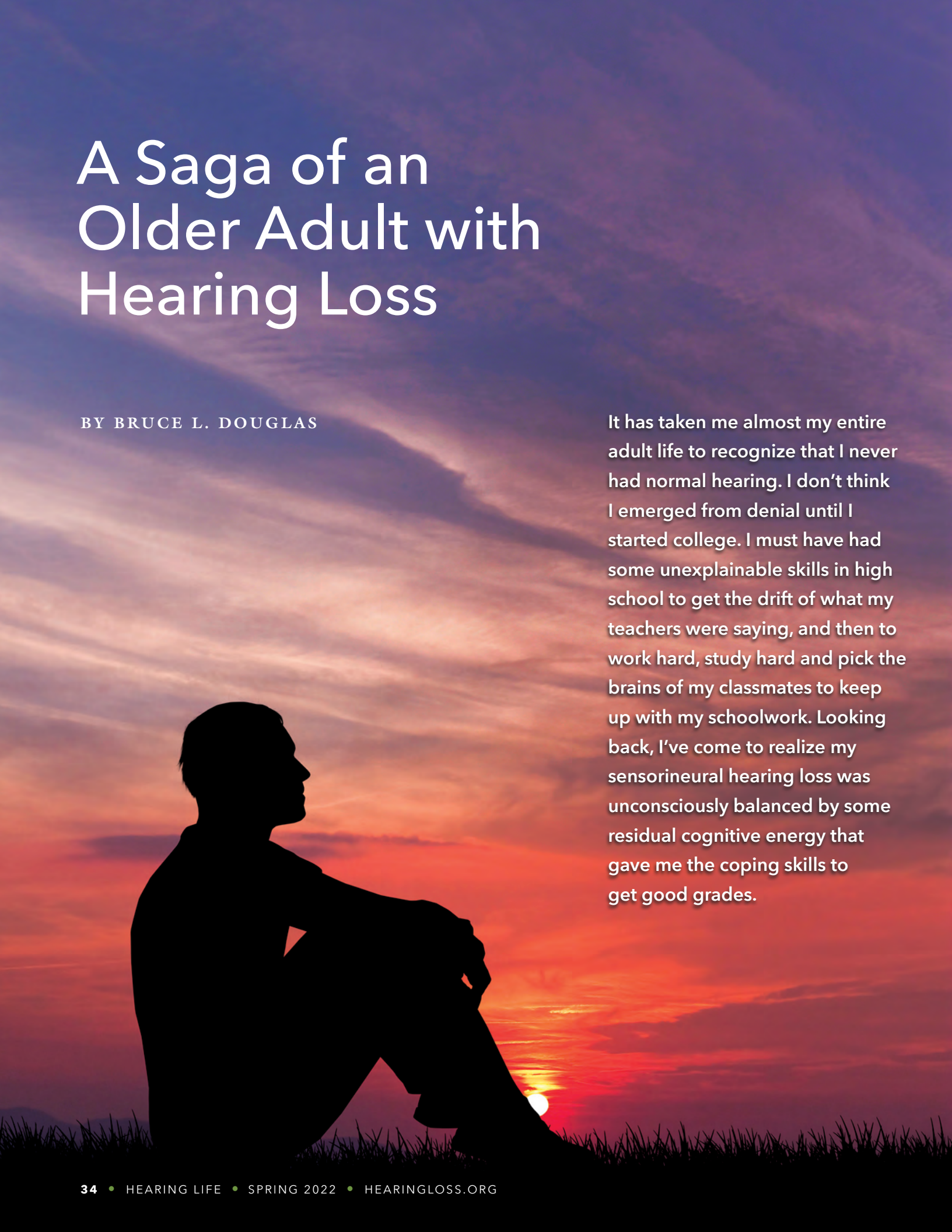
A Saga of an Older Adult with Hearing Loss

BY BRUCE L. DOUGLAS



It has taken me almost my entire adult life to recognize that I never had normal hearing. I don't think I emerged from denial until I started college. I must have had some unexplainable skills in high school to get the drift of what my teachers were saying, and then to work hard, study hard and pick the brains of my classmates to keep up with my schoolwork. Looking back, I've come to realize my sensorineural hearing loss was unconsciously balanced by some residual cognitive energy that gave me the coping skills to get good grades.

