

Tinnitus Today

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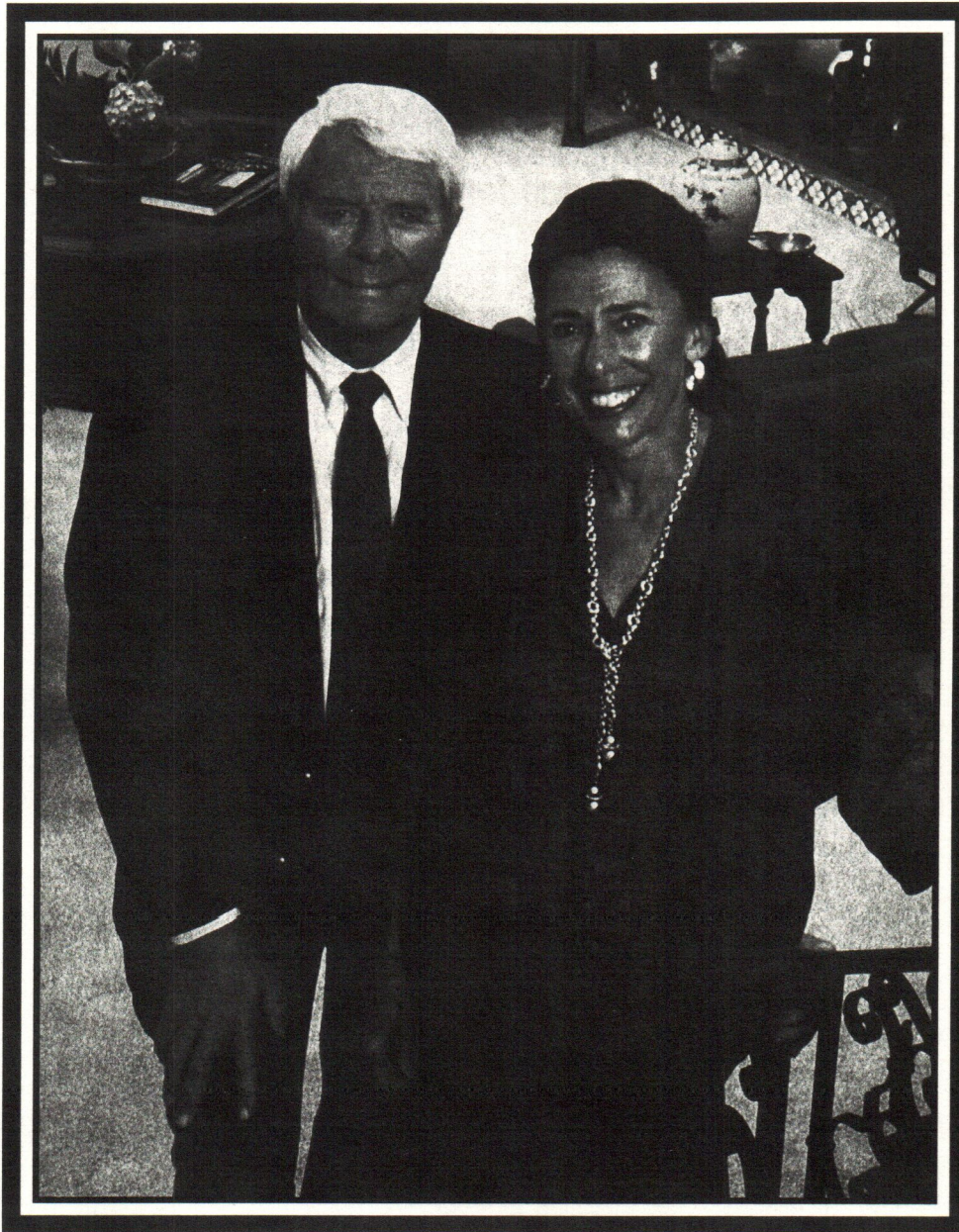
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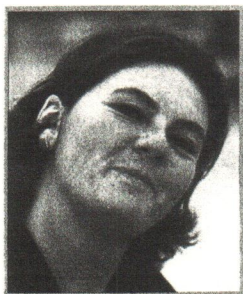
Music Therapy

A Primer on Tinnitus

ATA-Funded Research —
Toward the Cure



Music Therapy: A Complementary



by Petra Kern, Board Certified Music Therapist, University of Witten-Herdecke, Germany; University of North Carolina at Chapel Hill, USA

Five years ago, I learned what it means to have tinnitus. A severe middle ear infection caused a high-pitched ringing,

a permanent sensation of pressure, and the loss of my ability to hear high frequencies mainly in my left ear. At the time, nobody in my small hometown in Germany took my concern about hearing "a sound from nowhere" seriously, except for my family doctor. He understood that regardless of where the noise in my ear came from or what it was, I needed help and not suspicious looks and raised eyebrows.

I am a music therapist, and hearing is the primary means by which I make contact with clients. Music, rhythm, and sounds play an important role in my life. Having impaired hearing and being disturbed and distracted by a permanent internal sound seemed to be a professional and personal disaster. A sequence of different tests and medical treatments followed the onset of my hearing problems. Consulting with experts, reading about tinnitus, and especially sharing experiences, anxieties, and worries with other tinnitus patients helped me understand the complex nature of tinnitus and how to cope and live with it. To improve my tinnitus, I reduce noise when possible. I have also developed an individualized exercise, meditation, and relaxation program, which includes music for myself. I am also aware that stressful life events increase my tinnitus. Therefore I interpret the ringing as a positive warning signal sent out from my body when I haven't recognized my limits.

