Letter to the Editor

Qualitative content of auditory hallucinations and suicidal behavior in schizophrenia

1. Introduction

Whereas depressed mood, hopelessness, and previous suicide attempts have been well established as risk factors for suicidal behavior in schizophrenia (Siris, 2001), the role of psychotic symptoms and their quality has remained more controversial (Hawton et al., 2005; Hor and Taylor, 2010). Existing studies have focused on quantitative aspects of psychotic symptoms, to the exclusion of qualitative features. We question whether such a focus fosters premature conclusions regarding factors associated with suicidality in this patient group, and offer the distinction between pleasant versus unpleasant auditory hallucinations as a qualitative case in point.

2. Case history

Mr. A was a 38 year old man of Asian ancestry who had originally become ill as a college sophomore. Quite bright, he persevered, completing college, and attending graduate school in mathematics. Nevertheless, he continued to hear numerous voices inside his head “most of the time.” He was psychiatrically hospitalized seven times – always in a terrified state and sometimes manifesting self-destructive behavior. However, he endorsed a “depressed” mood state only once – during one several month-long illness exacerbation occurring after his wife (from an arranged marriage) had left him. At that time he also was anhedonic, had low energy, and felt hopeless, guilty, and inadequate. During the rest of his illness, he denied “depression” and maintained high self-esteem seeing himself as an “undeserving victim.”

In the early years of his illness, the voices were almost always threatening and/or derogatory. They also contributed to Mr. A’s involvement in a number of potentially lethal situations. On one occasion, Mr. A experienced the voices “taking over” and forcing his body to “freeze” in the middle of a busy street. Meanwhile the voices cursed him and declared that the world was ending. Another time, the voices “took control,” causing his body to dive through a hospital window. (Mr. A didn’t know that a net there would catch him.) Mr. A’s experience was that the potentially lethal actions involved in these episodes derived entirely from the external agency of the voices, which had usurped his “will.” Mr. A additionally reported that the voices regularly tried to make him “sin” (masturbate), meeting his strong resistance with threats of ghastly punishments or death.

Mr. A was treated with many antipsychotic agents. Although he was adherent, he received little benefit. After 8 years, Mr. A was switched to Clozapine. Mr. A then found it easier to concentrate and function. He managed to keep a part-time job, as a college math tutor, and became more involved socially with his extended family. Quantitatively, his auditory hallucinations became less frequent (decreasing to “about half the time,”) and less loud. Mr. A also reported important changes in the voices qualitatively – they were now often neutral in affective tone, were clearly less demeaning, threatening, or accusing, and at times were even helpful or reassuring. Simultaneously, Mr. A also much less frequently found himself under the control of the voices, in dangerous situations, or fearing of death.

3. Discussion

The case of Mr. A illustrates that simply assessing the presence of auditory hallucinations fails to capture their impact fully. Qualitative aspects of hallucinations also seem crucial to their clinical relevance. The affective valence of hallucinations may provide a window on operant neurobiological predispositions in affected individuals. If, indeed, the qualitative content of hallucinations is a relevant variable in this nexus of neuropsychiatric activity, it remains, of course, to be determined if it represents a cause, an effect, or simply a marker of ongoing events.

We already organize auditory hallucinations into qualitative categories such as “command,” “commenting,” or “conversing.” Mr. A’s case suggests that we might well consider other qualitative dimensions such as “pleasant–unpleasant” for auditory hallucinations. Choosing the dimension “pleasant–unpleasant” would cast a broad net, encompassing not only sadness, depression, or confusion, but also powerful anxiety states, such as terror.

Clozapine, an important component of Mr. A’s treatment, is noted not only to be a particularly effective antipsychotic agent, but is also associated with amelioration of depressive symptoms and reductions in suicidal ideation and behavior (Meltzer and Okayli, 1995). The exact mechanisms of these actions are not yet well understood, and the observations made here might not be generalizable to other antipsychotics. It could be speculated that the shifting of the noted qualitative aspects of Mr. A’s hallucinations could reflect a global shift of his underlying neurophysiologic state, under the impact of his treatment. Whether or not that is the case, the observed qualitative content of Mr. A’s hallucinations has the face validity of playing a prominent role in the subjective suffering and reduction of functional capacity which he endured, and it clearly is a feature which should not be ignored in the search for predictors or correlates of suicidality and other self-destructive behaviors in this patient group.

Contributors
Samuel G. Siris, M.D. and Francisco J. Acosta, M.D., Ph.D.

Conflict of Interest
The authors have nothing to disclose financially and report no conflicts of interest.

Acknowledgements
None.

References

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doi:10.1016/j.schres.2011.08.016

Please cite this article as: Siris, S.G., Acosta, F.J., Qualitative content of auditory hallucinations and suicidal behavior in schizophrenia, Schizophr. Res. (2011), doi:10.1016/j.schres.2011.08.016

Samuel G. Siris
Psychiatry Department, The Zucker-Hillside Hospital of the North Shore Long Island Jewish Health System, 75–59 263rd Street, Glen Oaks, New York, 11004, USA
Hofstra University School of Medicine, Hempstead, New York, USA
Albert Einstein College of Medicine, New York, NY, USA

Corresponding author at: The Zucker Hillside Hospital Aftercare Clinic, 75-59 263rd Street, Glen Oaks, New York 11004 USA.
Tel.: +1 718 740 8138; fax: +1 718 831 0368.
E-mail address: ssiris@nshs.edu.

Francisco J. Acosta
Mental Health Research Program, Service of Mental Health, General Health Care Programs Direction, Canary Health Service, Pérez del Toro Street s/n, Gran Canaria, Canary Islands, Spain

18 June 2011
Available online xxxx

Please cite this article as: Siris, S.G., Acosta, F.J., Qualitative content of auditory hallucinations and suicidal behavior in schizophrenia, Schizophr. Res. (2011), doi:10.1016/j.schres.2011.08.016