**TINNITUS**

**BACKGROUND FOR THE THERAPIST**

Tinnitus *(Latin word meaning ‘ringing’)* is the condition where subjective (hallucinatory) sounds are heard, occasionally or permanently (eg whistling, hissing, chirping, buzzing, ringing, sizzling, whooshing, beeping, a sound like the wind or waves, ticking, clicking, etc. The noise can, reportedly, be very loud, and may be unilateral or bilateral (ie affecting one, or both ears). (‘Tin ears’) It is probably multi-causal.

The intensity can be altered in some people by moving the jaw, tongue, head, shoulder, or eyes. **PULSATILE** tinnitus is where the sound pulses in time to the heart rate.

(N.B. Tintinnabulation = ringing or tinkling of bells)

Tinnitus may or may not be a problem for the client. Research shows that it can be as loud as a telephone ringing. In some people there is considerable distress. In 85% of permanent cases it is not annoying. **In people aged 55-65, 11.8% report tinnitus – but it also occurs in children.**

N.B. In a study using 100 tinnitus-free university students, Bergman (1953) found that when placed in an [anechoic chamber](http://en.wikipedia.org/wiki/Anechoic_chamber), 93% reported hearing a buzzing, pulsing or whistling sound.

Some well-known persons who have had tinnitus:

**Charles Darwin** – who made records of its intensity etc. over time. **Vincent Van Gogh Barbara Streisland Eric Clapton Dwight Eisenhower** (U.S. President) **Jimmy Saville** (who referred to it as ‘the friend in my head’) **Beethoven** (who reported it as a rushing, roaring sound) **Smetana** (Ma Vlast) (High E) **Michelangelo** (sound damage at Florence workshop?)

(Tinnitus has been referred to by some as ‘the music of the brain’)

The phenomenon can start after ear surgery, a loud explosion, viral infection, head injury, ear syringing, stroke, etc. Noise damage, and infection, are the most common apparent causes. (I-pods seem to be building up a problem for people in the future – though stem cell therapy will change everything one day).

One suggestion of the cause of tinnitus is that it is a response of auditory neurons making them hyperactive in compensation to auditory input loss.

Persistent tinnitus may cause irritability, fatigue, and on occasions, clinical depression and musical hallucinations. (Beethoven?)

Diagnostically other explanations need to be rejected. Interestingly, a common condition that mimics tinnitus is Radio Frequency (RF) Hearing - where the person is actually able to hear high-pitched radio frequencies (human crystal set)

If the tinnitus is as a result of infection, anti-biotics can be effective.

Irritability can be greatly increased by tinnitus. The thyroid can affect it (metabolism), and the hormonal cycle in women.

HEARING: Sound is conveyed, mechanically, from the ear drum, via three bones (malleus, incus, stapes) to the tympanic membrane of the cochlea – and then converted to hydraulic energy by inner ear fluid (perilymph), and then electrical energy. Very small hairs in the organ of CORTI, responding to movement in the fluid, provide the electrical nerve output to the brain – for interpretation. Processing occurs in the auditory cortex in the temporal lobe. Involved are the thalamus (relay station) and the amygdala (an emotional centre, which creates fear and anxiety at what it perceives is a threat).

Tinnitus is not an illness (eg brain tumour, as people often fear), it is the attempt by the brain to compensate for erroneous input.

The brain processing of the info from the ear is where the tinnitus is acquired. Compensating etc.in the LIMBIC system.

An analogy is in Phantom limb pain – creation of false sensation in the absence of any actual input.

The intensity is reported to vary with the level of STRESS & DEPRESSION.

The implication to the Client re- masking & white noise generators – is that the problem is permanent and cannot be alleviated by internal means. (locus of control)

In a few people, tinnitus (usually low frequency) is a symptom of **Meniere’s Disease** (190/100,000)– a disorder of the inner ear resulting in hearing and balance (vertigo) problems. Difficult to diagnose – often linked to other diseases, including hyper-thyroidism.

Nicotine, caffeine, high salt intake, are counter-indicated – they can produce excess perilymph (fluid), which might be causative. Allergies seem to influence tinnitus.

Noisy jobs - It is correlated with occupations where there may be inner-ear damage: eg musicians, divers; and occupations where there is emotional stress based on responsibility: eg air-traffic controllers.

Medicine has not been successful – often the medical advice is ‘learn to live with it’.

It is useful if the client has had a full Audio-test, and is free of any ear infection.

Kevin Hogan in his book ‘Turning the volume down’. SPADE mnemonic -

Common features in sufferers:

Stress Panic attacks Anxiety Depression Emotional disorders

The normal processing re- hearing is HABITUATION – ie noise filtered out. But with tinnitus, that doesn’t work properly.

Sleep can be affected, and concentration. Also, adverse effects on relationships (there is no physical evidence of the tinnitus)

It is often associated with old-age, but the condition also occurs in young children. (Broad age profile).