Tinnitus has many possible presentations and varies from individual to individual. It is primarily a subjective symptom that affects a person's physical comfort. But it can also cause emotional problems and/or change a person's social life. And so I began wondering if music therapy could be a complementary treatment for tinnitus. The reasons for my consideration were threefold: (1) Music therapists use music and/or musical elements (sound, rhythm, melody, harmony) to meet therapeutic goals such as physical health, emotional well-being, and improved cognitive and social skills; (2) music therapy sessions are based on the clients' individual needs using techniques such as music improvisation and imagery; and (3) music therapy

research shows that music can be used for anxiety and stress reduction, relaxation, non-pharmacological management of pain and discomfort, and positive changes in mood and emotional states (Aldridge, 1996; American Music Therapy Association, 2002; Hanser, 1999; World Federation of Music Therapy, 1996).

At this time, music therapists around the world serve people with hearing impairments, but only a few have started to focus specifically on tinnitus. No literature has been published. However, a pilot study has just begun. Meanwhile, some music therapists in Germany are developing different therapy approaches and methods to specifically address tinnitus. The content of the therapy is focused on the origin of the individual's tinnitus. Training programs include sounds and composed music to sensitize or renew the patient's hearing ability through selective hearing (a fading out of certain sounds) and by having patients analyze musical elements such as rhythm, timber, and dynamics. Other music programs have focused on the psychosocial effects and causes of tinnitus using music as an outlet for emotions, stress relief, and relaxation.

Music therapy interventions aim to change the patient's subjective perception of tinnitus to reduce the disturbance and to develop self-control over it. In this treatment, the patient makes or listens to music along with the music therapist. At least four tinnitus clinics in Germany include music therapy in their treatment concept.

In the following paragraphs, I'll discuss the work of several German music therapists who are using and studying music therapy as a complementary treatment for tinnitus.

Iris Valentin, music educator and therapist, is part of an interdisciplinary team at the Bosenberg-Klinik in Germany. She developed a group therapy program called "Audio-Kommunikation" that uses receptive and active music therapy in three ways: (1) to help release repressed emotions, (2) to develop awareness for the connection between hearing and body reactions, and (3) as a hearing exercise. During active group music therapy sessions, patients express their feelings and interact through music improvisations. The group situation encourages patients to share their experiences while it improves their social skills (Valentin, 2001).

Dr. Frank G. Grootaers, a music therapist at the Rheinklinik in Germany, has used 32 individual music therapy sessions with a tinnitus patient named Sam. Dr. Grootaers' treatment is based on

Treatment for Tinnitus

a psychotherapeutic model using counseling and music improvisation to guide Sam through four phases of his tinnitus: (1) the guilt that he associates with his tinnitus, (2) tinnitus as a punishment for his life events, (3) the way his tinnitus changes during treatment, and (4) the disappearance of his tinnitus from his awareness (Grootaers, 2001).

Music psychotherapist Martin Spiegler developed a "tinnitus trance program" in his private practice in Heidelberg, Germany. His approach is based on archaic sounds, produced by instruments like autoharps, gongs, and sound bowls. The sounds guide the tinnitus patient into an "altered state of consciousness" similar to meditation or self-hypnosis, where he or she learns to accept and tolerate the condition (Spiegler, 2000).

Dr. Lutz Neugebauer, Director of the Music Therapy Department at the University of Witten-Herdecke, Germany, investigated the effectiveness of music therapy sessions in a single case study. Ms. L., who suffered from tinnitus, describes herself as not being flexible enough to face personal and professional challenges. She is bothered by her tinnitus, which causes sleeping problems and makes her nervous and tense. After receiving daily music therapy sessions over a period of three weeks, her perception of her quality of life changed significantly. She describes herself as being calm, in a good mood, and able to think positively. Her tinnitus is not cured, but doesn't bother her as much as before. Further, results of two standardized self-evaluation forms and a tinnitus-specific questionnaire developed by Goebel in 1998 showed that Ms. L. had significant improvements from the treatment. Ms. L.'s changes and improvements can also be heard in her improvised music (Neugebauer, 2001).

The first major step in providing an outpatient treatment with a long-lasting treatment effect comes from a doctoral study done by music and psychotherapist Martin Kusatz at the University of Witten-Herdecke. Kusatz developed a form of therapy that includes 20 hours of counseling, ten 50-minute music therapy sessions, eight hours of movement therapy, and medical consultation with an ENT, an orthopedist, and a dentist. His music therapy approach (called "Auditive Stimulationstherapie") includes a specific relaxation and perception training. Over a period of three years, Kusatz studied 700 patients, using a standardized and recognized assessment scale and patients' self-evaluation. The benefit of the treatment was the

same regardless of the severity or the duration of the tinnitus: After six months, 3.2% of patients no longer had tinnitus, 30.8% had a reduction of tinnitus, and 66% still had tinnitus that they describe as less troubling.

According to both Neugebauer's and Kusatz's research, specific music therapy approaches have changed the way patients relate to their tinnitus so that the tinnitus is less disturbing. Music therapy is not a curative approach, but one that I believe can improve and restore the quality of life for patients with tinnitus. ☐

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