# PSEUDOHYPACUSIS

## False and Exaggerated Hearing Loss

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**JAMES E. PECK, PHD**

*Associate Professor Emeritus*
*Otolaryngology and Communicative Sciences and Disorders*
*University of Mississippi Medical Center*

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# Contents

# Foreword

Since books on the subject of audiology began to be published in the 1950s, most have contained a chapter on the subject of false and exaggerated hearing loss. Because of the space limitations imposed by writing a single chapter, authors, including this writer, necessarily limited the coverage of this vast subject. This is the first time that an entire book has been devoted to this topic, resulting in all of its aspects being covered exhaustively as never before.

Although inaccurate claims of disability have been recognized for many years as a problem for clinicians and adjudicators, the dilemma leapt into prominence at the close of World War II when many U.S. service members returned to civilian life with a variety of disorders that were associated with their military service. Previously, the Veterans Administration (VA) had been a relatively small government agency, which then faced a huge problem in rehabilitation and compensation for a variety of disabilities, the largest number of which was, and continues to be, hearing loss.

The aims of VA audiology have always been twofold, to provide the maximum amount of auditory rehabilitation and to provide compensation if the hearing loss is deemed to be service connected. Proper recompense requires accurate assessment of true hearing loss. Audiologists working in the civilian area and in the military have those responsibilities in common, regardless of patient cooperation during interviewing and testing.

It is always easier and more pleasant to work with patients who are cooperative but the lack of cooperation, whether deliberate or not, does not mitigate our responsibility to diagnose and provide maximum rehabilitation. It also does not lessen the respect with which all patients must be treated. This book suggests a change in the usual concept of the person most likely to present FEHL. The traditional image has been an adult male faker. The fuller

picture indicates that the person is more likely to be a child female nonfaker.

Despite many attempts by researchers, it remains extremely difficult to assess the emotional, financial, and other motivations that result in feigned or exaggerated hearing loss. Individuals often cannot understand their own psychological reasons for particular behaviors. Additionally, accurate voluntary audiometric results surely cannot be expected from those whose motivations may be considered "dishonest." So, in the final analysis, these important contributory factors are left to conjecture. However, this does not lessen the responsibility of the audiologist to determine the true hearing status of all patients regardless of their levels of active cooperation. That said, patient management becomes the primary issue. All of these factors are addressed in appropriate detail in this book.

In *Pseudohypacusis: False and Exaggerated Hearing Loss*, Dr. Peck has amassed information on the subject of this condition in ways never before accomplished. He has included all related subjects and has treated the different theories and beliefs in impartial and logical ways. This is both a practical text with adequate "how to" application and a scholarly piece. Each subject is carefully examined and exhaustively covered in unbiased ways with clear and direct writing. There is no other book, to my knowledge, with this scope and depth. It belongs on the reading lists of courses taken by candidates for the Doctor of Audiology degree and on the shelves of practicing clinicians.

Frederick N. Martin, PhD
Lillie Hage Jamail Centennial Professor Emeritus
Communication Sciences and Disorders
The University of Texas at Austin

# Preface

*One sees what one looks for.*
*One looks for what one knows.*

—Anonymous

With the many dozens of books on audiology, no aspect of the field has been neglected except one: pseudohypacusis. Pseudohypacusis, or false and exaggerated hearing loss, is its own entity: it has its own literature, clinical presentation, diagnostic approach, significance, and management. Yet, even though it is one of the oldest areas in audiology, there are no books about it. This book is intended to fill that void by providing a single, comprehensive source of information covering all aspects from interview to management of this fascinating, often confusing, and frequently exasperating phenomenon.

False and exaggerated hearing loss (FEHL) does not command the interest that it used to. Writings on the topic declined in the 1980s. There also seems to be less clinical training and education on the subject now than a few decades ago. But there is no reason to suppose that the incidence of FEHL has changed. Perhaps, the subject has been crowded out by so much that is new in audiology: infant hearing loss detection programs, advanced diagnostic procedures, sophisticated hearing aid technology, cochlear implants, and so forth. Also, audiology, like all fields of endeavor—and despite our beliefs to the contrary—tends to follow fads: whatever is the latest, the most prestigious, or the most likely to get published or grant-supported. However, false hearing loss was an issue from the emergence of audiology some 70 years ago and will still be an issue 70 years from now. As time goes by, much in our current diagnostic practices and hearing aid instrumentation will become outdated because of advances in technology, biology, and medicine. But false or exaggerated hearing loss is a peculiarly human condition. It has,

undoubtedly, been around as long as human nature and the experience that having a fictitious symptom—consciously or unconsciously—can have its benefits. This will always be true.

A major concept in this book is that FEHL is not always, or even usually, a simple matter of faking, but rather an indication of a psychosocial disorder. Too often, clinicians equate false hearing loss with malingering and, therefore, worthy of contempt. By definition, FEHL is not an auditory problem. But because people with FEHL come to us audiologists, and because a good many of them may well have some problem in life, it is most certainly an audiologic issue. Although reliable prevalence statistics are hard to come by, FEHL probably is more common than supposed. Indeed, in all likelihood, it is more common among children than adults. It surely must be far more common than, say, eighth cranial nerve tumors. Yet, false hearing loss is the least understood area of audiology and one that audiologists are least adept at handling in its entirety. In short, FEHL is underdetected, underappreciated, and undermanaged.

None of this is to say that people—adults or children—never feign a hearing loss for some external gain. Nor, is it implied that all persons with FEHL have a psychosocial problem. However, the literature is replete with warnings of the risk of a psychosocial difficulty. Despite abundant warnings, there is in effect no information in the literature about how to check for such risks, how to discuss and explain them, or how to approach making a referral for further management. Even outstanding books on counseling and interviewing in communicative disorders do not mention false or exaggerated hearing loss.

Audiologists can play a role, not only in uncovering a FEHL and determining genuine hearing status, but also in identifying the risk of a psychosocial disorder and directing individuals for help for any underlying problems. It is hoped that this book will give clinicians the perspective and information to do both.

This book was spurred on by a career-long interest in false and exaggerated hearing loss and the conviction that such losses often are a sign of distress. My purpose in writing it is to bring about a fuller view of false and exaggerated hearing loss and one that is more complex than commonly believed.

# Acknowledgments

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# Contributors

**William D. Domico, PhD, JD**
Domico Kyle, PLLC
Memphis, Tennessee
*Chapter 9. Legal-Forensic Aspects*

**James W. Hall III, PhD**
Clinical Professor
Department of Speech, Language, and Hearing Sciences
College of Public Health and Health Professions
University of Florida
Gainesville, Florida
*Chapter 8. Objective Measures of Auditory Function*

**Thomas Thunder, AuD, INCE**
Institute of Noise Control Engineering (Board Certified)
Acoustic Associates, Ltd.
Palatine, Illinois
Northern Illinois University
DeKalb, Illinois
*Chapter 9. Legal-Forensic Aspects*

*To begin, I dedicate this book to three superb audiologists. The first two are my audiology fathers, Drs. Noel D. Matkin and Mark Ross. It was my great fortune to have these two fine gentlemen as professors at my master's degree program at the University of Connecticut in the 1960s during what some veteran audiologists call the "golden age" of audiology. They also became my good friends. The third audiologist is Dr Frederick N. Martin, a kind, positive friend. What models!*

*Also to my loving and supportive wife Pat, my patient encourager and truly best friend.*

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