

What Did You Say?

“What did you say?” That’s a question I’ve been asking a lot lately. And I’m tired of asking it. I’m also tired of thinking that people are whispering when they talk to me in my office. And I’m sure that strangers think I’m invading their personal space when I lean in, straining for clarity, so that their words will make sense in our conversation. But I don’t really need hearing aids, I tell myself. People just need to speak up.

A year ago, I responded to my husband’s insinuation that my hearing was failing by stopping at the audiologist’s booth in our local Sam’s Club and taking a hearing test. I planned to wave the report in my husband’s face and say, “See I told you I wasn’t hard of hearing.” Instead, the audiologist’s report confirmed my husband’s suspicions. I could hear, but I was losing the ability to distinguish certain consonants - in both ears. “No rush to get hearing aids,” he said, “but you don’t want to wait too long and lose the ability to hear birds singing.” I dismissed his report. He gets commissions for selling hearing aids, so I’m sure he tells everyone that they’re suffering from hearing loss. I don’t really need hearing aids!

I’d heard that hearing aids were expensive and not covered by any insurance. So, I decided to hold off for as long as possible. For a while, I pretended that I was hearing just fine . . . that it was perfectly alright to have the television’s sound level up to 17. . . that cell phones reduced the clarity of voices for everyone. Then, during a visit from my adult stepchildren, their muffled conversations from the next room frequently elicited a “what did you say?” from me. As we shared conversations in the same room, I noticed that I needed to be looking at the person who was talking to me in order to hear everything they were saying. The kids gently suggested that perhaps I was having trouble hearing.

After that, I began to mention my problem to friends. One who’d recently had a cochlear implant emailed me the name of the audiology practice that she had used, raving that they were the best in Westchester. Still, I kept putting off making an appointment. I told myself that only the elderly wore hearing aids, and that they were all big and cumbersome - an ugly announcement of old-age status. I don’t mind telling people that I’m 67, but I sure didn’t want to have hearing aids announce that I’m a member of the over-the-hill gang.

During my annual physical, I asked for a hearing test. My physician sent a technician in with a machine and a device that she inserted into my ear. “Raise your hand when you first hear the beep,” she instructed. Afterwards, my doctor examined the chart the machine produced, then looked in my ears. “Your ear drums are clean enough to eat off,” he said. “And your hearing is within range for someone your age. I wouldn’t worry. Everyone loses some hearing as they age.”

My hearing problem is the third in my menu of age-related challenges. The first was my gray hair. Years ago, I stopped dyeing my hair and embraced my silver as a badge of wisdom. As I transitioned, I ignored strangers’ comments that letting my hair go gray would make me look old. So why do I think hearing aids will make me look old? My second challenge is my knees. For almost two years, I’ve been treated with injections of cortisone to halt inflammation, and Synvist - a synthetic fat-- to counter the degeneration of the cartilage in both of my knees. The dual injections, given every three months, forestall the misery of double knee replacements. Even though many people tell me that once I get the knees replaced, I’ll regret having waited so long to replace them. As long as I can tolerate the momentary pain of the injections, and as long as the injections relieve the pain, I’ll put off the operations that will permanently scar my knees. It’s not a matter of fear, it’s a matter of vanity.

Then, an annoying ringing sets up residence in my left ear, or rather a roaring, like the sound when a large seashell is held up to one’s ear. An internet search identifies the ringing as tinnitus - an untreatable condition that often self-corrects. I wait and mine does. Then to my dismay, it quickly returns with a vengeance. One night during a conference call, I realize that when I switch the phone from one ear to

the other, the voices on the phone sound different. In my left ear, the pitch is higher. Something is definitely wrong with my ears!

The next day, I call my friend's audiologist for an appointment. While I wait for the scheduled appointment, I make peace with my need for hearing assistance. At least hearing aids won't hurt. But I decide that I'm going to get the least visible ones they make, no matter what they cost.

During my first appointment, the audiologist seats me in a soundproof booth and adjusts headphones on me. She sits outside, facing me, visible through a window. I follow her instructions for each test. I repeatedly listen, then respond to variety of sounds. During the tests, I can almost feel my brain searching for the tones that beep in my ears. At one point, when sentences are read to me amidst loud background noises, I even close my eyes in order to hear better.

After the extensive cadre of tests, we discuss the results. My audiologist begins my oral evaluation with the good news: my hearing in the area of distinguishing sound in group settings with ambient noises is at the 92nd to -95th percentile. "Few people hear that well in group settings. That will make hearing with assistance so much better for you," she says. When I tell her that that was the test where I had closed my eyes in order to hear better, she says, "It's our brains that hear. Our ears just deliver the sounds." She also says that I may not realize it but everyone lip reads and follows visual cues that assist hearing. "That's why you probably do very well in one-on-one-conversations where you're facing the speaker."

