

A Therapist's Personal Journey Managing Tinnitus

By Peter Vernezza PhD, LMSW

"Happy families are all alike," wrote Leo Tolstoy in the opening line of his classic *Anna Karenina*; "every unhappy family is unhappy in its own way." The reverse, I would argue, is true when it comes to tinnitus. Tinnitus patients are all, by definition, unhappy about their tinnitus but many of us are alike in sharing an unhappy initial diagnosis experience: We visit an ear, nose, and throat physician, undergo a battery of hearing tests, and are summarily discharged with little information and less hope regarding our newly acquired condition. This happened to me, too. One thing that does seem different about my situation, though, is that I am a behavioral health therapist.

I bring this up because my own tinnitus journey has been immensely informed by my profession. Just as any physician diagnosed with tinnitus would immediately begin researching the journals, scouring the internet, and calling on colleagues to determine what the medical profession had discovered about the condition, I initially devoted a good deal of energy to unearthing insights on tinnitus management from the mental health field. My research

turned up quite a bit that I have put to use in managing my own tinnitus.

This process, in turn, revealed a second and more surprising way my tinnitus situation was different from others': Being someone who applied therapeutic behavioral health interventions to their tinnitus made me almost as unique as being a therapist with tinnitus. Sadly, it seems, the mental health field is a greatly underused resource for tinnitus patients. This needs to change. Here are some behavioral health strategies I have applied to my own tinnitus – strategies I hope will be of use to you, too.

Tinnitus and Mental Health

It all starts with cognitive behavioral therapy (CBT), one of the most researched and effective interventions for reducing tinnitus distress. While

the ATA website correctly points out that CBT "has been shown to significantly help many patients with tinnitus," it is important to understand what CBT can and cannot do. To understand this, we need to look at the amygdala, the almond-shaped region of the brain that senses threats and, in response, mobilizes the sympathetic nervous system to put the body into fight-or-flight mode.

Imagine one night while you are sleeping your smoke alarm goes off. Heart pounding, you leap out of bed, prepared to do what's necessary to save your family. This is the amygdala in action. After searching your home, you discover not a raging fire but a defective smoke alarm,

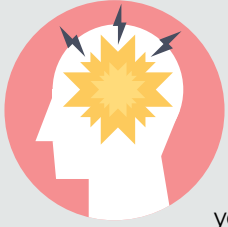


Conflict-of-interest notice to readers:

This article includes information about the author's counseling services, which can be accessed for a fee. The author therefore stands to benefit financially if *Tinnitus Today* readers seek tinnitus care from him.

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and your body begins to calm down. This is your cortex – the part of your brain responsible for reasoning – kicking in, providing information to help calm the amygdala. However, the cortex has a limited ability to influence the amygdala. To understand this, imagine that after you discover there is no fire you go to bed without disengaging the alarm. How much sleep are you going to get with the alarm blaring all night? Despite your reason's reassurance that all is well, the amygdala will invariably keep your body in a heightened state of stress.

Your inability to go to sleep with a smoke alarm sounding even though you know there is no threat illustrates a limitation of CBT in dealing with tinnitus. CBT works by challenging our beliefs and focuses specifically on challenging and changing irrational beliefs that cause emotional distress. Although CBT does a good job in countering the irrational thoughts that some tinnitus patients develop about the impact of tinnitus on their lives or their ability to live with the condition, it is minimally effective in persuading the amygdala not to react to the tinnitus sound, just as telling yourself there

is no fire does not really help you get to sleep when the smoke alarm is going off.

Fortunately, an additional strategy exists that can assist in calming the body by, among other things, addressing the reticence of the amygdala to respond to reason. Based on a 2,500-year-old tradition of Buddhist meditation, mindfulness burst on the mental health scene in the United States more than 40 years ago with Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) technique. Four decades of research and hundreds of studies have demonstrated the effectiveness of mindfulness, in general, and of the eight-week MBSR protocol, in particular, for dealing with a number of mental and physical health conditions, including but not only depression, anxiety, and chronic pain.¹ Mindfulness training can actually rewire the brain through a process known as neuroplasticity, which can be defined as any form of lasting change that occurs in the structure or function of the brain.

