

The Sound of

Life with tinnitus

There you are, quietly going about your business, when suddenly, out of nowhere, a loud, hissing sound appears. You look around to see where it is coming from. It's not the radio, and there isn't a street cleaner outside. After a minute or so, it dawns upon you that the noise is coming from inside your head.

You move your head around frantically to see if that has any effect. Then you try rubbing your ears, lying down, doing some exercise, but nothing you do seems to help. It'll soon go, you think, but as you sit down and try to read a book it's impossible to concentrate, as you cannot stop noticing the sound.

By the time you go to bed, it's driving you mad and seems worse than ever. You lie there waiting to drift off to sleep, but an hour later you're still there, eyes wide open. The more you get irritated, the louder it seems, and the louder it gets the more you react...

When you get to the GP you are desperate. Not only are you exhausted from dreadful nights, but you also feel trapped and frightened, because, for no apparent reason whatsoever, the one thing we all take for granted, peace and quiet, has been lost.

The doctor says that you have tinnitus, which apparently is an awkward condition that you cannot really do anything about.

'Learn to live with it,' he says with an apologetic smile, 'and try to relax'.

'Relax!? How can I with a party going on right inside my head?!'

The doctor's forehead becomes furrowed as he adds, 'Maybe you should have an MRI scan to check there aren't any problems.'

'What sort of problems?' you snap, more abruptly than you would have liked.

'Oh don't worry about it. Nothing more than a few routine check-ups.'

As you leave the surgery, you feel devastated. It really looks like you might have to put up with this for a while because it seems from what the doctor said that there is no hope at all.

Tinnitus often starts like this. People report hearing sounds like roaring engines, chirping crickets, or tinkling glass. One poor woman described her noise like a brass band playing very badly, all day and all night inside her head. She hadn't slept properly for six years. She seemed suicidal.

The sad fact is that every year people do in fact kill themselves because they cannot stand the disturbance any more. The effects of tinnitus should never be underestimated and, as a therapist, it is very important to be compassionate about the amount of suffering it causes, especially considering that this nervous disorder is rarely taken seriously, and is often treated appallingly by health practitioners.

The greatest challenge for most people is that tinnitus is there all the time. Other symptoms may come and go, or can be controlled with medication, giving a sense of power, but with tinnitus, it does what it likes, and you are powerless against it.

When health practitioners tell someone there is nothing they can do, they make things worse. Just saying this can help to turn an already irritating symptom into a potentially devastating nightmare. I have treated dozens of people whose tinnitus became far worse after being told there was nothing they could do. This is *not* true.

How craniosacral therapy helped me

My main motive for setting up a research project on how craniosacral therapy helps tinnitus, is to stop health practitioners telling people there is nothing they can do about it.

The purpose of this article is to share with you some of the success stories I have had treating over 200 people with tinnitus with CST and, equally important, some of the mistakes I have made.

I used to experience severe tinnitus myself. By that I mean I couldn't hear the phone because the tinnitus drowned out the ring. Now, thanks to CST, my tinnitus is so irrelevant I have to concentrate hard to find it again. My reaction to treatment at the time was so positive that I decided to take up CST as a profession.

The key to undoing tinnitus is learning how to let go, and specifically letting go of overwhelm/trauma lurking unprocessed in the nervous system.

It was a course of regular treatment over a year or so that gradually improved my tinnitus, rather than sudden, miraculous changes during or immediately after any session. However I was extremely lucky because my own tinnitus changed within minutes of the first treatment, which was enough to spur me on and take a course of treatments. However, with most people, helping tinnitus is a slow, gradual process working with chronic patterns deep inside. Nowadays I make it very clear to people that it is very unlikely to be a quick fix.

Why tinnitus is such a challenge for craniosacral therapists

Sometimes, treating tinnitus is like walking a tightrope across a deep chasm of change, simmering in craniosacral motion below. That tightrope will probably be taut and fragile, where you, perched carefully on your fulcrum must balance. Progress comes from maintaining that balance as safely and in as much stillness, as possible. Yet there is an overwhelming need to acknowledge the great turmoil beneath, waiting to burst through.

This turmoil is very important and will probably be made abundantly clear to you, but the last thing you or the person on the couch needs, is to fall head-long into it and stir it up, or activate it. This may cause an eruption.