Slowly, she explains the meaning of the two parallel lines on the graph that charts my responses to test sounds. "You do have some hearing loss. Not unusual for a person your age, but it's not an unsolvable problem. You also have negative pressure on your ear drums in both ears," she adds. "I'd like you to see an Ear, Nose and Throat Specialist before we go any further, in order to rule out the pressure's influence on your hearing."

It takes almost three weeks before I can get an appointment with the ENT specialist who repaired my scar-tissue-lined sinuses 10 years ago. That surgery produced an unexpected result: the return of my sense of smell - a loss I hadn't even noticed. Like my hearing, it had occurred so slowly and painlessly that I easily adjusted, until collateral damage forced me to address the issue.

My ENT Specialist examines my ears and throat, looks at the audiologist's report, and says, "I'm not worried about the negative pressure in your ears. It's probably the result of all the sinus problems you've had across the years. I'm experiencing hearing loss myself. I worked with loud race cars when I was young. Now, like you, I'm paying for it."

When I ask why he isn't wearing hearing aids, he again looks at my report. "My loss is concentrated in one ear. My chart isn't parallel like yours. It's very difficult to adjust aids to accommodate my loss at this stage. I'm waiting until it gets worse. Your equal and bilateral loss will make hearing aids work a lot better for you. In fact, you're a perfect candidate for hearing aids. Get them."

I make a second appointment with my audiologist and wait for the date. I'm so excited about beginning the journey back to full hearing that I start talking about my hearing loss to everyone I encounter. I'm surprised by the stories my story elicits - as if there is a subculture of the hard-of-hearing who travel unnoticed among us. A woman at my church pulls back her hair and thrusts her ear toward me. "See. I wear hearing aids," she says. On my Facebook page, I make a post that reads, "All those long-ago nights in Baltimore's discotheques have led to hearing loss." Some friends make jokes about hearing loss, then confess that they too are experiencing some of the symptoms that I describe.

Others tell stories of parents who won't wear their hearing aids or who deny they need them and make conversations frustrating with their misunderstandings and repeated questionings. Or friends who talk very loud in public because they're hard of hearing but won't get aids. One woman talks about her self-imposed isolation because her hearing aids make her hear too much. Another says she got tired of working so hard to hear people talk that she just cut back on social events. I'm also surprised by the number of people who compliment me for my positive attitude; as if I embark on a brave new

undertaking, instead of a simple quest to stay in the game of life. "You're the Pied Piper for our generation," someone says. I wonder whether once I begin to wear aids, will I begin to notice other people who wear them, the way you begin to see the same model of your new car everywhere in the weeks after you purchase it?

"I don't want the ones that fit over the ear," I say as soon as I sit down with my audiologist. "I want the ones people can't see."

"Okay," she says and proceeds to show me beige, in-the-ear-canal prostheses in varying sizes. "She points to one. "This fits in the ear canal and is virtually invisible; however, it doesn't provide multi-directional input. With your lifestyle, I think you'll need that."

"Do the multi-directional ones cost more?" I ask. When she says no, I begin to examine the Lucite box on her desk that contains an array of small, colorful parts that resemble cell phone earpieces. "These are actually pretty. Are they all multi-directional?"

"Yes," she answers, "and they're digital too." She withdraws several, demonstrating how they fit. A thin, almost invisible wire travels from the small, molded earpiece that nestles behind the top fold of her ear and reaches down into her ear canal. "Hearing aids collect sounds, process them, then send them via the wire into the auditory canal," she says. "With your hearing loss, these should restore your level of hearing to an acceptable range."

Within a few minutes, I'm trying on what I surmise will be the most expensive ear decorations I'll ever own. The audiologist sets me up with a two-way mirror so I can see how the aids look behind each ear. I can hardly see them! And what I do see looks less noticeable than a cell phone's earpiece. I'm sold! I choose a shiny, steel-gray color to match my hair. She takes measurements and we discuss the cost of the pair I've chosen. I knew they'd be expensive, but I'm shocked, none-the-less, by the sticker price. She tells me that the price includes an extended return policy, replacement for loss, all the adjustments I'll ask for, and batteries. The part about unlimited adjustments assuages my concern about the price. I'm paying for parts AND service. Someone suggested that during my search I should go to the local big-box store where the price is cheaper. One of the things that drove me to an audiology practice was all the stories I'd heard about people who threw their hearing aids in a drawer and never wore them because they just didn't work. I know from experience that technical tools require professional adjustment and personal attention during the break-in stage. Otherwise, they're of little use. I want to hear well again, and I'm confident that my audiologist will see to that.

In two weeks, my custom-made hearing aids will arrive. My audiologist says I'll have to wear them continually until I adjust to hearing things I don't even realize I've stopped hearing - like the humming of the kitchen refrigerator that my husband constantly complains about. I'm also ready to embark on the learning curve challenge that will insure we get the exact programming to make them comfortable. I'm so excited! Finally, I can stop asking, "What did you say?"