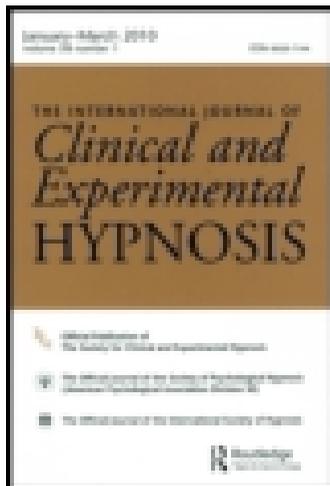


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## **AN ALTERNATIVE METHOD OF TREATING TINNITUS: RELAXATION-HYPNOTHERAPY PRIMARILY THROUGH THE HOME USE OF A RECORDED AUDIO CASSETTE**

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**Abstract:** 32 patients, variously diagnosed as suffering from tinnitus, were treated with hypnosis. Treatment consisted of a 1-hour consultation with the physician followed by 4 weeks of daily home practice while listening to an audio-tape recording of approximately 15 minutes duration. 22 of the patients treated learned in 1 month to disregard the disturbing noise, a considerable gain in the ratio of therapy to time required.

Numerous methods over a number of years have been tried in order to alleviate the suffering of patients plagued by severe tinnitus. Therapeutic experiments have been conducted using various medicines: vitamin A, nicotinic acid, reserpine, lidocaine (Martin & Colman, 1980; Melding, Goodey, & Thorne, 1978), carbamazepine (Melding & Goodey, 1979), meprobamate, heparin, and amylobarbitone among others. Success rates of between 0 and approximately 60% have been reported (Donaldson, 1980).

Lidocaine, which has been used fairly frequently in treatment of tinnitus, has been shown to be most effective with patients having damage to the Organ of Corti (Melding et al., 1978). A positive response to lidocaine is often an indication that after the course of intravenous lidocaine treatment, the patient will then find carbamazepine beneficial.

During more recent years, surgical and medical methods have also been supplemented by psychological ones. These methods include tinnitus maskers (Ross & Price, 1980), biofeedback, and hypnosis (Oystragh, 1974; Pearson & Barnes, 1950).

The use of tinnitus maskers is a relatively new method of treating tinnitus. It involves transmitting a high frequency sound which masks the high frequency of the tinnitus noise, without influencing the ability to understand speech (Vernon & Schleuning, 1978. Vernon, Schleuning, Odell, & Hughes, 1977).

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Biofeedback, a method of teaching the patient to relax and thereby reducing angst and worry, has also been successful in the treatment of tinnitus patients (Grossan, 1976; J.W. House, 1978; J.W. House, Miller, & P.R. House, 1977). Grossan (1976) reported a 60% improvement after six 20-minute treatments. J.W. House (1978) demonstrated an 80% improvement after 10-12 1-hour sessions in addition to regular practice at home.

In the 1950's, three articles were published concerning the treatment of tinnitus patients with hypnosis (Guild, 1959; Mihalyka & Whanger, 1959; Pearson & Barnes, 1950). In one instance one patient and in another two patients, all suffering from tinnitus as a result of otosclerosis among other things, showed improvement after repeated treatment with hypnosis. Marlowe (1972) described two patients suffering from tinnitus and reduced hearing who were successfully treated with one visit per week over a period of 6 weeks. Articles published earlier dealing with hypnotherapy for tinnitus patients all involved a long period of treatment with frequent office visits which meant that hypnosis was not always the most expedient treatment choice.

The present paper describes the hypnosis treatment of 32 patients who were diagnosed as suffering from tinnitus. The aim of the project was to determine if treatment time in the doctor's office could be shortened with the aid of an audio cassette tape to be used by the patient in the home. After only one 1-hour visit followed by "cassette home treatment," 22 of the 32 patients treated achieved surprisingly good results.

