



Perceptual Integration of Speech Information Across Ears With Bilateral Cochlear Implants and Simulations in Normal-Hearing

Sean R. Anderson¹, Frederick J. Gallun², & Ruth Y. Litovsky¹

¹University of Wisconsin-Madison, USA

²Oregon Health & Science University, USA

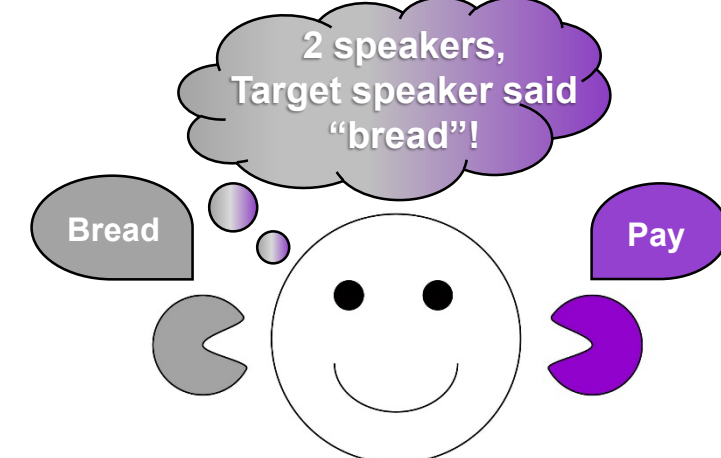
Email: sean.anderson@wisc.edu



Introduction

- Bilateral cochlear implants (BiCIs)** generally improve speech-in-noise understanding compared to one CI alone. However, the amount of benefit attained varies across patients [1-3].
 - Many patients with hearing loss, including those with BiCIs, have **asymmetric hearing outcomes across ears** [1,3-5].
- Some patients experience **interference**: poorer speech understanding with two ears compared to one ear alone [6-9].
 - Interference occurs when target speech is presented to at least one ear with poor speech understanding.**
- Interference could result from **poorer ability to perceptually integrate or segregate speech** from different talkers [10].
 - Integration/segregation happens at multiple levels of language processing (e.g., phonetic, semantic) [11,12].

A Good Segregation



B Poor Segregation



Fig. 1: **A.** When listeners appropriately segregate speech from both ears (e.g., by its location), they can correctly report the target word. **B.** When listeners are unable to appropriately segregate speech from both ears, it may be maladaptively integrated.

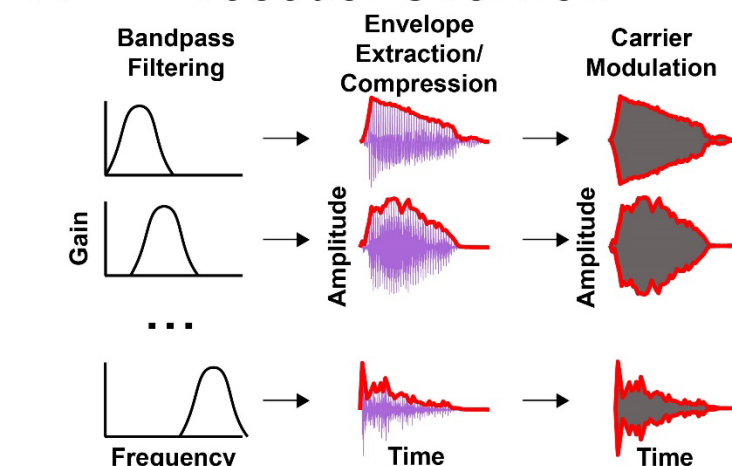
- Question:** How does each ear contribute to speech perception when one or both ears exhibit poor speech understanding?

Goal: Determine whether having at least one ear with poor speech understanding leads to poorer segregation of speech information across ears.

