Letter to the Editor

The following letter represents a departure from the usual style of presentations in the Journal. But the message is so compelling that I wanted to bring it to our readers in its entirety. It is a moving account of the onset of sudden sensorineural hearing loss as it happened to one of our own colleagues, Ray Hull of Wichita State University. It is a unique account of a type of loss often encountered, but seldom experienced, by audiologists. Ray’s remarkable observations can only serve to broaden our understanding of this debilitating malady and strengthen our compassion for those who suffer it. — Editor

IT HAPPENED TO US

To the Editor:

First of all, I want the readership of JAAA to know that this has been somewhat difficult for me to write about. I was hoping that there would be no need to write about it, that this situation would never happen to me. But, it did, and I feel that my experiences will benefit those who read this article, since it is written from the perspective of my educational preparation and experiences as an audiologist.

I have counseled many children and adults throughout my professional life who have sustained sudden and traumatic hearing loss. It has always saddened me to hear about the fear, depression, and anger that these individuals expressed as they attempted to deal with the loss of a critically important part of their educational, social, personal, and occupational life—their hearing and their ability to communicate with ease. Without fail, those who maintained partial hearing expressed fear that more of their hearing would decline, and they would be without that important link with their communicating world. In their grief, most stated that if they had to choose, they would have opted to lose their eyesight rather than their hearing. At least they would be able to hear and communicate with others, listen to television and the radio, attend concerts and enjoy the music, attend lectures and hear the speaker, and participate in many other situations that require functional hearing. Among my most personal desires, I hoped that I would never have to make that choice.

Audiologists Can’t Lose Their Hearing

Through the years of my clinical experience, as I listened to my hearing-impaired clients and their significant others and initiated programs of aural rehabilitation on their behalf, I (selfishly, I suppose) found solace in the knowledge that I possessed a healthy auditory system. No one in my family possessed impaired hearing, and even though I had worked for my father on our farms throughout my teenage and college years and likewise had been exposed to fairly high levels of noise, my hearing thresholds had sustained themselves nicely throughout my life. I needed good hearing because of my musical background and the extracurricular vocal music activities in which I am involved. Further, I thought that since good hearing was important for my career as an audiologist, professor, and counselor, I was fortunate to have maintained it in an excellent manner. Audiologists don’t lose their hearing. They can’t. They are to be an example of good hearing and effective communication on behalf of their patients.

Or Can They?

It seems as though things like this always happen on Sundays when professionals one needs are not available. I was just finishing a workout at a fitness spa in northern Colorado on a Sunday afternoon 7 years ago. As I concluded my workout and checked out of the building, I began my usual walk to my car. About half way across the parking lot, I looked to my left to say “hello” to a colleague. When I looked back toward my car, without warning, the parking lot suddenly appeared to be ripped from under my feet, and I was looking in front of me into an enormous void. At the same moment, I heard what appeared to be a thousand shrill voices screaming in unison inside of my head. As I lost my balance from severe vertigo, I was staggering so noticeably that several people offered to help me back into the building. I declined. I staggered to my car and forced myself into the driver’s seat. I quickly found that if I sat very still, the dizziness subsided slightly, but the visual disorientation remained severe. The screaming inside of my head continued at such an intensity that it was almost frightening as the...
near panic that I was experiencing at the moment, since I did not know what was happening to me. Even though I suspected a perilymphatic fistula, I had never experienced one before, and was not sure of the initial, personal symptoms. I had no basis for comparison except for descriptions by my patients who had sustained sudden onset of hearing loss, nor did I expect the symptoms to be so dramatic, so frightening, or so physically debilitating.

But, there I was sitting in my car, attempting to calm myself and to grasp the reality of what was happening to me—me, the one who was a healthy younger adult who had never before had a serious illness or accident—the one who was supposed to take good care of his patients, not be one!

It's Depressing to Listen to Your Own Ear Die

As I began to orient myself to what was happening to me, I noted that the symptoms appeared to be originating from my right ear. I plugged my left ear by pushing in on the tragus to determine if my hearing had diminished in the right ear. It had diminished rather significantly. I noted that I could not hear the car radio well with the left ear plugged, and my hearing was continuing to deteriorate rapidly as I listened. Over the next 45 minutes, my auditory perception of what was happening was that the radio was being squeezed tightly—as though the voices were being disguised as extremely elderly persons with raspy, harsh/strained voices. Within minutes, the voices became (the only way I can describe them) something that resembled the cartoon-like voice of "Bugs Bunny," who was being strangled, and then fainter. Then, the voices vanished. I could hear nothing. All of this occurred within the time frame of an hour.

As I listened to my hearing deteriorate over such a short time span, and then when I could hear nothing, I realized with great sadness that I was without hearing in one of my ears through which I could hear normally only hours before. How could this happen to me, with no warning, with no opportunity to address and correct the symptoms prior to the onset?