Yet, research on mindfulness and tinnitus is in its infancy: a recent search turned up just seven related

studies. Nevertheless, research conclusions are promising, for example: "a decrease of tinnitus distress scores in MBIs (mindfulness-based interventions) can be observed directly post-therapy based on moderate to high quality studies."² Although the causal mechanism that accomplishes this result is unclear, one possible explanation comes from research conducted on mindfulness and anxiety in which functional magnetic resonance imaging (fMRI) scans showed that after an eight-week course of mindfulness practice the brain's fight-or-flight center, the amygdala, appeared to shrink.³ This example of neuroplasticity can be reasonably connected with the emphasis in mindfulness training on being an impartial observer of our experiences rather than reacting to them. In any case, the apparent ability of mindfulness training to impact the amygdala through noncognitive means makes it the perfect complement to CBT.

In addition to utilizing interventions to reduce tinnitus distress, it makes sense to employ evidence-based strategies to improve our overall mental health. This makes positive psychology a useful tool in any tinnitus patient's toolbox. Created by Martin Seligman, positive psychology focuses not on curing psychic illness but on creating mental health. It offers a variety of techniques for improving our sense of well-being. Gratitude practice is one example. An oft-cited study compared three groups of people: one group wrote about things that irritated them, another wrote about things they



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were grateful for, and a third wrote about neutral events. At the end of the week, those who had written about gratitude were more optimistic and felt better about themselves.⁴

Another technique-driven therapy that can be useful is polyvagal theory, which focuses on the role of the vagus nerve, one of the main cranial nerves in the body, in emotional regulation. According to polyvagal theory, at any one moment our nervous system exists in one of three states: a state of fight or flight (associated with activation of the sympathetic nervous system), a shutdown state (associated with activation of the dorsal pathway of the vagus nerve), or a connected state (associated with activation of the ventral pathway of the vagus nerve). Ideally, we would like to minimize the amount of time we spend in the first two states and maximize our stay in the calming, connected ventral vagal state. This last state is primarily achieved through the process known as coregulation, which is defined as “the reciprocal sending and receiving of signals of safety.” Deb Dana, responsible for bringing polyvagal theory to the world of therapy, calls coregulation “a biological imperative: a need that must be met to sustain life.” The importance of trusted others within our network of relationships in regulating our nervous system (think of a crying baby being calmed by the reassuring presence of a parent) is one reason why the isolation necessitated by the pandemic has taken a toll on our mental health.

However, tinnitus patients can experience the exact opposite situation. Tinnitus patients



can habitually exist in a dysregulated state, driven by their tinnitus to sympathetic fight or flight or by rumination to a depressed state of dorsal vagal shutdown. In addition, the isolation that sometimes accompanies their condition may cut them off from others, depriving them of the human connection that often facilitates the ability to calm down. By applying the insights of polyvagal theory, tinnitus patients can learn to recognize dysregulation in its early stages, develop strategies to extricate themselves from toxic emotional states, and create the conditions for coregulation with others that help reshape the nervous system through habitual effort in the same way that mindfulness techniques depend on the brain’s neuroplasticity to rewire the brain and resulting behavior.

Perhaps the most powerful lesson I took from my profession and applied to my tinnitus comes from David Kessler, who worked with Elizabeth Kubler-Ross in applying the five stages of dying model to the experience of grief. In his most recent book, *Finding Meaning: The Sixth Stage of Grief*, Kessler has added a sixth stage to the grieving process: finding meaning. According to Kessler, finding meaning in loss “allows us to transfer loss into something else, something rich and fulfilling,” and “empowers us to find a path forward.” It might not at first seem obvious that tinnitus is a grief-inducing condition, for what is apparent in tinnitus is not what is lost but what is gained – a chronic sound, noise, or ringing. Although the addition of tinnitus gets all the press, the loss of silence can be a shock to the nervous system.

Importantly, to find meaning in our loss does not imply that the loss is a good thing or that we are grateful it occurred. Reading Kessler made me realize that although I had made peace with my tinnitus, I had not made use of it.

Fortunately, my professional training provides the platform to do so. Recognizing that it’s difficult for patients to find therapists with a good understanding of tinnitus, I made it my mission to obtain advanced training in mindfulness and CBT, two evidence-based interventions that have been demonstrated to reduce tinnitus distress. I have also partnered with the online therapy company Stepstone Connect to develop an eight-week tinnitus education program based on the principles outlined in this article. Although not everyone with tinnitus is in a position to produce an impact on a large scale, this is not necessary. To find meaning in our tinnitus is simply to use the loss as a catalyst for something positive and life-affirming. We are all capable of doing that.




