

Hallucination: A Symptom of Dissociative Disorder

Dear Sir,

Dissociative auditory hallucinations commonly take the form of voices heard as originating from within the person (pseudo-hallucinations), as opposed to coming from outside.^[1] Individual hallucinated voices typically have distinctive age and gender attributes. They may comment negatively about the patient, argue with each other, command the patient to perform certain acts, discuss neutral topics or sometimes provide useful information or a combination of these.^[1] Patients generally recognize that the voices are hallucinations and may be reluctant to reveal their existence for fear of being considered psychotic. Many patients report some ability to ignore or disregard hallucinations unless they are stressed. Visual hallucinations typically take the form of detailed images with traumatic or frightening content. Tactile, gustatory, and olfactory hallucinations may also occur, leading to misdiagnoses of seizure disorder or other organic mental disorders.^[1] Intrusive posttraumatic flashbacks and images may also be experienced as complex multimodal hallucinations. Here, we have narrated a case of dissociative disorder that presented with hallucination.

Miss. X, a 15-year-old girl, who was educated up to class X and belonging to low socioeconomic status, attended Assam Medical College and Hospital along with her mother, complaining of hearing voices not heard by others from last 1 year. She used to hear voices of 2–3 persons, which used to comment on her all actions. Sometimes voices used to praise her and at other times tease her. Sometimes she could not even go to the toilet, as these voices give comment while she would defecate. She told that these voices would come from outside, and she would hear these sounds from her left ear only. She heard these voices throughout the day and night, but those were more distinct toward evening. She was also noticed to be having muttering to self and aggressiveness infrequently as stated by her mother. Sometimes she used to throw away her books out of anger, explaining that voices used to disturb her while studying. She

could not appear her matriculate examination due to continuous disturbance by those voices. Many a time she was fearful and would not allow her mother to go away from her. However, other symptoms of psychosis such as disinhibited, wandering behavior, disorganized speech, the period of undue cheerfulness, crying, smiling without any reason were absent. She did maintain her personal hygiene and grooming. Her biological functions were normal. There was no significant past and family history of any psychosis.

Mental status examination revealed co-operative, alert, average built, anxious affect, and preoccupation with her symptoms. On perception, unilateral hallucination of auditory modality was present. Her judgment and insight both were intact. With this history, she was admitted to our ward for diagnostic exercise.

Subsequent detailed evaluation on phenomenology we could establish hallucination, which was the continuous complex type and it was unilateral.

Observation in the ward revealed no oddities in behavior.

The psychosocial work up, conducted over five sessions, revealed a stressor that she had to stay away from home for education purpose for last 1½ years to her uncle's house. Her aunt used to scold her over trivial matters, behaved very rudely. Miss. X had to pay the rent and cook food on her own though the owner of the house was her relative. For these reasons, she was not willing to stay with them and requested her mother repeatedly to take her away. However, her family member did not pay attention to that. Gradually, she was noticed to be preoccupied with the stress, would not pay attention to her studies, she started hearing voices of peoples talking outside about her whenever she would sit to study.

Subsequently she told that she read a novel before her symptoms started, which had a story of a lonely girl with some sort of mental illness and having almost similar kind of story like Miss. X.

She was then diagnosed to be a case of the dissociative disorder. In her management, several psychotherapeutic sessions were taken with the patient, where the possible relations between the stressor and development of her

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symptoms were discussed. Within 10 days, she was recovered. She was not treated with any psychotropic drugs.

Honig *et al.*^[2] compared content of chronic auditory hallucinations in three cohorts, namely patients with schizophrenia, patients with a dissociative disorder, and non-patient voice-hearers. The form of the hallucinatory experiences was not significantly different between the three groups. Study by Ellason and Ross^[3] studied 144 psychiatric inpatients who reported childhood physical or sexual trauma. They were administered the Symptom Check List-90-Revised, the Dissociative Experiences Scale, and the Dissociative Disorders Interview Schedule. It was found that, there was a significant association of reported childhood abuse with psychotic and other symptoms. The findings support the hypothesis that experience of trauma may precede psychiatric symptoms, perhaps including positive symptoms of schizophrenia. Moskowitz and Corstens^[4] states that, while auditory hallucinations are considered a core psychotic symptom, central to the diagnosis of schizophrenia, it has long been recognized that persons who are not psychotic may also hear voices. According to Copolov *et al.*^[5] the main types of voices heard in dissociative disorders are – hostile, supportive, sexual, etc.

In general, hallucinations are not seen in the case of the dissociative disorder. However, our case was an unusual presentation with hallucination. She also had the aggressiveness and muttering to self infrequently like the story in the novel she read. Such type of presentation often causes difficulty in diagnosis. Careful history taking may guide us to proper diagnosis.

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