

PSYCHOGENIC DEAFNESS AS A SYMPTOM

Mihajlo Prazic

In the Audiology the psychogenic deafness is the problem with many uncertain and unclear elements. The reason must be looked for in the way and methods in which the audiologist makes the diagnosis of psychogenic deafness or whether we consider the psychogenic deafness as a separate illness or not.

In the literature many authors range under the term of psychogenic deafness the reduction of hearing with the discrepancy of tonal and speech audiometric results, and with the discrepancy of these results, anamnestic data and clinical findings during the examination.

The psychogenic deafness is very often interlaced with malingering. Some audiologists make the diagnosis of psychogenic deafness more frequently while others make it very rarely. Just for this reason one should under the term psychogenic deafness range only the cases with practical deafness with sudden onset and with certain general and audiological signs, typical for the psychogenic deafness.

The psychogenic deafness arises apoplectically. The person suddenly becomes deaf. All audiometrical findings are completely negative and all tests for detecting of malingering are also negative. The patient does not react to any acoustic impulse. Only the objective audiometry with either electroencephalography or with psychogalvanic test will detect that this is a patient with the psychogenic deafness.

How to explain the arising of the psychogenic deafness?

In the literature we can rather often find that every case suspicious for the psychogenic deafness should be neuropsychiatrically examined because one can rather often find either psychic alterations or even psychopathic illnesses which can be the primary causes for the arising of the psychogenic deafness .

H o u s t o n and R o y found among 1.100 patients with psychiatric illnesses deafness without any otoscopic findings or anamnestic data about ear illnesses. H a l l o r a n drew the attention to the fact that in every case of deafness in children a neuropsychiatric examination should be performed and he considers that the psychogenic deafness in children is not rare.

If in the psychogenic deafness we can find either psychic alterations of the personality or psychopathic signs in the behaviour of the person, we must consider the arising of the psychogenic deafness as a symptom of a certain psychic disturbance, or of a psychic alteration, or of a real psychic illness.

How can we explain the mechanism of the arising of the psychogenic deafness?

In schizophrenia, paranoia and in some other psychic illnesses the hallucinations are very important symptom. In the large group of the hallucinations the acoustic hallucinations are most frequent. In some cases the acoustic hallucinations might be so intense, that they can completely occupy the whole personality of the patient. In such cases they suppress all other symptoms of the main psychic illness. The speech hallucinations have very often the character of a dialogue, with logic and deductive elements connected with the general picture and symptomatology of the main psychic illness.

If we on ground of these facts analyse the audiological picture of the psychogenic deafness, the psychogenic deafness is nothing else, but an inverse acoustic hallucination. If we consider the psychogenic deafness as an inverse hallucination, the psychogenic deafness is nothing else but a symptom of a latent, more or less hidden psychic illness or of a more or less manifest psychic disturbance.

On account of these facts in all cases with psychogenic deafness a detailed neuropsychiatric and sometimes also a psychoanalytical examination is important.

Biermann has shown that one can also with psychosomatic methods and treatment not only make a right diagnosis but also perform a right and successful therapy.

In every case of real psychogenic deafness such an examination and analysis will show either the psychopathological basis or a severer psychic alteration which at the certain moment brought about psychogenic deafness as a manifest symptom of a latent or cryptogenic psychopathy or a psychic alteration.

For a better illustration of such conception of the psychogenic deafness I am going to show the following example:

A soldier of 20 years of age was brought to us for audiological analysis with the suspicion of malingering. This young man was in good condition, quiet and disinterested. He spoke quite normally. He was not able to lipread and only by writing it was possible to contact him. To every written question he answered readily. He said that he became deaf a month ago. One morning he awoke and stated that he cannot hear. Before this he could hear very well in spite of the fact that both his ears were discharging since his early childhood. We found during the examination a central perforation of the drum on both ears with discharge. The symptom of the fistula was negative. The vestibular apparatus in the rotatory examination had a normal excitability on both ears. All other rhinolaryngological findings were normal. During the subjective examination with tonal audiometry the patient did not react to any frequency at the level of 100 decibels on both ears. During the examination with speech audiometry he did not hear anything at the level of 100 decibels. During the objective audiometry with the psychogalvanic reflex we got on both ears the following curve: Fig. 1.

Later on when we started a more detailed examination an extraordinary logorhea, a typical schysoid uncriticizme, unlogic and a decided lability of

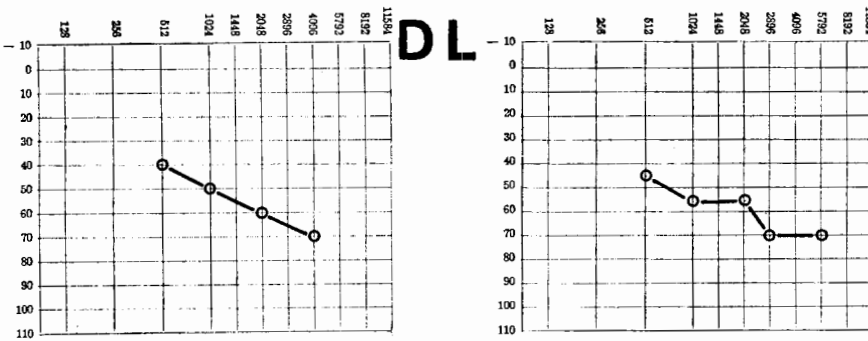


Fig. 1

judgment was evident. In the course of our examination he told us that he was a peasant, that he had married half a year ago and that he had been enroled a month ago. He did not like to enlist because he left his young wife alone at home. He wished to return home and hoped that his commander would let him go.

