# Energetic/Informational Masking and Listening Effort, as Measured by Electroencephalography and Pupillometry

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# INTRODUCTION

- Attending to target speech in the presence of auditory maskers may result in decreased understanding of target information (lower speech intelligibility scores).
- However, intelligibility scores do not provide information about how much *listening effort* the task elicits.
- Even if a listener can understand 100% of the target speech, the task of doing so may be extremely effortful (Rennies & Kidd, 2018), which may have negative effects for the listener (Peelle, 2018).



# **STUDY AIMS**

- To compare the amount of listening effort elicited in young, normal-hearing subjects under carefully-controlled highinformational masking (IM) versus high-energetic masking (EM) conditions, at equivalent reference points (TMRs). *Hypothesis: A high-IM condition will require more effort.*
- To compare listening effort data obtained by two different widely-used physiological indices: 1) pupil size, and 2) alpha power as measured by electroencephalography (EEG). Hypothesis: Results from the two indices will not be correlated but may reveal different insights about components of listening effort.

# PARTICIPANTS

- 15 young, normal-hearing listeners 5 M, 10 F
- mean age = 20.8, range = 18-24
- normal hearing in both ears (20 dB HL or better at 250, 500, 1K, 2K, 4K, and 8K Hz)
- native English speakers
- no diagnosis of ADD/ADHD or TBI

# **EXPERIMENTAL STIMULI**

Target speech consisted of 5-word matrix-style sentences, always beginning with the word Sue:

Names	Verbs	Numbers	Adjectiv es	Objects
Bob	bought	two	big	bags
Jane	found	three	cheap	cards
Jill	gave	four	green	gloves
Lynn	held	five	hot	hats
Mike	lost	six	new	pens
Pat	saw	eight	old	shoes
Sam	sold	nine	red	socks
Sue	took	ten	small	toys

Masker sentences were drawn from the same matrix, as well as from a list of 2-syllable names:



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### **Part 1: Behavioral Testing**

- Participants completed three adaptive tracks in each condition using a procedure adapted from Brand & Kollmeier (2002).
- These adaptive procedures were designed to estimate the TMR at which the participant could achieve 75% correct performance.

### **Part 2: Pupillometry/EEG recording**

- Participants completed 2 blocks (24 trials) in each condition, with stimuli presented at their individually-estimated 75% correct TMRs.
- An SR Research Eyelink 1000 was used to collect pupil diameter measurements.
- A 32-scalp-channel BioSemi ActiveTwo system was simultaneously used to collect EEG data.



Black rectangles indicate alpha (8-13 Hz) during listening

seconds after target onset

-50%

• A 1 x 3 RM-ANOVA examining the effect of condition on mean change in alpha (8-13 Hz) during the 0-6000 ms period after target onset was found to be non-significant, possibly due to high variability in the data or insufficient power. • Additional analyses, possibly with a different baseline and/or time-frequency region of interest, may be performed in order to better understand these data.



### Error bars indicate standard error **ASSOCIATIONS BETWEEN PUPILLOMETRY & EEG**

Three Pearson correlations were performed (one per condition) to check for associations between change in alpha power & change in pupil size from 0-6000 sec after target onset. Results were non-significant.

# CONCLUSIONS

Data collected on peak pupil size suggests that the intelligible speech masking condition elicited a higher degree of listening effort than a noise condition.

This finding suggests that greater effort is involved in ignoring acoustically and linguistically similar sources than highly dissimilar, low-information value sources.

Analysis of EEG data did not reveal a significant difference between conditions, possibly due to high variability.

No association was seen between the pupillometry & EEG results, consistent with results of previous work suggesting that listening effort is multidimensional (Alhanbali et al., 2019).

These results lay the groundwork for future investigations into listening effort under high-IM vs. high-EM listening conditions, in clinical populations including aphasia.

# REFERENCES

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