



# The Psychology of Changing Attitudes, Beliefs, and Expectations

(Part II)

*By Russell Jones, BC-HIS*

*(This is the second installment of a two-part series authored by Mr. Jones. You can read Part I in the July–August–September issue of The Hearing Professional.)*

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## Appointment

At some point before a patient arrives at a hearing dispenser's office with a moderate loss he has considered the many reasons why he does not want to be talked into buying hearing aids, and it is very likely that he has "hardened" his attitude in anticipation of his arrival. He expects there is going to be some kind of confrontation between what he knows and feels about his hearing situation and what the dispenser will say.

Sometimes you can actually see the patient's tenseness in the waiting room as he mentally prepares to defend his position. We have to move this patient from an attitude or emotional position of:

could do (but not likely), to;

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should do, to;  
like to, to;  
want to, to;  
will do.

There are four distinct phases to achieve this progression:

1. consultation;
2. testing, analysis, and education;
3. demonstration; and
4. summary/offer.

## Consultation

The primary purpose of the consultation is to “soften up” the emotional barriers that are present when the patient arrives. It is very important at this stage to try and identify the most important concerns, objections, fears, and erroneous misconceptions that represent emotional roadblocks in the patient’s mind.

Sometimes dispensers don’t even try to discover the patient’s concerns regarding his hearing loss and hearing aids. One important issue, ignored or passed over, can be the sole reason the patient doesn’t buy. Every dispenser has had the experience of having a patient leave without buying and thinking that somehow he missed something that was never discussed. Asking more questions will help you avoid this experience.

Begin the consultation with a clarification of the goals for the appointment:

1. analysis of the patient’s hearing situation;
2. clarification of what it means; and
3. recommended action.

The healthcare professional needs to attempt to identify through probing and questioning any negative emotional feelings and address them carefully, thoroughly, and in a nonthreatening manner. The question is how to probe the patient’s thinking without having them feel that they are being challenged. Suggested questions include:

- how much do you know how about hearing loss;
- do you have any close family or friends with hearing loss;
- what are your biggest concerns about hearing loss;
- if we found that you have hearing loss, what would it mean to you?

The objective here is for these questions to be general enough so that the initial answers will allow you to probe a wide variety of other issues regarding hearing loss and hearing aids. This should give you a good sense of the patient’s most important concerns. Remember, however, the difference between questioning an assumption and challenging it. Questioning creates curiosity. Challenging creates animosity.

## Priming

Psychologists have identified what they call the “mere-measurement” effect. It is part of what psychologists call priming. If people are asked what they intend to do, having been asked makes them more likely to do it. Just asking the question influences how people will act in the future. Scientists know that if you ask a person if they intend to vote,

the likelihood of them voting increases 25%. If you ask a person if they intend to buy a new car over the next six months, the likelihood is increased by 35%.

Asking the question can affect behavior in both a positive and negative manner. While priming can help you in the way that you encourage your patients to follow through with your recommendations after the delivery of new hearing aids, it can have a negative effect in initial discussions with new patients.

The professional does not want to ask a question that the patient is likely to answer with a comment such as: “I’m definitely not going to buy today” or “I just don’t have a hearing problem.” Once the patient says something like this out loud, it’s definitely going to be harder to change his mind.

## Clarity

In initial conversations with new patients, clarity is much more important than agreement. The goal here is to understand the patient, not correct him. The new patient walks into the office with many more fears and worries than hopeful expectations. He needs to let the worries and fears out. This is the time to encourage him to do that. During questioning, you are looking for specific areas of his concern that you can focus on and answer later in the appointment, after the testing and analysis.

## Testing, Analysis, and Education

Throughout the initial consultation and testing of new patients, the dispenser should segregate discussion in two distinct areas: hearing loss and hearing aid—the problem and the solution. Put off any in-depth discussion of hearing aids until the patient understands the meaning, seriousness, and consequences of hearing loss itself.

We want the patient to shift perspective or “change the moment.” We need to evoke emotion and get personal. Psychologists are clear in stating that we only attempt to solve problems that are emotionally important to us. We have to make it emotionally important to our patients that they address their hearing difficulty. In many cases it is the most difficult thing we do.

