

Obsessive auditory imagery: a case report

Obsessive compulsive disorder (OCD) is characterized by intrusive thoughts, images and impulses as well as compulsions. These cause severe distress to the person as they are time consuming and interfere significantly with socio-occupational functioning.¹ Although there is an extensive literature with respect to obsessive thoughts and its various forms, that with respect to obsessive imagery is mostly limited to visual imagery.

There are only a few case reports which have described auditory imagery in subjects with obsessive compulsive disorder.²⁻⁵ We present a case of obsessive auditory imagery in a patient with OCD treated with behaviour therapy together with clomipramine. Obsessive auditory imagery is the subjective experience of hearing in the absence of auditory stimulation.

Case

A 35 year old home maker presented with repeated washing and checking rituals along with compulsive behaviour of speaking certain names and avoidance of certain names. The illness was continuous in course and had been of 13 years duration with marked psychosocial dysfunction. It was established that the obsessive auditory imagery consisted of hearing certain names which she considered to be associated with dirty things. She would engage in speaking - or making her family members speak - certain neutralizing words/names and would also engage in certain compulsive behaviors (washing rituals). Initially, while having conversations with others or while overhearing any conversation, she would experience the auditory imagery. Despite knowing that she had not actually heard those names, she would have marked anxiety and at times she would try to confirm that others had also experienced the phenomenon. Gradually her condition worsened and she started experiencing auditory imagery with associated anxiety on hearing similar sounding names, and would respond by engaging in washing, checking and neutralizing rituals. This auditory imagery had an obsessive quality in being repetitive, intrusive and anxiety provoking. The patient was aware that she had not heard those names and the anxiety would subside when the patient engaged in compulsions.

Subsequently the auditory imagery was evoked by simply hearing the first letter or syllable of a word. As the illness progressed, even a breeze would evoke imagery of words/ names and this would be followed by thoughts of contamination. Due to the symptoms the patient became almost completely house bound and would not interact with any one for fear of hearing those particular words/names. Further, because of her insistence that family members continuously repeat the neutralizing names, there were significant interpersonal problems with her spouse, daughter and parental family. Consequently her spouse would frequently physically and verbally abuse her and other family members stopped interacting with her.

She was treated with various serotonin reuptake inhibitors (sertraline up to 200mg/day, fluoxetine 80 mg/day, fluvoxamine 300 mg/day, clomipramine 300 mg/day) either alone or in combinations. Compliance was reasonable with initial partial improvement followed by relapse and further worsening of the illness. She was admitted in the inpatient unit and after assessment she was treated with behavior therapy and clomipramine 300 mg/day. The various behavioral techniques used included exposure and response prevention (for washing and checking rituals), in vivo exposure (making the patient hear those particular anxiety-provoking words spoken by nursing staff, other patients and their attendants and therapist). Later those words were tape recorded in her husbands' voice and the patient was made to hear the tape recorded words without indulging in any compulsive and neutralizing behaviors. After repeated exposures, distress was reduced and the patient herself started speaking those names which had earlier led to compulsive behavior, without any associated anxiety. At the time of discharge she had improved by 75% as measured by the Yale Brown Obsessive Compulsive Scale.

Obsessive auditory imagery is a rare phenomenon and can lead to marked dysfunction. In the literature, auditory imagery is mostly described in relation to music in which patients report the experience of songs playing in the absence of auditory stimulation.²⁻⁴ The intrusive tunes are commonly familiar ones (e.g., religious hymns), although new compositions may erupt spontaneously. In contrast to true auditory hallucinations, insight into the source of the music is present. Patients report knowing that it emanates from their own minds, and cannot be heard by others. Besides songs, auditory imagery describing "cell phone ring tones" has been reported.⁵

Our case highlights the fact that obsessive auditory imagery can be very distressing. Hence, besides assessing for obsessive thoughts and impulses, evaluation of subjects with obsessive compulsive disorders should include assessment for obsessive imagery in all the sensory modalities. Further our case suggests that in vivo exposure may be a useful behavioral modality in the treatment of obsessive auditory imagery.

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