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Psychological Support for People with Hard of Hearing, Acquired Hearing Loss, and Auditory Processing Disorders — A Secondary Publication

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Abstract: This paper discusses the psychological support available for hard of hearing and acquired hearing loss difficulties. Specifically, it shows the psychological support that has been available to people with hard of hearing and listening problems, including those who became hard of hearing after acquiring language, those with mild to moderate hearing loss, those with unilateral hearing loss, those with an auditory processing disorder, and those who do not have a physical disability certificate. This paper also proposes support for people who have hitherto been unlikely to access such support and describes the current status of efforts to make support available in Japan. This paper covers the psychological support provided by specialists, by people who are close to the individuals in question but are not specialists, and by other people who are hard of hearing. Support by people with hearing loss can be divided into three types: self-help groups, meetings for people with hearing loss, and "*Tojisha-Kenkyu*," groups that research self-support. Each of these forms of psychological support is described, and the current status and the barriers to the provision of support by people who are hard of hearing are described in detail. As future tasks, the author notes the tasks of how to maintain the cohesion of the various groups, empirical research on the effects of psychological support, and the need to raise greater awareness and disseminate information about hard-of-hearing people's meetings that engage in psychological support activities.

Keywords: Hard of hearing; Acquired hearing loss; Psychological support; Self-help group; Research into self-support

1. Introduction

Being diagnosed with hearing loss, or having fixed symptoms of hearing loss, causes the person with hearing loss or deafness to face a variety of difficulties in daily life. For example, a visit to an otolaryngologist may reveal a disease that causes hearing loss, or a person may be found to have hearing loss without a specific cause, but have no facilities or people close by to consult about the future. They may also have problems and concerns associated with their hearing difficulties, but they may not know how to deal with them and may keep them to themselves. For these people with hearing loss, not only medical [1] and informational [2] support, but also psychological support to maintain mental health is important. This paper discusses the current status of psychological support for people with hearing loss and people with partial hearing loss in Japan.

There are various expressions for the condition of hearing loss, such as “deafness,” “hearing impairment,” and “hearing loss,” and there are various discussions on how to define each. In this paper, referring to Fujishima and Iwata [3] and Iwata [4], we define a “deaf person” as one whose average hearing level is 90 dB or lower and whose main language of communication is spoken language, and a “deaf person” as one whose average hearing level is 90 dB or higher and whose main means of communication is sign language, but whose hearing is not fully utilized. In addition, those who were born with normal hearing but became hard of hearing due to illness, injury, or some other causes are defined as “hearing-impaired.”

Deaf people who do not utilize their hearing and whose first language is sign language are included here in the category of hearing impairment. As will be discussed later, various types of hearing loss are included, such as those with mild/moderate hearing loss, those with unilateral hearing loss in only one ear, and those with cochlear implants. In this paper, the primary discussion will be with persons who are hard of hearing and those who are deaf-mute. The discussion will also include those with auditory information processing disorders who are unable to comprehend the content of conversations due to difficulties with attention and other cognitive processing.

2. Mental health issues of people with hearing loss

People with hearing loss who do not have hearing loss sufficient to qualify for a physical disability certificate but have hearing loss due to illness or other reasons and who are able to use their hearing with hearing aids or cochlear implants experience a variety of stress events in their daily lives [5]. Stress can build up without being well addressed and can lead to mental ill-health. In fact, it has been noted that people with hearing loss tend to have lower levels of mental health than people with normal hearing [6-9]. In addition to the association with anger [10], a meta-analysis has shown an association between hearing loss and depression [11]. In a series of studies, Takizawa [8,9] compared deaf people in Japan and the U.S. using the GHQ30 Mental Health Questionnaire and found that the mental health of deaf people tended to be lower than that of normal people in both countries.

However, the degree of hearing loss is not necessarily related to mental health. In Takamiya and Fujita [7], in addition to the grade of the physical disability certificate, the age at which the disability occurred and the number of years elapsed did not show any association with mental health. In a survey of students [8], mental health was found to be higher among deaf students than among hard-of-hearing students. Thus, the more severe the hearing loss, the less mentally unhealthy the patient is. There are also reported problems and struggles unique to mild and moderate hearing loss [12] and unilateral hearing loss [13], where one ear is deaf or has lost its hearing. Therefore, it is necessary to provide psychological support, keeping in mind that there are diverse problems and concerns that depend on the degree and type of hearing loss [14].

