Yesterday I was following the flow nicely in a talk show interview on a large St. Louis station. The hosts and the first two callers projected well. As the third caller offered her prescription for happy living, I turned my phone volume control up to 10 and switched the phone from the familiar left-ear position to what I now realize is my better (right) ear. (Anyone who thinks it's easy to concentrate while talking on the phone with the "wrong ear" should try it.) Unfortunately, I didn't catch what she said. As I dreaded, one of the hosts then solicited my opinion: "What about that, Dr. Myers?" When I confessed that I couldn't hear, the host repeated some platitudes. I concurred with them -- whereupon, eight minutes before the hour was up, the host abruptly thanked me for being with them and ended the interview.

Yet another response to my impaired hearing. Or am I being paranoid -- maybe they actually had other commentary and ads to squeeze in before the hour was up.

My mind drifts to two provocative experiments. In the first, Dartmouth College researchers Robert Kleck and Angelo Strenta led college women to feel disgusted. The women thought that the purpose of the experiment was to assess how other people react to a severe facial scar created with theatrical makeup. Actually, the purpose was to see how the women themselves, when made to feel abnormal, perceived others' behavior toward them. After applying the makeup, the experimenter gave each subject a small hand mirror so that she could see the realistic-looking scar. Once she put the mirror down, he applied some "moisturizer to keep the makeup from cracking." What the "moisturizer" really did was remove the scar.

The scenes that followed were poignant. A young woman, feeling terribly self-conscious about her supposedly disfigured face, would be talking with another woman, who saw no such disfigurement and knew nothing of what had gone on before. All of us who have ever felt similarly self-conscious, perhaps over acne or "awful looking" hair -- or a disability such as a hearing impairment -- can sympathize. Compared with women who were led to believe that their conversational partners merely thought they had an allergy, the "disfigured" women became acutely sensitive to how their partners were looking at them. They rated their conversational partners as ten times more distant, and more patronizing than did the control group. But in fact, observers who later analyzed videotapes of the interactions with "disfigured" persons could observe no such differences in treatment. Hyperaware of being different from other people, the "disfigured" women overreacted to mannerisms and comments that they would otherwise not have noticed. Sometimes we perceive others as reacting to our distinctiveness when they actually aren't.

In the second experiment, reported in Science (1981), Philip Zimbardo, a creative social psychologist, wondered about the finding that paranoid reactions commonly accompany gradual hearing loss later in life. Is the paranoia a natural response to not hearing what people are saying in your presence? To find out, Zimbardo used hypnotic suggestion to induce an experience of partial deafness in 18 highly hypnotizable male Stanford University students. If unaware what was causing their hearing difficulty, the men...
times seem muffled. No wonder there seems to be such a market these days for that hearing aid clearly hyped as the "Miracle Ear clarifier." Note -- not a "magnifier" (because the hard-of-hearing don't want just more intense sound) -- but a device that promises to ungarble, to unscramble, to clarify human vocal sounds.

Catching the Meaning
8 August 1992

While vacationing in Washington, my old home state, I again read Henry Kissor’s What’s that Pig Outdoors? A Memoir of Deafness (1990). Kissor, a Chicago journalist, lost his hearing to meningitis when he was three but became sufficiently skilled at lipreading to succeed in regular classes, right through Northwestern University’s graduate school of journalism and into a career as a book editor and a columnist for the Chicago Sun-Times. I mark a handful of paragraphs:

It’s far easier for the lipreader to understand someone if he already knows the subject of the conversation, for he can anticipate the words used to discuss it. If the subject is, for example, the Chicago Bears, a deaf pro football enthusiast will consciously be watching for proper names such as "Dikka" or even "Wojciechowski" -- words he'd never understand in any other context.

It’s true for the hearing-impaired as well. When we have the right mental set (what psychologists call a schema), we can more easily catch the meaning. To some extent, it’s true for anyone. Whether we hear the speaker saying "cults and sects" or "cults and sex" depends on the context. Such contextual cues become more important for listeners who don’t hear well.

Those who favor American Sign Language (ASL), which has a syntax of its own utterly unlike English, complain that total communication forces its users to sign in English word order, an almost incomprehensible pidgin version of ASL.

This fact helps explain the difficulty of learning fluent sign language later in life. The early years are critical for mastering the grammar and syntax of any language. In one study, by Jacqueline Johnson and Elissa Newport, Korean and Chinese immigrants to the United States took a grammar test requiring them to identify each of 276 sentences (for example, "Yesterday the hunter shoots a deer.") as correct or incorrect. Ten years after immigrating, those who had immigrated and learned English in early childhood showed near-perfect knowledge of correct English grammar. Those who had immigrated as adults, many of whom were professors or mature graduate students, had much greater difficulty.

Likewise, deaf children who learn sign language from birth master the subtle grammar of sign language better than those who learn ASL as teens or adults; just as it is more difficult for