## METHOD

### *Patient Group*

During 1978-80, a total of 32 patients whose tinnitus previously could not be alleviated, were treated with hypnosis. The group consisted of 16 females aged 39-70 and 16 males aged 15-71, with an average age of 53. Collectively they had suffered from tinnitus between 0.5 and 25 years, with the average duration being 5 years. Twenty-eight patients had impaired hearing (see Table 1 for the various diagnoses). All the patients had been referred by an otologist after appropriate examination and investigation. In addition, to qualify to begin hypnotherapy each patient had tried at least three of the following anti-tinnitus treatments: (a) Lidocaine, 100 mg intravenously 10 times daily for 5 days; (b) Lidocaine, 1-2 mg per kg body weight intravenously, followed by Carbamazepine 100 mg 3 times daily, increased to 200 mg 3 times daily after 1 week; (c) Nicotinic acid, 20 mg per day intravenously, increased by 10 mg daily up to a dose of 100 mg per day. This dose was maintained for several days, after which the patient was given one tablet Perycit (Niceritrol 500 mg) 3 times daily; and

TABLE 1  
 OTOLOGICAL DIAGNOSES AND SUBJECTIVE EFFECTS ON THE TINNITUS SYMPTOMS OF 32  
 PATIENTS TREATED WITH HYPNOSIS

Diagnosis	No. of patients			No change	Subjective improvement	
	Total	Male	Female		Follow-up (2 mths-2 yrs)	Follow-up (10 mths- 2½ yrs)
<i>Sensorineural reduction of hearing</i>						
Noise induced Cause	6	5	1	2	4	3
undetermined	6	2	4	4	2	2
Presbycusis	3	3	—	—	3	2
Ménière's disease	3	2	1	—	3	2
Cochlear	2	1	1	—	2	1
Status post- stapedectomy	2	—	2	1	1	1
Surditas postparotid	1	1	—	—	1	—
<i>Conductive reduction of hearing</i>						
Chronic otitis	4	—	4	1	3	2
Otosclerosis	1	—	1	—	1	1
<i>Normal hearing</i>	4	2	2	2	2	1

(d) Histilos (Nicotinic acid 50 mg, Meclozine chloride 12.5 mg, Hydroxyzin. chlorid. 10 mg), 1 tablet 3 times daily. In addition to these treatments, most of the patients had also tried Chlordiazepoxide and antidepressants.

The patients described their tinnitus differently — like a buzzing, a peep, an engine running, a rustling noise, howling, a crunching sound, and a crackling noise. Two patients were treated in November 1978, 7 during 1979, and the remaining 23 patients in 1980. The follow-up period varied from 2 months to 2 years. An additional follow-up was done in spring 1981 (i.e., at least 10 months after the treatment ended). At the second follow-up, it was only possible to obtain information from 21 of the original 32 patients.

#### *Treatment Procedure*

Each patient received notification of an appointment by letter and was asked to bring to the first session a blank audio cassette. Since all patients resided a considerable distance from the hospital, hypnosis treatment

began during the first consultation, which generally lasted 60 minutes. The first 30 minutes were spent in an interview to obtain the necessary anamnesic information, and to explain the nature of treatment and what results to expect. The patient was then motivated to listen daily to the audio cassette that would be recorded during the first hypnosis session.

This initial interview was directly followed by an approximately 15-minute hypnotherapy session which was simultaneously recorded on audio cassette. Subsequent practice sessions in the home using the audio cassette have therefore been identical to the first office treatment with hypnosis. The remaining 15 minutes of the consultation were devoted to a discussion of what the patient experienced during hypnosis, and to motivate him/her further to practice regularly at home using the audio cassette. It was made clear that it was not certain that the tinnitus symptoms would disappear, but that the patient would probably become less conscious of the noise/buzzing, although that effect could not be expected until after 2-3 weeks of treatment and practice. At best, the patient could eventually expect not to notice the buzzing unless he/she concentrated on it. Each patient was seen individually and the induction technique was that of progressive relaxation. The hypnotherapy was aimed at inducing the patient into as relaxed a state as possible, and thereafter implanting the suggestion that the patient would no longer be troubled by the noise. In order to roughly assess how deeply the patient was hypnotized, an arm levitation test was used. The patient was awakened and, after a few minutes discussion and additional encouragement to train regularly at home, he/she was given the audio cassette. Before leaving, the patient made an appointment for a second consultation, 1 month after this first session.

