

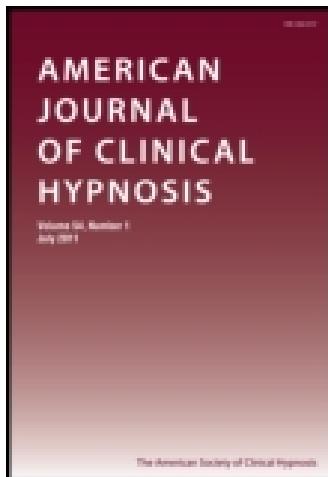
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## Effective Treatment of Tinnitus through Hypnotherapy

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Tinnitus aurium, or ringing in the ears, is a vexing problem to both the patient and physician. The pathophysiology of the entity is poorly understood and drug therapy is often ineffectual. At times the symptom may be severe enough to interfere with normal daily activities or to cause insomnia, and on occasion has been productive of psychosis with suicidal tendency. Several cases of disturbing tinnitus successfully treated with hypnotherapy are presented and the technique is offered as another modality to be considered in the treatment of this entity.

Tinnitus aurium—literally, ringing in the ears—is a symptom that distresses both the patient and the physician, and is one of the very frequently encountered symptoms in the day to day practice of otolaryngology. It is distressing to the patient, who may otherwise be in good health, as he may view the symptoms as a portent of serious illness, or it may be responsible for, or contribute to, insomnia and its sequelae. In extreme cases, severe tinnitus has led to psychosis and suicidal tendencies. It is disturbing to the physician because its etiology is poorly understood and its therapy is often ineffectual.

Part of the mystery surrounding this symptom reflects the difficulty in carrying out effective research. Tinnitus is a subjective observation. One is dependent on the patient's description of his noise as to loudness, pitch, character and location, and this precludes impartial scientific observation.

It has been estimated that some 85% of patients with ear complaints have tinnitus and, although the percentage will be significantly lower, it will be seen in a great number of cases by the general practitioner, as it is a common accompanying symptom of systemic disease (Hatton, 1965).

Tinnitus may be classified as either

subjective or objective, the former audible only to the patient, while the latter may be heard by an observer as well. Other classifications have separated tinnitus into that of vibratory origin and that of non-vibratory origin, or true tinnitus. Actual vibrations in the tissues or structures in and about the head or its vascular channels are responsible for the production of vibratory tinnitus which is often objective. Non-vibratory tinnitus, on the other hand, is most likely a result of irritation of the auditory neural tissues (cochlea, auditory nerve and central nervous system connections and terminations).

Patient descriptions of tinnitus are quite varied but often mentioned are a "buzzing," a "ringing," or a "sound of escaping steam" noise. This may be present intermittently or constantly, and if intermittent may be rhythmic in character and noted by the patient to be synchronous with his pulse. Tinnitus with this characteristic is most likely of vascular origin. Some patients may complain of a grating sound or an intermittent clicking, which is repetitive but not rhythmic. This may be due to a condition of involuntary contraction of the muscles of mastication, so-called "tensor tympani clonus."

The intensity of tinnitus, as reported by different patients varies considerably. In some, the noise is audible only under conditions of extreme quiet, while in others it is so loud that at no time are they free from the distressing sound. The latter persons are often handicapped socially and economically as they experience difficulty in concentrating on business and social obligations. A goodly number of patients are annoyed only at night in the quiet of the bedroom. During their usual daytime activities the noise is successfully masked by the environmental noise levels. Frequently such patients are advised to provide themselves with a clock radio which they can use as a source of programmed music to mask out the annoying sound until sleep has come. It has been suggested that tinnitus be referred to as "head noise," but this would appear somewhat incongruous, as 90% of patients localize the sound to the ears.

The manner in which tinnitus is produced is not well understood at all. There have been many ingenious explanations advanced, some of which are quite logical, but these all remain in the realm of theory and have not as yet been substantiated.

