



Initial findings on the influence of onset cues on auditory object formation and sound lateralization in bilateral cochlear implant listeners

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Figure 5: Responses reported as

Binaural Hearing and Speech Laboratory

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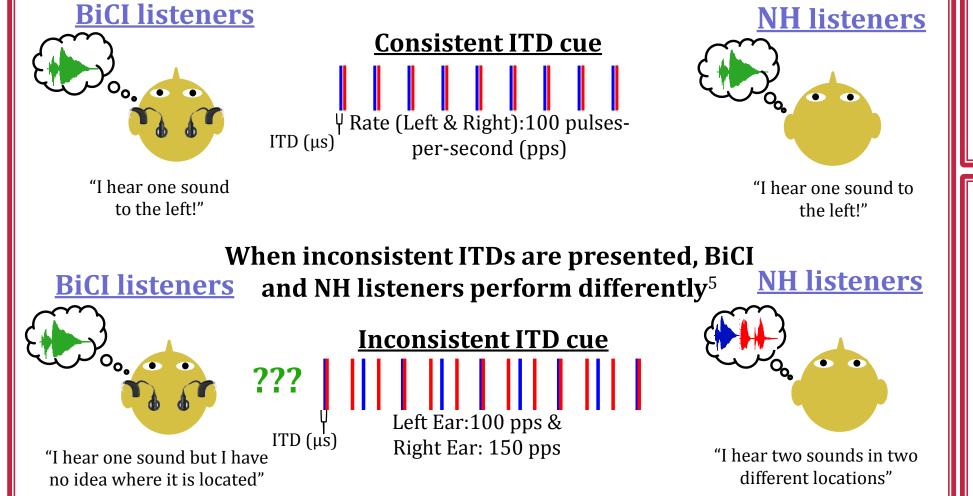
INTRODUCTION

- Sensitivity to interaural time differences (ITDs) in normal hearing (NH) listeners is robust in quiet¹. However in order to identify a target sound in noisy and/or reverberant environments, the NH binaural system relies heavily on the onset ITD to lateralize and perceive a unitary object; this is commonly known as *onset dominance*².
- ❖ With research devices, BiCI listeners do demonstrate ITD sensitivity⁴, yet it is unclear whether they can benefit from onset dominance while still being able to perceive a single unitary object.

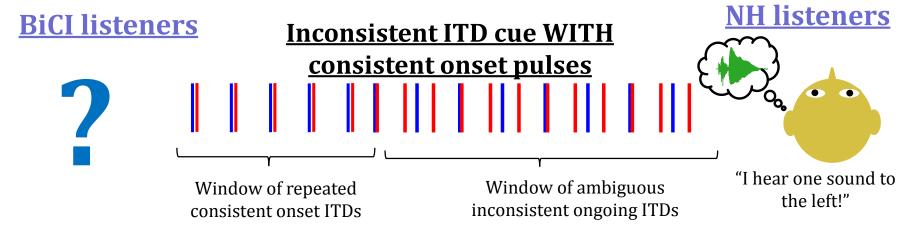
Goal: Improve the salience of the ITD in BiCI listeners by exploiting onset dominance for lateralization and object formation tasks.

Our previous work shows that...

When consistent ITDs are presented, BiCI and NH listeners report hearing a single object and can lateralize it very well⁵



Could BiCI listeners benefit from a more consistent or "salient" onset?



Hypothesis: If repeated consistent onset ITDs are important for lateralization and good auditory object formation in BiCI listeners, then increasing the number of onset pulses with the same ITD, would improve lateralization and reinforce perception of a single auditory object.

METHODS

- ❖ Listeners: Four post-lingually deafened adult BiCI users with demonstrated ITD sensitivity.
- **Stimuli:** Biphasic electrical pulse trains using synchronized research processors at a single pitch-matched pair of electrodes, presented at 100 pulses per second, 300-millisecond duration (Cochlear RF Generator). The number of pulses carrying consistent ITDs from the onset pulse was manipulated (1, 5, 10, 15, 20, 29, 25, or 30). Remaining pulses were jittered using a uniform distribution (see Table 1A &1B).
- * "Rightward-Jitter" Condition (Fig. 1A): Consistent onset ITDs were either 0/Left/Right. Jittered ITDs were always to the right.
- * "Contralateral-Jitter" Condition (Fig. 1B): Consistent onset ITDs were either 0/Left/Right. Jittered ITDs were always in the contralateral hemifield.