Our ADVANTAGE, using hypnosis, is that we can approach the unconscious mind of the client, find causes, and give instructions to the U/C as to how to alleviate the problem.

Control anxiety by a SYMBOLIC REGULATOR valve. (+ Internal singing).

(N.B. Somewhat similar to Raynauld’s disease in nature?)

AUDIO PROCEDURES have not been so successful in the long term -

Eg MASKING THERAPY (to swamp the tinnitus) or putting in a frequency to counter a constant pitch sound ‘cancelling out beating effect’

Eg WNG = White Noise Generator (OK for some though)

Better to seek natural sounds.

Adjustment may take time.

Intracranial sacral therapy is effective for some, where bodily stress is a factor.

HYPNOSIS:

50-76% reduction average.

Brattberg (1983) 22/23 reduced Tinnitus within a month

Ross etal (2007) 399 Clients over a month 90.5 % success.

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**CLIENT'S CONFIDENTIAL DETAILS (Re-TINNITUS)**

Name.......................................................................................................................

Address...................................................................................................................................................................................................................................................................................................................................................................................

Telephone................................................................................................................

Age............................. Male / Female

Occupation..............................................................................................................

Status.......................................................................................................................

Children..................................................................................................................

Parents/siblings...........................................................................................................……....................................................................................................................

Education................................................................................................................

Presenting problem..................................................................................………...

Brief history

Do you have any kind of hearing impairment? (In one ear, or both?)

Do you have tinnitus at this moment?

Medical / psychiatric history

Medications or drugs taken

RECORD OF SESSIONS

Date Time Duration Fee

**VISUAL IMAGERY TEST**

"Firstly, let me test your visual imagery. If I ask you to imagine an aeroplane, how well can you see that image in your mind? (Therapist to note response)

1. Not at all

If Client has poor visual imagery, use the ‘Induction for non-visualizers’ script.

1. Faintly
2. Fairly well

4. Very well, but not as clearly as the real thing

5. As clearly as the real thing."

**General questions:**

Do you have recurring dreams?

Do you have insomnia? (Initial / sleep maintenance)

Do you think of death / suicide?

Do you have any eating problems?

Do you feel guilty about things?

Do you experience relationship difficulties?

Have you experienced other forms of therapy for your problem?

Have you ever had (or witnessed) an accident / trauma?

Have you had audiology tests concerning the tinnitus? (If so, with what results?)

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**QUESTIONNAIRE re- TINNITUS:**

1.How long have you been experiencing tinnitus?

2.What sort of sound is it mostly? (eg ringing, hissing, roaring, etc)

3.Is the tinnitus constant in volume, or does it vary?

4.Has it changed over time? (If so, how?)

5.Would you say that stress makes it worse?

6.Do you have much stress in your life?

7.Does the sound affect one ear, or both?

8.Do you listen to loud music?

9.Have you ever worked in a noisy environment?

10.Do you think there was something specific that caused the tinnitus? (If so, what?)

11.Do you smoke? (How many a day?)

12.Do you drink? (How much a week?)

13.Do you take in much caffeine? (coffee, tea, etc)

14.Would you say you take in too much salt?

15.Do you have spells of vertigo? (If so, with nausea?)

16.Are you allergic/hypersensitive to anything?

17.Would you say you are depressed?

18.Do you have insomnia? (Does the tinnitus keep you awake?)

19.Does the tinnitus keep time with your heart-rate?

20.Have you worked in a stressful environment?

21.What methods have you used to try to alleviate the tinnitus?

22.How problematic for you is the tinnitus on a scale of 1 to ten, where 1 is not noticeable and 10 is absolutely insufferable?

23.Have you had any ear surgery?

24.Do you have high blood pressure?

25.Do you have diabetes?

26.Do you have hyper-thyroidism? (high production in thyroid)

27.Have you ever had a head injury?

28.Have you ever had a stroke?

29.Are there circumstances when the tinnitus stops? (eg going on holiday)

30.Does the tinnitus affect your relationships?

Do you have any other comments about your tinnitus?

**QUESTIONNAIRE TO DETERMINE POSSIBLE NEUROTICISM** (Forced choice: Yes or No)

***READ THE QUESTIONS OUT TO THE CLIENT.***

1.Would others say you are more anxious than most people? Yes / No

F1 *Have you ever gossiped about someone?* *Yes / No*

2.Do you have any strong phobias? Yes / No

3.Are you more emotional than most people? Yes / No

F2 *Have you, as an adult, ever lied to anyone? Yes / No*

4.Are you always checking things? Yes / No

5.Do you often have a sense of frustration? Yes / No

F3 *Have you, as an adult, ever used swear-words in a conversation? Yes / No*

6.Do you sometimes feel happiness or sadness, without a cause? Yes / No

7.Do you find it difficult to sleep sometimes because so much is on your mind? Yes / No

8.Do you often worry about things that you said, that might have been put badly? Yes / No

9.Do you quite often feel nervous? Yes / No

F4 *Have you ever got angry with a parent? Yes / No*

10.Would you describe yourself as neurotic? Yes / No

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Add up possible neuroticism ‘**Yes**’ answers. Score:\_\_\_\_\_\_\_\_\_ / 10

If the neuroticism score is 7 – 10 Anxiety will be high in the client. Reduce this in therapy by direct suggestion and describing the symbolic regulator (volume control) technique.