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There were times when I thought there was something wrong with my brain that interfered regularly and periodically with my powers of concentration, causing gaps in my lecture notes. In a way, the same thing happened in conversations when more than a few people were present. It took me years to recognize that this problem impacted on my personality. It made me uneasy with people who spoke too fast or had accents, which led to impatience and impulsiveness; but the type A personality that accompanied it apparently had its productive side as well.

Since I was succeeding with my schoolwork in spite of this dilemma, I just took it for granted that I had "second-nature" intellectual skills that helped me to finish high school with a high enough grade point average to qualify for admission to a top-notch Ivy League college. I dealt with my problem as a kind of prowess that I never discussed with anyone. It was my silent weapon that enabled me to "do it," a la Frank Sinatra, "my way," and look proudly in the mirror, congratulate myself and move on. It was simply rationalization, to accept my prowess with equanimity and move on from there — not allowing myself to accept the reality that I was a person with hearing loss!

What I've come to realize is that my problem existed only in the part of my world where I had no control, where my perceived concentration lapse, like mandatorily sitting and listening in a lecture hall. But I used aggressive behavioral skills to influence the environmental conditions in my less structured life, where I could control the physical and sensory environment around me. I have to admit, in retrospect, that it did not always contribute to my popularity in my social circles!

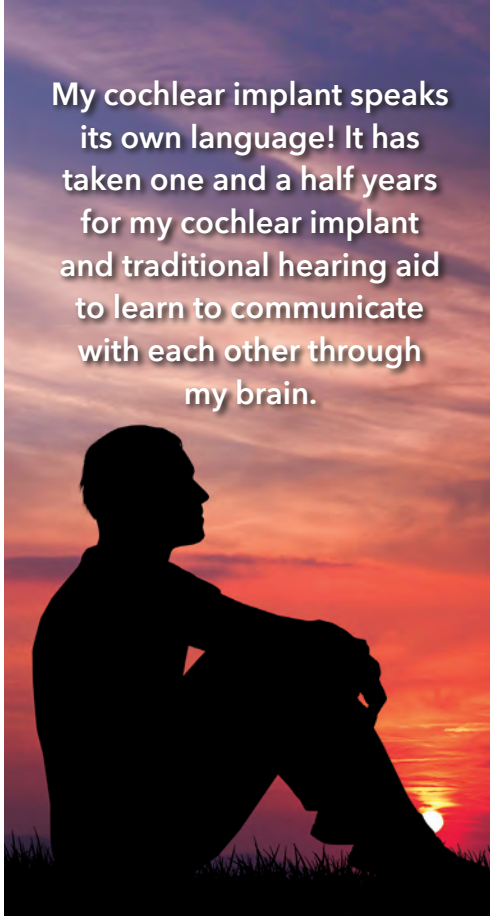
Coming to Grips with Hearing Loss

I think that I unconsciously started to come to grips with my hearing loss when, belatedly, I stepped back to my father's relationship with my family. He annoyed us by constantly saying, "What?" when people spoke to him. I think that his hearing loss was at the bottom of the stressful relationship he sometimes had with my mother, who would say, in response to his "What?" "You just don't listen when people speak to you!" We were so busy concentrating on his hearing issue, that it never occurred to me that I might be starting to succumb to my own genetic inevitability. After months of nagging, he acquiesced to having a hearing test. I went with him, first to an otolaryngologist (there were very few audiologists around in those days), who tested his hearing and wrote a prescription for hearing aids. I couldn't help but notice that the ENT doctor had hearing aids, himself, that were sitting on his desk as he spoke to us!

