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The Unsealed Ear

AT A DISTANCE

A MAN TO MY RIGHT, MY DEAF SIDE, HAS THE KIND OF VOICE THAT'S louder than thought. The man he sits across from speaks lower than the blood that beats a resting pulse in my ears. Liability, the loud man says. While the soft man answers, I can concentrate.

I am about to have surgery that might restore 90 percent of my hearing. It is not minor surgery, but it is not major, either. I will be naked in a hospital gown, knocked out, cut open, the smallest bones in my body addressed. I will let my doctor go exploring in my right middle ear without knowing what he'll discover, if the secret of its wrongness will be detectable, fixable, or if it will remain beyond us.

Immediately following the surgery, the left half of my tongue will interpret most liquids as sour and lukewarm, while the right half will deliver the temperature and taste I expect. Months later, this will still be problematic. I will notice it most when I'm having my shift drink at the wine bar, learning Pinots and Sav Blancs so I can answer my customers' questions. This misinterpretation will be the result of a bruised facial nerve, a common side effect of my surgery. It will diminish but could remain for up to one year.

My sense of smell will be undisturbed. My eyes will be no more myopic than before. Touch will be a comfort. Sam will wrap me in blankets, check my dressing, bring me broth and saltines, candy and tea, Oxycodone and antibiotics. He will take medication notes for me until I have the energy to do it myself. My right ear will be packed in bandages that look like half a bloody earmuff. My left ear will be uncovered and unaffected, able to hear phone calls and police sirens and Sam, plus the TV if subtitles are on.

These soon-to-come days are a reprieve of healing that will pass once I understand the consequences of my cure.

But here in the café, where I sit before surgery and before side effects, where I am preparing myself to become a person with almost perfect hearing, I need to record what it is like to half-hear. I imagine I might miss her, this person who listened hard and enjoyed her quiet, this part of me I have asked my doctor to erase. Today, a loud voice can pierce my concentration and a soft voice can focus it. After surgery, all voices might pierce.

To want to hear is to want sound and sound-makers to be intimate—not distant, not mediated. When I imagine hearing, I picture myself as a still point, poised to accept whatever approaches.

THE SPIRIT OF THE PROBLEM

When my doctor says he hopes, he thinks, what I regain of my hearing will make the possible side effect of balance disturbance worth it, I feel sick. I have a condition that opens an extra "window" in my ear, which should create vertigo but doesn't because another condition causes the bones in my middle ear to shut one of the two windows I'm supposed to have open. "When we open that second window," Doc explains, "your superior canal dehiscence might become symptomatic."

He means that the openings in my skull around the superior hearing canals—the portholes that leak sounds from my body into my inner ears, ruin the tight seal required for good hearing, and threaten my distinction of up from down—might suddenly spin me off balance and toss me like a boat on open seas. He means the thing that originally brought me to his office, the thing we aren't treating because it isn't the biggest problem, might now become the biggest problem.

I nod. I take notes. Writing the words contains my fear of those symptoms, but does not help me ask good questions. I need to ask *how likely?* or *balance disturbance as in can't drive a car? As in can't hike? Can't walk?* He cannot tell me. He does not know.

Would I rather hear or be steady on my feet?

How much hearing does a person really need to get by?

At what point is hearing loss a detectable disability?

I hate this math.

Before he speaks, my doctor waits for me to put my hearing aid back in. He is the only person I know who is aware that this courtesy is possible. Courtesy, not necessity. Without the aid, I can read his lips and expression and hear his voice. I can catch almost everything and fill in the rest.

"Catastrophic loss," the doctor says. It's comforting coming from him, this confirmation that I've got it bad.

I think: But I can function without an aid. I've gotten along just fine. Most people can't tell anything is wrong.

I think: How hard have I been working, for how long, to hear?