For deaf people whose first language is sign language and hearing-impaired people who have difficulty utilizing their hearing, there have been practical activities that serve as psychological support, such as psycho-clinical intervention activities and identity development support through sign language and other means [15-18]. On the other hand, for those with mild/moderate hearing loss, those with unilateral hearing loss, and those with partial hearing loss, few are native signers, and learning sign language does not always lead to psychological support. In addition, there have been few practical activities and empirical studies, coupled with the fact that it is difficult to obtain a physical disability certificate and to be eligible for public support, and effective support has not been clarified [19]. This paper discusses the current state of psychological support for people with hearing loss and people who are deaf-mute in our country, as well as the future of such support. Firstly, factors related to the mental health of people with hearing loss will be discussed, followed by a description of what factors are associated with mental health. Then, the actual situation and issues of psychological support for people with hearing loss will be discussed.

3. Factors related to mental health of persons with hearing loss

When considering how to provide psychological support to persons with hearing loss, it is useful to sort out the factors that affect the mental health of persons with hearing loss.

Factors that affect the mental health of persons with hearing loss can be broadly classified into social factors surrounding the person with hearing loss and factors within the individual person with hearing loss.

Social factors include access to health care services for mental and physical health counseling, including hearing loss [20,21], opportunities for contact with people with hearing loss other than oneself [22], stigma [23], degree of access to social support [24,25], and social capital [26].

In addition, intra-individual factors for people with hearing loss include (1) type and degree of hearing loss, (2) stress experiences specific to hearing loss, (3) stress coping and communication strategies [23,27,28], and (4) identity [5].

Firstly, with regard to the type and degree of hearing loss, it is difficult to disclose hearing loss [13] and to share concerns [29] among those with unilateral hearing loss who are deaf or have lost hearing in only one ear. Difficulty in disclosure has also been shown in middle-aged deafblind people who experienced a period of time without a physical disability certificate [30]. For those with mild or moderate hearing loss who do not meet the criteria for obtaining a physical disability certificate, whether or not they are able to converse depends on the indoor environment, voice quality, and other circumstances. They are placed in an ambiguous position of being "neither normal hearing nor hearing impaired" [5], and their difficulties are easily underestimated [12], leading to a lack of support.

Next, regarding stress experiences specific to hearing loss, interpersonal stress due to communication difficulties and failures, and stress in accomplishing tasks due to difficulty in obtaining necessary information were identified [31]. How people with hearing loss cope with these stresses influences their mental health.

In terms of stress coping and communication strategies, problems in coping with stressful experiences specific to hearing loss and communication strategies in difficult-to-hear situations can lead to poor mental health. For example, "avoiding communication" coping [32] has been noted to lead to depression. According to a study by Suzuki *et al.* [33] using the "Communication Strategies" questionnaire item of the "Questionnaire on Hearing Loss 2002" [34], respondents differed in their use of strategies (coping strategies) according to age and hearing loss severity. Suzuki *et al.* [33] divided hearing loss severity into four groups: mild (average hearing level of less than 40 dB), light-moderate (40 dB to 50 dB), moderate (50 dB to 70 dB), and severe (70 dB or more). The results showed that the frequency of use of both "request-based strategies" and "self-help strategies" did not differ by hearing loss severity in the younger group, while the older group reported that they were less likely to use either strategy if the severity of their hearing loss was mild. When compared by age group, the older group used the "requested strategy" more than the younger group for mild-moderate hearing loss. On the other hand, the younger group used "self-help strategies" more than the older group for mild hearing loss, but the older group used them more frequently than the younger group for severe hearing loss. How strategies are taken and used in different situations is also related to smooth communication, and its success or failure is thought to affect mental health. It is necessary to understand the characteristics of the coping strategies of people with hearing loss and to provide psychological support to help them cope appropriately.

