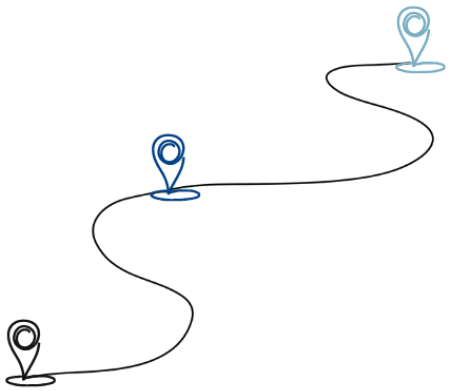
Tinnitus Distress Basics

Introducing You to Tinnitus Distress



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Chapter Goals

- Learn what tinnitus distress is and how it is maintained
- Learn about a gold-standard treatment for tinnitus distress
- Start to identify your own tinnitus distress patterns

What is Tinnitus Distress?



Tinnitus (that is,ringing or buzzing in the ears) can come from exposure to loud noises, such as from workplace machinery or concert halls, aging, or sometimes unknown causes. Some have called it an "auditory phantom perception" defined as the experience of sound in the absence of any appropriate external stimulus (Tyler, 2000). However, not everyone who has tinnitus feels distressed by it and tinnitus loudness and quality don't appear to be related to how much distress someone experiences (Tyler, 2000).

Why tinnitus distress sticks around and how to manage it is the focus of this workbook. We can think of tinnitus distress as a type of somatic symptom disorder, which is a **psychological disorder**, meaning that it is an *unintentional* and *inflexible* pattern of attending, thinking, feeling, and acting that is maintained in a *cycle* despite creating problems (Barlow, 2021; Bringmann et al., 2023). In particular, there is a preoccupation with the somatic symptom and what the symptom means for the person—in this case the ringing—that causes distress. This doesn't mean that tinnitus is made up or that your distress isn't real or important. Tinnitus and tinnitus distress are very real. Various neural pathways are associated with tinnitus (Eggermont & Roberts, 2004) and the distress itself can increase disability (Kleinstäuber &

Weise, 2021). However, as of yet, physical interventions to target tinnitus have not shown reliable results (Cima et al., 2014).

Here's an example of a tinnitus distress cycle. As you read, take note of anything with which you can relate. It's okay if you don't quite understand what is outlined here or if your situation is a bit different. Your therapist can help.

Those who develop tinnitus respond to it in different ways. Although this doesn't always happen, it is quite understandable for people with tinnitus to become preoccupied with it, especially early on. It's something that drastically changes how someone with tinnitus interacts with the world. Unfortunately, being preoccupied with tinnitus can amplify the distress; what you focus on tends to expand. As distress increases, people can feel overwhelmed, and even feel hopeless and/or helpless. It becomes easy to have thoughts such as, "My life is over." or "I can't handle this." Unfortunately, these types of thoughts tend to increase depression and anxiety, which can put us in a state where we are focusing even more on negative aspects of a situation and not feeling confident in our own abilities to manage problems. This inward focus takes us away from things that are meaningful to us and encourages avoidance of challenging situations (for example, quiet rooms) which in turn maintains depression and anxiety. Tinnitus distress is not just one thing. It is a collection of things, from the tinnitus itself to how we respond to the tinnitus.

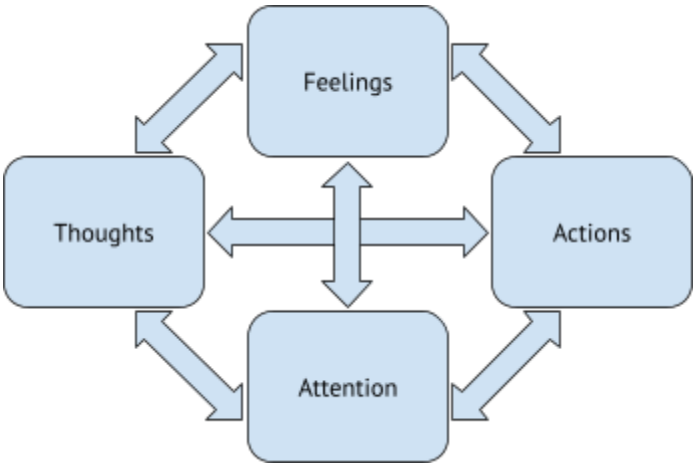
Despite this unintentional and inflexible cycle, we can still make changes. Many researchers and clinicians agree that identifying patterns of attending,

