

Pseudohypacusis, Conversion Disorders, and Hysterical Hearing Loss: Interview with Jim Peck, PhD

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Douglas L. Beck, AuD, spoke with Dr. Peck about these topics as well as his book, *Pseudohypacusis: False and Exaggerated Hearing Loss*.

Academy: Good morning, Jim. Thanks for your time today.

Peck: Hi, Doug. Great to speak with you.

Academy: Jim, I know your book titled *Pseudohypacusis: False and Exaggerated Hearing Loss* is a few years old already, but it's a great reference/text book, and I'd like to review some of the concepts and ideas that you explored and documented in the book.

Peck: Sure thing, Doug.

Academy: So let's start with the words, labels, and terminology used to describe false and exaggerated hearing loss. Please tell me the most reasonable terms to use and the ones we should avoid.

Peck:As you've indicated, there is a "hodge-podge" of terms used out there, and to me, only the terms "false" and/or "exaggerated" hearing loss make good sense. For example, the term "non-organic" as used in medicine means the person's symptoms are not based in anatomic structures. "Functional" is a synonym of non-organic and so you have things like "irritable bowel syndrome (IBS)," which is a functional, or non-organic disorder, thereby indicating there is no detected physical problem in the intestines, but it's important to understand that whether IBS is psychological or physiological, the patient still has the symptoms. Further, when physicians say a patient has a functional disorder, they are not saying the problem doesn't exist. However, when audiologists or ENTs say "functional or non-organic hearing loss," they mean that the patient doesn't have a hearing loss. So to be clear, some audiologists use "functional or non-organic hearing loss" to mean there is no hearing loss, but in medicine those words mean there is an issue not bound to the organ's anatomy but to how the body is functioning, which may be psychologically or physiologically based...so we shouldn't use these terms in regard to hearing to mean there is no impairment.

Academy: And to take that a step further, with problems such as auditory processing disorders (APDs) or auditory neuropathy spectrum disorders (ANS) there are no proven physical anomalies, but we wouldn't refer to those as "functional" or "non-organic."

Peck: Exactly! In contrast, the term "malingering" means the patient is intentionally or consciously misleading the audiologist and since no audiologic tests reveal what's going on in their mind, the descriptor has no place in the audiologist's vocabulary.

Academy: I have to agree...the term "malingering" is presumptuous and even if we knew the patient's intention, it's more of a psychological issue than having anything to do with ears, hearing or listening!

Peck: And finally we have the "conversion disorders" and "factitious disorders" from psychiatry. In conversion disorder, which includes the former "hysterical" disorders, by definition, the patient is

unaware of what they're doing. In factitious disorder, the patient knows they are intentionally producing a false malady but are quite unaware of why. In any event, these are matters of their state of mind which is not the purview of audiology. All we know as audiologists is we have a set of audiometric results that don't seem consistent with the history or interview, and our clinical judgment tells us something is amiss, and so we conclude that the hearing loss being presented is false, or exaggerated if there is some degree of genuine impairment, although we may not know that either. I hasten to add that not all persons who present invalid test results are malicious liars or seriously mentally ill.

Academy: And before we leave the terms and descriptors, please tell me your thoughts on pseudohypacusis?

Peck: Well, there's not much to tell. It means the supposed hearing loss isn't true but does not specify how much loss is false and makes no psychological implication. I just take the Greek words and turn them into English and it becomes "false hearing loss."

Academy: Jim, who are the most likely adult candidates to present with false or exaggerated hearing loss?

Peck: Well, of course there is substantial variation, but issues that would put me on guard include people involved with litigation, anybody referred by an attorney, anyone who is seeking damages for an accident involving hearing, tinnitus or balance disorders....and I also would be watchful in people who might be trying to get out of an assigned duty or chore...Another, and perhaps larger, group I watch for are those showing signs of a troubled life, e.g. loss of job, bereavement, but again, the variation is impressive.

Academy: What do you look for with regard to children?

Peck: Well, again the variation is considerable, but children with "school problems" may present with a false hearing loss. By the way, that doesn't mean I think the school issue prompts the false loss but rather the school problems and the false loss are co-symptoms of a third underlying factor.

Children with a history of abuse, or psycho-social issues, such as loss or being picked on, are more likely to produce invalid results, but it's difficult to ascertain a true statistical preponderance for false or exaggerated hearing loss. However, we do know that young girls, especially those around 11 years old, have a higher incidence of false or exaggerated hearing loss than do boys or adults, in general.

Academy: Is that because girls in that age group are more susceptible to peer pressure?

Peck: That's a great question, and the answer is nobody knows. Our colleagues in psychology tell us females are generally more susceptible to conversion disorders, and are more often depressed. Whereas males have more aggression-based disorders, but psychologists are not really sure why this is the case for a given individual, which gets us into speculation, and way beyond our clinical audiology-based knowledge.

Academy: Thanks Jim...it's been a fascinating discussion, and I am very grateful for your time and knowledge, and I love the book.

Peck: My pleasure, Doug. Thanks for your interest in this topic.

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