MANAGEMENT OF AUDITORY HALLUCINATIONS BY COGNITIVE – BEHAVIOURAL THERAPY: A CASE REPORT

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ABSTRACT

Schizophrenia is a severe form of psychotic disorder and majority of patients with Schizophrenia are distressed by the presence of numerous delusions and hallucinations. The application of cognitive behavioural therapy for the management of persistent psychotic symptoms showed symptom improvement and found to be effective particularly in the management of auditory hallucinations. The present case report attempts to highlight the combined treatment of CBT and pharmacotherapy on a 38 years old female Schizophrenic patient who is distressed by the voices. Following cognitive behavioural management, there was marked improvement in the symptoms.

Key Words: Schizophrenia, CBT, Auditory hallucinations, Voices.

Schizophrenia is the most debilitating of psychiatric disorders leading to long-term impairment in personal, social and occupational functioning. Antipsychotic medications remain the first line of treatment for schizophrenia, but symptom improvement is dependent on adherence to long-term medication usage. About 40% of patients in any treatment setting continue to exhibit residual positive and negative symptoms. It is this group of people who could benefit from an effective psychological treatment such as cognitive behavioural therapy which is combined with pharmacotherapy. A number of randomized controlled trials (Sensky, et al., 2000; Turkington, et al., 2002) have supported the efficacy of CBT in treating drug-resistant psychotic symptoms in Schizophrenic patients.

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Management of Auditory Hallucinations

Auditory hallucinations in the form of voices are the commonest Schizophrenic symptoms (Hamilton, 1984). Bentall (1990) reported that they are a result of the individual’s tendency to misattribute internal events such as thoughts to external sources. There is now great understanding of the development and maintenance of auditory hallucinations from the cognitive behavioural perspective. Evidence has developed from the case studies, randomised controlled trials and meta-analyses confirming the effectiveness of CBT in the management of persistent psychotic symptoms including the voices in people with Schizophrenia (Zimmermann, et al., 2005, Wykes, et al., 2008). The following are the various cognitive behavioural interventions used in the management of voices.

(a) **Walkman and Earplug:** The walkman and the earplug are some specific interventions aimed directly at blocking or reducing the voices. The walkman and earplug are usually introduced along the lines, “some people find this seems to block voices a bit like yours”. The advantage of offering these practical suggestions early on is that they provide the person not only with immediate respite from the voices but also the realisation that they have a certain amount of control over them.

(b) **The Personal Cassette/CD player:** Many people gain some immediate respite from their voices by using a cassette player with headphones. When the voices are very troublesome the volume may have to be turned up very loud. Listening to taped speech would be more effective than music in combating the voices. Aggressive pop music can provoke agitated behaviour and actually increases the voices (Nelson, 2005). The cassette player has its beneficial effect on auditory hallucinations in two ways. Firstly, auditory hallucinations are known to be adversely affected by stress, so if listening to the music is pleasurable and relaxing which may indirectly result in a reduction in the voices. Secondly, the cassette player diverts attention or awareness away from the voices.

**Other Strategies**

(a) **Subvocal Speech or Singing under One’s Breath:** Talking at loud can be an effective way of blocking auditory hallucinations but it may not be socially acceptable for the person to suddenly start talking to himself, for example, if he is standing alone in the bus stop. In order to avoid social embarrassment, he may be able to use sub-vocal speech *i.e.*, talking quietly to himself so that no one else can hear. Singing under one’s breath is easier to understand and may be preferable to sub-vocal speech. The practical difficulty is that keeping up a flow of sub-vocal speech requires concentration and effort, so it is only suitable for use over short periods.
(b) **Restricting the time spent in listening to the voices:** The person attempts to limit the intrusiveness of their voices in their everyday lives by setting aside a set period in each day when they will listen or respond to them. Having set aside the time, they are better able to ignore or to refuse to listen to the voices at other times.

**CASE STUDY**

Mrs. J, 38 years old, housewife was referred by her psychiatrist for help in coping with her voices. She was diagnosed to have paranoid schizophrenia ten years ago and on regular medications till now. During the last two years, she is distressed by hearing multiple voices. They are sometimes male and sometimes female and she could not recognise them as anyone she knew. They commented about her activities among themselves (e.g., she is preparing a tea) and call her as a prostitute. She has no idea where the voices came from and found out that they are irritating her very much. Sometimes she could not recognise what the voices were saying. She is very much upset about the voices that they are causing difficulties in her life and she strongly hold the belief that she is a prostitute. Analysis revealed that her voices are worse in the morning but ease in the afternoon when she tends to be active in her household chores. She was desperate for the voices to stop. Therapy lasted ten sessions spaced over two months and each session lasted for duration of 45 minutes. In the early stages of therapy, the first goal was, to block the voices or at least reduce their intensity. She was offered a walkman for stopping the voices when they were irritating her. It was found to be a very effective strategy once the voices had been sufficiently disempowered. At this stage, the patient realised that it was safe for her to try the walkman to stop the voices. She gained self-control after sometime and able to block the voices.

As she was distressed by the voices calling her as a prostitute, she was reassured that what the voices were saying was not true (you are not a prostitute) and the beneficial effects of this reassurance was only short lived. To modify her belief about prostitution, cost-benefit analysis was carried out to minimise or undermine the advantages and emphasise and reinforce the disadvantages (Beck, 1995). Having looked at the advantages and disadvantages of prostitution, disadvantages seem to outweigh the advantages and an alternative belief was introduced. She was educated about her belief (I’m a prostitute) that they are only ideas and not necessarily true. It was explained to her that most people experience unpleasant, unwanted thoughts and that their content is indistinguishable between people with mental disorders and the general population. At the end of 10th session, her belief about prostitution was partially modified and the intensity of the belief was also reduced.
DISCUSSION AND IMPLICATIONS

Auditory hallucinations are a common manifestation of schizophrenic illness causing significant distress and disability in people with schizophrenia. Cognitive behavioural therapy is found to be effective in symptom reduction especially for persistent psychotic symptoms (Pilling et al., 2002).

It can be concluded that cognitive behavioural therapy enables people with schizophrenia to use adaptive coping strategies and empower them to meet the challenges of voices.

REFERENCES