Asking questions can send your patient into their past and their future. Use stories. Stories have the inherent power to create emotions. Have three of your own stories ready for every new patient:

1. your own personal story;
2. the story of your practice; and
3. the story of your recommendation strategy and what makes it unique.

Your patient’s story has a past, a present, and a future. Facts and figures are linear and logical. Stories can put the patient into action, forcing a connection between what they are thinking, what they believe, and how they see the future. Your questions link diagnostic results with specific real-world environments. The link makes hearing problems hard to deny. Often the patient will be uncomfortable

appearing to deny the validity of the test results, and he will rethink his interpretation of real-world experiences.

When the patient arrives, he is problem focused. We want him to become goal focused. He arrives thinking analytically. We want to touch him emotionally. He arrives thinking about the right here, right now. We want him to leave focused on the future.

## What Hearing Loss Means

The results of the test tell the patient what their hearing loss is, but they do not tell them what it means. We know that there is a genuine heartfelt emotional distress that is experienced, sooner or later, by both the person with the hearing loss and those with whom they are emotionally bound. Most people consider hearing loss a personal problem, a private issue that does not significantly impact other people. But hearing loss is in fact a relationship problem with very serious emotional consequences. To explain this to the patient, you will need to discuss mirror neurons.

## Mirror Neurons

In the last 10 to 15 years there have been major new strides in the field of neurology, regarding how people relate to each other and understand each other. A great deal of our ability to understand and empathize with each other has to do with what are called mirror neurons. Perception and action are a unified process in the brain.

The difference between humans and animals is now thought to be not really language, but the ability to imitate. For the last 50 to 60 years, neurologists believed that babies learned to imitate at about two years old. We have since discovered that, in fact, babies learn by imitating, starting about 45 minutes after birth.

The “motor theory of speech” has shown that the way our brain perceives speech is by simulating that we are talking to ourselves. When we listen to others, we mirror the other person with our tongues. In other words when we listen, our motor speech areas are activated as if we are talking.

We know that people imitate others’ expressions of pain, laughter, smiling, embarrassment and the like in a broad range of situations. This is rapid, precise, and has a strong emotional component.

Testing demonstrates that couples who have the greatest motor synchrony also have the greatest emotional rapport. Mirror neurons allow us to feel the emotions associated with observed facial expressions. But imagine how much more important they are in understanding the subtleties of speech. After all, speech is what communicates our most deeply held and most personal emotional feelings.

A strong link has been found between imitative behavior and empathy. Imitation and mimicry help us to feel what other people feel. They help us to respond compassionately to their emotional states. They are at the core of love and caring. Think of the emotional resonance between a husband and wife, between mother and child, between best friends. We’ve all seen loving couples finish each other’s sentences. We know a child can instantly recognize a

mother’s voice. Looks and smiles can make us sigh and laugh, but it is the shared intimacy of language and affection that creates bonds that can last throughout our lives.

It is mirror neurons that make all this happen. Mirror neurons are the key to our understanding of other people, their intentions, and their feelings. The more complex the emotional relationship, the closer the bond, the more important the communication that mirror neurons provide.

We see it. We imitate it. We feel it. Mirror neurons make the process immediate, effortless, automatic, and unconscious.

## A Communications Disaster

Hearing loss is a communications disaster for mirror neurons. Think about the breakdown of communications at the emotional level, particularly among people who are emotionally intimate. What this research tells us is that to the degree we can’t hear, we can’t feel. If we can’t feel we can’t empathize. This is the reason why families want our patients to get hearing aids more than the patients themselves. Hearing loss causes a breakdown in the emotional support that a person provides for their family and friends. And the person with hearing loss often doesn’t know it’s happening.

A person with hearing loss can still communicate his most intimate thoughts and feelings to his family and friends. They still feel, understand, and support him. Unfortunately, it is the person with a hearing loss that fails to support the most important people in his life without even knowing he is doing so.

Language is far more subtle than physical gesture, and especially so between people who know each other intimately, often over years of shared conversations. Hearing loss robs us of our ability to distinguish and recognize shared verbal familiarity with those we love. To our loved ones, our not hearing has the same effect as not listening. Not listening has the same effect as not caring. It’s our problem, but it’s a family problem too.

