Psychology of Tinnitus in Children

**Ajay Kothari, Hon. ENT Surgeon
Bhatia General Hospital, Tardeo
Mumbai 400 034**

Abstract

Parents usually give the history of symptoms to us whenever a child is brought to us. Child is neither asked about his symptom nor his feelings related to the problem by most of us. This paradox often results into resentment by the child making our examination more difficult. History given by a child often differs from that given by his parents. More than treating the Paediatric patients by medicines and surgery by special approach, technique or equipments, it is the understanding the Psychology of the children complaining of symptoms or suffering from a disease makes an ENT specialist a Paediatric ENT specialist. Child Psychology for paediatric ENT disorders are neither found in any book. One learns by keeping the eyes and ears open, by constant observation and analysis and from the experience of seniors.

In paediatric illness, parents usually give the history of symptoms and illness to us whenever a child, irrespective of his age is brought to us. Child is never asked about his symptom nor his feelings related to the problem by most of us.

Even when child tries to express his symptoms, we prefer to continue the dialogue with the parents. As compared to the Western set up, in India we practice ENT in Paediatrics by taking the history from the person who is not the patient and examine the patient who is not allowed to give his history. In our eyes, child never reaches the status of a 'friend'. Communication with him is often regarded as the waste of time. This paradox often results into resentment by the child patient. Fear creeps in the mind of the younger children making our examination more difficult. I have experienced that the history given by a child often differs from that given by his parents. Taking the history first from the child and then asking the same questions to the parents in front of him hurts the ego of the child. He feels that we don't trust him.

Mind you, Child has larger ego than what we have. It is better to ask the parents the history and then ask the child. This not satisfies him but also gets his ego pampered. Practicing Paediatric ENT needs patience. More than treating the Paediatric patients by medicines and surgery by special approach, technique or equipments, it is the understanding the Psychology of the children complaining of symptoms or suffering from a disease makes an ENT specialist a Paediatric ENT specialist.

Child Psychology for paediatric ENT disorders are neither found in any book nor any lectures are taken during post graduates nor the discussion has ever taken place in any conference. One learns the psychology by keeping the eyes and ears open, by constant observation and analysis and from the experience of seniors.

Ear has maximum number of subjective symptoms. Pain, deafness, giddiness and tinnitus could be purely subjective without any obvious findings. Ear discharge is perhaps the only objective symptom in ear.

Besides the genuineness of the symptom, the exaggeration of symptom is a child's play. He enjoys

fooling not only the home member but also the specialist.

How he picks up the Tinnitus

He is handed over the symptom by his friend or he lifts up the symptom from the book, from the T.V or video programme or from the conversations of adults.

Why does he picks up the symptom

Most of the children are easily affected by the various factors surrounding his environment. The situation at school, home and his personal nature are responsible for these.

School Factors

Examination is known to bring apprehension and tension. Pressure by the parents to bring a good percentage always plays on the mind of a child. Now a days besides exams, frequent unit tests almost takes away the childhood from a child. He is almost deprived of play and from developing a hobby unless he sacrifices study. Hobby : Most of us are cricket fans. Many of us who are independent in practice tries to adjust our schedule during interesting cricket match to watch TV. Child also has the same desire. The only difference is that he is not independent. He needs an excuse to remain at home. Besides cricket, there could be any other interesting programme in the city or event on T.V or at his friend's house.

Quarrel : Child does not like to go to school when he has quarrelled in the school or when some child is bullying him.

Fear : He also likes to avoid school if he is afraid of a particular teacher or has developed disliking for a subject.

Home work : If he has not completed his home work/journal then also he prefers to stay at home rather than getting punishment by the teacher.

Change of School/House: affects the grown up child. Frustration of losing friends plays heavily on his mind. He does not get adjusted to the new school easily and develops constant desire to bunk. The desire of the parents to send the child to a boarding school without taking him into confidence can bring about behavioural changes in him besides developing subjective symptom.

Home Factors

Frequent quarrels between the parents affect the younger child especially when he has overheard the threat of divorce between his parents. He suddenly feels himself an orphan. He starts thinking about his future. Will he be now staying with mother or father ? Will he be 'deposited' in a boarding school ? How is he going to settle in life ?

Usually it results into depression, bed wetting, nightmares, sleep walking, head banging in sleep or it affects the fluency of his speech. Like change of school, change of house also affects a child.

Personal Factors

Demand : When a demand of a child is not fulfilled, he not only goes into tantrums but also picks up the symptom to get parent's attention and the desired object.

Jealousy : The only child when supplemented by another 'addition' by his parents, he often develops jealousy for the new comer. He feels that this new comer is not only sharing his treasure but also the love and affection of his parents. He demands attention of his parents at all time and for which he finds a shelter under a symptom. Parents wanted a boy and girl was delivered or vice versa in which case some degree of Rejection may appear in few parents even though they are educated. Handicapped child, step child, orphan child and in some cases child who is supposed to have brought illluck to the parents or house is the victim of rejection. Puberty can strike earlier than fourteen. Girl child having her first menstrual period often undergoes behavioural and mood changes. In ENT practice, the questions are usually restricted to structures above the neck line and questions pertaining to sex (except menstrual cycle) is considered out of context and never even thought of in Paediatric cases.

Sexual abuse is increasing. Affected child undergoes personality changes and unknowingly picks up an ENT symptom. The classic example is Globus Hystericus or Psychological Aphonia.

Child prefers to lift up subjective symptom and ENT is full of subjective symptoms. There is no parameter to measure subjective symptom when it is not genuine. If you cannot spend time for a child, forget about

practicing Paediatric ENT. The analysis is based on 50 cases of non organic Tinnitus in children between the age of 5 to 14 years over a period of 6 years. They were ultimately treated along with child psychoanalyst with complete cure.

Remember while treating Tinnitus in Children that Child wears the sweater when parents feel cold.

Questionnaires in a Case of Tinnitus in Children

Chronologically and sex wise his position in house

How is he getting along with them ?

What is the attitude of father : Punitive / Indifferent / Understanding

What is the attitude of mother : Punitive / Indifferent / Understanding

What is the academic level of the child : Good / Average / Poor

When is the exam / unit test :

What are his hobbies ?

Are there any activities related to his hobby are in the Town / on T.V ?

How many friends he has in the school ?

Has he quarreled with any one in the school ?

Any one is trying to bully him ?

Which subject / subjects he likes ?

Which subject. / subjects he does not like ?

Which teacher / teachers he likes ?

Which teacher / teachers he does not like ?

Has the house / school changed recently ?

Is he missing any of his friend ?

If yes, then what is the reason of missing his friend?

Does he do bed wetting, gets nightmares, does sleep walking, head banging in sleep ?

What is the fluency of his speech ?

Does he wants something which he is not getting ?

Has the menstrual period started (in a puberty reaching girl) ?

What are her feelings to this ?

Is there any sexual abuse (Dig out tactfully)