Silence

Julian Cowan Hill

In my own treatments, when I released shock or was unwound, my sympathetic nervous system became highly activated and my tinnitus went berserk. An eruption of change sent reactions cascading through my body, and sometimes took weeks to settle. But then, I was a CST student and I knew what a healing crisis was, and could put it down to being part of the process. I had plenty of people to ask why I was feeling the way I was. However, someone who is deeply disturbed by tinnitus may be alone, with little support, and will often find releases and change overwhelming.

Recovery needs much change in the system, and yet it is precisely change that is likely to activate the system and disturb the tinnitus. Here is the tinnitus paradox.

As a practitioner I quickly stopped working with tissues and all their emotional issues with unwinding as I found it far too activating and counter-productive. Rather than focusing on the swirling whirlpools, electrical storms, hot buzzy feelings or cold emptiness, I found that looking for the deeper stillness from the long-tide helped make changes less activating and more manageable.

When someone comes to me with devastating tinnitus, I actually feel it is unethical to get involved in highly activating processes: working with the CRI, unwinding, talking about overwhelming issues, etc. when they are in such a state of nervous overwhelm. You need to be in the right place on that tightrope, not too close, with plenty of space all around it, and with all your own support to balance you.

As most people with tinnitus have long since forgotten how to be calm, and how to switch off, the best thing we can do is help them rediscover this at the deepest possible level, in the long-tide or below. I find tuning in to a person's craniosacral motion or CRI often makes tinnitus worse, especially if you are sitting there, holding into patterns and looking for releases.

It is the long-term improvements that count and I encourage clients not to cling on to immediate improvements or changes in their tinnitus. Things will probably go up and down in the short-term and start to improve overall very gradually.

The first stage in getting over tinnitus is becoming less irritated by it. If the noise seems quieter, that's great, but when it stops being so annoying this is a sure step to a more long-term improvement.

The 'tinnitus personality'

Clear patterns emerge when you treat many people with tinnitus. The most startling for me was that less than 20% of those who responded to an article I wrote actually came back for a second session. Other therapists have also found that many of their clients with tinnitus didn't follow through with a course of treatment.

I want to explain some of the common patterns that I have found in many of the people I have seen.

If helping tinnitus is all about letting go, the bad news is that letting go does not come easily to people with tinnitus. The body tends to hold tension/emotional conflict deep inside and so a lot of control is needed to function normally. This in turn leads to being very cerebral and horribly out of touch with what is going on below the neck.

Typically, people with tinnitus live in a permanent state of sympathetic arousal, and therefore tend to be very driven, reactive and restless. They spend most of their lives racing around in their heads and often don't want to feel how locked up or blocked they are. Even more challenging is the number of people deeply in parasympathetic shock where they literally cannot feel much of their body at all.

I'll never forget taking the case history of a multi-millionaire. He had narrowly escaped three serious car crashes. He was chairman of a large international corporation. In his spare time he dabbled with some companies he owned for fun. Every morning he took many drugs. He'd remarried so many times a whole page probably carried his name in the phone book.

'What do you do to relax,' I asked him, curiously.

'I sleep on the plane,' he replied with a tight smile. I didn't pursue that line of questioning any more. Suddenly, without any warning, his head went into a frenzy of shaking.

'Are you alright?' I asked.

'Oh fine thanks,' he replied. He held his arms down to stop them from trembling visibly.

I tried to get him to explain how his body felt, but he couldn't. I asked him if he could feel the couch, but he didn't really understand what I meant. When I took up contact, I don't think he was anywhere near his body. Even if I had been sitting on an extra-comfortable practitioner's fulcrum a million miles away, I don't think we would have established much contact.

This is an extreme example, but most people with tinnitus I have met have been live wires, who are disconnected from their bodies. They seem incapable of switching off and getting out of their heads. Even a seemingly placid gardener will spend all day in the garden worrying about where to put their magnolias tomorrow.

Symptoms appear in very clear patterns too, often surfacing a few months after a divorce, moving house, bereavement, an operation, being promoted etc. Anything that overstimulates you over a prolonged period of time is enough to trigger tinnitus.

