

Killing the Voices or Protecting Others: Internal Logic of Suicidal Ideation in Psychotic Disorders

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Introduction

Suicide in psychotic disorders often presents with complex, overlapping suicidal and homicidal ideation, complicating risk assessment and clinical decision-making.

While suicidality is commonly attributed to depression or impulsivity, patients with psychosis may assign distinct meaning to suicidal thoughts, including retaliation against internal experiences or a perceived moral responsibility to protect others. These revenge-oriented and self-sacrificial motivations remain underrecognized in the literature.

We present two cases illustrating distinct conceptual pathways of suicidality in psychosis:

- (1) suicide as retaliation against persecutory hallucinations.
- (2) suicide as a defensive act to prevent harm to others.

This deepens the question of what motivates suicidal ideation in patients experiencing psychosis and whether the explanation extends beyond neurobiological dysregulation.

Cases

Case 1

A middle-aged woman with bipolar disorder and trauma history experienced severe auditory and visual hallucinations and expressed suicidal intent as a way to “take revenge” on the persecutory voices tormenting her.

Case 2

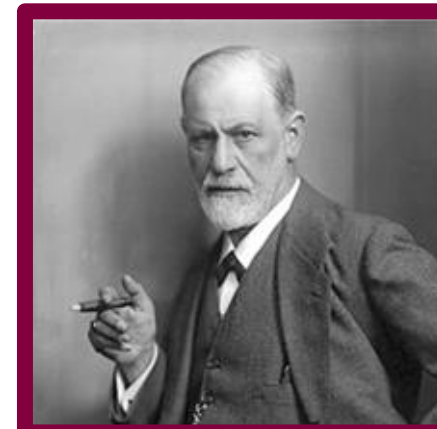
A young man with chronic schizoaffective disorder and a history of trauma reported escalating homicidal ideation and stated he wanted to kill himself “before I kill someone else,” positioning suicide as necessary to protect others from perceived violent impulses.

Topics of Interest

There are multiple lenses through which to examine underrecognized motivations for suicidality in psychosis, and our report evaluates key theories from leading contributors in psychiatry and psychoanalysis.

Sigmund Freud

He proposed that suicide can act as a defense mechanism against homicidal impulses when individuals fear they cannot control violent urges on others, they may turn the aggression inward to eliminate that threat.



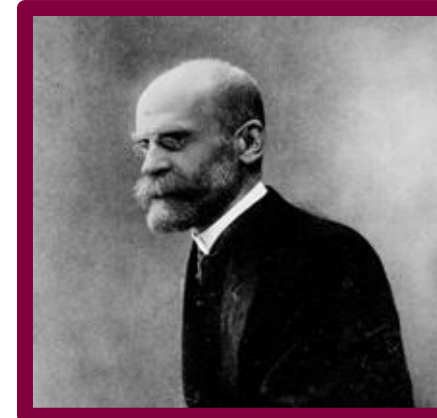
Melanie Klein

Her concept of violent phantasy explains how those who face trauma or unstable attachment develop internal fantasies of destruction to manage internal conflict as a way to regain control.



Émile Durkheim

His theory focuses on how social integration and regulation shape suicidal behavior. Isolation and instability can increase someone's risk for self-harm. This can explain why some develop a retaliatory or aggressive tone.



Neurobiological Pathways

Serotonergic dysfunction with reduced serotonin turnover as reflected by low levels of 5-HIAA in CSF suggests an impairment in serotonergic release rather than synthesis. HPA axis dysregulation with chronic cortisol dysregulation impairing HPA feedback via glucocorticoid receptor resistance, prolonging stress and amplifying suicidal behaviors. Neuroinflammation with elevated levels of proinflammatory cytokines further disrupts serotonin availability

Discussion

Suicidal ideation in patients experiencing psychosis cannot be attributed to any single cause whether it be chemical imbalances, depressive symptoms, or a desire to protect others from perceived harm. Instead, suicidality arises from an interplay of psychodynamic, sociological, and biological factors, highlighting that no one theory fully captures a person's motivation.