Rightward-Jitter: simulates a secondary

Figure 1A: "Rightward-Jitter" stimuli

Table 1A: Parameters for each listener in "Rightward-Jitter"

0 & +750

+500 &+1250

+850 &+1250

Onset ITD & Location of Jitter (in µs)*

-850 & +250

source to the right hemifield

* Task (Fig. 2): single-interval task with 6 response options. Total of 20 repetitions for each onset ITD (3 ITDs) x 8 onset-pulse conditions = 480 trials total per listener. ITDs were randomized in each condition.

"I perceive two objects **Contralateral-Jitter:** simulates a secondary source in the contralateral hemifield

Figure 2: Task screen

"I perceive a single object"

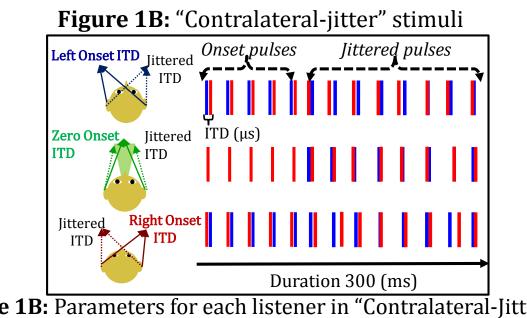
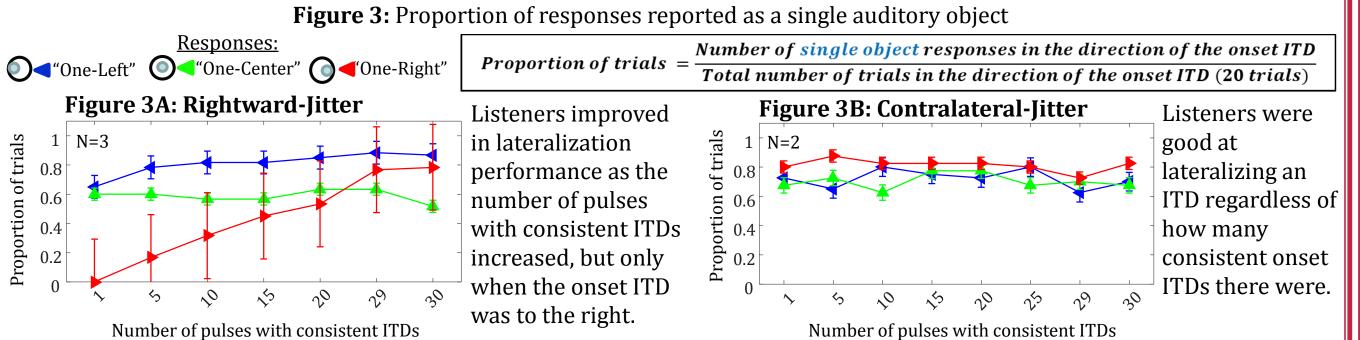


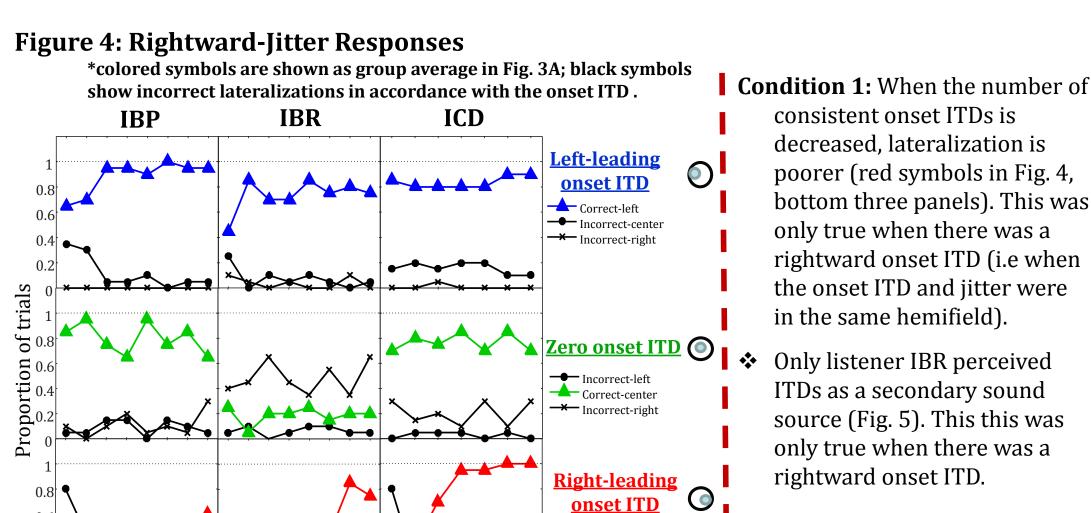
Table 1B: Parameters for each listener in "Contralateral-Jitter" Onset ITD & Location of Jitter (in µs)* Range of Jitter (µs) +850 & -800 ±100 -500 & +200 +500 & -200

*negative is a leftward ITD; positive is a rightward ITD.