thinking, feeling, and acting that keep us stuck and practicing new ways of responding can really help us bounce back from tinnitus distress and move us closer to a life worth living (Cima et al., 2014; Hofmann et al., 2012). However, we need to start by getting a better sense of your own experience with tinnitus and tinnitus distress.

Although there are common patterns across people, tinnitus distress can look a little different from person to person, especially when considering the culture in which people live. Take a moment to write down your experience with tinnitus distress: (1) when and where you feel the most distress, (2) how tinnitus distress feels—such as what you notice in your body, (3) what you tend to pay attention to on the days when tinnitus and tinnitus distress is bad, (4) how or what you tend to think about as it pertains to tinnitus, and (5) what you tend to do in response to your tinnitus and tinnitus distress.

Cognitive Behavioral Therapy

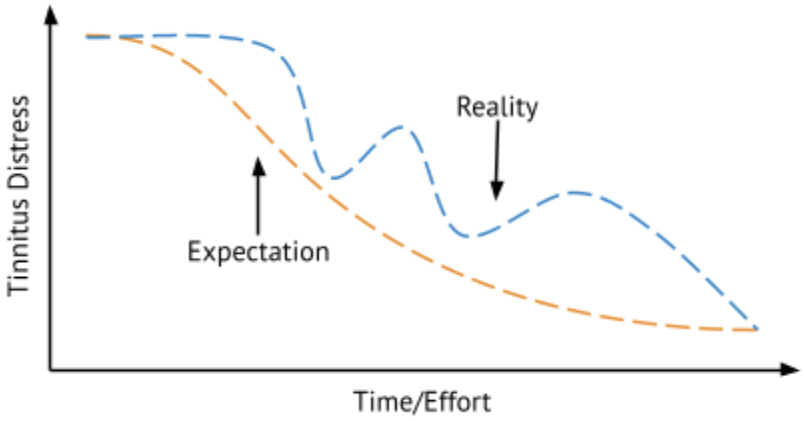
Cognitive Behavioral Therapy (CBT) has been adapted to treat different psychological disorders within different cultures (Naeem et al., 2019). It is considered a "gold-standard" treatment because it is the most effective and reliable treatment with enduring long-term benefits (David et al., 2018). The basic idea behind CBT is that different events can trigger different responses—attention, thoughts, feelings, and actions. This happens because at some point in our lives, we learned to respond to certain events in particular ways. We call this our "learned history," which includes our personal experiences as well as cultural expectations. These responses can actually impact one another and end up forming one's tinnitus distress. Characteristic responses of tinnitus distress include:



- **Attention** - Focus on tinnitus itself or things that have changed as a result
- **Thoughts** - "I can't handle the ringing.", "What's the point of continuing on."
- **Feelings** - Ringing, tension, anxiety, depression, anger
- **Actions** - Avoid activities that might make tinnitus less tolerable (for example, quiet rooms)

How these responses are triggered and maintained is what you and your therapists will uncover together. Developing this understanding is what we call a **case formulation** and it directly informs what your treatment will look like.

It is helpful to have clear expectations through treatment. CBT can help you improve your tinnitus distress by helping you notice the thoughts, feelings, actions, and attention that keep you stuck as well as guide you towards new ways of responding. However, CBT isn't guaranteed and there are a lot of factors that impact how successful someone may be—for example, how many sessions you have, how much effort you put into change, how supportive your environment is, etc. If you do see improvements, they likely won't be linear.



There are a number of what we call "core clinical change processes" that you and your therapists will consider when developing your **treatment plan**—for example, experiential acceptance, cognitive reappraisal, values clarification, behavioral activation, etc. A common change process used in tinnitus distress treatment is experiential acceptance (Ungar et al., 2023), which includes experiential exercises to truly accept the on-going sensation of tinnitus, not merely resigning to

it. Each process comes with different change techniques, which you could think of as different skills.