We concluded that there was no malingering but a case of real psychogenic deafness and the soldier on ground of such diagnosis was sent home.

Half a year later the same patient came again, not as a soldier but as a peasant. This time he was not deaf and he came only to be examined and if possible to have the discharge from both ears cured. He told us, that he got his hearing as soon as he returned from the military service. By tonal audiometry we got the following audiogram (Fig. 2), which is nearly the same as the audiogram we got with objective audiometry. When we recommended him to stay for some days in the hospital, he promised to come again, but he did not come.

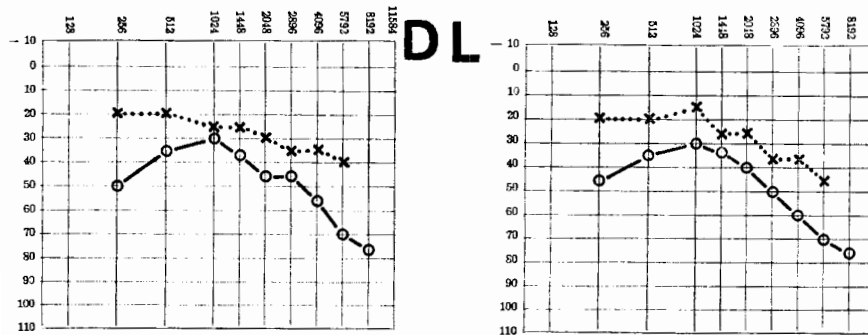


Fig. 2

A year later the same patient was again brought to us as a soldier and again under suspicion of malingering deafness. This time just as a year ago he told us, that he was enlisted and a few days later he became suddenly deaf. This time we got also no results with subjective tonal audiometry and with speech audiometry. With objective audiometry we got the same result as a year ago. We concluded again that there was no malingering but a psychogenic deafness and the subsequently performed detailed examination in neuropsychiatric way had shown many schysoid elements and disturbances.

How can we explain the onset of this psychogenic deafness?

A young peasant of hidden schysoid type, some months after his marriage got a decision for the military service. He had no troubles except a discharge from both ears and quite a slight reduction of hearing. His hidden schysoid mark was not to be noticed while leading a normal peasant life. When he got the summons for military service quite in the frame of the typical picture of a "Flucht in die Krankheit" he suddenly became deaf. He was not malingering and he did not even know how to malingering and as soon as he returned from military service, his hearing became normal. But, when half a year later he was again enlisted he suddenly became deaf.

Though the psychogenic deafness has its rational primary cause, yet only a man with the psychopathologic symptoms or psychic disturbances can give the picture of a real psychogenic deafness. Just therefore it will be possible to distinguish every case of the psychogenic deafness from malingering, which the malingerer works out in details. A neurotically stigmatized or psychopathologically altered person in collision with his inner life loses control over his consciousness. In the same moment his unconsciousness takes the control, which provides another principle of its realisation.

The direction of the unconsciousness will last only as long as it realises its main aim. As soon as this happens, the unconsciousness will return into its full anonymity and the seeming inactivity.

The malingerer does not know and cannot during malingering of deafness use his unconsciousness. He makes at a maximum use of his consciousness. Just this consciousness which is by the malingerer maximally used we shall crush during our examinations the sooner as the malingerer is more intelligent. In this moment the malingering will be evident. Therefore the malingerer with the maximally engaged will and consciousness builds up the whole picture of deafness in which he refuses any contact which might lead him into the danger to be unmasked. If he would have to give any data, they would be wrong.

In the psychogenic deafness the will and the consciousness are put aside and the unconsciousness will be far better eliminate all elements of hearing than any malingerer could do by his will and his consciousness.

The term of the psychogenic deafness must be applied only with those cases of sudden onset of complete deafness in which the detailed general analysis and examination will show either psychopatic elements or psychic alterations as signs of more or less latent psychopathic illness or of a psychic alteration.

1. Doerfler L. G.: PSYCHOGENIC DEAFNESS AND ITS DETECTION. Annals of Otolaryngology. 60, 1951, 1045.
2. Halloran G. R.: RECENT ADVANCES IN THE MENAGEMENT OF DEAFNESS IN CHILDREN. Med. Journal Australia, 2, 1950, 289.
3. Houston F. — Roy A. B.: RELATIONSHIP BETWEEN DEAFNESS AND PSYCHOTIC ILLNESS. Journal of mental sciences, 100, 1954, 990.
4. Hanley C. N. — Tyffany W. R.: AUDITORY MALINGERING AND PSYCHOGENIC DEAFNESS. Archives of Otolaryngology. 60, 1954, 197.
5. Lüscher E.: DIE STREUUNG SIMULIRTER HORVERLUSTKURVEN. Zeitschrift F. Hals Nasen, Ohrenkrankheiten. 50, 1944, 497.
6. Biermann G.: PSYCHOGENE TAUBHEIT. Practica Otorhynolaryngologica. 20, 1958, 139.

Prof. Dr M. Prazic,
Marinkoviceva 3,
Zagreb, Jugoslavia.