One of the fight or flight responses turns the sensitivity of our senses up to full volume. Not only do our pupils dilate so that we see more, but our auditory cortex turns up its internal sensitivity so that we become aware of the slightest noise. Sounds are heightened because we are in emergency mode and normally we don't even notice a creaking floorboard, unless it's important. A person with tinnitus has become hypersensitive so that they end up hearing things, that other people wouldn't detect. If this irritates them or makes them anxious, their system then registers this noise as a threat, and locks onto it, monitoring its every movement.

The lives of people with tinnitus have filled them with adrenaline, noradrenaline and cortisol. There are books describing the 'tinnitus personality' as oversensitive, reactive, overambitious, restless, aggressive, anxious, controlling etc. These are all behavioural patterns that emerge in fight or flight mode.

Ask them when they last had a day of doing nothing and the answer will probably be, 'Can't remember!'

How can we help?

Research carried out in 1953 by Heller and Bergman found that 94% of happy, healthy participants, when placed in a totally silent room, developed tinnitus. They discovered that silence actually brings on the stress response in the body, causing our ears to listen out more and more acutely until they hear something. If there isn't any noise outside, you end up generating or amplifying audible stimuli. This was a major revelation, showing that silence can cause tinnitus.

So first of all, tell people with tinnitus to avoid silence like the plague. It will make them become more aware of their tinnitus and consequently they will find it harder to focus elsewhere. If they already have tinnitus, silence will most likely make it worse. Ideally they should allow their ears to rest with something to monitor by leaving the window open or the radio on, etc. If their tinnitus is severe, they may have to leave the radio on quite loud, or invest in a masker - a white noise generator.

Secondly I tell people that tinnitus is often a benign condition that self-corrects itself as soon as the nervous system gets used to it and stops registering it as a threat. I explain that everyone gets tinnitus after a loud concert, or if they are left in total silence for long enough, and that many people go through stressful periods of their lives when they start to experience tinnitus in the background.

I explain that they are maintaining the tinnitus pattern because their nervous system is overwhelmed, and that the best way to help clear the tinnitus pattern is to learn to relax the body, let go and switch off. I add that craniosacral therapy will act as a guide to help them feel what they need to let go of.

I then give them a relaxation/body-awareness building exercise¹ to do every day, and every time they cannot sleep, or

feel highly stressed. This takes fifteen minutes at least once a day:

- noticing what they can feel in their feet, for example
- clenching and then relaxing that part of the body
- feeling if anything has changed

Then they move onto the next muscle group, working their awareness through the body. The aim is to learn to focus on how they are feeling. This is a very simple but powerful technique that gradually helps them divert the focus out of their heads and back into their body. It gives them something tangible and specific to do the next time they find themselves feeling distressed. Some people have benefited enormously from this technique alone, and have learnt how to calm down their nervous system and tinnitus. (Send me your e-mail address if you want a copy of this exercise.) Please note that tinnitus often takes days if not weeks to calm down, and it is useful to help people understand the need not to expect too much too soon. Even though I consider myself as an expert at calming my own tinnitus down, after a highly activating process like skiing, drinking lots of wine, or going on a driving holiday, it still takes me a good week to bring it back to a minor level.

Considerations for case history taking

I have found the following points really useful when taking a tinnitus case history:

1. Obvious as it sounds, I find out what was going on in the background when their tinnitus started. People often say they first noticed symptoms after they had a cold, during a flight or after having their ears syringed. I am always suspicious of this as it is rarely enough to trigger tinnitus by itself. Far more likely is that long-term stress caused by a divorce, a court case, or unprocessed shock from an accident fifteen years ago etc. has left the system over-stimulated and hypersensitive, and that syringing etc. was merely the final straw that tipped the balance.
2. I ask them to clench their teeth and see if this changes the noise. If it does, as is often the case, this gives you a clear indication where the structural stresses lie, and you might want to check out the mandibular muscles which often act like a volume control button by holding the whole temporal area rigid. Hypertonus in the lateral pterygoid muscles often causes problems. This can often be detected when the tinnitus person can influence the noise by moving their jaw laterally.

Have them press their cheekbones, pull-down on their heads, push their chin in towards their neck, twist their heads to either side. All these often have a radical effect on the noise, and can really help show you which structures are linked into the tinnitus stress points. It is also good for showing people that it is *not* a fixed condition!
3. I ask about dental/orthodontic work. Dental trauma is a common cause of tinnitus, along with malocclusion, and TMJ problems.