Stimuli & Listeners

- Monosyllabic, English words spoken by one male talker
- Listeners and presentation
 - 4 normal-hearing (NH): unprocessed and noise-vocoded speech via circumaural headphones at 65 dB SPL
 - 5 BiCI: unprocessed speech via direct connect (Cochlear) or circumaural headphones (Advanced Bionics T-mic) at a comfortable level

A Vocoder Overview



B Compression

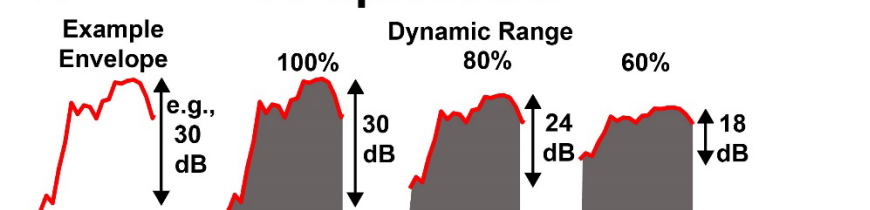
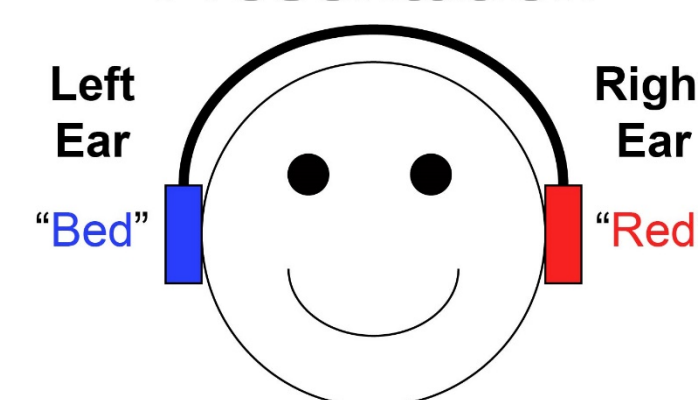


Fig. 2: **A.** Sixteen-channel vocoding [13] was completed with low-noise noise carriers. **B.** The dynamic range was manipulated to elicit changes in speech understanding (see Fig. 5A). RMS level remained 65 dB SPL across dynamic ranges.

Task

A Presentation



B Possible Responses

Ideal: "Bed + Red"
Fused: "Bred"
Biased left: "Bed"
Biased right: "Led + Red" *
Interference: "Led"

Fig. 3: **A.** One word was presented to each ear. Listeners responded with the word(s) that they heard. Listeners did *not* indicate the side from which words were presented. **B.** Responses were sorted into categories based upon listening strategy.

Bed	Led	Red	Bled	Bread
Pay	Lay	Ray	Play	Pray
Go	Low	Row	Glow	Grow

Fig. 4: Responses were recorded using this graphical user interface. Stimuli were a subset of words from Cutting, 1975 [11].

- This task indexes accuracy and integration (Fig. 3).
- 33% of trials had same word, stop + liquid pair (Fig. 3A), or words with differing vowels.
- Responses were sorted into categories (Fig. 3B).
 - * Responses considered biased if they were only correct for one side.

NH Results

Hypothesis: Poor speech understanding *in both ears* will lead to greater interference in speech perception.