If we ask ourselves, what does a patient not know or understand that if they did they would want to buy hearing aids. When patients really understand the impact that their hearing loss has on their most important relationships they will be much more likely to recognize the value of hearing help.

Mark Twain said, “I can teach anyone how to get what they want out of life. The problem is I can’t find anyone who can tell me what they want.” This quote gives a pretty good description of the dilemma people face when thinking about their hearing loss and hearing aids. They’re not quite sure what they want. But, the ability (and importance) of providing emotional support to one’s family and loved ones is something everyone can understand.

If we ask ourselves, “What is the best reason for buying hearing aids,” in our mind it is the fact that the most important people in our lives want to talk to us. It is important to them. And because it is important to them, it should be important to us. Unfortunately, people hear a lot more awful stories about hearing aids than they do about happy wearers. Many people come into our clinic clearly

afraid that there is a significant risk of bitter financial disappointment if they buy hearing aids.

Psychologists have found that losing something makes people twice as miserable than gaining the same thing makes them happy. This research has significant implications for the hearing aid industry. And it may explain what seems to many dispensers as puzzling behavior. People are much more afraid to buy hearing aids that might disappoint them, and might eventually be considered money lost, than they are eager to receive the benefits from hearing aids that would do a good job.

We need to specifically address the fact that many patients are genuinely afraid of losing their money. Researchers have explained that if a person is given \$200, the average person immediately thinks of what \$200 will buy. Given \$6,000, we think of what \$6,000 will buy and so on. It is hard for us to think of money, without thinking of what it will buy. But, think of a person considering a pair of hearing aids for \$6,000. We can envision watching a new TV or driving a new car but better hearing is a fuzzy concept at best. Clearer words are not particularly exciting because a lot of the words seemed pretty clear already, so it is very important that the dispenser help the patient answer the following question:

\$6,000 = Hearing aids = What does that mean?

The hearing health professional should point out the benefits of hearing aids such as: they are a long-term solution to a permanent problem, an important guard against the problem getting worse, valuable assistance in providing emotional support to family and friends; assist the patient at being a better husband, father, and friend; a better listener in times of need; a more compassionate person; and a daily life with a lot less aggravation. This is what the patient is getting for \$6,000.

## Demonstration

None of the rational arguments we've used so far can equal the emotional impact of the demonstration. The demonstration creates the excitement of hearing better and highlights the consequences of doing nothing. We want the patient to experience the pleasure of hearing better and understand that doing nothing is not a penalty-free option. There is a price for doing nothing and it is serious. We explained earlier that their hearing is likely to get worse, but we did not clarify what happens if they do nothing and their hearing does get worse.

To put this in perspective, consider that when we meet a new person, we instinctively judge that person to be either a quick thinker or a deep thinker or sometimes both.

If a person is thought to be a quick thinker, they are thought to process information quickly and accurately. If a person is thought to be a deep thinker, they are able to discern the central point, purpose, or heart of the matter. Unfortunately, hearing loss can negatively affect [and often does] how a person is judged with regard to both of these attributes.

Hearing better means processing spoken words more accurately, quickly, and comfortably. Doing nothing invites strained conversations, slower recognition of key points, and even the questioning of the patient's intelligence by others.

Hearing better means a clearer understanding of the meaning behind spoken words, their implication, and innuendo. Doing nothing means increased difficulty understanding what was said, how it was said, and why it was said.

Hearing better means improved recognition of alerts, signals, and warnings. Doing nothing invites uncertain personal and family safety, greater apprehension, and reduced personal confidence.

Hearing better links humankind to our environment that is in constant motion. This link is the basis of "feeling alive." Doing nothing can result in slow disassociation, withdrawal, and isolation.

Hearing better can reignite the pleasures of music and the sounds of nature. Doing nothing denies a person some of life's finest listening pleasures.

These are serious issues that are frequently never discussed with patients considering hearing aids. We make these an integral part of the demonstration segment of our presentation.

There are five areas of particular importance in the demonstration:

1. factual material;
2. intent, content, and emotional material;
3. danger alerts and warnings;
4. nature and sounds of the environment; and
5. music.

