

OPINIONS ON PSYCHOGENIC DEAFNESS AND SIMULATION

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With a view to the VIth International Congress on Audiology a questionnaire was sent to a number of audiologists, in order to ascertain their opinions on some crucial problems concerning psychogenic deafness and simulation. We had the satisfaction of receiving in return about 100 answers from prominent colleagues, and I should like to thank them here warmly for their cooperation and the many important contributions enclosed. Indeed, the results of this poll justify our motive to propose this subject to the executive committee. Our impression that opinions all over the world differ widely, that definitions are lacking and that attention should be focused on this border field of our speciality, proved to be justified. In this survey I will take the opportunity to quote some answers which express a definite point of view. Of course such answers to an opinion-poll cannot be more than mere statements, and as they are not elaborated in detail, they should not be held against the colleagues involved.

On the crucial question, whether psychogenic deafness exists at all, and to what extent among our patients in whom routine audiometry reveals a perceptive deafness, opinion differs considerably. No less than 4/5 frankly admitted the existence of psychogenic deafness; half of the remainder were as frank in their denial of this fact or admitted the existence of this kind of deafness as an extremely rare „hysterical” symptom.

The percentages attributed to psychic deafness, among all cases of perceptive deafness, differ from 10 per cent to 1 per thousand. However, these figures are for the greater part based on estimates and only in exceptional cases on statistics. In the opinion of the non-believers, the „so called” psychogenic deafness should be considered as simulation. Some of them point out that on adequate examination either a true organic lesion or normal hearing can be established. Others on the other hand think that the psychogenic component in organic deafness, especially in children, is often overlooked. Wodman f.i. estimates the occurrence of psychogenic deafness in perceptive deafness as 3-5 %, depending on the skill of the diagnostician. According to Ira Ventry psychogenic deafness might be overlooked, and to obtain truly meaningful statistics, tests for functionality should be applied as a matter of routine, not just when functionality is suspected.

As to malingering, opinions differ as widely. This specific term is included by some under the generic term of functional or non-organic deafness, but many think that malingering if engaged in consciously, is no deafness at all. Most participants agree that the diagnosis „malingering” should be reserved

exclusively to the conscious process of „not admitting to others a capacity of hearing which is present for oneself". Here the reasoning holds true that if hearing is present in the mind of the listener, the perceptive function is not disturbed, and thus the process is not deafness at all. However, among malingering subjects many prove to be psycho-neurotics, and thus according to some, true unconscious psychogenic deafness occasionally may be present in these. If the conscious apperception disorder proves to be an overlay of an organic lesion, the term aggravation should be used.

This conception is corroborated by the general experience that malingering prevails in military and in insurance patients. Here the strong motives of avoiding displeasure and of financial interest are sufficient grounds to simulate deafness. A counterpart of simulation is dissimulation. The wish to be appointed to — or to be maintained in — a desired position is a sufficient ground to dissimulate an organic deafness. Such forms of conscious lying — simulation and dissimulation — for necessary and unnecessary reasons, and out of bad or good motives are met with in all kinds of human behaviour and must be seen as an integrating part of all kinds of human contacts.

Many have stressed the absence of a generally accepted definition of psychogenic deafness and malingering. Indeed, the differences mentioned above often arise from different conceptions of the definitions involved. Mounier-Kuhn and Lafon object against the juxtaposition of the terms „psychogenic" and „deafness". According to them deafness supposes „mauvaise perception de l'intensité sonore", which is an acoustic process, whereas „psychogenic" suppose „une difficulté de reconnaissance du seuil de perception sonore" that is a disturbance of auditory integration, which is a psychic process. Many consider hysteric deafness to be the purest form of psychogenic deafness. This bilateral total deafness, however, is very seldom seen and is mostly distinguished from the more often diagnosed functional deafness or functional overlay of an organic lesion. So Lidén proposes a classification of functional deafness in hysteric deafness, psychogenic deafness and simulation. According to Jane Farley, an authority in this field, some psychic hearing losses are emotional in origin as being enhanced currently by psychic factors, and some psychic element, it may be episodic, is present in all hearing losses. So in her opinion malingering is a form of psychic hearing loss and thus by definition a psychogenic disorder. Lindsay too considers simulation to be a form of psychogenic deafness and Hallberg and Grimoud include both voluntary (conscious) and involuntary (unconscious) phenomena in the notion „psychogenic deafness'. On the contrary many others think that psychogenic deafness and malingering are two separate entities f.i. Kodmann, and they should, according to Bocca, be rigidly divided. There is according to Hallowell Davis a continuous gradation from malingering to psychogenic deafness.

Voluntary simulation is considered by Borghesan to be as high as 35 % in military as well as in insurance patients. Heller speaks of 20 % in insurance cases. According to Goldstein voluntary simulation should be as high as 50 % in insurance cases. In nearly 100 per cent of all patients referred to him by the State insurance company, Gunnar Lidén was able to demonstrate a psychogenic — voluntary and involuntary — overlay to a greater or lesser

degree. According to Shapiro, in his considerable experience, at the outset simulation with personal gain as motive is always present; later some become so persuaded of the justice of their case that involuntary factors creep in. Wodak considers that an intrinsic connection between simulation and psychogenic deafness might exist. In them a tendency to aggravation is, according to Dieroff, often met with. Ewertsen states that psychogenic deafness should equally and rarely occur in all the mentioned population groups, but simulation especially among soldiers and schoolchildren. However, in the experience of others true psychogenic deafness should not occur in insurance cases but should especially occur among soldiers. According to Holst the reverse should be true. Hardy (John Hopkins) has quite extensive experience with those who have „it”. He has seen much evidence of both and of both intermixed, but Heller thinks that voluntary simulation or involuntary psychogenic deafness are to be found in individual patients, but not both conditions in one patient.