Needless to say, the hearing aids, which were cumbersome and very primitive (which we didn't know at the time — this was in the 1930s!) also ended up in the drawer in my father's dental office. The fact that my father was a dentist is particularly relevant to this story, because he had no trouble communicating with his patients as they sat in the chair only inches from his ears. He loved his work. He only complained about his telephone, so he had an extension put in that my mother could answer, upstairs from his office. He had no dental assistant, so, as I learned to do in my early life, he had created an environment where he had complete control. He had very long and late visitation hours. He happened to have had a good singing voice and his patients dubbed him "the humming dentist," with his ears only inches from their mouths. He had complete control over any conversations he had with his patients. He was the master of his own little universe, within which he had no problem communicating with his patients. He rarely had to say, "What," because his patients' mouths were open, and he monopolized the "conversation!" Feeling very comfortable about his conversational ability, he would then come up the stairs to his living abode and confront his family naysayers, all of whom, he was quite sure, mumbled or swallowed their words when they spoke!

A Family History

While I was aware of Mendel's inheritance chart, I never had any formal training in genetics, and it took me a while to recall that my paternal grandfather also had hearing loss. It took another good number of years to come to terms with my own hearing loss. In college, I became convinced that because there were always gaps in my lecture notes, as I said earlier, I had concentration problems. It even took me a while to recognize why I almost always sat at the front of the room or assemblies when it was permissible to choose your own seat. In elementary or high school, that was never a problem because most of the students preferred the back of the room where it was easier to cheat on exams! I didn't



even realize that I was learning to read lips and I ignored the many occasions when friends would say to me, "Why are you staring at me?!"

My college roommate, who had remarkable recording skills, would help me fill in the holes in my notes on a regular basis. He was a straight-A student, and through those evening conversations, I learned that his skills were conveniently contagious. The 1940s were almost all war years. I was fortunate to have qualified to remain in college as a Navy apprentice seaman, with the understanding that I would owe those years back to the Navy when I graduated. By that time, I definitely knew that I had hearing loss, but the world, by and large, still failed to recognize hearing loss as a pathological entity and hearing aids remained in a primitive state. Also, since they were cosmetically unattractive, few people would wear them.

Serving My Country

I didn't mention my hearing loss when I went from the reserves to active duty in the Korean War, but I didn't have to. Shortly after being assigned to the U.S. Marine Corps Base at Parris Island, South Carolina, an acoustic traumatic event changed my life forever! During my one week of basic training, I spent one memorably destructive day on the firing range where an M1 rifle played havoc with the hair cells in my middle ear and gave me a lifelong affliction called tinnitus. That was the dramatic explosive event that changed my mild to moderate hearing loss to a descending case of presbycusis. I didn't know it at the time, but I was suddenly on my way, without intervention, to a hearing loss that would be close to deafness.

Off to College

In retrospect, two years as a Fulbright professor in Japan, where I had to converse in a foreign language much of the time, worked out well because my wife or I had that control that I needed to be able to communicate on my own terms. And I managed a final year of formal education at the University of California School of Public Health, where I was allowed to bring a recording machine into my classrooms.

A very open-minded dean invited me, after receiving my public health degree, to start a program in community health in the University of Illinois College of Dentistry and invited me to give lectures to the dental students in oral medicine, a subject which brought dentistry and medicine together. It would also give meaning to my admonition to the dental students that oral health was a part of the overall field of general health. A dental student named George Osborne, who entered dental school with a Ph.D. in audiology, came to me after a lecture one day and said that I had influenced him to think of his profession of audiology in a similar vein as I depicted dental and oral health and that he had come to the conclusion that he didn't really want to be a dentist, after all.