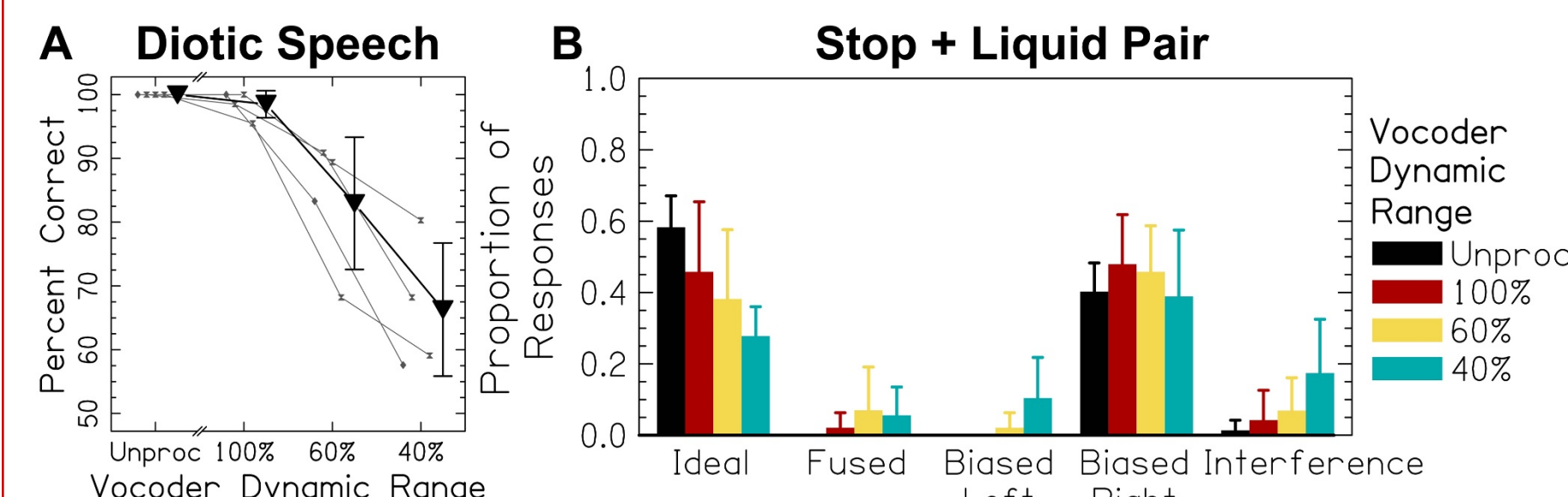


Fig. 5: Mean results across 4 NH listeners. Error bars represent ± 1 standard deviation. **A.** Mean is shown in black and individuals are shown in gray. **B.** Response categories (see Fig. 3) are shown by vocoder condition.

- Smaller dynamic range resulted in poorer speech understanding when the same word was presented to both ears (Fig. 5A).
- The amount of interference increased as dynamic range decreased (i.e., temporal resolution decreased; Fig. 5B).
 - Ideal responses decreased (accurate identification of speech in both ears) as dynamic range decreased, resulting in a trade-off between ideal and interference responses.
- This is consistent with NH results showing interference in speech-in-noise with few vs. many vocoder channels [10].

BiCI Results

Hypothesis: Poor speech understanding *in at least one ear* will lead to greater interference in speech perception.