CLOSER IN

When the time comes to attend my post-surgical checkup, I take a six-hour Greyhound bus from where I live to the hospital. My head is wrapped with gauze, my hair shines with seven-day-grease, and I am high on narcotics. "We'll do this differently next time," Sam says when he drops me off with the college students and the cross-country Greyhounders, hating that he can't take me there himself.

I don't mind the ride. After the weakness of recovery, boarding that bus reminds me how it feels to have the strength of my pre-surgery self.

"I had this skin tag the size of a quarter," the woman behind me says, so loud I can hear it through the bandages. "A QUARTER. Right on my panty line. When I got it removed the doctor asked if I wanted to keep it. Can you believe that? What would I do with it?"

"Ebay. That's all I'm saying," her seatmate answers.

Actually, I can't quite hear the response so I make one up. This happens often. I get it wrong about as often as I get it right.

"Do you hear that screaming?" Sam asked me last night, his front door open. The neighbor was yelling at her children again. Nope, I said. "Oh, baby," he said. "That's all going to change."

The weekend before my surgery, the neighbor yelled all day. Sam had to blast Frank Sinatra to drown out her rage. It made no difference to me.

I think: Once this bandage comes off, I'm going to hear *and* overhear.

OTHER INTIMACIES

When I sit in a café to write, I take my hearing aid out, let the loud man, the soft man, and the rest of the café murmur go slack. Their noise cradles my attention while I focus. The brown plastic bean-shaped machine is clean, acceptable for public viewing, as is the battery case swinging from its middle. It is connected by a silvery cord to a silicone earpiece, molded just for me, with a flap that hugs my concha and secures the receptor deep enough inside to sufficiently augment the failings of my middle ear. My loss is conductive, which means my hair cells are fine despite the lifetime of loud music I've subjected them to. They would sense sound if I could just deliver it to them.

The earpiece is the intimate part. Even when clean, it is yellowed with discharge, but the gunk isn't what makes it gross. The problem is deeper: this material is the negative shape of a hole in my body. Taking it out for public viewing is not polite. It's too personal. An overshare of a space that requires an invitation, even for a doctor. I put the aid in my pocket and keep working.

Once, when I was still with my ex, his father hugged me goodbye and said, "I love you." My ex heard him, but my good ear was blocked by his father's arm, so I did not. Neither man corrected my ignorance. I think my boyfriend liked my silence, the implied rejection of his difficult dad. His father, I imagine, was too embarrassed to say *love* again.

When Sam knows I haven't heard someone's question, he asks it again or answers it for me. He acts as my translator, my semaphore, telling me gently what I missed. He studies my expression to figure out if I've heard him, or if I'm just pretending to. I get a bland look on my face when I'm faking it. Or when I don't feel like responding.

THE GOD TEST

One year before the surgery, I quit a job out east. I returned to the west coast to live at my parents' house in my childhood room until I could figure out my next move.

But first, to fly home, I needed a ride to the train station. At the end of that hour, after my company driver considered my reasons for quitting but before she bought me a latte for the trip home, she pulled a vial of golden oil from her Camry's center console and anointed me. She shook the oil onto her thumb, pressed her thumb to my forehead, asked the Holy Spirit to open my ear. "Lord, let this child hear your voice," she prayed. "Protect her, guide her, get her home."

I held her hands. I prayed with her. I thought, hell, what if this works? She'd had a communication shortly before we met: she would encounter a person with closed ears, and she would unseal them for God. Before she blessed me, she asked permission.

What if it could happen this way?

What if the Holy Spirit could heal one malady via the other, no laser-knife required?

What if I can't hear God because I can't hear?

Or what if I can't hear because I can't hear God?

I confessed to my driver that as a child I would lie awake listening for God, straining against silence, thinking of the young prophet Samuel. Early in his apprenticeship to Eli, a high priest of Israel, Samuel wakes in the middle of the night. He's heard his master calling. When he goes to him, Eli says to go back to sleep, he hadn't called. Samuel hears his master call again, and again Eli tells him to go back to bed. The third time this happens, Eli—who has never heard the voice of God—knows it is God speaking. Can you imagine that? Just like on the telephone, God calling Samuel and giving him his calling. I was so jealous.