In a survey of teachers with hearing impairment working in regular schools for the deaf and elementary, middle, and high schools nationwide [35], coping behaviors were not involved in stress reduction among teachers in regular schools. The authors point out the importance of guaranteeing information at work, smooth communication with others, and personal relationships with those around them in order to reduce work-related stress for teachers who are deaf or hard of hearing.

Lastly, there is the issue of identity. Some people with hearing loss encounter sign language and choose to live as Deaf people without hearing aids or cochlear implants through life support for people with hearing loss organized by the Federation of the Deaf, the Association of the Deaf, and the Association of Deafblind and Hard of Hearing People [3,36]. On the other hand, others live with hearing loss by utilizing their hearing with hearing aids or cochlear implants. When a person lives with hearing loss, how he or she defines himself or herself in terms of hearing affects his or her way of life and psychological adjustment, which in turn affects his or her mental health.

4. Psychological support for the hearing impaired

Next, we will look at the current status and problems in Japan of psychological support for people with hearing loss. Psychological support for persons with hearing loss against risk factors for mental health can be divided into several forms. Specifically, there are (1) professional support, (2) non-professional support, and (3) support by people with the same disability. Support activities span a variety of settings, including hospitals, educational settings, local communities, and the Internet.

In this chapter, we will focus not on deaf people whose first language is sign language and who have difficulty using their hearing, but on those who have acquired a spoken language as their mother tongue and have the hearing to use their hearing in daily life, but whose hearing is not normal and who have hearing loss due to birth, disease, injury or some other cause (deaf people and hearing-impaired people). This is because these people have relatively little access to support and are at risk of being alone when faced with a problem.

Although there have been accumulated practical activities and studies on support for Deaf children and people [15,37], this paper focuses on psychological support for people with hearing loss, which has not been discussed much so far.

4.1. Professional assistance

Professional psychological support includes assessment, counseling, and psychotherapy by clinical psychologists and licensed psychologists, as well as consultation assistance and lifestyle support by mental health workers. Examples include mental illness as a secondary disorder resulting from hearing loss and support for patients with both mental illness and hearing impairment [38], treatment of tinnitus with cognitive behavioral therapy [39], treatment of psychosomatic disorders [40], and psycho-clinical intervention for functional hearing loss in children [41]. In April 1993, Biwako Hospital in Shiga Prefecture opened an outpatient clinic for the hearing impaired [42], where “people with hearing disabilities can receive appropriate and adequate medical care smoothly and at ease” [43].

Cases have been reported in which psychological support specialists intervene in medical examinations for persons with hearing loss [18]. Nevertheless, compared to psychiatry and psychosomatic medicine, few otolaryngology departments have specialists in psychological support [44]. In addition, some counseling and psychotherapy procedures are difficult to administer to people with hearing loss using standard procedures, such as teaching only through spoken language. It is necessary to arrange them for people with hearing loss by presenting information visually or by using sign language.

In the field of education, there are practices of independent activities aimed at deepening disability awareness in elementary school classes for the hearing impaired [45] and information sharing through the use of social gatherings [46], but psychological support for children with hearing loss is not sufficient. In a survey of people with hearing loss who had experienced inclusive education, they reported difficulties not only in learning but also in friendships [47]. Emotional development and adjustment problems have also been noted in children with unilateral hearing loss [48,49], and cases have been noted in which children seek educational support after problems become apparent [50]. It is necessary to detect hearing problems early, even before schooling, and to provide post-school support through multi-professional collaboration [51].

4.2. Non-professional assistance

Support from non-professionals includes social support from intimate others such as friends, family, and spouses. In the *Seishin Shinrigaku Jiten* [New Edition], edited by Shimoyama *et al.* [52], social support is described as "various types of assistance obtained from others in interpersonal relationships. Social support can be obtained from intimate people in one's daily life to maintain mental health [25]. For example, according to West [25], those with lower levels of social support also had higher levels of depression with lower self-evaluations of hearing. On the other hand, those with a higher degree of social support did not have a higher degree of depression, even though they had lower self-rated hearing; in fact, they had lower depression than those with higher self-rated hearing.