4. I ask if they have had an anaesthetic. A common side effect of anaesthesia is tinnitus. I discovered this on the Embase² and Medline³ websites. I typed in tinnitus and anaesthesia and was amazed to find dozens of abstracts showing stories of people recalling a deafening noise as they went under, etc. This programme is brilliant for accessing information. (When I released anaesthetic shock, my own tinnitus worsened considerably for weeks, and then improved dramatically over the next few months.)
5. Most importantly, I find out how badly tinnitus is disrupting their life. It is pretty serious if it is disturbing their sleep. In severe cases be aware that the simple question, 'What is your tinnitus like?' can quickly lead to tears and emotional flooding. This can be very activating in itself, and can make the tinnitus seem worse. If the person is in a bad state, I usually start by focusing on their strengths, support networks, and positive bodily sensations before asking specifically about how their experience of tinnitus is. Talking about relaxation techniques and tinnitus groups can help establish a feeling of hope, comfort and support.

Specific approaches that help tinnitus

Peter Levine's book on shock and trauma, *Waking the Tiger*, and Franklyn Sills's shock and trauma course helps clarify

some of the mechanisms behind overwhelm and what locks people into this state.

I found this approach extremely useful in helping tinnitus. It became clear that most of the people I was working with were deeply overwhelmed, and that they needed help building up their resources. Helping them consciously get in touch with their strengths, and actively creating a deep sense of safety seemed essential for easing them out of this state, into a much more fluid and dynamic one.

In fact, I would say getting in touch with what feels comfortable or OK is an important milestone for many people with tinnitus, and can be a real challenge. It is only when people are able to break things down into more manageable chunks, that they can let go of their tight clutch on control and start freeing-up. I found that people quickly started to get in touch again, and discovered that they could feel much more than they realised.

How I learnt the hard way

Severe tinnitus is a very serious condition, often needing counselling, medical intervention, and psychiatric care. In these cases I have always encouraged a support network with their GP, counsellors, the helpline, help groups, and other therapists.



Photo: © Kate Steane

Invariably one of the first questions you will be asked is if craniosacral therapy can make it worse. This puts you in an extremely difficult situation because the answer is yes! Like any other symptom, before it starts to subside long-term, tinnitus can often change quality, seem louder, or become more irritating.

A person whose life has been devastated by noise will find this possibility unbearable. If they are worrying about cranial work making their tinnitus worse before you even start, then it is important to be very clear about this from the beginning. I usually explain that sometimes it can get worse before it gets better. However, if the person is clearly distressed by this, I feel it is not advisable to treat them at all, and would then focus on relaxation techniques.

If they are very keen to continue, I suggest they think about it for a while, try out the relaxation techniques and then get back to me. Unfortunately, this in itself gives out a negative message and can cause further activation. I am lucky because I can always talk about my own very positive experience with cranial work and tinnitus to keep things balanced.

I learnt the hard way. One woman came to me with chronic tinnitus and hyperacusis (pain caused by sound). She had seen several specialists, taken various drugs (including benzodiazepine and amitriptyline that some websites claim make tinnitus worse) and had spent years in counselling. In the second session I took up contact and the treatment seemed to go well. We touched the long-tide and sometimes experienced gentle mid-tide changes that seemed manageable to her. She left feeling calm and was less bothered by the noises.

A week later the phone rang and for half an hour she explained in tears how it was better for a couple of days and then became worse than ever. 'It's never been this bad!' she sobbed, explaining how she hadn't slept, and detailed every inch of her suffering. Finally she asked, 'Your tinnitus got better with CST. Do you think it will help mine?'

'It helped mine enormously. Maybe it will help yours, maybe other things will change first, but I cannot say anything for sure'. I replied.

Because she was suffering the whole time, she decided to continue with treatment, as the hope of any improvement was important to her and my own history was proof that it could help.

We did the next treatment without any contact on the body. I stood at varying distances around the couch and worked with her sense of comfort. If she felt any discomfort, I would move further away from the couch until her system settled. We talked a lot about how important it was to be open about whether she was really comfortable or not, and how it was OK for her to ask me to move further away. By the end of the treatment she was extremely calm, and said she felt like having a deep sleep. She seemed to be happy, and for the first time, was not chattering incessantly, but just being quiet. I felt the whole session had been a really important breakthrough.