(0 - 3= Stable; 4 – 6= mid-range; 7-10= Neurotic)

Re- F (fib) scores (questions in italics):

Add up ‘**No**’ answers: (F possible Fib score): \_\_\_\_\_\_\_\_\_/ 4

(3-4= possibly distorting the answers)

**HYPNOTHERAPY FOR TINNITUS**

(This may take several sessions)

**BEFORE HYPNOSIS EXPLAIN THE PHENOMENON TO THE CLIENT:**

RETRAIN – ‘It is actually rather common – you are not alone, etc.

Give information to allay fears. See the therapist’s notes above.

Explain hypnosis to client. ‘I don’t want a zonked out state – just ordinary relaxation. You will be aware of what’s going on around you’.

Explain IMRs procedure, with tissue box.

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NB the silence of hypnosis might be undesirable in some cases. If so, suggest acceptable noise.

(Is client comfortable? Are the phones off?)

**INDUCE HYPNOSIS**. (Usually at the end of the visualization, the Client imagines being sat on a comfortable wooden bench. Return there before re-orientating in time and place before count-up awakening).

Then, use these procedures (talking to the **unconscious** of the client):

1.USE IMRs to find any psychological causes: (Sub-personalities, Past life residues, attached spirits). Work on these areas in the order: Attachments, past life, sub-personalities.

2.ERICKSONIAN METAPHORS to reduce tinnitus.

‘The brain and mind can adjust to reduce the constant sounds in the ears in (*name of client*) that do not match the real sounds which he/she is listening to at the time. It is as if there is a noisy din going on constantly.

You the unconscious understand the language of symbolism and metaphors, so I will tell you a true story now. There was an American therapist called Milton Erickson. He said that one night he was late getting home and found himself outside a metal-working foundry. He asked if he could lie down in a corner and get some sleep. They said yes. In his brief conversations with the people there when he arrived, he could hardly hear them – such was constant noise of heavy machinery. However, during sleep, something happened – his brain automatically began to filter out the noise, so that in the morning he discovered he could hear people much better.

Now you the unconscious of (*client’s name*) can also filter out the din of tinnitus so that he/she can be relieved of that condition. Blot out the sounds that he/she hears, that do not match the ones going into the ears from outside’. (Let me repeat…)

3.SYMBOLIC REGULATOR (valve) IN HEAD TO DEAL WITH TINNITUS VOLUME, AND STRESS

‘Listen carefully. The tinnitus will decrease now over time. I want to describe a method you can use to alleviate its effect at any time by imagining a valve that you can turn down in order to achieve that reduction in noise, and at the same time, stress.

Think now of the sort of valve, tap, or lever that you would prefer…… (*pause*)… Now imagine turning it to reduce the tinnitus and any stress that you have at the time. With practice the procedure will become really easy and effective’. (Let me repeat…)

4.BRAIN INSTRUCTIONS

‘You, the unconscious mind of this person, know where every cell of the body is positioned, and what it does… I want you now to inspect the middle ear, of each ear, where the sound coming from outside the body is changed from mechanical vibration at the ear drums, via small bones, to another part where electrical signals resulting from the sound are produced in nerves. Inspect the structures at a very detailed, molecular level, and determine if there are any faults in that system, perhaps, say, where the very small hairs are moved in the fluid, to produce the electrical signals, or any other kind of fault. From your storehouse of bodily information you will be able to compare how the system was when it was working perfectly, to how it is now.

Now, follow those nerves from the ear into the brain, where the signals are interpreted. Understand how the processing should happen, and notice how the system is trying to compensate for the faults – but in so doing, causing noise that is in excess to that going into the eardrums.

You the unconscious can now put into place a permanent programme (like a computer programme) to ensure that the compensatory noise is reduced to a much lower level so that (*name of client*) is not emotionally upset by the noise and is happier. Readjust the brain and the mind to this new process’. (I will repeat…)

5.GIVE POSITIVE INSTRUCTIONS re- any problems in client eg sleeplessness,

‘From now on, you the unconscious of this person can ensure that the problems we have discussed that were linked to tinnitus – sleeplessness, (*list*)…., no longer need to exist. The causes have been discovered, and the wrong functioning in the brain has been corrected. Make sure that those issues are now eradicated in (*name of client*), so that he/she develops a great feeling that everything is gradually getting to how it should be. The tinnitus is reducing, and as it does so, the associated problems are declining steadily.’

(Let me say again…)

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Teach self-hypnosis, and give suitable affirmations. Keep track of the client over weeks.

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