In addition, among non-professionals, the role of the disabled, with whom we do not have frequent contact but who can be an important source of support when we are faced with difficulties, is also significant. This point is discussed in more detail in the next section.

4.3. Support for the disabled

Lastly, we offer support from people with the same hearing loss. Specifically, (1) support activities by existing organizations of people with hearing loss, such as the Federation of the Deaf and the Japan Federation of Deafblind People's Associations (JFDA) and the Japan Association of Hearing Impaired and Deafblind People (JHIA), (2) self-help groups organized by different organizations of people with hearing loss, (3) party exchange meetings, and (4) party research and support for people with hearing loss. The current status and issues for each are described below.

4.3.1. Support activities by existing organizations

Traditionally, the Federation of the Deaf and Associations of the Deaf have provided support for people with hearing loss. As part of such activities, support for learning sign language has been provided under the names of sign language classes, communication classes, etc., to help people with hearing loss who have difficulty communicating through spoken language alone to acquire sign language as a support for smooth communication. In the sense that communicating leads to mental health [53], such support for learning sign language is also linked to psychological support. Thus, existing organizations have played a certain role.

Some people with hearing loss or partial hearing loss wear hearing aids or cochlear implants but choose to acquire sign language and acquire a deaf identity [54,55]. For these people, deaf federations and associations, many of whom are native signers, can provide emotional support.

However, the members of these organizations and the support activities sponsored by these organizations tend to include a relatively large number of deaf people and others with a low degree of auditory utilization and older age groups. Those with mild or moderate hearing loss who do not qualify for a physical disability certificate, those with unilateral hearing loss, and those with hearing loss in younger age groups are engaged in support activities separately from existing organizations. Therefore, next, we will discuss activities that also target people with hearing loss who do not qualify for a physical disability certificate. As shown in **Table 1**, there are various support groups and circles for the hearing impaired throughout Japan. Each of them is led by a person who is deaf or hard of hearing, but they differ in their basic ideas, purposes, and forms of holding meetings.

4.3.2. Self-help groups

Self-help groups are "groups of people with the same problems who get together and provide mutual understanding and support" [56].

Kikoro, a group of people with unilateral hearing loss, regularly holds discussion and study groups for people with unilateral hearing loss under the concept of "people with different ways of hearing." Meetings are held in various regions, and participants range in age from young to old. These meetings are considered to play the role of self-help groups.

In addition, the Kyoto-based "Kamonohashi" group for people with mild to moderate hearing loss holds regular meetings and disseminates information via a blog. In these meetings, participants share their experiences and offer advice to each other, and the group is considered to be fulfilling its role as a self-help group.

Additionally, there is a stress-coping workshop for people with hearing loss [57]. This workshop aimed to increase understanding and enable participants to cope in their own way with regard to the stress they experience due to hearing loss. As a result, there were no significant changes in psychological indices measured before and after participation in the workshop, but there were some descriptions in the free comments that were evaluated in a certain way, such as "I was able to look back" and "I was able to think objectively. It is thought to lead to reflection on one's own problems and self-understanding, including hearing loss. One participant commented, "The booklet of interviews with people with hearing loss was very useful. The ability to share various opinions and information with people who share the same hearing loss as oneself and to learn how other people with hearing loss cope with their hearing loss is expected to increase stress management.

Recently, support has also been provided for auditory processing disorder (APD), which refers to symptoms of difficulty hearing in noise and other situations that are normal on pure tone audiometry [58]. There is no problem with the gap detection threshold (temporal resolution), and cognitive or psychological problems are considered a factor [59], and many cases complain that they cannot hear speech as words even though they can hear speech. APD sufferers do not have problems with pure tone audiometry, which delays the discovery of their problems and makes it difficult for them to understand their speech-listening difficulties. In addition, because of their normal hearing, they are not eligible to obtain a physical disability certificate and receive welfare services. Therefore, APD patients are actively engaged in party association activities through websites and social networking services (SNS).

The APD Parties Association APS (short for APD Peer Support) conducts activities such as lifehack study groups to research coping strategies, online meetings, and consultation support [60].