## Factual Content

We focus here on the positive and negative aspects of dealing with future loss. For many patients, this is the first time they have really understood how sloppy and inaccurate their hearing is. Family and friends who know about (or suspect) a hearing problem are initially sympathetic to the patient's difficulties, but then become frustrated and annoyed. Occasionally, they become angry and uncooperative. Strangers, casual acquaintances, and business associates question the intelligence of any person who has difficulty understanding normal conversation. Hearing loss is seldom even considered as a factor. The more frequent the problem, the greater the concern. The longer it goes on, the more obvious it becomes and the less sympathetic people are.

Having our intelligence questioned, in our culture, is frightening. A sort of "IQ-Quick Scan" happens with every person we meet, whether we admit it or not. No one wants to be thought less intelligent, and less hearing can be mistaken for less intelligence. The possibility of losing the intellectual regard of others may be a far stronger incentive to consider hearing aids than the attraction of hearing better.

This is a "left-handed" example of the principle we discussed earlier. "Losing something makes people twice as miserable as gaining the same thing makes them happy." The patient now sees that they have a lot to lose if they do nothing.

The goal of our demonstration here is for the patient to actually experience the pleasure of hearing better, and "force" them to contrast better hearing with the possible consequences of doing nothing...

## Intent, Content, and Emotional Material

The exact same spoken words can have completely different meanings, with the difference being determined by gesture, inflection, and tone. Hearing is critical to understanding these distinctions.

We revisit here what we told the patient earlier about how hearing loss can affect their relationships with family and friends. We alert them to the possible negative impact their loss can have on their ability to provide emotional support to those they love. We remind them of the critical role that careful listening plays among family and friends.

In addition, as hearing deteriorates, we point out that group participation suffers. A person with hearing loss often misses the general point of the conversation and is unsure what everyone is talking about. They may feel one or two steps behind in the group's discussion. Eventually, there is often an undefined feeling of loss, a sort of social insecurity.

We use predominantly prose and poetry recordings in this section. The beauty and romantic impact of many poetic passages are beautiful to hear and are very effective for many. Soft women's voices can be utilized here with great effect, particularly when we are focusing on important conversations in a family setting.

## Danger/Alerts/Warnings

Security is a fundamental aspect of life and, since security is never perfect, we have a primitive need to be able to react, to withdraw or approach, in response to potential threats.

Sound turns corners and travels through the dark. It warns us of many things we cannot see. As hearing gets worse and these warnings become fainter, people feel a sense of unease and an uncomfortable feeling of personal insecurity.

We focus on the primitive physical warnings that hearing provides. Spatial awareness, directionality, and timely knowledge of danger...while driving, at home, or simply taking a walk in the evening.

We play different sounds such as approaching footsteps, vehicle sounds, and other types of warnings. This is often the first time that the patient actually realizes the practical value of hearing aids.

## Sounds of the Environment and Nature

The natural world is in constant motion: the wind blows, rain falls, animals move—and this sound combines with the constant motion of the mechanical world. While the background sounds of life are constantly changing, they are essential to our feeling of being a part of a living world. They foster our sense of being alive and contribute importantly to our sense of well-being. Hearing provides the primitive coupling of our life and the environment. The sounds of the sea, the singing of birds, the patter of rain—these sounds are for many people as enriching as music.

Additionally, the casual asides and snatches of conversation that are normally heard in everyday life add flavor and zest to general conversations. They contribute enormously to a person's feeling of being part of their social group.

As hearing gets worse and many of these sounds fade or disappear, the person often experiences feelings of loss, de-

scribed as vague sadness. This phenomenon is very common and often unrecognized. Many patients have no idea how many of these normal sounds they are missing. They are often delighted to rediscover them.

## Music

The pleasure of music is still a mystery that science cannot adequately explain. Though the enjoyment of music is not shared equally among all people, for many patients a great deal of the music's pleasure can be reborn with today's amplification.

We attempt here to identify the type of music preferred by the patient, if possible, and then focus on their favorite music. We want to make this fun, where the patient can relax and enjoy themselves. Their favorite music will be "better" when it is heard aided, as opposed to unaided, and if we're lucky they will realize that it is a lot better.

Neurologist Oliver Sacks of Columbia University said, "Music is the most direct way of conveying and evoking feeling. It is a way of connecting one consciousness to another." Hearing loss impacts our ability to share music with others. This demonstration can reacquaint the patient with what they have been missing.