Wipple finds that psychogenic deafness seldom assumes the form of an hysterical syndrome in which total deafness is portrayed, but according to Wardale, malingering is „simple deception”, and this condition is suggested in a patient with a hysterical personality or other psycho-somatic symptoms and Albernaz states that to them a suspicion applies rather than a diagnosis. To some involuntary psychogenic deafness is probably as rare in military and insurance patients as in other populations, but occasionally it is considered to be especially high in military cases (Bateman, Silverman, Hallowel Davis), and in children and young adults (Thorne). Charpentier states that the percentage of psychogenic deafness is higher with children, than with any category of adults. In the experience of Calearo simulated deafness is in the majority of cases monolateral, and may also be of the transmission type, whereas psychogenic deafness is always a perceptive deafness.

As to the detection of malingering, some use a battery of different tests. About 20 tests are mentioned. According to Hardy reliability of these tests is a function of the total picture, not of a particular test. Ewertsen, in 550 cases with a battery of relevant tests, was able to get a true diagnosis in 99 per cent. Fournier is sure he can unmask all functional deafness as malingering. Heller among others states that none of these tests discloses if the alleged deafness is involuntary or deliberately simulated. The motivation should be determined by a psychiatrist. According to Irvin Shore the tests are not infallible — they help to detect. Bocca considers electro-dermal tests of no use, but according to Goldstein and Bombelli objective audiometry and electro-encephalography are most reliable for measuring the organic component. With Carhart, tests do not distinguish between malingering and psychogenic deafness and other facts must also be taken into account. Grimoud states that the diagnosis between conscious and unconscious simulation is difficult and can only be established by psychological tests. Hallberg uses for the detection of psychogenic deafness the same tests as for malingering, with only slight differenties and with careful evaluation of history and circumstances. Wagemann on the contrary thinks that there is no real test for psychogenic deafness except psychological analysis, and in the experience of Niemeyer, too, the tests mostly let us down in psychogenic deafness.

According to many authors the prognosis of malingering is good if only the motive is removed or on condition that the patient is sufficiently unmasked. The prognosis of real psychogenic deafness however, is, in the experience of some, good, in the experience of others, on the contrary, bad. Jane Farley has seen no miraculous recoveries and expects none. We however have observed such a miraculous recovery in a child on visiting the massmeeting of a celebrated preacher.

Summarizing all these rather confusing statements we may conclude that a generally accepted conception of psychogenic deafness and malingering does not exist, but that among a considerable majority of the participants of this poll some notions prevail:

Psychogenic deafness exists in the form of bilateral total hysteric deafness. This condition is rare.

Occasionally true functional deafness is met with in non-hysteric patients. It is an unconscious and involuntary phenomenon which cannot be detected by the common malingering tests.

More frequently a true functional overlay of an organic deafness is met with especially in children and soldiers.

Malingering, on the contrary, is no deafness at all, but conscious and voluntary lying for simple financial reasons or in order to avoid displeasure. Aggravation is the conscious overlay of an organic deafness and dissimulation is its counterpart.

Simulated deafness can be detected by adequate tests; its prognosis is good as soon as the motives are removed.

Psychogenic deafness is difficult to detect, and its prognosis depends on the effect of psychiatric treatment.

These opinions may be corroborated or contradicted by this symposium or other conceptions may even result. For those who are not acquainted with the problems involved this survey may help to shape their own experience in some definite form.

OPINIONS SUR LA SURDITE PSYCHIQUE ET LA SIMULATION

D'une enquête sur les problèmes de la surdité psychique et de la simulation des opinions et des expériences très différentes résultaient. Le fait troublant s'impose qu'il n'existe pas une conception généralement acceptée ni sur l'existence de la surdité psychique comme entité morbide ni sur la nécessité de distinguer entre la simulation consciente et volontaire et une simulation inconsciente et involontaire qui sera une forme de surdité psychique.

Néanmoins de toutes les différences ils sortent quelques opinions qui sont acceptées par une majorité passable:

1. La surdité psychique existe sous la forme d'une surdité bilatérale complète. C'est une surdité hystérique qui est rare.

2. De temps en temps une vraie surdit  psychique se trouve chez des malades non-hyst riques. C'est un ph nom ne inconscient et involontaire qui ne peut pas  tre d masqu  par les tests ordinaires.
3. Plus fr quemment on observe un composant psychique surajout    une surdit  organique, surtout chez les enfants et les soldats.
4. La simulation consciente n'est pas une surdit  de tout mais simplement une mani re de mentir pour des raisons financi lles ou bien pour  viter des inconv nients.
5. L'aggravation d'une surdit  organique est aussi une mani re consciente et volontaire de mentir pour profits personnels. Dissimulation est le contre-part de l'aggravation.
6. La simulation consciente peut  tre d masqu e par des tests ad quats. La prognose est bien pourvu que les motives soient  limin es.
7. La surdit  psychique hyst rique et non-hyst rique sont difficile    tablir et la prognose d pend de l'effet du traitement psychiatrique.

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