The next time God calls, Samuel says, Here I am, Lord. God tells him he's going to destroy Eli's dynasty. When Samuel relays the message to Eli, Eli shrugs, says, The Lord should do what seems right unto him.

I'd lie in bed and listen for a voice calling in the night. I could hear the ceiling creak, the television down the hall. I could hear the cat nose my door open. Eventually, I'd get tired. I began to believe I didn't have ears to listen.

"That is a lie from the pit of hell," my driver said.

I thought: So don't have to hear to listen.

When she blessed me I told myself, Remember how this oil smells. Sweet and sharp and hay-colored, a long warmth that is not the incense of Easter, the perfume of fruit, the lotion after gym class, or the laundry done and folded on the bed. I thought, This is a test either God or I will fail, and I will never know which.

ANOTHER TEST

When I first wore my hearing aid, I swore I could feel the muscles in the middle of my forehead go slack, relax, erase. Like an eye had closed. I felt that.

During my pre-surgery hearing test, I tip my head in the direction of the ear receiving the beeps, focus on the carpet of the soundproof room's walls, still my breathing. I flex a muscle deep in my ear, close to my jaw, the one that lets me pop my own eardrums. I concentrate on hearing, straining for sound like it's a ball that's been thrown over my head. Beeps and clicks compete with my blood beating, my neck bones' low clicking as I move my head into, but not closer to, the sound.

This is the hearing test I fail.

Sometimes I can't hear the beep, but I can feel something. I don't know if this is a real vibration or if it is merely hope. I am rigged with earbuds, wires arching down and into the wall. Behind that wall, audiologists record my progress. When I hear something, I'm supposed to say so. One of the tests requires me to repeat words aloud.

Say SEW, it says. Sew.

Say YARD, it says. Yard.

It wants me to say *carve*, *us*, *day*, *toe*, *felt*, *stove*, *hunt*. It wants me to say *ran*, *knees*, *nut*, *mew*, *low*, *owl*, *hi*. It wants me to say *there. Earn. Twins. Could. What. Bathe. Ace.*

Then they start the bone conduction test. Heightened bone conduction is a symptom of my condition, a super listening power that indicates something is wrong. This does not diminish my pride in being a good listener.

For a few moments at the beginning of the test, I can feel a contrast in volume, sensation, and closeness within the soundproof room. I think I'm hearing what I usually miss. Once I get used to the sound—more like atmosphere than noise—it goes away. I don't mean it disappears. I mean that once the novelty wears off, I assimilate the new sensation into normal levels of perception. The sound is still there. As usual, I can't hear it.

The man supervising my hearing test has a malformed left hand. It ends beyond my sight, tapering within his sleeve. He uses his right hand to adjust the headphones so they don't hurt me. He is careful. I'm going to ace this test, I tell him, and he laughs like I hope he will. This test is ungraded. It tells me the frequencies I'm missing, not what they'll sound like, and not what I lose by their absence.

WHAT WE KNOW

Before the surgery, Doc thought my issue was ossification—the bones getting too bony to move as they normally should—and that he could fix me by lasering calcification from them, then inserting a small prostheses into my stapes plate, a new link to get the whole chain moving. No medical diagnostic instrument could tell him what he'd really find—not an x-ray, not a CAT scan, not an MRI, piano tuning fork, otoscope, or deductive reasoning. He just had to go in and see.

When he finally opens my middle ear, the problems Doc discovers are congenital and developmental, like the rest of me. He sends me home blind to all parts of my injuries but their pain, with the impression that I will just have to wait and see how much my hearing improves. I think he knows then what has proven to be the truth: the surgery made the reasons for my hearing loss only half-apparent.