The return visit, of approximately 30 minutes, was used mainly to discuss the results of treatment and practice and to give the patient hints on the procedure for continued regular self-hypnotherapy. The audio cassette, which was only a temporary aid during a transition period, was no longer needed.

## RESULTS

At follow-up, each patient completed a questionnaire (see Table 2 for sample questions). The first follow-up occurred between 2 months and 2 years after completion of the treatment, with 22 patients (68.7%) reporting that they felt better, and 3 of the 22 indicating that they were completely cured (see Table 1). These 3 patients had demonstrated a high degree of arm levitation during the first hypnosis session. Another 5 patients exhibited some degree of arm levitation and they also reported an improvement. In the remaining 24 patients no arm levitation had been observed

TABLE 2  
SAMPLE QUESTIONS FROM THE FOLLOW-UP QUESTIONNAIRE

1. *Buzzing sound or noise*

\_\_\_\_\_ I think it troubles me less.

\_\_\_\_\_ I think it is just as bad.

\_\_\_\_\_ I think it is worse.

\_\_\_\_\_ I think the noise is unchanged but I no longer notice it.

\_\_\_\_\_ I think the noise is unchanged but I only notice it sometimes.

2. *Sleeping at night*

\_\_\_\_\_ I sleep better.

\_\_\_\_\_ I sleep just as badly as before.

\_\_\_\_\_ I sleep worse.

3. *Depression*

\_\_\_\_\_ I am less depressed now.

\_\_\_\_\_ I am just as depressed as before.

\_\_\_\_\_ I am more depressed now.

4. *Lack of initiative*

\_\_\_\_\_ It is easier to cope with daily tasks.

\_\_\_\_\_ It is just as difficult to cope with daily tasks.

\_\_\_\_\_ It is more difficult to cope with daily tasks.

5. *Relaxation*

\_\_\_\_\_ I am more relaxed now.

\_\_\_\_\_ No change.

\_\_\_\_\_ I am more tense.

TABLE 3  
IMPROVEMENT IN RELATION TO ARM LEVITATION CONDUCTED AT THE FIRST HYPNOSIS  
SESSION: A STATISTICAL ANALYSIS\*

	Improvement	No Improvement	
Arm levitation	8	0	8
No arm levitation	14	10	24
	22	10	32

\* $\chi^2 = 4.84$  ( $p < .05$ ).

during the first hypnosis session (see Table 3). Of these 24, however, 14 reported that they experienced arm levitation while training at home with the audio cassette. Ten patients who showed no improvement in the symptom did not experience arm levitation during their home treatment sessions.

There were no significant differences according to age or sex among the patients who improved. Common comments from the patients were: "I feel more harmonious," "I feel calmer," "I enjoy life more," "I pay less attention to the buzzing," "I sleep better," etc. Of the 10 patients who experienced no improvement, 1 felt worse (he suffers from Ménière's

disease) and, 3 months after his last visit he became completely deaf in one ear with ensuing worsening of the tinnitus. After a further course of treatment, however, even this patient reported an improvement. A 51-year-old woman who had suffered from tinnitus for 4 years after an operation for chronic otitis declared herself completely cured. The noise is still there but she commented, "If it became quiet in my head now I would think that there was something seriously wrong with me." Another result of the treatment was that 12 patients said they slept better, 13 felt less depressed, 13 were able to cope more easily with daily tasks, 17 felt calmer, and all 32 patients indicated that they would recommend the hypnosis treatment to patients with the same symptoms.