Demonstrating hearing aids in these five areas can impact the patient emotionally at a level that rational discussions cannot reach. Our goal is that by the end of the demonstration the patient will not only like the idea of getting hearing help, but want to hear permanently as well as they did in the demonstration and fear the consequences of doing nothing.

## Summary/Recommendation

The patient is now likely to have a different attitude than they did when they walked through the door. They have a new way of looking at their hearing situation. They know that they should do something about their hearing loss and, after the demonstration, they want to do something about it. They do not want their hearing loss to get worse. They know what better hearing means, and they have experienced it. They like it. They want it. They also know that their family wants it and why. They agree with them.

We recommend that one attractive incentive [nice enough so that it will be considered significant by the patient] be held back and offered at the very end of the recommendation process. We suggest an honest, time-sensitive reason to act now as opposed to later. This should be something that the dispenser can offer that will not be offered at a later time.

Everyone likes to get a little extra when making a major purchase. Sweetening the deal can sometimes make the difference between action and procrastination.

## Conclusion

In 1935 Will Rogers said, "If you want to be successful, it's just this simple. Know what you are doing. Love what you are doing. And believe in what you are doing." *THP*

# IHS Continuing Education Test: The Psychology of Changing Attitudes, Beliefs, and Expectations

For continuing education credit, complete this test and send the answer section at the bottom of the page to: **International Hearing Society**

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- After your test has been graded, you will receive a copy of the correct answers and a certificate of completion.
- All questions regarding the examination must be in writing and directed to IHS.
- Credit: IHS designates this professional development activity for one (1) continuing education credit.
- Fees: \$29.00 IHS members \$59.00 non-members (Payment in U.S. funds only.)

## 1. Why is the consultation important?

- it helps the patient relax
- the dispenser can get an idea of what to recommend to the patient
- it can soften up emotional roadblocks, and identify specific objections
- it gives the patient time to get acquainted with the dispenser

## 2. Why is the mere-measurement effect important?

- just testing the patient's hearing builds confidence
- although test results are never perfect, they help find a starting point for the first fitting
- asking about a proposed course of action encourages follow through
- it results in a more accurate fitting

## 3. Why do we want to avoid negative priming?

- the patient is likely to become discouraged
- the patient may not wear his hearing aids
- a negative attitude may develop in the office
- it makes it harder to persuade our patient to accept our recommendation

## 4. What is not a frequent objection to buying hearing aids?

- my hearing might get better on its own
- I don't have a hearing problem
- hearing aids don't work very well
- people just don't speak up

## 5. In discussing hearing loss and hearing aids with the patient:

- answer the patient's general questions about hearing aids, then discuss his hearing loss in detail
- answer the patient's concerns as they come up in the conversation
- put off discussing hearing aids until the patient thoroughly understands his loss
- attempt to delay answering questions about hearing aids until the demonstration part of the appointment

## 6. The more people like each other:

- the more they imitate each other
- the more they grow to look like each other
- the more they agree with each other
- the more they like the same things

## 7. Hearing loss is a communications disaster for:

- telephone company cell phone subsidiaries
- companies that use an overhead speaker system
- first responder emergency vehicles
- mirror neurons

## 8. What is the best reason for buying hearing aids?

- you get to turn the TV down
- you can identify where fire and emergency vehicles are coming from more quickly
- you don't have to ask people to repeat as often
- there are people who love you, who want to talk to you, and hearing aids make it easier for them

## 9. The value of doing a demonstration with hearing aids is that the patient can actually experience better hearing, and:

- realize that doing nothing is not a penalty-free option
- recognize that hearing aids will not hurt his ears
- understand that the dispenser will be able to adjust his new hearing aids to his satisfaction
- understand the specifics and details of the dispenser's recommendation

## 10. Better hearing links a person with the environment, which is in constant motion. This link is at the very core of:

- maintaining good physical balance
- hearing the sounds of nature
- the connection between sight and sound, which makes us safer
- feeling alive

THE PSYCHOLOGY OF CHANGING ATTITUDES—OCTOBER—NOVEMBER—DECEMBER 2009

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## ANSWER SECTION

(Circle the correct response from the test questions above.)

1. a b c d

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