Developing a multifactorial understanding is essential for improving clinical insight and allowing us to support more individualized and effective care.

Future research should aim to deepen our understanding of suicidal motivations beyond patients with psychosis but across diverse patient populations. By clarifying the underlying drivers of suicidal ideation, we can better tailor treatment approaches to each individual's needs.

References

World Health Organization. Suicide worldwide in 2021: global health estimates. Published May 23, 2025. Accessed December 29, 2025.

Centers for Disease Control and Prevention. Suicide data and statistics. Updated 2024. Accessed December 29, 2025.

Turecki G, Brent DA. Suicide and suicidal behaviour. *Lancet*. 2016;387(10024):1227-1239.

Van Heeringen K, Mann JJ. The neurobiology of suicide. *Lancet Psychiatry*. 2014;1(1):63-72.

Freud S. Mourning and Melancholia. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. London: Hogarth Press; 1957.

Klein M. Notes on some schizoid mechanisms. *Int J Psychoanal*. 1946;27:99-110.

Durkheim E. *Suicide: A Study in Sociology*. New York, NY: Free Press; 1951.

Golwitzer M, Denzler M. What makes revenge sweet? *Eur J Soc Psychol*. 2009.

McCullough ME, Kurzban R, Tabak BA. Cognitive systems for revenge and forgiveness. *Behav Brain Sci*. 2013.

Frijda NH. The lex talionis: On vengeance. In: Biehoff HW, ed. *Conflict and Conflict Resolution*. 1994.

Bies RJ, Tripp TM. The study of revenge in the workplace. In: *Justice in the Workplace*. 2005.

Stuckless N, Goranson R. The Vengeance Scale. *J Soc Behav Pers*. 1992.

Mann JJ, Brent DA, Arango V. The neurobiology and genetics of suicide and attempted suicide: a focus on the serotonergic system. *Neuropsychopharmacology*. 2001;24(5):467-477.

Dantzer R, O'Connor JC, Freund GG, et al. From inflammation to sickness and depression: when the immune system subjugates the brain. *Nat Rev Neurosci*. 2008;9(1):16-58.

Miller AH, Raison CL. The role of inflammation in depression: from evolutionary imperative to modern treatment target. *JAMA Psychiatry*. 2016;73(6):587-588.

Ogawa S, et al. Role of cytokines in the kynurenine pathway in major depression and suicide. *J Affect Disord*. 2014.

Brunold L, et al. Elevated cerebrospinal fluid quinolinic acid in suicide attempters. *Mol Psychiatry*. 2016.

Haroon E, et al. Inflammation, glutamate, and glia: a trio of risk factors for suicide. *Curr Top Behav Neurosci*. 2017.

Posner K, Brown GK, Stanley B, et al. The Columbia-Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies. *Am J Psychiatry*. 2011;168(12):1266-1277.

Baldessarini RJ, Tondo L, Davis P, et al. Decreased risk of suicides and attempts during long-term lithium treatment: a meta-analytic review. *Bipolar Disord*. 2006;8(5 Pt 2):625-639.

Meltzer HY, Alphas L, Green AJ, et al. Clozapine treatment for suicidality in schizophrenia: International Suicide Prevention Trial (InterSePT). *Arch Gen Psychiatry*. 2003;60(1):82-91.

Postolache TT, et al. *Allergy, depression, and suicide*. *Curr Opin Psychiatry*. 2008.

Freud S. *Sigmund Freud* [photograph]. Published circa 1921. Accessed January 17, 2026.

Klein M. *Melanie Klein* [photograph]. Published 1952. Accessed January 17, 2026.

Durkheim E. *Émile Durkheim* [photograph]. Published circa 1910s. Accessed January 17, 2026.

Acknowledgements

This work received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. The authors declare no conflicts of interest related to this work. Our heartfelt thanks to Edward Via College of Osteopathic Medicine, Dr. Partam Manalai, and Dr. Kumari for all their support and guidance on this project!