception of who they are (their social identity)

- Physically, socially, cognitively, etc.. I can't do the things I use to do
- I am not as 'good' as others (my friends, my family my society, etc..)
- It is because I am old (I have HL, I have ????)
- I don't like myself very much (poor self-image, social identity)
- I am not much good at anything (poor self esteem)
- There is nothing (not much) I can do to improve my condition about who I have become (poor self-efficacy)
- I will try to conceal (and/or minimize) my 'condition' from others, especially those with whom my identity threat is HIGH
- I will avoid situations where my identity threat is high

**AMONG ALL THE COPONENTS USED TO GENERATE THE IMAGE OF ONE'S SELF, THE (SELF-) STIGMATIZING TRAITS, WHICH CREATE AN IDENTITY THREAT, ARE GIVEN A LOT OF WEIGHT (too much)**

# When the identity threat is minimal

Perhaps they have a more optimistic and flexible (multi-dimensional) perception of who they are as a person (their social identity)

- Physically, socially, cognitively, etc.. I can't do the things I use to do
- Nonetheless, I can still do a lot of things that are meaningful and important (meaning to life)
- As an older adult, relative to other people like me, my stigmatizing trait (e.g., HL, VL, mobility problem) is not that bad
- Things could be a lot worse… I HAD a great life, I HAVE a good life, I am generally healthy, happy
- I am surrounded by persons I like / persons who like me (family, friends, etc..)
- I can still participate in social activities (albeit not the same as before) being a grandparent.. a volunteer, community activities, associations etc..
- I can still participate in leisure activities that are important to me (albeit not the same as before): pétancle/bocchi, cards, walks, travel, etc..
- I am flexible, I can adapt to my present condition (PSE)
- Even though I am old (because! I am aging) I can .. Positive things like more time.. wiser…

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**AMONG ALL THE COPONENTS USED TO GENERATE THE IMAGE OF ONE'S SELF, THE (SELF-) STIGMATIZING TRAIT, IS NOT WEIGHTED TOO HEAVILY… OTHER (including new) POSITIVE TRAITS/ISSUES ARE GIVEN PROPORTIONALLY MORE WEIGHT.. SO, THERE IS NO (MINIMAL) IDENTITY THREAT.**

# Overcoming Self-stigma

- Intervention programs:

Interaction with others who have the same stigmatizing trait (*Normalization Process*)

Cognitive-Behavioural Therapy, Social

Learning Theory & Perceived Self-efficacy

# The Normalization Process

(Hétu, 1996)

# Group Communication intervention programs:

- Shares life habits & experiences with others

- Develops communication strategies

- Shares its successes & failures with people living similar difficulties

- Develops an identity (a sense of belonging) to the group

- Reduces shame; improves self-esteem (normalization)

- Develops a new social identity

- Restores a positive self-image
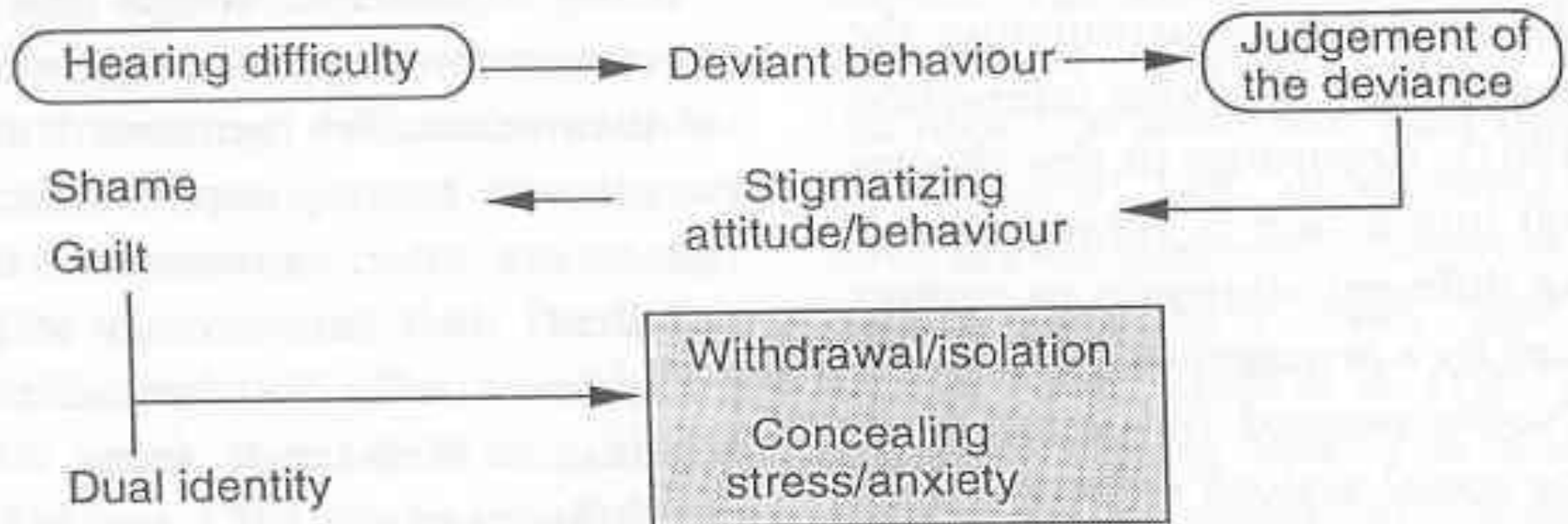
# The Normalization Process