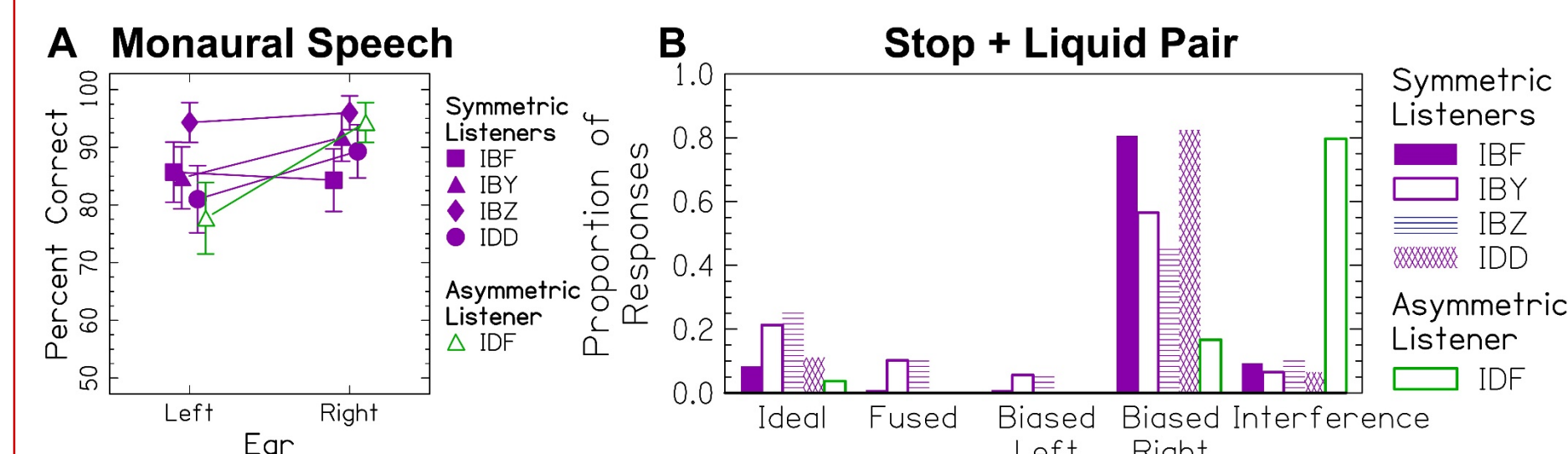


Fig. 6: Individual BiCI listeners that have symmetric or asymmetric speech understanding are shown in purple and green, respectively, based on data in A. **A.** Error bars represent 99% confidence intervals. Listener IDF's confidence intervals did not overlap for the left and right ear. **B.** Response categories (see Fig. 3) shown by listener.

- One listener showed asymmetric speech understanding (Fig. 6A).
- Listeners with symmetric speech understanding exhibited a bias toward correctly reporting the word from their right ear (Fig. 6B).
 - All listeners except IBY were first implanted in their right ear.
- The amount of interference was greater for the listener with asymmetric speech understanding (Fig. 6B).
 - Could the poorer ear limit speech perception, or does asymmetry alone lead to interference?

Summary

- Interference occurs for some BiCI listeners and could be due to limitations in speech perception that have not been investigated.
- Smaller dynamic range of vocoders in NH listeners**, which resulted in poorer speech understanding (Fig. 5A), **resulted in more frequent interference in speech perception** (Fig. 5B).
- BiCI listeners show large amounts of right-sided bias and interference in speech perception** (Fig. 6B) than NH.
- Thus, poorer speech understanding resulted in poorer ability to accurately segregate speech** when presented to both ears.
- Future studies will investigate asymmetric dynamic range in NH, and BiCI listeners with good or poor speech understanding in both ears.

References

- Litovsky, R., Parkinson, A., Arcaroli, J., & Sammeth, C. (2006). Ear Hear, 27(6), 714-731.
- Louizou, P. C., Hu, Y., Litovsky, R., Yu, G., Peters, R., et al. (2009). J Acoust Soc Am, 125(1), 372-383.
- Mosnier, I., Sterkers, O., Bebear, J. P., Godey, B., Robier, A., et al. (2009). Audiol Neurotol, 14, 106-114.
- Reeder, R. M., Firszt, J. B., Holden, L. K., & Strube, M. J. (2014). J Speech Lang Hear Res, 57(3), 1108-1126.
- Lin, F. R., Niparko, J. K., & Ferrucci, L. (2011). Arch Intern Med, 171(20), 1851-1852.
- Goupell, M. J., Kan, A., & Litovsky, R. Y. (2016). J Acoust Soc Am, 140(3), 1652-1662.
- Bernstein, J. G. W., Goupell, M. J., Schuchman, G. I., Rivera, A. L., & Brungart, D. S. (2016). Ear Hear, 37(3), 289-302.
- Goupell, M. J., Stakhovskaya, O. A., & Bernstein, J. G. W. (2018). Ear Hear, 39(1), 110-123.
- Bernstein, J. G. W., Stakhovskaya, O. A., Jensen, K. K., & Goupell, M. J. (2019). Ear Hear, pre-print.
- Gallun, F. J., Mason, C. R., Kidd, G. Jr. (2007). J Acoust Soc Am, 122(5), 2814-2825.
- Cutting, J. E. (1975). J Exp Psychol Hum Percept Perform, 104(2), 105-120.
- Cutting, J. E. (1976). Psychol Rev, 83(2), 114-140.
- <http://www.mattwinn.com/praat.html>

Acknowledgements

This work was supported by NIH-NIDCD R01 DC003083 awarded to Ruth Y. Litovsky and NIH-NIDCD U54 HD090256 to Waisman Center. Matthew Winn wrote the Praat code used for vocoding and graciously shared it with us.