A few days later she called at 9.30pm to say it had got much worse again. We decided to leave more time before the next session to allow things to settle. After about six sessions over 4 months she said that ever since she came for her first session, her tinnitus had been much worse, and laid the blame squarely on me and cranial work.

In retrospect I realised that I was not able to be neutral as a therapist. I had lowered my price having taken pity on her and her financial situation, and got too involved in the process, sure that I could help her. I was in too deep, and did not have the space, clarity and neutrality to work without being biased by what was actually quite an emotional pull. I knew what she was going through.

After lengthy discussions with my supervisor, it became clear that perhaps she was clinging on to the hope that what happened to me would happen to her. I also started to suspect that maybe her pattern was to seek sympathy from everyone by involving them in her suffering. I asked her why she wanted to continue if it had apparently made her worse. 'Well it does seem to get better every time, but then...'

My feeling is that, when she got home, and was surrounded by her normal world, she then started to notice her tinnitus again. However, when she found it again, it seemed louder than ever because she was in a quieter state.

My mistake was to give her high expectations that her tinnitus would improve. And yet being positive with her and allowing her system to move towards a deeper state of calm was probably what her system needed most to come out of the tinnitus cycle.

This experience taught me that people are responsible for their own health, and that we therapists are merely offering the possibility for change and experiencing things differently. My own need to fix people had taken me into an uncomfortable place where I was setting myself up to be blamed.

Different people require different responses - for the people who are looking for a quick fix, I have learnt to say that maybe the tinnitus will be the last symptom to change.

I find that it is much better to show people that the less discomfort and resistance they have in their lives, the less likely they are to experience tinnitus, and other symptoms. I would say that over 60% of those that have continued with treatment have stopped worrying about it so much, and feel their tinnitus has improved.

Those that have improved have successfully learnt to focus on their bodies again. They have become able to give a commentary on what they are feeling, whereas before they seemed locked away in their cerebral cortex, out of touch.

Specialised tinnitus support

If they (or you) need to find out more there is a great deal of support available. This can really ease feelings of isolation and hopelessness:

- **RNID Tinnitus Helpline** - 10.00am - 3pm
Tel: 0808 808 6666 - excellent general advice
- **www.tinnitus.org**
Jonathan Hazell's comprehensive website explains everything you ever needed to know about tinnitus, with positive and constructive advice on how to help it. It's quite long and detailed, but very well designed. He's a leading figure in the field and was very positive about my suggestion to do a research project on tinnitus and cranial work. (He also has craniosacral therapy himself!)
- **British Tinnitus Association** - Tel: 0800 0180527
They publish *Quiet* the tinnitus magazine that carries the latest news, with details of local tinnitus groups that organise talks and get-togethers.

To research or not?

I still believe that craniosacral therapy is one of the best therapies around for clearing overwhelm out of the nervous system, which is the chief cause of tinnitus.

I have been working on producing a research project to try and prove this. My aim is to stop health practitioners doing so much damage by telling people there is nothing they can do about tinnitus.

However, I have come up against a brick wall. I do not understand why some people go through life-changing changes with CST, whereas others just get a minor sense of relaxation, never to come back again. If I could be specific about the sort of person best suited to CST, then I could create a realistic sample group for the project. I was surprised to find that it is valid to choose a specific sample group for research purposes, working with people that respond well to CST. This would produce far more useful results than selecting an arbitrary group of people where half may not even respond to cranial contact.

I would be interested to know if anyone has any ideas on why or whether certain people are better suited to CST than others. Just as I have started to categorise the tinnitus personality, can we do the same with people who benefit from CST? Is it about being spiritually aware, physically in touch, or being an old soul? Is it purely to do with the ability of the therapist? Perhaps you think everybody responds well to CST? I have asked several therapists from the most experienced to the beginners like myself, and am still none the wiser.

1. For details of the relaxation exercise or any comments re people's suitability to CST contact:
jcowanhill@pavilion.co.uk
2. <http://www.embase.com/>
3. <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>

Some of the research was done in the extensive RNID library 330-332 Gray's Inn Road, London WC1 tel: 020 7915 1553 email: rnidlib@ucl.ac.uk - it's an excellent library and the librarians are very well-informed and helpful.

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