**Hétu, 1996**

# Process of Stigmatization (Hétu, 1996)



Stigmatization Process

**Hearing-impaired person**

**Unimpaired entourage**

Hearing difficulty → Deviant behaviour → Judgement of the deviance

Shame

Guilt

← Stigmatizing attitude/behaviour

Dual identity

Withdrawal/isolation

Concealing stress/anxiety

# Process of Normalization (Hétu, 1996)



Normalisation Process - Step I

Hearing-impaired person                          Hearing-impaired peers

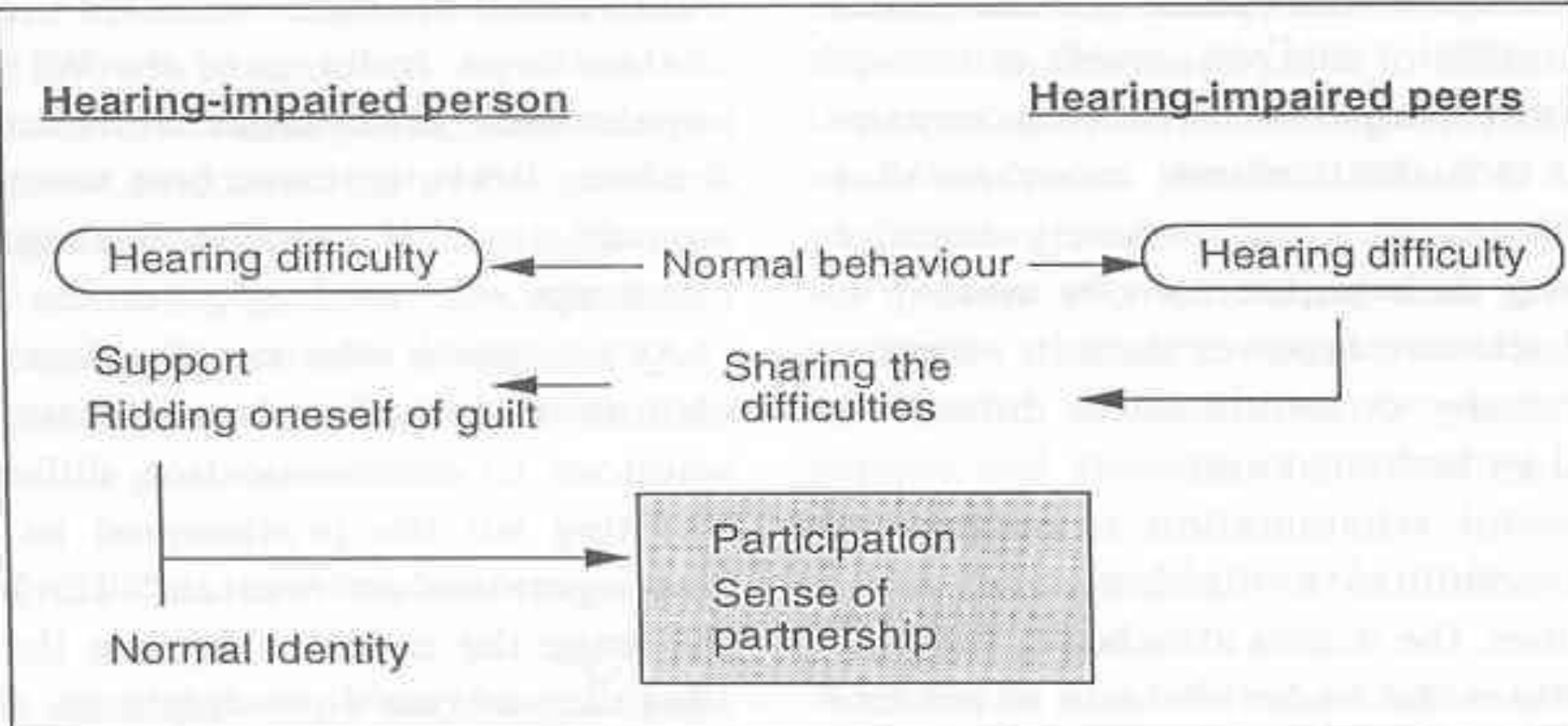Hearing difficulty ← ——— Normal behaviour ———→ Hearing difficulty

