

What We Think Can Hurt Us

Cognitive Behavioral Therapy and Tinnitus



BY MICHAEL HARVEY

Prior to our first appointment, Fred had met with a therapist for cognitive behavioral therapy (CBT) to help him cope with tinnitus. Tinnitus is the perception of sound in the ears or head when no external source is actually present. It is sometimes referred to as “ringing in the ears.” I assumed the session didn’t go well otherwise why would he be meeting with me? I asked him for a recap.

“The therapist knew what he was talking about,” Fred began. “But when I tried to tell him about my tinnitus, I could tell he was impatient for me to finish so he could do the talking. Then he lectured me about CBT and gave me this stupid handout!” Fred flung it across the table and shook his head. First paragraph:

“Cognitive behavior therapy teaches us that the way we think about things affects how we feel and then how we behave; to become aware of our internal “self-talk,” and finally, to replace our irrational thoughts with rational thoughts in order to forge healthier emotions and behaviors.”

Fred’s face turned beet red and he screamed across the room as if the therapist was present, “The air raid sirens keep pounding against my skull no matter what I think!”

Although the therapist gave a correct summary of CBT—it was not “stupid”—and CBT has been shown to be effective in helping people cope with tinnitus, Fred’s

anger was justified. The therapist's pedagogy was ill-timed against the backdrop of Fred's six long years of, as he put it, "inner hell" due to unrelenting tinnitus, cause unknown. I'm reminded of a story of an audiologist

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informing a person that he has hearing loss, immediately followed by, in the patient's words, "getting whomped with CBT when I showed how upset I was." He added, "I wanted to smack the doctor with my new hearing aid."

Admittedly, I have made similar timing errors; trying to help before conveying

an appreciation for what an individual is experiencing. Perhaps this is due to unconsciously shielding myself from my own helplessness about not having a magic wand to make one's emotional pain go away. Therapists aren't immune to this dynamic. (For a humorous illustration of trying to help too quickly, the reader is referred to, "It's not about the nail" at bit.ly/NotNail.)

Tell Me More

In addition, even therapists, whose job is to elicit patient's feelings, may initially feel that it's useless or even cruel to ask, "Tell me more about what you find painful." However, there is a relevant principle of healing: "Pain has a size and shape, a beginning and end. It takes over only when not allowed its voice" (Brenner, Riemer, & Cutter, 1993, pg. 9). Although initially articulating one's pain may make it more prominent, ultimately, the more words an individual has for describing what is distressful, the more it has a beginning and end—it becomes finite—and the better one is able to manage it. In contrast, with fewer words, the more the pain takes over.

Before introducing cognitive behavioral coping tools to Fred, I needed to convey that although I could not truly know how it felt for Fred to be besieged by air raid sirens, I was committed to learning more about his emotional despair and helplessness and to helping him give it more words. For the next couple of sessions, I asked him versions of "tell me more," to which he gave me a glimpse of his inner hell. Although these discussions may have at first caused Fred to pay more attention to the sirens pounding against his skull, which in turn caused him more distress, at least he felt that his therapist affirmed his experience. Emotional validation is important.

It was time to switch gears and provide him with some CBT tools. Fred, like most people in significant

distress, already recognized at some level that he was focusing on the negative and may have been discounting the positive. However, he felt helpless to change his thinking pattern. The challenge would be for Fred to both recognize that his thoughts were distorted and then become empowered to change the slant his thoughts had taken on.

For the next several months, we addressed common so-called cognitive distortions related to tinnitus and the replacement, rational rebuttal thoughts that Fred found empowering. As a supplemental reference, we used a CBT self-help book entitled *Feeling Good: The New Mood Therapy* by psychiatrist David Burns (Burns, 2008). What follows is a summary of our CBT work, mostly in Fred's own words.

Cognitive distortion: If only my tinnitus would go away, my life would be fine.

Rebuttal:

- This is an example of "all or nothing" thinking; that my life is either fine or not fine, with no middle ground, no shades of gray. But in fact, without tinnitus, my life would not be totally fine and with tinnitus, I can still make my life be *partially* fine.
- There are things in life worse than tinnitus—cancer, nuclear war, etc.

Cognitive distortion: What did I do to deserve this?

Rebuttal:

- This is an example of a Control Fallacy, the assumption that I had power over getting tinnitus.
- Although it is common for people to invent so-called "explanatory causation narratives" because the medical causes are often unknown, tinnitus is not caused by a punishment for something I did or didn't do. I need to create a reasonable explanatory narrative that is useful to me with the best information available. (Harvey, 2018)

Cognitive distortion: The noise makes my life unbearable and not worth living.

Rebuttal:

- Unfortunately, clinical depression often accompanies chronic pain or tinnitus. I'm undervaluing my life because I'm depressed.
- This is an example of "filtering," when we take the negative details and magnify them while filtering out all positive aspects of a situation.

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- It's also an example of “global labeling” and “overgeneralization,” when we come to a general conclusion based on a single incident or a single piece of evidence.
- My life would be more bearable and worthwhile when I buttress my coping ability by learning a repertoire of coping tools.
- Of course I don't want the tinnitus to continue, but if it does, I can cope. It won't drive me crazy.
- The noise might be there, but I can still enjoy many things.

Cognitive distortion: Nobody understands what tinnitus is like for me and I feel alone.

Rebuttal:

- This exemplifies the fallacy of “shoulds”—that people should understand how I feel; that it is necessary. While it would be nice, I don't absolutely need people to understand my tinnitus. I won't die from that. Their emotional support is sufficient.
- I'm not the only person with tinnitus and there are some people who get it and I should hang out with them more. I could also join consumer organizations such as the American Tinnitus Association.

Cognitive distortion: I can't enjoy what I'm doing because of the noise.

Rebuttal:

- I'm what's called “catastrophizing” (I never knew that was a verb). The noise is unpleasant, sometimes unbearable, but I can prevent it from being catastrophic by learning distraction techniques. In fact, the three most important words in pain and tinnitus management are distraction, distraction and distraction. I'll be able to enjoy things more if I keep my attention off the noise.

Cognitive distortion: Nobody can help me?

Rebuttal:

- Help doesn't mean a magical cure. Emotional support, camaraderie, etc. is helpful.

Cognitive distortion: My tinnitus is never going to get better.

Rebuttal:

- I don't know that. This exemplifies “jumping to conclusions.” Who knows what future research will bring. I need to live with uncertainty and hope.

If only it were so simple. If you're suffering from tinnitus, just think more rational thoughts. Not a problem! Fred correctly deemed that idea as both overly simplistic and insulting. And as he also correctly stated, tinnitus occurs no matter what thoughts you have. A central question—if you cannot rid yourself of tinnitus, what do you do with it?

Fred provided an answer: the more you give tinnitus a voice—describe it, examine it, discern how you relate to it, formulate what thoughts and feelings you have about it, sort through your rational and irrational thoughts—the more you realize what you can control around the tinnitus. In the words of Descartes, “I think, therefore I am.” Then you psychologically diminish its power to rule your life. Tinnitus can make a lot of noise and make life very challenging, even darn miserable at times. But as Fred discovered, it cannot control what you think and ultimately cannot define who you are. **HL**



Michael A. Harvey, Ph.D., A.B.P.P., is a diplomate in clinical psychology with a private practice in Framingham, Massachusetts. Dr. Harvey is also a faculty consultant at Salus University in Elkins, Pennsylvania. His most recent books are “The Odyssey of Hearing Loss: Tales of Triumph” and “Listen with the Heart: Relationships and Hearing Loss,” both published by Dawnsign Press. Dr. Harvey welcomes your feedback at mharvey2000@comcast.net.