Psychological Autopsy — An Effective Method for the Positive Diagnosis of Suicide in Schizophrenia

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Purpose: This paper aims to analyze suicide in schizophrenia in terms of application of psychological autopsy.
Material and methods: We studied 53 persons who committed suicide between 2000–2009. We carried a series of interviews with people close to the persons who committed suicide, to analyze the motivation behind the suicidal act. The method chosen for the interviews was empathic post-suicide listening in parallel with a questionnaire.
Results: Disorganized and paranoid types of schizophrenia have led to most victims. 22.6% of the persons who committed suicide had auditory hallucinations with imperative suiciding character.
Conclusions: Detecting suicidal motivations and their understanding plays an important role in shaping a socio-psychological or a psychopathological profile by interpreting sociological, familial parameters, with emphasis on the personal dynamics of selfdestructing behavior, adult characteristics and identification of the persons with an increased suicide risk.

Keywords: suicide, psychological autopsy, schizophrenia

Introduction

In recent decades, a number of multi-factorial theories have emerged, that define and explain suicide through the convergence of biological, psychological and social factors, considering suicide as an acute crisis of conscience, deviated from the normal behavior due to difficulties in reconciling the individual trends with social demands [7]. Suicide is a very complex issue, one that cannot be described from a single point of view, be it philosophical or religious, in order to include all the factors involved [9].

Material and methods

We studied 53 persons who committed suicide between 2000–2009. We carried a series of interviews with people close to the persons who committed suicide, to analyze the motivation behind the suicidal act. The method chosen for the interviews was empathic post-suicide listening in parallel with a questionnaire. The questions asked had a simple language, in order to evaluate the emotions and feelings that led to suicide.

To establish the diagnosis of schizophrenia according to ICD and DSM-IV-TR criteria, those who committed suicide needed "psychological autopsy" that followed longitudinal and transverse development, discovering psychopathological elements characteristic to some types of schizophrenia. In this regard we assessed the health status, biopsycho-socio-relational functions and suiciding factors of those who voluntarily gave up their life.

From the total number of 794 persons who committed suicide between 2000 and 2009, 53 were schizophrenic, according to the DSM-IV-TR criteria, representing 6.7% share.

In order to carry out our study, we needed to to visit the former residence of those who committed suicide, and talk to their relatives or close friends. We had some difficulties in convincing the interviewed persons to talk about the psychopathological aspects of those who committed suicide, but we managed to gather all the necessary information for the study.

Results

The retrospective evaluation of the 53 cases and the application of psychological autopsy was very useful in detecting some symptoms specific to certain forms of schizophrenia. We found the types of schizophrenia shown in Figure 1.

Disorganized and paranoid types of schizophrenia have led to most victims. Suicide in these two forms was more common in women (60%) than men (40%). Also, 22.6% of the persons who committed suicide had auditory hallucinations with imperative suiciding character.

Analyzing the run-up care in suicide we met the issues presented in Figure 2.

In the run-suicide, 23 cases (43.4%) were shortly after discharge, while 17 cases (32.1%) benefited from outpatient treatment, and the remaining 13 cases (24.5%) did not accept any treatment.

Discussions

According to Davidson [2] the risk of suicide is greatest during the first 10 years of the disease and especially in adolescents and young and elderly people whose discordant phenomena are accompanied by depressive symptoms. In fact, except for depression, suicide risk in schizophrenia is much higher than the general population [4], between

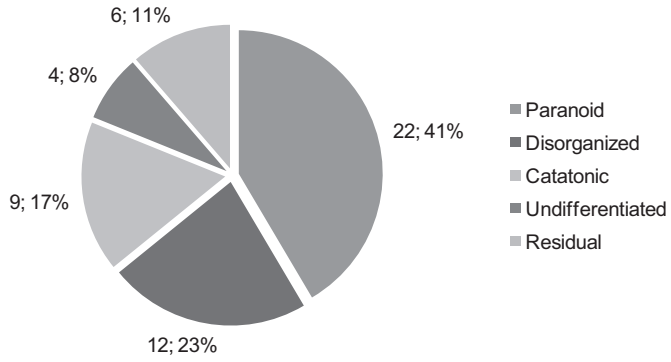

Fig. 1. Submission of forms of schizophrenia detected by applying the psychological autopsy

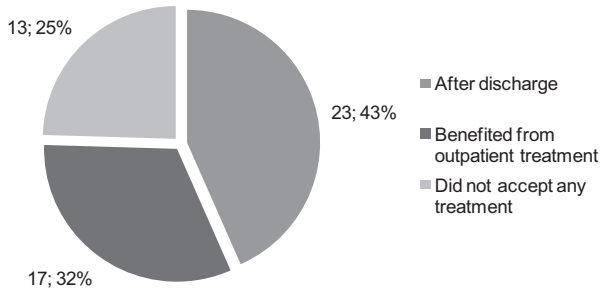

Fig. 2. Distribution of suicide based on medical assistance in the run-suicide

4:43 to 100,000 inhabitants. In case of patients with schizophrenia and a long evolution of the disease, the lack of social support and the refusal of treatment leads to an even higher suicidal risk.

The average age at the first psychiatric consultation was 22.9 years and the average period leading to the autolytic act was 13.8 years, with no significant difference between males (13.4 years) and females (14.2 years).

Overall average length of hospitalization was 2.2 years, but 19 (16.5%) of the studied persons did not receive psychiatric care.

Failure to request psychiatric assistance was due primarily to treacherous and insidious onset of schizophrenia, whose symptoms were misleading and trivially interpreted by parents as a kind of oddity of adolescence, or even as an artistic or intellectual oddity. In some cases the symptoms were neglected or no action has been taken. Sometimes, malaise, anxiety, boredom, indifference, self-closing and retreat are perceived as being caused by school failures, sentimental desillusions or an "adolescent crisis" without providing that these unusual experiences are symptoms related to mental disintegration, situations in which the risk of suicidie is very high.

Therefore, we believe that any physical change, any unusual manifestation of behavior in adolescents and young people must draw attention to the potential onset of schizophrenia.

Data from the literature [1,3,5,6] show that over 10–13% of patients with schizophrenia die by suicide, and suicidal acts may be found at any developmental stage, but suicide most often occurs in onset phases and psychotic invasion, as in the postpsychotic phases with secondary reactive depressive syndromes. Foster [3] claimed that "the impulse to suicide is the worst symptom of schizophrenia", and Haw [5] believes that the schizophrenic suicide was due to impulsive tendencies to break out of their strange situation, which leads an impulsive character to suicidal acts, with illogical and hallucinatory-delusional motivation.

In people suffering from schizophrenia with a long evolution of the disease and without social support, the risk of suicide is very high and we could say that there are no psychiatric assistance institutions which could completely prevent committing suicide. The danger of suicide in schizophrenic persons is augmented by delusional ideas and especially imperative hallucinations that can lead to "suicidal schizophrenic raptus" [3,8].

Conclusions

Our observations, obtained from psychological autopsy, largely correspond with those mentioned in the literature.

However, our study shows that most suicides were committed in the acute and floride phases of schizophrenia.

Given the high rate of suicide in the general population and especially among people between 15–25 years and 45–60 years, we believe that society should give higher importance to autolytic behavior as it is a major public health problem.

Detecting suicidal motivations and their understanding plays an important role in shaping a socio-psychological profile or a psychopathological one by interpreting sociological, familial parameters, with emphasis on the personal dynamics of the selfdestruction behavior, adult characteristics and identification of the persons with increased suicide risk. It will be able to see how risk factors change over time, in the future being able to contribute more actively in the design, development and more effective application of preventive suicide-methods.

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