In Japan, studies have been reported on the practical activities and empirical effects of self-help groups for various parties, including addiction, mental illness, non-attendance, withdrawal, and cancer patients (e.g., Takahashi *et al.* [61]). On the other hand, very few self-help groups for people with hearing loss have collected any data or have been reported as studies, although there are reports of practical activities by the organizations concerned (**Table 1**). Those organized by the organizations concerned have been reported at meetings held by the organizations concerned, but there have been no reports of results as empirical research through research reports or articles.

Table 1. Examples of organizations for the hearing impaired and hard of hearing

Corporate name	Overview of meetings and activities
Hearing Loss Self-Support Kyoto - Association for People with Mild to Moderate Hearing Loss	Established in 2013. The location is Kyoto, Japan. The purpose is to provide information and a place where people with mild to moderate hearing loss who cannot receive public support from the national government can talk to each other and solve their difficulties in life (currently in recess).
Kikoiro Community for the Hearing Impaired in One Ear	Established in 2019. Japan's first organization for people with hearing loss in one ear. It operates communities and projects for people who are deaf or hard of hearing in one ear. Activities are conducted in various parts of Japan. Activities include information dissemination, lectures on deafness in one ear (study groups), and training for general/professional people with deafness in one ear.
"Kamonohashi" group for people with mild to moderate hearing loss	Established in 1999 in Kyoto City, mainly for people with mild to moderate hearing loss. The location of the group is Kyoto. The number of participants in the meetings is 10 to 20.
Link	Started activities in 2011 in Kobe City, Hyogo Prefecture. The place of activity is Hyogo. The company provides support activities for "people who have lost their hearing or have become hard of hearing in the course of their lives.
Information and Culture Center for the Hearing Impaired, a social welfare corporation	Founded in 1980 as a social welfare corporation specializing in support for the hearing impaired. It aims to contribute to the welfare of the hearing impaired through the production and lending of visual materials for the hearing impaired, operation of a library space, support for learning and cultural activities of the hearing impaired, and support for the hearing impaired and related people, including consultation support. The facility is located in Meguro-ku, Tokyo.
Hard of Hearing and Hearing Impaired Circle of Harmony (Nagomino Kai)	Founded in 2009. The location is Kanazawa City, Ishikawa Prefecture, Japan. A circle where people with hearing loss and people with partial hearing loss can get together for friendship, information exchange, and social participation. In addition to regular meetings, communication study sessions are held. There are 27 members.
APD (Auditory Processing Disorder) Party Association APS	Founded in June 2018. Activities are held in Tokyo, Kanagawa, Miyagi, Aichi, and other locations. A group for people with auditory information processing disorder (APD), aiming to bring together people who have difficulties, hardships, and worries caused by APD, to connect with each other, to raise awareness of APD, to improve APD symptoms, and to lead better lives. 63 members in the LINE group and 146 members in the Kokkuchizu group.

The summary description is based on the descriptions on the website, brochures, and inquiries to the representatives (information is current as of November 2021 at the time of writing the paper).

Self-help group-like practical activities are being conducted in many places, but there are few studies that have evaluated the practical activities and verified their effectiveness. In the future, it will be necessary to collect objective indicators and promote empirical evaluation research.

4.3.3. Social gathering for people with the same disease or disability

This term refers to gatherings where people with the same disease or disability get together and interact through events such as chatting, watching movies and dramas, workshops, and game tournaments. In addition to associations, social welfare councils, and hearing impairment welfare centers, some of the organizations listed in **Table 1** may also host such meetings. The association organizes recreational activities for its members, such as karaoke, watching movies, and trips. Outside of associations, there are events aimed at interaction among participants, as well as "salons for the hearing impaired" and other events aimed at discovering people with hearing loss who are eligible for support. These meetings do not have a single theme but are held on a variety of topics and contents (**Table 2**).

