

## PSYCHOGENIC DEAFNESS IN SCHOOL-CHILDREN

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Notwithstanding that the occurrence of psychogenic deafness has long been known, this condition in children seems to have received very little attention.

During the period from 1952 to 1962 32 cases of psychogenic deafness in children have been recorded at Karolinska Sjukhuset in Stockholm. All were school children aged from 9 to 14 years. A large number of mild cases that were detected were never recorded, however, and it can also be assumed that a number were not detected as the observation was poorer in this respect at the beginning of the period.

As a rule, it is easy to diagnose psychogenic deafness in children after the examiner has become observant of the form that this not entirely uncommon impairment usually assumes and of the conditions under which it may occur.

The tone audiogram most frequently shows bilateral perceptive deafness of the flat loss type at the 60-80 dB level. In no case has a loss been demonstrable in the highfrequency region only. The results of the examination with whisper and conversational voice tests as well as the speech audiogram generally indicate the presence of better auditory acuity than could be expected from the pure tone audiogram.

What is most striking in these cases, however, is how freely it is possible to talk with these children if they do not feel they are being tested. Their ability to follow light conversation, generally reveals altogether too good perception to conform with the rest of the test results. A child with psychogenic hearing loss has very little difficulty in practical life from his disorder, and, if there is difficulty in hearing, it is due to and in proportion to an underlying organic lesion. An auditory impairment of psychogenic nature can be compared to a technical error in measurement resulting from a lack of cooperation on the part of the patient, be it conscious or unconscious. Dixon & Newby (1959) have even quite rightly, suggested that we should "refer to nonorganic hearing problems rather than to nonorganic hearing losses, because some patients appear to have no hearing handicap except in the examination situation".

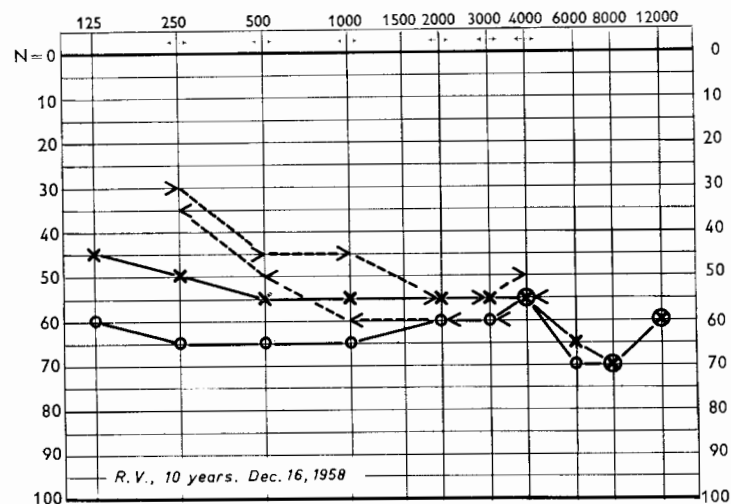
The majority of the children included in this study underwent investigation by a child psychiatrist. Most often they were children with normal intelligence and practical inclinations but without particularly great studying ability, who came from homes with high intellectual standards where good scholastic performance was demanded. Primarily it was the school that stood out, and,

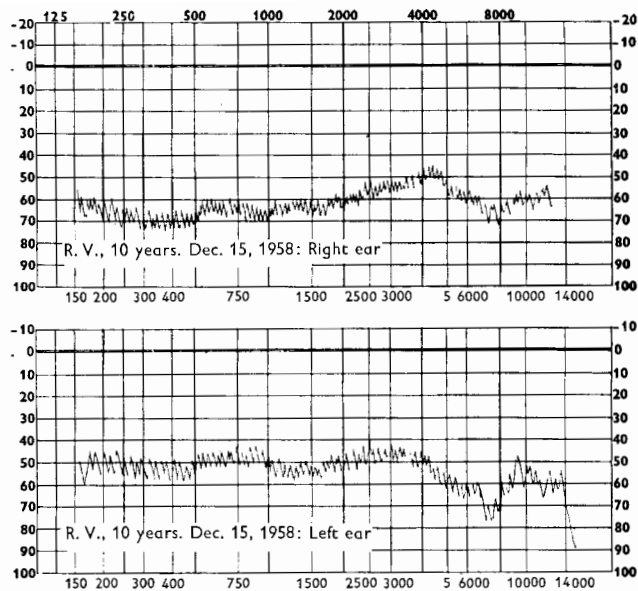
almost without exception, the auditory impairment had been detected in school-screening tests or been first suspected by a teacher or school nurse.