That was a dramatic decision in his third of four years, but we stuck it out together, because I admitted to him that I also really never wanted to be a dentist; but fate led us down similar paths, so we both ended up deciding what to do after we received our DDS degrees. He simply went back to audiology, where he became a giant in his field, and I took my former professor, Donald Tewksbury's advice and used my dental degree as an "international currency," to travel the world and ultimately find myself a niche in the specialty of oral and maxillofacial surgery, which was as far as I could go to get away from digging holes in teeth, referred to by my fellow naysayers as "building monuments to my manual dexterity." Oral surgery was a good escape for me because minor errors in non-dental structures in and around the mouth, which is where I did most of my surgery, healed themselves, as was not the case with teeth themselves. In all fairness, I must comment that dental science has long since entered a broader world of oral health and my chosen profession has expanded accordingly into a highly respected member of the health professions.

The Osborne Phenomenon

Before Dr. Osborne took off on his audiologic adventure, the pinnacle of which was the founding of the first major institution of higher learning that specialized in awarding doctorate degrees to audiologists, he and I found ourselves on the staff of a Chicago hospital, where we both headed departments in our own specialties.

One day, in 1983, he brought me into his small laboratory and made me my first set of hearing aids. He warned me that all those little hearing assistive devices, as he called them, would do to magnify sounds; but he reassured me that big changes were in the making in his field, where advanced devices would be connected directly, through the cochlea in the middle ear and the auditory nerve, to the brain. It took 33 years for the "Osborne phenomenon" to play a dramatic role in my life, when a cochlear implant was placed in my right ear to accompany a significantly upgraded left-side hearing aid.

A moment on my cochlear implant: it speaks its own language! It has taken one and a half years for my cochlear implant and traditional hearing aid to learn to communicate with each other through my brain.

But, and it's a big "but," I have to admit that I'm still a long way from "normal" hearing. I can manage very well in a small group setting, especially with friends, relatives and students who are familiar with my hearing limitations, but groups, restaurants, telephones, outdoor conversations and other venues are not my cup of tea.

My Auditory Progress

Despite the continuing inevitable trials and tribulations of my hearing affliction, the last few nonagenarian years have been among the most gratifying of my life. In large part because of my auditory progress, I felt comfortable accepting an invitation to return to the University of Illinois School of Public Health, an institution for which I am credited as its "founding professor," to undertake research on the "the effect of senescence on the quality of life of older adults, with an emphasis on hearing loss."

The founding professor title was a result of my having a resolution introduced in the Illinois House of Representatives to study "the need for a School of Public Health in Illinois," and then, in 1970, as an elected member of the House, I was responsible for the initial moves that led to the school's beginning in a deserted convent on the grounds of the University of Illinois at the Medical Center in Chicago. I was its first faculty member, as my university professorship was transferred to the new school instantaneously, and I taught a course in "The Politics of Health," as I remained a state representative until 1975.

The senescence study evolved from my growing interest in the science of aging after retiring from the field of oral and maxillofacial surgery in 1989. Its auditory component was a natural result of my receding auditory capabilities and a progressive subjective involvement in the art and science of hearing loss. I began to realize that my auditory system was running out of time. The hearing aids worked in the intimacy of small rooms with carpets on the floor, but with my wife's and my audiologist's help, I decided to acknowledge my wife's role in dealing with a problem that I never would have recognized if it weren't for her. I acknowledge the role of my spouse of almost 50 years in supporting me through the troubled waters of hearing loss, and pointing out the necessary role of "partners" in dealing with this essentially "invisible" malady.

Jan is British. We met while we were both on World Health Organization consulting assignments in Bangkok. From that time on, we worked very hard in resolving the inevitable conflicts that occasionally entered our relationship. We had gradually become aware of significant differences in our views on many issues of a psychosocial nature. She practically never complained about anything (except my behavior!). HL

Bruce L. Douglas, DDS, is chair of the outreach committee for the HLAA Veterans Across America Virtual Chapter. He has worked with HLAA to encourage major veterans organizations, primarily DAV and VFW, to place greater emphasis on the two numerically most frequent service-connected disabilities — tinnitus and hearing loss.

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