RESULTS: Group Data



RESULTS: Individual Data



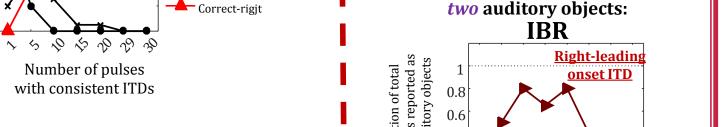
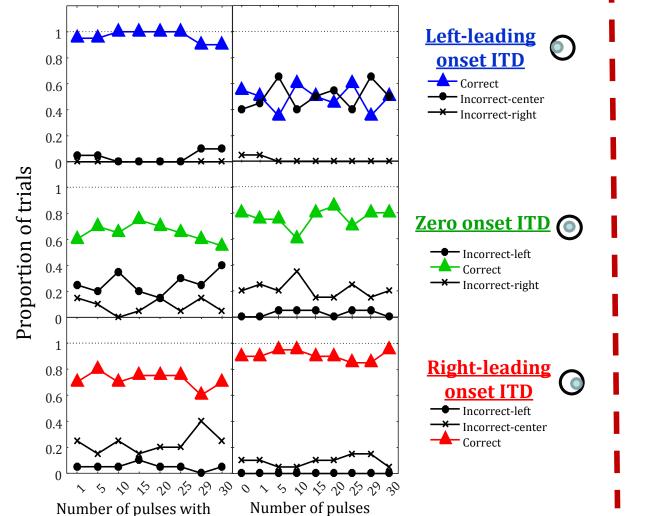


Figure 6: Contralateral-Jitter Responses *colored symbols are shown as group average in Fig. 3B; show incorrect lateralizations in accordance with the onset ITD.



Condition 2: When the onset ITD and jittered ITD are in a different hemifields, listeners can report the correct location with just one onset pulse. Performance is independent of how many consistent onset pulses are present in the signal.

No secondary sources were perceived for either listener.

- SUMMARY

 BiCI listeners correctly report the location of the onset ITD as a function of the number of consistent pulses, this is in accordance with previous literature on onset dominance⁶. However, this is only true when the jittered source is coming from the contralateral hemifield (Fig. 3B & 6).
- 🌣 BiCI listeners did not perceive any secondary objects (excluding listener IBR in Fig. 5); the jitter in the ongoing pulses does not interrupt object formation. This suggests that BiCI listeners with ITD sensitivity appear to associate the onset pulses with a single object in a single location
- Our results suggest that, regardless of the relationship between the ITD of a target source and an ambiguous late-arriving source, only a few consistent onset ITDs are needed to perform well in lateralization and object formation tasks. Larger sample sizes are needed to determine this.

REFERENCES

- 1. Macpherson, E. A., and Middlebrooks, J. C. (2002). "Listener weighting of cues for lateral angle: the duplex theory of sound localization revisited," J. Acoust. Soc. Am., 111, 2219–36. doi:10.1121/1.1471898
- 2. Stecker, G. C., and Hafter, E. R. (2002). "Temporal weighting in sound localization," J. Acoust. Soc. Am., 112, 1046–57. doi:10.1121/1.1497366
- 3. Brown, A. D., Jones, H. G., Kan, A., Thakkar, T., Stecker, G. C., Goupell, M. J., and Litovsky, R. Y. (2015). "Evidence for a neural source of the precedence effect in sound localization," J. Neurophysiol., 114, 2991–3001. doi:10.1152/jn.00243.2015
- 4. Kan, A., and Litovsky, R. Y. (2015). "Binaural hearing with electrical stimulation," Hear. Res., 322, 127–37. doi:10.1016/j.heares.2014.08.005
- 5. Thakkar, T., Kan, A., and Litovsky, R. Y. (2017). "The impact of asymmetric rates on interaural time difference lateralization and auditory object formation in bilateral cochlear implant and normal hearing listeners," J. Acoust. Soc. Am., 141, 3635. doi:10.1121/1.4987831 6. van Hoesel, R. J. M. (2008). "Observer weighting of level and timing cues in bilateral cochlear implant users," J. Acoust. Soc. Am., 124, 3861–72. doi:10.1121/1.2998974

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