Table 2. Examples of social events for the hearing impaired and those with hearing difficulties

Name of social event (name of sponsoring organization in parentheses)	Overview of meetings and activities
Regular meeting (Hearing Loss Self-Support Kyoto - Association for People with Mild to Moderate Hearing Loss)	It is a self-help group that creates a place where people with hearing loss can talk to each other and care for each other.
Regular meeting (Kamonohashi, a group for people with mild to moderate hearing loss)	The number of participants is about 10 to 20. Members gather not only from Kyoto Prefecture but also from other prefectures to exchange information and opinions on hearing loss. The meetings are held four to five times a year.
Regular meeting (Hard of Hearing and Hearing Impaired Circle of Harmony (Nagomino Kai))	Members are mainly hearing-impaired people living in Ishikawa and Toyama prefectures. Tea parties, mini-games, communication learning (sign language ICT learning), trips, sports, art appreciation, culture, history learning, etc. Held about once a month.
Issue-specific group work (Information and Culture Center for the Deaf and Hard of Hearing)	The program is conducted for teachers of the hearing impaired, mothers of the hearing impaired, and labor problems of the hearing impaired. Information is guaranteed through hearing loops, written and sign language interpreters. Held three times a year.
Chat Session for Hearing Loss and Hearing Impairment (Link)	The program is based on the idea that people who are in the middle of their lives and have difficulty hearing or have just lost their hearing need a place where they can listen to the experiences of their seniors and talk about their problems in a relaxed atmosphere. We provide a place where they can check themselves and look back in a stable manner. The number of participants is limited to 10 or less. Held irregularly.
Kikoiro, a community for people with hearing loss in one ear	The "One Hearing Loss Conference" is held mainly for people with unilateral hearing loss as "a place where people with hearing loss in one ear can casually get together and chat." It is planned to provide a place where people can feel that they are not alone. Held once a month. The number of participants is limited to 4-6 people each time.
Kikoe Cafe (Hearing Cafe)	A social gathering for people with hearing and listening difficulties, aiming to share feelings and wisdom among people with hearing difficulties. The meetings are open to people of any age, place of residence, type of hearing loss, and whether or not they have a physical disability certificate. Held once a month
APD Parties Networking Meetings, Online Meetings (APD Parties Association APS)	The APD Parties Networking Group is a group for APD parties to get together and loosely exchange information. Online meetings are held using Zoom and chat. Both meetings are held irregularly and have less than 20 participants.

The description is based on the website, descriptions in the explanatory materials, and inquiries to the representatives (information is current as of November 2021, the time of writing the paper).

Among them, the "One Hearing Loss Café" by Kikoiro, an organization for people with unilateral hearing loss, has been held since 2019. The café is a "place where people with hearing loss in one ear can casually gather and chat" and is mainly aimed at people with hearing loss. They were held once a month in Tokyo, Kanagawa, Osaka, and other locations throughout Japan, not only in person but also online. The themes vary from free discussions to specific themes, and the number of participants is kept small, with a maximum of four to six people. The aim is to provide a place where people can feel that they are not alone.

"Kikoe Cafe" [62] is a social gathering that has been held since 2018. Initially held irregularly, it has recently been held once a month in Kanagawa and Ishikawa prefectures, as well as online. In order to make it easier for people with hearing loss who cannot obtain a physical disability certificate to participate, the event is announced and held as a social event for "people who have difficulty hearing or hearing" rather than "for the hearing impaired or hard of hearing. Discussions have been held on different topics such as "New Lifestyles" and "Communication Devices." In some cases, only people with hearing loss participated, while in other times, people with normal hearing participated. The number of participants varied from 4 to 20. The participants' comments in the free text were positive: "It was good to be able to talk," "I was able to make connections with other people with hearing loss," and "I was able to learn useful information.

In addition, hearing-impaired people's clubs in each community also hold events and recreational activities for the purpose of friendship. For example, the Kanazawa-based "Nagomino Kai" holds meetings at each seasonal milestone, such as Christmas and New Year's, to promote friendship.