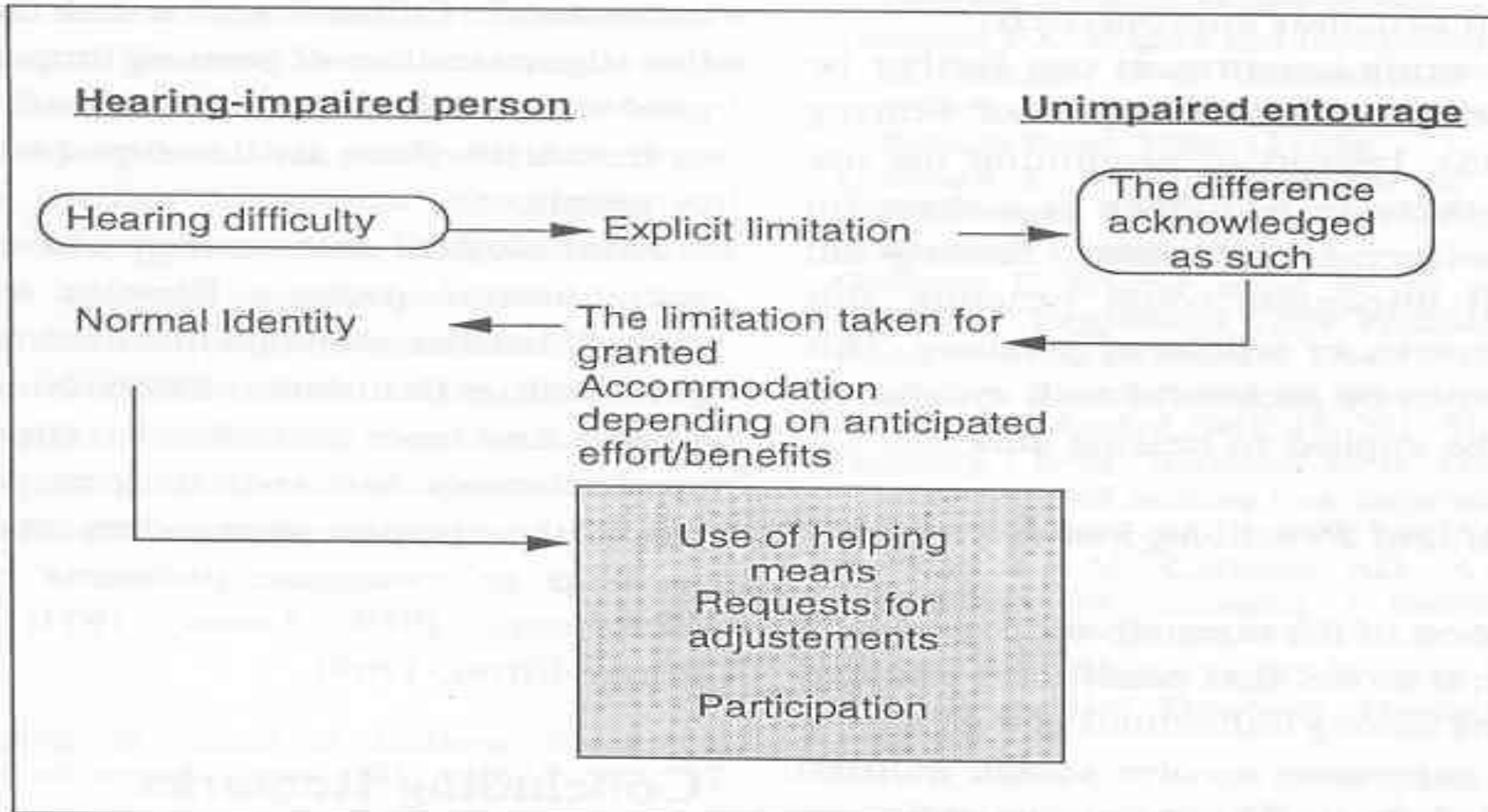Support                          Sharing the
Ridding oneself of guilt         difficulties

                                 Participation
                                 Sense of
Normal Identity                  partnership

# Process of Normalization (Hétu, 1996)

# The Process of Normalization (empowerment)

'I am not the only person going through difficult, stressful, uncomfortable and shameful moments due to my HL.'

'I am not crazy. It's normal to feel and behave that way when  one has a HL'

'People with hearing loss are not necessarily old, uninteresting, unpleasant, etc… They just have difficulty understanding others in certain situations

# The Process of Normalization (empowerment)

'Despite my hearing loss, I too can be a normal and interesting person.'

'Strategies exist to reduce the number of communication breakdowns.'

'I can simply inform my communication partners that I have difficulty hearing and that it would be useful for me if they used communication strategies.'

# The Process of Normalization

When the person's self-image is restored, they are more receptive to intervention. They will:

More easily accept using communication strategies

More easily accept wearing hearing aids

Have more positive experiences and successful communication; increase their self-confidence; be less likely to adopt aggressive behaviours or withdrawal

And

People around them will be more interested in communicating with them, which improves the self-image (a positive 'vicious circle')

Thank you!!