Now we know my problem isn't ossification, but bad bones—my stapes was fixed, which compromised blood flow to the next bone in the chain, the incus (which I hear alternately as "iskus" and "isthmus"), which then withered to almost nothing. Over time, my eardrum collapsed and adhered to the bones. "You present a bouillabaisse of maladies," Doc said. He might have said symptoms. I remember the soup and that I was in it. "I loosened the stapes," he said, "but it might fix again."

When Doc describes his exploits in my middle ear, I imagine him unsticking my stapes to watch the chain reaction shudder down the ossicles like a slinky. I imagine that's a delightful sight, like the first whir of a repaired toy. Then I imagine the malleus, incus, and stapes floating in black space within my head, poised to accept and react, adrift in a dark sea. Really, they're attached to my tympanic membrane, the eardrum that vibrates when a sound scoots down the outer ear and canal, passing vibrations to those small bones, which lob them at hair cells, which excite nerves, which turn sound from an invisible bounce into an observable disturbance. The ear is a human Rube Goldberg machine that concludes its movement with music, the blues, the cries of seagulls on the roof, my father's voice. One broken part hobbles the whole device.

Since he had already opened the middle ear, Doc took the opportunity to reconstruct my incus by slicing off a piece of cartilage from my outer ear, applying it to the bone, then closing the now un-collapsed eardrum, bandaging the ear canal, the raw cartilage, and outer ear. I don't learn about the missing piece of cartilage until my follow-up. "You won't miss it," Doc says. When I tell my mother this, she says, "Funny, that's exactly what the doctor said before my hysterectomy."

In the mirror at home, I compare right ear to left ear to figure out where Doc took the cartilage. I ask Sam to look, tilting my ear into the light, afraid the looking will hurt. He sees what I see: a notch out of the ledge that joins the ear to the face and drops off into the ear canal. From now on, my profile will miss this piece.

Before my surgery, Doc had hoped I'd recover 90 percent of normal hearing range. At the time, it sounded possible. It sounded like a miracle.

THOSE WITH EARS TO HEAR

It's been a year since my anointment, three months since the surgery. I have not heard the voice of God. I can hear Sam calling from the other room, but not what he says. This is enough to ask *what*. This is enough to get by. Usually I call this an annoyance, not a disability. Usually this feels like coping. Other times the loss is so clear, so undeniable, I have to call it by name. *Loss*: same word my doctor uses, but with an echo I want to punch into the soundproof room's soft gray wall.

I recovered nothing. There was no miracle.

Or the miracle will prove to be something else.

Between my surgery and the follow-up, seven days passed. At that appointment, I hear that my incisions are healing nicely and I will be vertigo-free. That is a relief. Then I learn my hearing won't improve. The stuck stapes we fixed and incus we reinforced do not address the unseen—and unforeseen—problems deeper in my ear, problems too dangerous to dive for. Inner ear surgery might reduce my hearing or deafen that ear altogether.

My doctor says he is frustrated and embarrassed. I receive the news quietly and store it away to feel later, when I'm safe at home. On the Greyhound ride back, I give my seat and the empty seat beside me to a father and son who board in eastern Washington and will exit in Bangor, Maine, four days later. When the boy opens his juice box, he splatters red liquid over my feet. "Are we there yet?" he asks his father. He knows that right now, this is a joke. There will be a distinct, sick moment miles away from here and miles away from Bangor when that joke is no longer funny, but I won't be on the bus for that. I accept the rest of my ride and my sticky shoe leather with nothing much to worry about except getting home and getting better.

For the seven days between the surgery and the news, even though my ear is packed in gauze, I think I might hear something on the edge of what I'm used to hearing. I won't be able to describe it except to say it is a kind of air or atmosphere or breath, the sound of reaching for something dear because hope told you it might be there.

While I think I can hear better, my hearing improves. Tests won't be able to prove this. A few days after Doc unpacks me, that sound will leave me. It will disappear as I accept our failure.

Still, I listen for it. Still, I want to hear. I believe that if that sound ever existed, it remains inside my ear, around my body, up above my head, beyond me.