The purpose of the exchange meetings is to bring people with hearing loss and hearing difficulties together, but it is also considered to play a role in uncovering people who are eligible for support and in connecting people in the same situation of hearing loss. Participation in social events can be expected to play a self-help group role in sharing knowledge about hearing loss, obtaining sources of social support, and also functioning as social capital in the community [26]. It is also expected to reduce the handicap (social disadvantage) [63] caused by communication difficulties due to hearing loss, such as loss of confidence and feeling left out. In addition, psychological benefits such as an increased sense of acceptance, a deeper self-understanding as a person with hearing loss, and the giving and receiving of informational, evaluative, and emotional support are expected. Future empirical studies, including follow-up surveys, should be conducted to clarify the impact of participation in the exchange meetings for people with hearing loss.

4.3.4. Party research

Party research is "an empowerment approach that has emerged and grown out of the activities and lives of people with schizophrenia and other disorders based on entrepreneurship, such as the 'Beteru no Ie' in Urakawa Town, Hokkaido" and is "a tool for self-help—helping, encouraging, and utilizing oneself—and autonomy (self-healing and self-governance) born from the accumulation of life experiences of the people concerned" [64]. Practices for research on persons with mental disabilities, including the practice targeting persons with mental disabilities at the "Bereru no Ie" in Urakawa Town, Hokkaido [65], as well as research practices for persons with developmental disabilities, drug and alcohol dependents, and others have been carried out [66].

In the case of party research for the hearing impaired, a series of practices by Matsu can be given [67]. Since 2018, Matsu has organized a symposium titled "Party Research x Hearing Impairment Symposium." In this symposium, deaf, hard-of-hearing, and (not strictly speaking, hearing impaired) parties with auditory information processing disorders report on their own practices in clarifying issues related to their own hearing. It has been noted that engaging in party research has effects on self-understanding [67], and the same symposium in 2019 reported on the results of "party research" using personal histories, memoirs, and diaries of hearing-impaired parties as the subject matter. Party research is expected to function not only for self-understanding but also as a self-help group by sharing the results of reported party research with others and obtaining their opinions and impressions. In the future, it will be necessary to standardize the procedures for party research and to study the effects of participating in party research through certain procedures.

5. Future issues

This chapter describes issues to be considered in the future regarding psychological support for persons with hearing loss. First, with regard to psychological support by specialists, it is desirable that specialists in psychological support, such as licensed psychologists, clinical psychologists, and mental health workers, promote their activities not only in psychiatry and psychosomatic medicine but also in departments that treat diseases related to hearing loss, mainly in otorhinolaryngology. It is necessary to promote psychological support for persons with hearing loss through collaboration among various professions, including physicians, nurses, speech-language pathologists, social workers, and teachers.

Next, it is necessary to accumulate and share the know-how necessary for holding meetings with the parties concerned. However, it is difficult to say that the know-how on the procedures for holding meetings, materials used, evaluations from participants, and methods of conducting meetings has been sufficiently shared and accumulated.

Therefore, it is expected that by creating a mechanism to connect organizations that sponsor meetings of the parties concerned, share practical examples, and share tools, worksheets, and other materials that are useful when holding meetings, it will become easier to hold meetings in any region, and the quality of the meetings will remain constant.

Furthermore, it is necessary to empirically examine the effectiveness of psychological support from the parties involved. Currently, many party meetings are held in each region, but there are very few literature materials available for open-access reading of the contents of the meetings as articles or reports. In addition, since the effects of participation in meetings by parties have not been measured and examined using objective indicators, it is believed that many of the effects are unknown. Future research should be conducted to measure various psychological measures on those who participated in meetings by the parties and to examine their effects.

Finally, it is necessary to raise awareness and disseminate information about associations of people with hearing loss who are engaged in psychological support activities for people with hearing loss. It is thought that there are people with hearing loss in each community who do not have a hearing care provider close by, who are unable to discuss various hearing-related difficulties in their daily lives and are left on their own, or who are unable to solve their problems because it is difficult to obtain the necessary information. If information is disseminated not only through print media but also through Internet tools such as portal sites and SNS, many people will recognize that there are places where they can connect and receive necessary support when they are faced with difficulties. Even if there are no hearing-impaired people around them, they will be able to make appropriate use of the information when they need psychological support in the future by knowing that one of the social resources is an association for people with hearing loss who can receive psychological support.

Disclosure statement

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