Approximately 94% of persons with normal hearing when placed in a soundproofed room or anechoic chamber will be able to hear subjective noise. This has been interpreted to indicate that there is ever present in the body, a subliminal level of sound that is masked by the usual noises of the external environment. Under the aforementioned circumstances, the level of the outside sounds is sufficiently reduced so that most normal persons will hear the "inner" noises. According to one theory, the origin of this inner noise is the cochlea itself. The hair cells, even at rest, or unstimulated by an external sound source, are constantly producing a minimal electrical discharge. Normally, this tiny discharge is incapable of stimulating the auditory nerve endings to a sufficient degree to produce a reaction

(hearing) in the auditory cortex. In the case of conductive hearing impairments we have a situation analogous to placing a patient in a soundproofed room. Whereas the soundproofed room blocks out the noises of the outer environment by preventing them from reaching the patient's conductive system, impairment in this system reduces the intensity of sounds as they impinge upon the cochlea. This masking effect may be sufficiently great to permit the formerly unheard inner-world sounds to become audible as tinnitus. In sensorineural types of hearing impairment such as that encountered in noise-induced hearing loss or Meniere's syndrome (symptom complex of tinnitus, vertigo and hearing loss), the hypothesis is that the resting discharge of the cochlear hair cells has been increased by whatever alterations take place to a sufficient degree to produce tinnitus. In effect there is an "artificial" stimulation of the auditory nerve and its central connections.

One of the fascinating aspects of the problem of tinnitus became apparent in the 1920's at which time neurosurgical intervention for tumors of the auditory nerve (acoustic neurinomas) resulted in a group of patients with no central connections between the labyrinthine end organs and the auditory cortex. One of the symptoms of such tumors is tinnitus, and it was found that in a certain number of cases the tinnitus persisted and even became more exaggerated following denervation. In 1957 Cawthorne noted that destruction of the labyrinth or section of the VIII nerve did not halt tinnitus in many cases (Mawson, 1963). It was consideration of this phenomenon that led to the presumption that at least some cases of tinnitus are of a distinctly central origin and, if so, hypnotherapy might well play a role in their therapy.

#### CASE 1

The subject was a 35 year old physician, who was a professional associate of the

therapist, and who had served for several years as a Flight Surgeon in the United States Navy. He had incurred heavy exposure to aircraft noises. Audiologic evaluation had revealed a bilateral high-tone sensorineural hearing loss of a pattern consistent with noise-induced hearing deficit. In view of the fact that his loss was limited to the frequencies above the normal speech range, he encountered no significant difficulty in carrying on his daily activities, but complained rather bitterly of an almost constant bilateral "ringing" tinnitus which often interfered with his ability to fall asleep at night. In view of his medical background, he was reluctant to take barbiturates or similar hypnotic-sedatives on a frequent or regular basis.

The patient appeared to have satisfactory ego-strength and had a very rudimentary understanding of hypnosis and its application in the therapy of problems such as his. He had seen several demonstrations of hypnosis in the past and was hypnotized on one occasion by a stage hypnotist. Induction was accomplished easily by eye-fixation and distraction technique, and deepening was carried out by use of progressive relaxation and induction of arm-heaviness and hand-levitation. Following induction, the patient was taken through an ego-strengthening routine with specific application to his problem. A "mind over matter" approach to the problem of tinnitus was stressed with allusions to pertinent physiologic data applicable to the problem of tinnitus. During the session, the actual symptom phenomenon was used as part of the deepening process in that the patient was instructed to concentrate on the "inner noise" and that as he did so he would note a gradually diminished intensity, and as the intensity of the noise diminished he would go deeper and deeper into the relaxed trance state. The subject apparently was able to follow these suggestions and achieve moderately deep trance depth. Post-hypnotic suggestions were given that at appropriate

times such as bedtime the patient himself could employ similar techniques and by concentrating on the symptom would notice a gradual diminution in the symptom as he progressed into a deep relaxed sleep.