I touched my precious right ear. It felt dead—no sound, no scratching sounds when I rubbed it. I touched my other ear. I could still hear well. I was thankful. However, would it die today also? Would I become totally without hearing while sitting there in my car? What about my career as an audiologist? What about my need and desire to communicate with others? What about my music? Suddenly, hearing became priceless, and the value of the experience of communicating with others and listening to music became inestimable.

It required all of my other senses to drive to my house. The dizziness was debilitating, and the intense "screaming" of the tinnitus, along with the fear of the possible onset of deafness in my other ear, was beginning to take its toll emotionally. When I reached my house, I called an ENT colleague at his home and described the symptoms that I was experiencing. He prescribed bed rest, and then to see him the next day.

The next day, my hearing had not improved. My right ear was still without hearing. When I awakened that morning, the depression that I had gone to sleep with the night before continued as the realization of what happened returned. My precious ear was not responding to sound. It still felt and sounded dead.

Audiologic Evaluation

The test results at the ENT office revealed what I already expected: a profound sensorineural loss in the right ear, with no speech recognition. However, I learned a great deal from two phenomena that I experienced during the audiometric evaluation on that day. One is that recruitment does exist. When the young audiologist reached 105 dB in the right ear at 4 kHz, it felt as though someone had placed an electrical wire in my external auditory meatus next to the tympanic membrane and then plugged it into a wall socket. The jolt and pain were terrific, although I had heard nothing before. She never did it again. I made sure of it.

The other phenomenon that I experienced was a profound speech recognition deficit. I could hear every word at the 95-dB hearing level used for speech recognition testing. However, I could not determine what any of the words were, except for three. It was as though the words were being filtered in real-time, but the filtering appeared to be at most octaves, not just one or two. It was very frustrating, and I can now empathize with my patients who experience severe speech recognition problems. It matters not what the intensity level is; speech recognition does not improve. Further, I can empathize with my patients who experience recruitment. The pain is real.

Shortly thereafter, surgery was performed in order to repair a ruptured round window.
membrane in my right ear. As I look back on it, the surgery was rather benign, although the postsurgery pain is fairly significant for at least 2 days. The severe vertigo diminished almost immediately. However, the tinnitus has remained, but has decreased somewhat. My interpretation of it is a leaking high pressure steam valve that is fairly loud, and is there to be listened to 24 hours a day. The intensity of the tinnitus increases significantly with sugar or caffeine intake (e.g., candy or pop). Hearing acuity has improved slightly. At the present time, the pure-tone threshold average in my right ear is approximately 70 dB, and the configuration is one that slopes gradually into the high frequencies. A hearing aid does not help since speech recognition remains at around 20 percent in that ear.

A primary difficulty that I presently experience is that of sound localization. In a classroom, for example, it can be difficult to determine where a student’s question is coming from in relation to her or his position. So, by the time I have located the position of the student, the question has been asked. However, I have developed strategies for coping in that and other open environments, and am doing well.

What I Have Learned from This Experience

If it could be done without being permanent, I feel that a positive component of every audiologist’s preparation should include the experience of sudden onset of a severe-to-profound sensorineural hearing loss. Then, we would all be better prepared for the questions that our patients ask us after they have experienced gradual or sudden onset of hearing loss. The terrible sense of loss, the fear, and the feelings of depression would help us all be more knowledgeable and compassionate.

The experience of significant levels of tinnitus and recruitment would better equip us to empathize with our patients who also possess those disturbing outgrowths of severe-to-profound sensorineural hearing loss. The experience of severe vertigo would better equip us to understand its disabling effects on those who possess it. The experience of a significant reduction in speech recognition in at least one ear provides one with intimate knowledge of what it is like to hear, but not understand, speech. I can remind myself of the frustrations experienced by those with significant sensorineural hearing loss each time I close my left ear and force myself to listen through my impaired right ear. I can truly tell my patients that I know what they are experiencing. In other words, I possess a real-time frequency filter that slopes gradually from 20 to 90 dB across the frequency spectrum. I can listen through it any time I want to as a reminder of what my clients are experiencing.

A More Empathetic Audiologist

As I look back on all that has occurred since that day in the parking lot of the fitness center in Colorado, I can truly say that the experience has made me a better, more empathetic audiologist as I serve my patients. I also feel that I am a better teacher and supervisor as I help prepare our graduate students to provide services on behalf of children and adults who possess impaired hearing.

I am more patient when it comes to helping my students understand the discomfort and frustrations that result from impaired hearing. But, I sometimes wish that they could hear the loud and irritating hiss of the tinnitus that is with me every hour of every day, hear the distortions of speech with which I must contend on my right side, experience the frustrating problems with which I must contend in sound localization, and feel the discomfort of recruitment that makes me wince on occasion.

However, the above is not the only good that has come of my loss of hearing. The additional good involves my intimate knowledge of just how fragile our auditory system is and why it is important that we protect it.

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