Despite the numerous benefits of visiting a mental health professional, it seems that few people bothered by tinnitus seek out a counselor, clinical social worker, or psychologist. On the flip side, conversations with fellow mental health professionals lead me to believe that an even smaller percentage of therapists are knowledgeable about tinnitus. Indeed, the whole situation can be read like the tragic tale of star-crossed lovers kept apart by some unknown force.

Although there is something admittedly peculiar about clients

having to educate therapists about their condition, this may in fact be what needs to happen until there is more outreach within the mental health profession.

Another option is for tinnitus patients to go it alone in the world of self-help, educating and ultimately treating themselves. This is far from ideal, especially considering the benefits of face-to-face counseling with a trained mental health professional. Still, there are self-help resources available for those who wish to take this route (some are listed in the box below).

My hope is that, instead of tinnitus patients all being alike in sharing a similar unsatisfactory initial diagnosis

experience, they can instead find relief and the support they need within the field of mental health. The profession, though vastly underutilized for tinnitus management, nevertheless includes caring individuals who can do much to increase the quality of our lives with tinnitus. 



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- 1 A. Powell. (2018, April 9). When science meets mindfulness. *Harvard Gazette*. <https://news.harvard.edu/gazette/story/2018/04/harvard-researchers-study-how-mindfulness-may-change-the-brain-in-depressed-patients/>
- 2 M. Rademaker, I. Stegeman, K. E. Ho-Kang-You, R. J. Stokroos, & A. L. Smit. (2019). The effect of mindfulness-based interventions on tinnitus distress. A systematic review. *Frontiers in Neurology*, 10. <https://doi.org/10.3389/fneur.2019.01135>
- 3 T. Ireland. (2014, June 12). What does mindfulness meditation do to your brain? *Scientific American*. <https://blogs.scientificamerican.com/guest-blog/what-does-mindfulness-meditation-do-to-your-brain/>
- 4 Giving thanks can make you happier. (2021, August 14). Harvard Health Publishing. <https://www.health.harvard.edu/healthbeat/giving-thanks-can-make-you-happier>

Self-Help Resources

Cognitive Behavioral Therapy

BOOKS The Association for Behavioral and Cognitive Therapies (ABCT) has a list of recommended self-help books at <https://www.abct.org/sh-books/>

APPS Many apps address psychological issues. To help identify useful ones, the American Psychological Association conducted a review and found Sanvello, MindDoc (previously Moodpath), and Moodtools met recommended criteria: <https://www.apaservices.org/practice/business/technology/tech-column/cbt-app-depression>

ONLINE Bruce Hubbard, PhD, and cognitive behavioral therapist, offers useful resources on his website, CBT for Tinnitus: <https://www.cbtfortinnitus.com/dr-bruce-hubbard>

Mindfulness

■ To access a free eight-week Mindfulness-Based Stress

Reduction (MBSR) course, see www.palousemindfulness.com.

This is an authentic presentation and free version of the program that has been around for more than four decades.

■ Through the online therapy company Stepstone Connect, I offer an eight-week group program for tinnitus patients based on the principles in this article. For more information and pricing, see www.stepstoneconnect.com/tinnitus.

■ Jennifer Gans, PsyD, offers an eight-week online Mindfulness-Based Tinnitus Stress Reduction program. For more information and pricing, see <https://mindfultinnitusrelief.com/>

Other Resources

■ *The Polyvagal Theory in Therapy* by Deb Dana was written for therapists but is helpful to readers interested in

understanding the role of the vagus nerve in emotional regulation.

■ The University of Pennsylvania's Positive Psychology Center is where you can learn more about positive psychology: <https://ppc.sas.upenn.edu/>

■ *Authentic Happiness* by Martin Seligman is a best-selling book that explains how to apply the principles of positive psychology to everyday life, written by the founder of the discipline.

■ *Finding Meaning: The Sixth Stage of Grief*, by David Kessler, can be a helpful resource for processing life with tinnitus.

■ *Get Out of Your Mind and Into Your Life* by Stephen Hayes, PhD, is a workbook-type introduction to acceptance and commitment therapy (ACT). Although not covered in this article, ACT has been shown to be effective in managing tinnitus.