Sessions were held at weekly intervals over a six week period and at the conclusion of this time span, the patient reported excellent symptomatic relief in that he was able to fall asleep with minimal difficulty each evening and, in fact, noted that while the symptom persisted during waking hours it seemed to be less and less bothersome to him.

It is beyond the scope of this paper to speculate on the whys and wherefores of the subject's symptomatic improvement, but it has been noted that the natural course of tinnitus is to spontaneous regression of varying degrees. Whether this reflects some physiologic healing of the actual end organ cochlear damage or some central adaptation to the constant level stimulus is not known.

## CASE 2

The subject was a 46 year old naval aviator, who was a command pilot with over 20 years of flying experience in both reciprocating engine aircraft and jet aircraft. He had noted a minimal amount of hearing loss for several years and this had been well documented by audiometric examination at yearly intervals. Recently he had noted exacerbation of a bilateral "buzzing" tinnitus which had been present in mild form for many years. Initially, he characterized it as being intermittent, infrequent and not particularly bothersome, but of late it had become more frequent, almost continuous and had interfered with his ability to obtain a restful nights sleep.

The subject appeared to have a better than average knowledge of hypnosis, possibly due to the fact that his wife had a Bachelor's Degree in psychology, and had been exposed to several courses in which hypnosis was discussed and hypnotherapy

demonstrated. The subject of hypnosis as a possible aid in the relief of his symptoms was broached by the subject, although he had been informed by clinic personnel that I had an interest in such problems as his and the treatment of them by hypnotic techniques. He appeared to be an intelligent and outgoing type of person with many outside activities and interests and seemed quite amenable to a trial of hypnotherapy with a goal of symptom relief.

Eye fixation with distraction was used as an induction technique, and in a very brief interval the patient entered a medium depth trance state. Attempts at deepening by induction of arm heaviness and hand levitation appeared successful.

Following an ego-strengthening routine, multiple suggestions were made as to the effectiveness of pure and simple relaxation in diminishing the psychic response to any type of disturbing symptom such as tinnitus. A discussion of the possible pathophysiology of tinnitus such as presented in the introduction to this paper was pursued in the hypnotic state, with emphasis on the overall role of the mental state in modifying physical behavior patterns or symptoms. The subject was permitted to recall a particularly pleasant or memorable musical tune from his past and suggestions were given that each time he became aware of his symptoms, a supervening masking sound, consisting of the recalled music, would appear. Suggestions were given for an even more rapid induction and deeper trace depth in subsequent sessions, and the patient was aroused.

After a period of approximately five to ten minutes, the suggestion "DEEP DEEP RELAX" was given, and the patient appeared to resume the trance state immediately, and, following once again suggestions for future induction, was again awakened. After arousal the patient reported that he felt relaxed and refreshed, and had enjoyed a "pleasant experience." He reported that

he was not bothered by the tinnitus at that particular moment.

The patient was seen at weekly intervals and reported that he had had somewhat less difficulty with the symptoms, but he did not volunteer any information about any supervening masking sound that might have appeared. He was not directly questioned on the matter. At the fourth weekly meeting, he evidenced a rather amused look when questioned on the course of his symptomatology and at that time he did proceed to relate the "strange" music that he had noted on retiring one evening.

Subsequent sessions were held for a total period of about eight weeks; the follow-up period extended to six months. During the period of follow-up the patient reported that his symptoms were minimal and that the tinnitus had never kept him awake at night during that period.

#### COMMENT

Present day management of tinnitus rests principally upon reassurance of the patient possibly augmented by sedation and psychotherapy in selected cases. Reassurance is particularly important as many patients believe the noise to be due to the presence of a serious condition, such as a brain tumor. A thorough, convincing investigation helps to allay the patient's fears that something has been overlooked. He may then readily accept the verdict that nothing further need be done and the advice to "learn to live with it." Psychotherapy is primarily indicated in cases of true psychotic depression, amounting in some cases to suicidal tendency. Perusal of many of the standard works in both otology and hypnosis has revealed there to be almost no mention of the use of hypnosis in the treatment of tinnitus.

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