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When Emma Elwick-Bates was diagnosed with a hearing problem, a lifetime of miscommunications suddenly made sense

he's going to call the police." It seemed a little extreme, and certainly not your average remark at the law-abiding Vogue offices. This was clearly one seriously irked contributor. "Is there a legal problem?" I enquire. My deputy editor is first puzzled, then amused by my question. She repeats herself. "Not call the police - she wants to pull the piece." This was not the first time one of my colleagues, friends or family had come out with rather random, off-hand assertions - or so I had thought.

I've always ignored my ears. They are relatively small, shell-like contraptions neatly hidden away at the side of my head. They are not even pierced. (The closest I have come to adorning them was when I spotted a heavenly diamond and rose-gold ear cuff in Repossi on the Place Vendôme.) However, some time last summer I had to accept that I was not hearing correctly. I went to my GP, expecting to walk away with a prescription for eardrops or, at worst, routine ear irrigation. Perhaps my ears are blocked, I thought - after all, I swim regularly. "Your ears are crystal clear," said the doctor. "I'll need to refer you for further tests." My heart sank.

Six weeks later at the hospital, I was ushered in to a futuristic silver soundproof box, which looked incongruous amid the regulation office furniture - like a misplaced prop from a Doctor Who set. Having a hearing test is a bit like something out of the 1965 espionage thriller The

Dénouement time: it all seems a bit of a blur, but the things I certainly do pick up as I receive my results are the words "hearing aids", followed by the double blow "both ears". I am diagnosed with "cookie-bite hearing loss", so-called because of the gentle U-shaped pattern formed

Ipcress File: a series of random noises are played through hefty headphones at varying frequencies and you hit a handheld buzzer. In my case, the tests led quickly to hospital referrals to test both my hearing and speech as the two, I was told, are importantly entwined. on the audiograph that shows your >

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hearing-test results. If you have normal hearing, there will be a straight line right across the graph, whereas a cookie-bite sufferer's looks as if someone has taken a nibble out of it. At this moment in time, there is no cure or quick fix.

In truth, I felt utterly numb. Would it get worse? Would I pass it to my non-existent children? Questions, questions, questions raced through my head at whippet speed, but I could not articulate what it meant for me or my future. Outwardly I probably looked rather calm about it all, but privately I was severely shaken. Excellent friends whom I had confided in eventually managed to help me talk about it, which was exceptionally raw, as the prognosis was so far from what I expected.

What it means, essentially, is that the mid-range of my hearing is impaired frustratingly, the section that picks up normal speech. High and low frequencies are less affected. It is caused by damage

to the hair cells within the inner ear (yes, we have four ears not two, all of this was found during routine hearing tests in childhood, but is more commonly diagnosed in one's

late twenties to forties, when the ability to pick up this mid-range seems to fall off a cliff. (Since the year 2000, universal newborn-hearing screening was introduced and rolled out across Britain, which may well have picked this up for me. As a child of the Eighties, I missed out.)

t school, too, it had been undetected - but then I did sit swottily in the front row and rejoiced in the sanctum of the library. However, it could explain why I could never obtain A-stars in listening exams when I sailed through the reading and writing. My husband works in live music, and decibel-piercing concerts are a regular in our convivial lives. Several people have intimated that this could have contributed, but my loss is not environmental. From side-of-stage to festival field we have both always worn professional earplugs that minimise tinnitus (ringing in the ears) - and in any case, cookie-bite deafness is totally hereditary. The surprise for me was that no one in my family suffers from deafness - but I later found out it can skip generations, which is partly why it came as such a shock.

In truth, I guess I did not view my hearing difficulties as a problem, as I would always catch the gist and supplied the rest subconsciously. Like picking up the striking of a clock in the middle, with only the rhythm of the first uncounted strokes lingering in the mind. Chronic headaches, and one is immediately directed to the optician; however, most people will ignore their hearing (do you remember your last hearing test?), and with no highstreet drop-in facilities, a problem will go undetected until it is a "real" problem.

With no cure for my sensorineural hearing loss, I tried to embrace the fact that I needed hearing aids. I was assured that they would be imperceptible to the human eye, but the hearty plastic boxes with clear tubes that eventually arrived were not exactly stealth. I sought a second opinion, but from the NHS to Harley Street came the same diagnosis and jocular statement: "You're lucky to have long

For me, breakfast rush in news to me) - and is often the Wolseley is like the ninth circle of Dante's Inferno

> hair, no one will ever know." Tactless? Yes, and not at all reassuring.

I persevered, pushing vanity aside, thinking I never really suited a topknot or chignon anyway. And despite their archaic appearance, it transpires that modern hearing aids have such advanced digital technology, they can be set by an audiologist to your own needs. However, bionic hearing is not all it's cracked up to be - especially in an open-plan office. Background noises are magnified: Essiemanicured nails claw feverishly at keyboards, dainty Jimmy Choo and Manolo Blahnik court shoes stampede past my desk with the heft of elephants. Even my "protective" long blonde locks bristle potently against each other. Audibility and irritation levels have both been amplified. I learn to place myself strategically instead. Now, I've replaced my tiny in-ear Beats earphones at my desk with producer-standard headphones. Venue is also key. For me, breakfast rush in the Wolseley is like the ninth circle of Dante's Inferno - I have been known to stab eggs like a condemned soul in this cavernous hub. However, at the raised dining tables or in the private dining room, I am fine. Also, for every negative you soon discover a positive. My eyesight is glaringly

hawkish, and a keen eye and attention to detail are a fashion editor's forte.

I decide to seek the advice of one more professional, and meet Paul Checkley, clinical director of Harley Street Hearing, who has worked with actors at the BBC, singers at the Royal Opera House and musicians including Alt-I and Coldplay. He re-tests me, and declares mine a "mild loss of 30 to 40 decibels". He also presents me with smaller in-ear aids (the size of a little fingernail and easily placed in and out of the ear), and proposes a breakthrough hearing device, which requires no handling and remains in your ear 24/7. Lyric is inserted deep inside the ear canal by their specially trained hearing-care professionals and can stay there for up to three months, even in the shower and at night. And the best thing is, no one can see how well you hear. The technology is, of course, reflected in the hefty price tag (upwards of £2,500). At the moment I am just thinking about

them, as I am coping very well. Hearing problems are, quite

literally, a silent complaint. In researching this piece, famous hearing-loss sufferers' names that sprung up varied from Halle Berry (unilateral hearing

loss) and Rob Lowe (completely deaf in his right ear) to Bill Clinton and the surrealist filmmaker Luis Buñuel. There are even two under-35 kindred spirits within the Voque offices. For all the headaches and frustration my hearing aids bring, I'm still glad I have addressed my hearing - and I have been positively evangelical about hearing tests.

While I currently look into the options of implants and aids, Gemma Twitchen, the senior audiology specialist at Action on Hearing Loss, assures me that the research into cookie-bite deafness is highly encouraging. "The idea is that we should be able to find ways - drugs or gene therapy - to switch these processes back on to regrow hair cells," she tells me. Researchers are also working on ways to repair damage to the cochlea (the auditory portion of the inner ear). Great progress is being made towards being able to repair the auditory nerve fibre with stem cells, which will help with some types of hearing loss in the future, although clinical trials are a way off.

My personal quest continues, but the main thing is I'm positive - much more positive than I was. And maybe - just maybe - I'll put that Repossi ear cuff back on the wish list.

For more information, visit Actiononhearingloss. org.uk. The site offers an online hearing test