Of the 10 patients experiencing no improvement there were 4 for whom the cause of tinnitus was unknown. These patients showed signs of psychic disturbance — mainly of a depressive nature. For them, there was no change between the first and second follow-up. Those who answered the questionnaire a second time (i.e., at least 10 months after conclusion of the treatment) had replied in the same manner 8 months earlier. The initial positive results were similarly unchanged for at least 15 of the 32 patients who had been treated.

#### DISCUSSION

In conclusion, tinnitus is a symptom which in many cases is very difficult to treat. A number of patients are left to suffer from severe tinnitus after the more usual methods of treatment have failed. It is difficult for many of these patients to learn to live with the constant noise disturbance. They become depressed, apathetic, have difficulty sleeping, and so on. A vicious circle starts which the patient often finds difficult to break without help. Relaxation/hypnotherapy has shown itself to be an excellent method of helping these patients to learn to live with the noise. A mere 1-hour consultation followed by training at home with an audio cassette resulted in 22 out of 32 severe tinnitus sufferers showing good improvement. For at least 50% of the patients, the results of the treatment have been maintained for 10 months. Those patients who exhibited arm levitation during the first consultation — an approximate indication of hypnotizability — achieved the best results. As the degree of psychic disturbance is considerable in the group of patients that did not improve, it may be possible for these patients to achieve improvement with further treatment and increased support. Hypnosis is usually a time consuming method but when, as in the cases reported here, it concerns a single symptom, it is evident that good results can be achieved in a short time, provided the patients are motivated to train regularly at home using their personal audio cassette made during the initial office consultation.

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**Eine alternative Methode für die Behandlung von Tinnitus: Spannungshypnotherapie im eignen Heim hauptsächlich durch Gebrauch eines Tonbandes für Kassettenrecorder**

**Gunilla Brattberg**

**Abstrakt:** 32 Patienten, deren Diagnose unterschiedlich unter Tinnitus leidend gestellt worden war, wurden mit Hypnose behandelt. Die Behandlung bestand in einer einstündigen Konsultation mit einem Arzt, der 4 Wochen täglicher Übung zu Hause folgten, indem sie einem Tonband zuhörten, das ungefähr 15 Minuten lang dauerte. 22 Patienten, die so behandelt wurden, lernten in 1 Monat, den störenden Lärm zu mißachten, was einen bedeutenden Gewinn in dem Verhältnis zwischen Therapie und benötigter Zeit darstellt.

**Une méthode de recharge dans le traitement du tinnitus: l'hypnothérapie-relaxation principalement induite par l'usage à domicile d'une cassette enregistrée**

**Gunilla Brattberg**

**Résumé:** Trente-deux patients, dont le diagnostic fondé sur des éléments divers atteste qu'ils souffrent de tinnitus, furent traités par hypnose. Le traitement consistait en une

consultation d'une heure avec le médecin, suivie de 4 semaines d'exercices quotidiens à la maison, comportant l'écoute d'un enregistrement d'une durée approximative de 15 minutes. Vingt-deux patients traités ont appris en un mois à ignorer le bruit perturbateur, ce qui représente un gain thérapeutique considérable compte tenu du peu de temps requis.

**Método alternativo para el tratamiento del tinnitus: hipnoterapia-relajación inducida principalmente por la utilización a domicilio de una cinta grabada**

**Gunilla Brattberg**

**Resumen:** Treinta y dos pacientes, que sufrían de tinnitus, con diagnósticos varios, fueron tratados mediante hipnosis. El tratamiento consistía en una consulta de 1 hora con el médico, seguida de 4 semanas de ejercicios cotidianos en su casa, basados en la audición de una grabación de una duración aproximada de 15 minutos. 22 pacientes aprendieron a ignorar el ruido perturbador en el lapso de 1 mes, lo que representa un logro terapéutico considerable, si se tiene en cuenta el tiempo requerido.