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Distinguishing the Audible from the Intrusive: A Differential Diagnosis of Musical Hallucination and Musical Obsession

Jura Marc*

Department of Health Psychology, McGill University, Brazil

DESCRIPTION

Musical hallucinations and musical obsessions are both intriguing phenomena that can significantly impact individuals' lives, yet they are often misunderstood or misdiagnosed. Differentiating between these two conditions is crucial for effective treatment and management. This discussion examines the characteristics, underlying mechanisms, and differential diagnosis of two cases: one involving musical hallucination and the other, musical obsession. Musical Hallucinations (MH) are auditory perceptions of music that occur without an external auditory stimulus. These hallucinations can be complex, involving songs, melodies, or instrumental music, and are typically experienced as vividly as real music. MH is often associated with hearing impairment, neurological conditions such as epilepsy or brain lesions, psychiatric disorders like schizophrenia, and certain medications. It can also occur in individuals without any underlying condition, though this is less common. In contrast, Musical Obsessions (MO) are repetitive, intrusive thoughts or mental imagery of music that the individual recognizes as originating from their own mind. Unlike hallucinations, these obsessions are not perceived as external sounds but rather as persistent mental experiences. MO is commonly seen in individuals with Obsessive Compulsive Disorder (OCD) and can be linked to anxiety and stress. The person is usually aware that these thoughts are irrational but finds them difficult to control or dismiss. Consider the case of Mr. A, a 65-year-old man with a history of hearing loss. He reports hearing classical music, particularly a Beethoven symphony, which seems to come from nowhere. These episodes occur several times a day, lasting from a few minutes to hours. Despite the pleasant nature of the music, Mr. A finds it distressing as it interferes with his daily activities and conversations. Audiological tests confirm significant hearing impairment, and neurological evaluations reveal no abnormalities. Given his age, hearing loss, and the vivid, external perception of music, Mr. A's condition is diagnosed as musical hallucination. The treatment for MH often focuses on addressing the underlying cause. In Mr. A's case, fitting hearing aids significantly reduced the frequency and intensity of the hallucinations. Additionally, Cognitive Behavioral Therapy (CBT) helped him develop coping strategies to manage the distress associated with the hallucinations. In some instances, medications such as antipsychotics or anticonvulsants may be prescribed, particularly if there is an underlying psychiatric or neurological disorder. Now, consider Ms. B, a 30-year-old woman with no hearing issues but a long-standing history of OCD. She experiences persistent, intrusive thoughts of a pop song she dislikes. These thoughts occupy her mind for most of the day, making it difficult for her to focus on work or enjoy social interactions. Unlike Mr. A, Ms. B is fully aware that the music is not real and recognizes it as a product of her own mind. She feels a strong urge to neutralize these thoughts by repeatedly listening to the song, although this provides only temporary relief. Ms. B's symptoms align with a diagnosis of musical obsession. The treatment for MO typically involves cognitive-behavioral therapy, particularly exposure and response prevention (ERP), a type of CBT effective for OCD. ERP helps individuals confront their obsessive thoughts without engaging in compulsive behaviors. For Ms. B, this involved gradually reducing her compulsive listening to the song and developing healthier coping mechanisms. Selective Serotonin Reuptake Inhibitors (SSRIs), commonly used for OCD, can also help manage the anxiety associated with MO. The key differences between MH and MO lie in the nature and perception of the musical experience.

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CONFLICT OF INTEREST

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Corresponding author Jura Marc, Department of Health Psychology, McGill University, Brazil, E-mail: marc.jura@gmail.com

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