Keep in mind that CBT is an effortful process. It is imperative that once you learn a new technique/skill, you practice it over and over and over again. We want you to retain your new pattern of responding so that it—and not the disordered pattern—becomes automatic. You may find that you take two steps forward and one step back. This is normal. Change is hard and it takes time to develop new patterns. Try not to get too discouraged. Anything worth doing is typically hard. Remember, if you're ever having a hard time understanding anything in this workbook or doing the activities in this workbook, reach out to your therapist.

Illuminating Your Patterns

What we mean by that is, shine a big ol' light on your tinnitus distress cycle. Really look at the events and subsequent responses—attention, thoughts, feelings, and actions—that keep you stuck. This process, which we call **self-monitoring**, can increase the likelihood of changing unproductive habits (Zhao et al., 2021). Put simply, we can't change something that we aren't aware of.

To do this, you will need to make note of five things: events, attention, thoughts, feelings, and actions. **Events** are the triggers for tinnitus distress. Situations you are in can automatically trigger specific responses. These situations can be a particular place, such as being in a quiet room, or a particular time, such as at night. Sometimes these events are not specific to where you developed

tinnitus but that have become associated with the distress. Triggers can also be various emotions that you may be experiencing. Sometimes we can change these events. More often than not, we are changing how you respond to them.

Attention is where your focus is. It is the built-in flashlight that we have. It is what you notice outside and inside your body. What we attend to can bias our cognitive processing. Do you find yourself overly focused on tinnitus and how it has interfered with your life? In these moments, are you more alert towards danger?	**Thoughts** are how you make sense of things that have happened. Sometimes how we perceive an event is more important than the event itself. How you interpret your tinnitus and the outcomes of tinnitus matter. Thinking you are helpless or that your life is hopeless can increase anxiety and depression.
Feelings are the sensations in your body. They are the body's way of telling us that something is amiss. However, feelings can be learned and removed from any actual problem. As you notice the ringing, do you find yourself tensing up as if you are getting ready for some sort of action? Or, do you find yourself deflated with low energy?	**Actions** are the things you do to try to address or cope with the events or feelings. Avoiding situations that make you more aware of the tinnitus, such as quiet rooms, and wearing audio maskers to dampen the noise are two different actions. Some people find themselves avoiding others when they are distressed.

See the next page for your first “Change Task,” which outlines how to monitor your tinnitus distress along with a helpful worksheet.





Change Task

Illuminate Your Tinnitus Distress Cycle

It is helpful to get in the habit of tracking the ebb and flow of your tinnitus distress. So, what triggers your tinnitus distress and what is your tinnitus distress made of—your attention, thoughts, feelings, and actions? On the flip side, what makes your tinnitus distress better? If you are unclear on whether something is a trigger or not, just write down what is going on when you become preoccupied with the ringing or just before being preoccupied. You can start to monitor your tinnitus distress using the worksheet on the next page. It's helpful to get a couple weeks of data before you can start to see a pattern emerge. As you monitor, write down the events and responses as soon as you can. You may find that it is helpful to keep this workbook with you or jot down some notes on a piece of paper and then transfer your notes to this worksheet.

Self-Monitoring Worksheet

Events The triggers of your tinnitus distress	**Attention** What you tend to notice or focus on	**Thoughts** How you make sense of different events	**Feelings** The sensations in your body	**Actions** How you cope with the event or feelings

Chapter Summary

You have learned quite a bit in this chapter. You learned:

1. some common causes of tinnitus and how it differs from tinnitus distress,
2. how tinnitus distress can be maintained in an automatic cycle of responding,
3. how cognitive-behavioral therapy can help,
4. what are reasonable expectations for progress through treatment,
5. the difference between events, attention, thoughts, feelings, and actions, and
6. the importance of knowing your tinnitus distress cycle.

Your **change task** for the week is to write down when and where you are experiencing tinnitus distress and any responses—attention, thoughts, feelings, and actions—while you are experiencing tinnitus distress.

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