

*Tinnitus is real. Patients do not imagine their subjective experience of the sound and their emotional reactions to it. In the United States, 2.5 million Americans suffer severe tinnitus distress. The Centers for Disease Control and Prevention (CDC) reports 1 million new cases of tinnitus identified each year, 200,000 of which are severe. In Canada, as many as 10-15 percent of the adult population suffers from tinnitus. Distress drives approximately 20 percent of them to seek professional help.*

## The Bridge to Hope: The Psychologist's Role in Treating Tinnitus

BY DEBORAH R. LAIN, B.A., MS.C.

Given the magnitude of this condition, it is essential to explore all the disciplines whose efforts to manage the subjective symptoms of tinnitus may contribute to success. Psychology is one of these disciplines. However, a few dilemmas exist. First, how does the professional, with comfort and confidence, present to the patient the value of addressing the psychological aspects of their condition, without the patient feeling they have been told, "It is all in your head?" The patient understandably wonders how a psychologist can help them with a problem they believe originates in their ears! Indeed, such a dilemma, if ignored, could potentially be a lost opportunity for change, symptom maintenance and hope.

Treatment plans often ignore the significance of a psychological perspective. Generally, a patient looks for a tangible, physical solution for what they believe is solely a medical condition. A trained professional seeks to diagnose and treat the physical aspects of a disease or condition. In the absence of a surgical, pharmaceutical or audiological cure for the patient's problem, the challenge is knowing what else to provide in terms of reassurance and relief. Unfortunately,

both professionals and patients may have thought at this point that they were at the "end of the road" in terms of options for care.

Traditional treatment approaches tend to address physical symptoms. This can reduce or alleviate other stressors associated with the tinnitus, for example depression, anxiety and insomnia. This benefit could come from audiological devices, such as sound therapies, alternative interventions, dental adjustments, supplements or medications. However, even after treatment, many patients return to their health care professional feeling discouraged, frustrated and desperate for someone to do something *now*. Unfortunately, what they often hear is, "There is nothing else that can be done." This may also be the point when a patient's health care professional suggests to the patient that they are going to have to "learn to live with it." Such a message can quickly diminish hope, leaving the patient feeling misunderstood and afraid that things cannot improve. Many seek out second and third opinions looking for both validation and a personal cure. The patient is at risk for developing depression and anxiety as they live within a vicious cycle of feeling hopeless.

It is obvious, that until there is a cure, people do need to live with their tinnitus. However, without offering tools to help patients do just that, they are left struggling in despair.

### The Value of Validation

Naturally, patients want a professional to alleviate their physical suffering. They also want acknowledgement of the countless ways tinnitus has influenced their quality of life. As professionals, we must



recognize that their suffering is not only physical; we must also address their emotional well-being, as part of the overall management of their condition. Without a referral to counseling, patients often lack coping strategies and remain distressed.

Distress caused by a life with tinnitus can manifest itself in the following ways:

- Emotional: feelings of depression, anger, irritability, anxiety, distress, fear, sadness, panic, loneliness, helplessness, worry, vulnerability, grief reactions and despair.
- Cognitive: difficulty concentrating, impaired memory, obsessive attention/preoccupation with tinnitus, stuck in negative thought patterns and distorted beliefs.
- Social: increased isolation and withdrawal from recreation and other pleasurable activities.
- Occupational: stress due to changes in identity, role, income and employment.
- Interpersonal: avoidance of friends and family, marital strain, increased conflict, deterioration of communication.
- Physical: increased somatic complaints including headaches, muscle tension and insomnia.

## The Role of Counseling

A psychological assessment and individualized intervention are important components of a comprehensive, multi-disciplinary approach to maximize treatment resources.

Each treatment team member, including the patient, has a role in the successful management of tinnitus. There is value in learning additional coping skills in combination with the improvements made through other therapies. The role of counseling is to help the patient learn how to address the ways in which tinnitus is affecting their life, facilitate change and help the patient successfully manage their tinnitus. This is a critical point in the interaction between patient and professional; one that creates a bridge that offers hope and choices for the patient beyond eliminating the sound.

## Challenges Getting To The Bridge of Hope

Psychologists and other professionals can encounter resistance or confusion as to the patient's understanding of the value of counseling. Patients often base their resistance on unfortunate stigmas and myths about counseling and their own personal feelings about disclosure. A few things are necessary to avoid defensiveness on the part of the patient. The health care professional must explain the rationale for counseling and its potential benefits while stressing the fact that though tinnitus originates in their body – the

ear and brain – there is an intricate connection between the body and the mind. Unlike an internally produced sound like tinnitus, that the patient cannot directly control, our thoughts and behaviors are within our power to change. For example, the patient's reaction to their tinnitus may be creating and exacerbating some of their stress. In other words, what the patient tells themselves about their tinnitus is influencing how much power the condition has over them. Without being aware of this factor, the patient can easily allow their tinnitus to take on a life of its own. Many need help developing the necessary skills to take charge of their life again.

*continued on page 18*

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**Dr. Hoover** is a Fellow of the American Academy of Otolaryngology, Board of Allergy & Environmental Medicine and Royal Society of Medicine, London, and a Diplomat of the Royal College of Surgeons of England. Dr. Hoover has served the Houston area for 25 years, spoken in over 26 countries and published in numerous medical journals, such as:

- International Rhinology. Supplement 2.all.1987
- Tinnitus & Allergy. Proc II International Tinnitus Seminar, Munster, Germany. 1987. Publisher, Harch V. Karlstruhe
- The Journal of Japan Rhinologic Society. Vol 30,1(1991)

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## The Bridge to Hope: The Psychologist's Role in Treating Tinnitus

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### Treatment goals

Both the patient and the professional must be able to address aspects of the patient's life that are difficult and untreated in order to enhance improvements gained from other tinnitus therapies. This process helps determine whether the patient falls into passive acceptance and feelings of victimization or feels empowered with another treatment approach. Counseling offers the patient strategies to improve their quality of life while accepting that the sounds of their tinnitus may not change or be resolved. The professional needs to reinforce that exploring their symptoms from a psychological perspective can facilitate ways to reclaim mastery over various aspects of their life.

Each discipline plays an essential, valuable role in the successful management of tinnitus. Incorporating a psychological component to the treatment plan teaches the patient the skills that can improve their quality of life and reintroduce hope. The therapeutic relationship can empower the tinnitus patient to go beyond living with it; they can cross a bridge to hope and learn to live a quality life again while successfully managing their tinnitus. ☺

*Deborah R. Lain, B.A., M.S.c., is a registered psychologist, speaker and writer in Calgary, Alberta, Canada. She offers a specialized tinnitus management program using a cognitive behavioral therapy approach. Deborah is passionate about inspiring people with tinnitus to experience hope and improved quality of life. You may reach her at [www.hopefortinnitus.com](http://www.hopefortinnitus.com) or [ears@hopefortinnitus.com](mailto:ears@hopefortinnitus.com).*

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**NOTE:** This book, currently out of print, was utilized in an ATA-funded research study on 'bibliotherapy.' (See page 7 in this issue for details!)

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