

VILLAGE VIEW

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Jill was two years old when her parents first suspected she had a hearing problem. They had thought their little girl was simply ignoring calls or suggestions since she was at that age when children assert independence by testing authority. Gradually, however, they realized she responded readily if she happened to be looking at the person speaking to her. Jill's two older sisters, at 4 and 6, seemed to understand early on; when they wanted her attention, they'd touch her arm or move where she could see them.

Tests confirmed Jill's hearing loss. When did it occur and why? No one knows. After being fitted with hearing aids, Jill's behavior improved. She began to talk; she followed directions willingly.

During the next few years, however, her loss increased; by the time she was old enough to enter public school, even the strongest hearing aids weren't adequate. Jill's speech was difficult to understand; not hearing spoken words clearly, she wasn't learning to duplicate them. Jill was enrolled in a special day school for children with hearing disabilities. Now, as she approaches her teens, Jill can communicate in a variety of ways. She lip-reads, uses sign language and has learned to speak with remarkable clarity in spite of her handicap.

Because Jill's parents were alert and took early action to compensate for her loss of hearing, Jill is an outgoing friendly little girl with as much self-confidence and self-assurance as other youngsters her age. She accepts the fact of her disability and makes the extra effort necessary to participate in school and community activities; her family and friends of all ages accept it, too, and make the necessary but insignificant adjustments. She finds herself a welcome and contributing member of her social groups.

Jill has escaped the crippling effects of living in a silent world; she doesn't feel isolated, isn't withdrawn, doesn't imagine people are talking behind her back or making fun of her. Instead she throws her considerable youthful energies enthusiastically and joyfully into all activities and opportunities exactly as though she were not handicapped in the least.

Oftentimes older people who gradually lost their hearing are less fortunate. Not all of us, of course, suffer hearing losses as we age, but many do. Unlike failing eyesight which afflicts more of us than failing hearing, there are no visible signs of deafness. When we don't see, as well as we once did, we have our eyes examined and wear corrective lenses; in most instances, it's a change everyone takes for granted. And we're pleased enough with the improvement to be glad to wear our glasses.

As deafness sneaks up on us, however, we're apt to deny it. We may start out assuming the fault lies with those around us. "Stop mumbling," we're likely to say accusingly, or "Children today just don't enunciate; they run all their words together." Maybe some do, but it's just possible part of the trouble lies within our ears rather than in the sounds others are making. And it's also just possible something can be done to help.

Of the two most common reasons for hearing loss, one involves the delicate mechanism within the ear which transmits sound waves to your brain for interpretation. Sound waves enter the outer ear, strike the eardrum, a strong but tissue-paper-thin membrane separating the outer and middle ear, and make the drum vibrate.

Attached to the inner surface of the drum is a chain of three tiny bones, each smaller than a grain of rice. As the eardrum vibrates, these three bones transfer the energy to the inner ear where one bone, the stapes, is attached to another tiny membrane, separating it from the hearing organ. This part of the remarkable system of hearing is a fluid-filled channel lined with thousands of microscopic hairs. When the stapes moves, the fluid is disturbed, the hairs are stimulated, and this stimulation sends electrical impulses to the brain, and these impulses are translated and given meaning, a

process we start learning at the moment of our birth. It takes every new-born month to learn to interpret sounds, to differentiate among all the varieties of noise being received, and to make them meaningful and understandable.

Lots of things can happen to interfere with the perfect operation of this marvelous system, even though the working parts are well-protected inside our skulls. A fairly common problem is that the stapes ceases to vibrate. If that happens, the fluid doesn't move, the hairs aren't stimulated, and no impulses reach the brain. In many cases, surgery to restore mobility to the stapes can correct the situation.

The other most common cause of hearing loss is nerve deterioration which results in the same symptoms but which cannot be surgically corrected. In most cases the nerve becomes less sensitive but not entirely unresponsive; a hearing aid to increase the volume of sound can help restore reception. A hearing aid works much as a microphone does; it receives and magnifies sound and transmits it through the system to the brain at greater volume than people with normal could tolerate. Hearing aids are equipped with volume control buttons that can be adjusted by the wearer to exactly the right level for individual comfort.

Hearing aids do for the hard-of-hearing what corrective lenses do for the near-sighted, far-sighted and astigmatic. And just as no lens restores eyesight to perfection, no hearing aid restores hearing to perfection. But it can help enormously.

Not only does an aid help increase the ability to hear, it helps its wearer remain in touch with the world.

When people gradually lose the sense of sight, unless lenses can correct the difficulty, a person is cut off from the visible world. The same is true of those who gradually lose the sense of hearing; they are shut out of the world of sound. When key words in a conversation are missed, they are plunged into the isolation of non-comprehension. Rather than constantly interrupt, they let questions go unanswered, hoping to pick up meaning later. All too often it's punchlines they miss. Their pleasures in social company diminish. Before long, the person with a hearing loss begins avoiding such unrewarding situations.

As withdrawal and avoidance continue, the person who once participated enthusiastically in family activities and community life sits passively on the sidelines, feeling left out and increasingly useless and unloved. The world goes on around that individual, but a curtain of silence has descended just as surely as a curtain of darkness falls around the person whose eyesight fails.

Do hearing aids really make a difference? They can help immeasurably. Hearing is as important to understanding as sight. When Jill was two years old, she began wearing hearing aids; as a result, and with the patient help of her family and of specially trained teachers, she has learned to speak and take part in all the activities normal for a growing girl.

When older people wear aids, they too can participate in social situations, communicate with family and friends, share jokes, hear music, enjoy the songs of birds, respond normally to questions and conversation. Not only is hearing, itself, restored, but also the capacity to swim in the mainstream.

For Jill, the initiative came from her concerned parents; for the adults with failing hearing, the initiative must come from oneself. A hearing aid isn't a curse; it's a blessing. I should know; I wear one in each ear.