In practically all Swedish schools regular screening tests with pure tone audiometry are being carried out. The question may be raised if just these mass examinations might not provide the incentive in many a case of psychogenic deafness. Because of lack of cooperation in the test due to inadequate instruction or nervousness or as a result of a minor, transient auditory impairment, the child has shown hearing loss in an audiometric examination at school. He is then referred for further investigation, and, in anticipation of this examination, the home is informed that the child's hearing seems to be impaired. The parents, who have rarely noted any signs of auditory damage but who have observed the child's adaption problems in school, at home, et cetera, sometimes accept only too willingly the idea of a hearing loss as the explanation of their child's problem. The child suddenly becomes the center of attention in the family and enjoys the new understanding he receives. When the more thorough investigation takes place in the audiologic center, the child tries therefore, consciously or subconsciously, to produce auditory impairment.

Consequently, all newly detected cases of perceptive deafness of flat loss type in school children should be strongly suspected of being functionally caused, that is to say, if no probable causal can be established.

Many of these cases can be definitely cleared up without difficulty. It is important, however, that the psychogenic lesion be detected at as early a stage as possible. The longer the child continues with his deafness and the more measures instituted the more strongly the child becomes attached to his disability. Six of the 32 children in this investigation had been given hearing aids and seven had been placed in classes for hard of hearing for longer or shorter periods.





Occasionally, however, the different auditory tests may show surprisingly close agreement, and good correlation between tone and speech audiograms does positively not preclude the possibility of a psychogenic component.

A 10-year-old girl, had auditory impairment that was first detected in a school examination and subsequently verified on several occasions. The use of a hearing aid was discussed, but the parents wished to have the child examined by another otologist before an aid was fitted. On examination at Karolinska Sjukhuset the values obtained from Békésy audiograms and conventional tone audiograms agreed completely. The distance at which conversational test was perceived also conformed. Conversation with the child could be carried on without difficulty when she was not in a test situation, however, and psychogenic deafness was suspected. It was gradually possible to obtain values indicating the existence of fully normal hearing in both ears. The child's intelligence level was almost above normal, and she came from an intellectual and socially good home. She was clearly in a situation of conflict, both with the school, where things were not going too well, and with her family, who had evidently not given her enough attention during recent years because one of the other children had suffered a severe physical handicap that demanded all the parents' time.

### LA SURDITÉ PSYCHOGÉNIQUE CHEZ L'ÉCOLIER

Bien que la surdité psychogénique chez les adultes soit depuis longtemps un phénomène connu, il semble que cet état de choses ait été très peu remarqué chez les enfants. La simple connaissance de ce phénomène et, de

ce fait, l'intérêt que l'on y porte, permet de découvrir, chez les adultes comme chez les enfants — et plus particulièrement chez les écoliers — un grand nombre de cas de diminution de l'ouïe à caractère psychogénique. La plupart du temps, il s'agissait d'un enfant normalement doué, possédant un certain bon sens pratique, sans don spécial pour les études, mais venant d'une famille intellectuelle ayant de grandes exigences quant à ses performances scolaires. Avant tout, l'école se manifestait au premier plan; et c'était, pratiquement sans exception, un professeur ou une infirmière de ladite école — ou encore était-ce au cours d'une inspection routinière d'audiométrie du ton — qui découvrait ou soupçonnait dès le début une diminution de la perception auditive. Sur 32 malades découverts, plusieurs ont dû porter des appareils auditifs et/ou ont été placés dans des classes spéciales pour enfants à l'ouïe faible, pendant une période plus ou moins longue.

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