

## SUICIDAL BEHAVIOR IN SCHIZOPHRENIA AND ITS RELATIONSHIP TO THE QUALITY OF PSYCHOTIC SYMPTOMS AND INSIGHT - A CASE REPORT

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### INTRODUCTION

Tragically, approximately 5% of patients with schizophrenia commit suicide (Palmer et al. 2005). Whereas depression, hopelessness, and previous suicide attempts are well established risk factors (Drake et al. 1984, Kim et al. 2003, Hawton et al. 2005, Hor & Taylor 2010), additional windows on this issue would be of value. The quality of psychotic symptoms and the quality of insight are candidates to be such factors, which currently remain underexplored.

The relationship between psychotic symptoms and suicide is, no doubt, complex. The former might directly cause the latter, but it could also constitute a marker or a non-specific risk factor, eliciting other features related to suicide such as distress or depressed mood (Siris 2001). Psychotic symptoms could contribute to suicidal behavior in a number of ways: by predisposing to irrational thinking, by contributing to an unintended consequence of psychotically influenced behavior, by fostering intentional acts of suicide taken for psychotic reasons, and by contributing to non-specific distress and low mood occasioned by the psychotic symptoms (Siris 2001). Command auditory hallucinations are the psychotic symptoms most frequently associated with suicidal behavior (Funahashi et al. 2000, Hor & Taylor 2010), perhaps particularly so in the most vulnerable-to-suicide of these patients (Harkavy-Friedman et al. 2003).

In addition, there are several mediating factors which could be involved. Patients with depression and/or hopelessness may be more vulnerable to the distressing effect of psychotic symptoms, and therefore

have a lower threshold to commit suicidal behaviors (Shuwall & Siris 1994). Psychological features related to the psychotic symptoms and the illness, such as the appraisal of the psychotic symptoms including feelings of entrapment and defeat, can have an important role (Taylor et al. 2010). Of additional potential relevance is the observation that, although psychotic symptoms are commonly unpleasant, pleasant content is not rare (Jenner et al. 2008).

Unfortunately, most published studies have not examined these relationships or mediating factors (Siris 2001). It is likely that at least some of the heterogeneity of the results regarding the relationship between psychotic symptoms and suicide (Hawton et al. 2005) can be due to these considerations, and further studies are needed (Hor & Taylor 2010).

Additionally, studies involving insight have yielded heterogeneous results in terms of suicide risk (Hawton et al. 2005), and only a few studies have been conducted in recent years, exploring the relationship between insight and suicide (Hor & Taylor 2010). Furthermore, most of the studies in the literature limit their assessment of insight to the quantitative measures, ignoring the associated qualitative aspects. Some authors have suggested the existence of a continuum between negative cognitive appraisals of the illness (Birchwood & Iqbal 1998), chronic demoralization or hopelessness, depression (Birchwood et al. 1993), and eventually suicidal behaviour (Birchwood et al. 2000, Schwartz 2001).

We present a relevant case in which the quality of psychotic symptoms and insight appear to have a relationship to suicidal risk.

## CASE REPORT

A 43 year old man, with onset of psychotic symptoms at age 17, and a diagnosis of schizophrenia at age 19, had been in outpatient treatment since age 21. Initially, he suffered from auditory hallucinations featuring unpleasant content including insults and commanding statements to commit suicide. He also suffered frightening persecutory and mind reading delusions. During these years, he had made several suicide attempts, one quite serious, and he manifested suicide risk factors including obedience to command hallucinations. Over time, however, the content of his auditory hallucinations changed, becoming pleasant for the past 16 years during which time he experienced angels, the Virgin Mary, and Jesus telling him that he was a special person and that he would achieve happiness with a woman whom he heard saying "I love you." He spontaneously expressed the wish to hear his voices and stated that "Should the voices disappear, I'd be the same fool, but with no hope...." It was noted that, following the change in quality of his psychotic symptoms, he never presented any suicidal ideation or behavior. He demonstrated partial global insight: good insight into the need for treatment, consequences of the disorder, and the presence of negative symptoms, and fluctuating insight regarding his psychotic symptoms. Of relevance to this, he remarked in a clinical interview "Don't disappoint me; don't tell me that I'm mentally ill.... Give me good news, a meaning to life; I feel so empty."

## DISCUSSION

This case clearly suggests the importance of the quality of psychotic symptoms. Quantitatively, psychotic symptoms remained steady throughout the patient's illness, responding to treatment, but not remitting. However, following the transition from unpleasant to pleasant content, the patient never again manifested suicidal behavior or ideation. Rather, he experienced hope and meaning of life. Since hopelessness has been noted to be a risk factor for suicide (Drake et al. 1984, Kim et al. 2003, Acosta et al. 2006, Acosta et al. 2009), it is possible that the experience of hope provided by such hallucinatory content could be protective, or at least be a clinical marker for diminished suicidal risk. In fact, the patient has not developed depression during the course of the illness, even though depression is common in schizophrenia (Siris et al. 2001), and only a minority of the patients do not develop depression throughout the course of the illness (Sands & Harrow 1999). The evolution of this patient matches up with the findings of other studies: the patients who consider their voices as benevolent have lower prevalence of depression compared to those who consider them as malevolent (Birchwood & Chadwick 1997), and the attribution of

protective power to positive voices has the strongest association with positive experience, and many patients have the desire to preserve their voices (Jenner et al. 2008).

In this case, self-destructive behaviors in the first years of the patient's illness were associated with distinctly unpleasant command hallucinations involving suicide. These were of a type which has, indeed, previously been associated with suicidal behavior (Funahashi et al. 2000). At the other extreme, patients who consider their voices to be benevolent have been observed to have a lower prevalence of depression compared to those who consider the hallucinations malevolent (Birchwood & Chadwick 1997). Existing studies, however, have rarely considered this qualitative issue directly in relationship to suicidality.

The quality of insight should also be considered, rather than just its 'quantity'. Painful awareness of illness has also been found to be associated with suicidal risk, probably because it could contribute to hopelessness and depression (Schwartz 2001). In this line, the negative cognitive appraisals about the illness have been associated with psychopathological features such as depression and hopelessness in schizophrenia (Birchwood et al. 2000, Karatzias et al. 2007, Rooke & Birchwood 1998). However, there may be a group of patients who develop a more positive assessment and/or more positive coping styles in the context of their illness. The 'integrative' coping style of the illness has been found to be associated to a lower incidence of depression, as compared to the 'sealing over' style (Drayton et al. 1998). Interestingly, it is likely that having partial insight, rather than full insight, was helpful for this patient. He displayed pessimistic cognitions when his insight improved and the hope provided by the pleasant content of his psychotic symptoms faded.

## CONCLUSION

The quality of psychotic symptoms and insight may play an important role as a marker, or even as a modulator of suicide risk in schizophrenia. Neglecting to consider the quality of psychotic symptoms and the quality of insight may well contribute to the apparent heterogeneity of existing observations involving the influence of these psychopathological features. Future studies would do well to consider these issues within their framework of mediating features of suicidality in schizophrenia.

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