# Binaural-cue weighting in free-field localization of narrowband noises presented with open-fit hearing aids and in simulated reverberation Anna C. Diedesch and G. Christopher Stecker Vanderbilt University School of Medicine, Department of Hearing & Speech Sciences

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# Background

Localization in the horizontal plane primarily relies on two acoustic cues: interaural time (ITD) and level differences (ILD). Ideally, listeners receive ITD and ILD cues that are in agreement with one another. In complex environments, however, presence of reverberation will cause ILD cues to diminish and ITD cues to be erratic causing the source to appear in a different or ambiguous (i.e., diffuse) location. Younger listeners tend to perform well in reverberation compared to aged and hearing impaired populations (Helfer 1992, Helfer and Wilber 1990). Such difficulty could occur because of how listeners weight available interaural cues in the presence of reverberation.

Additionally, hearing aids are also known to alter interaural cues. ILD can be altered by dynamic-range compression (Wiggins and Seeber, 2011) and strong directional microphone technology (Picou et al., 2014). ITD cues should be accurately represented through hearing aids, but there is a potential acoustical interaction of direct and processed sound when listening with open-fit hearing aids. This interaction of binaural cues is in addition to reflections from reverberation.

As a result, listeners may adjust their strategies for localizing sounds by weighting available interaural cues differently in complex acoustic scenes. Here, we tested 10 young normal hearing listeners across hearing aid venting and reverberant scenes using narrowband low- and high-frequency

## **Test Conditions**

## **Hearing Aids**

- 1. Occluded foam tip
- 2. Open-dome
- 3. Unaided



-Linear, low-gain amplification -Behind-the-ear (BTE) hearing aids -Noise reduction, microphone directionality, and feedback suppression turned off

### Stimuli

500 Hz

-1/6 octave noise band centered at 500 Hz 4000 Hz

-1/6 octave noise band centered at 4000 Hz 500 + 4000 Hz

-Two simultaneous 1/6 octave noise bands. centered at 500 and 4000 Hz

-Duration = 500 ms, ramp = 10 ms

## Listener Response



Listener response window - presented on a iPad during testing.

Solid ring represents speaker array with the listener represented at the center of the room. Squares indicate speakers directly in front, behind and parallel to the listener; circles represent +/-45° and +/-135°. Red circle represents a listener response.

# Methodology

- -80% reflective ( $\alpha$ =0.2)





Example plots of individual data for 500 Hz (left) and 4000 Hz (right) stimuli. X-axis represents target speakers, and y-axis behavioral responses. Symbols in scatterplots are individual trials. Red circles indicate front-back confusions, mapped to frontal response azimuths. Green line represents best linear fit (equation shown).

- All hearing aid, room and stimulus conditions were evaluated for:
- -Localization variance  $(R^2)$
- -Localization gain (slope)
- -Localization accuracy (RMS error across speakers) -Number of front-back confusions

## Results



Figure (above). Bars represent mean data and standard error for 10 subjects. line plots slope of 1.

Panel B represents RMS localization error across 23 target locations. Results for 500+4000Hz are superimposed onto the 500 and 4000 Hz subplots.



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Panel A shows localization gain for each stimulus type (500, 4000, 500+4000 Hz). Dashed

# Summary & Discussion

**Effect of stimulus type** Localization gain 500 Hz - slope > 1(expansion) 4000 Hz - slope < 1(compression) 500+4000 Hz - slope ~1

Localization error Less RMS error for 500+4000 Hz vs. either 500 or 4000 Hz in isolation

### **Effect of hearing aid venting across room type**

Localization gain 500 Hz - Occluded > Open & Unaided for Anechoic condition 4000 Hz - Occluded & Open < Unaided with reverberation (SRS & Room) 500+4000 Hz - These differences were resolved in the 500 + 4000 Hz condition.

microphone placement eliminates pinna cues. simultaneously (i.e., with broadband stimulation).

**Future Directions** - Compare behavioral results with measured ITD, ILD. Evalute open-fit hearing aid candidates (normal low-frequency hearing, mild to moderate 4000 Hz hearing).

## References:

Allen & Berkley (1979), *JASA* 65(4):943:950 Helfer (1992), JSHR 35(6):1394-1401

Front-back confusions Fewer front-back for 500+4000 Hz vs. either 500 Hz alone

Localization variance  $(R^2)$ Less residual variance for 500+4000 Hz vs. either 500 or 4000 Hz in isolation

> Localization error 500 Hz - Occluded > Open for all room conditions 4000 Hz - Occluded & Open > Unaided for all room conditions 500+4000 Hz - These differences were resolved in the 500 + 4000 Hz condition for Anechoic and SRS.

Young, normal-hearing listeners have most *difficulty listening with occluding hearing aids* likely because this condition doesn't allow access to unprocessed acoustic cues and BTE

Additionally, listeners tested here show *compressed high-frequency localization* of narrowband noise in reverberation when wearing BTE hearing aids, regardless of venting. These results were *mostly resolved* when low- and high-frequency noises were played

> Figures show listener 1406's individual responses for 500 Hz (left), 4000 Hz (middle), and 500+4000 Hz (right). Each set of plots show data for room (columns) and aided (rows) conditions.

Helfer & Wilber (1990), *JSHR* 33(1):149-155 Picou *et al.*, (2014), *Ear Hear* 35(3):339-352

Wiggins & Seeber (2011), *JASA* 130(6):3939-3953