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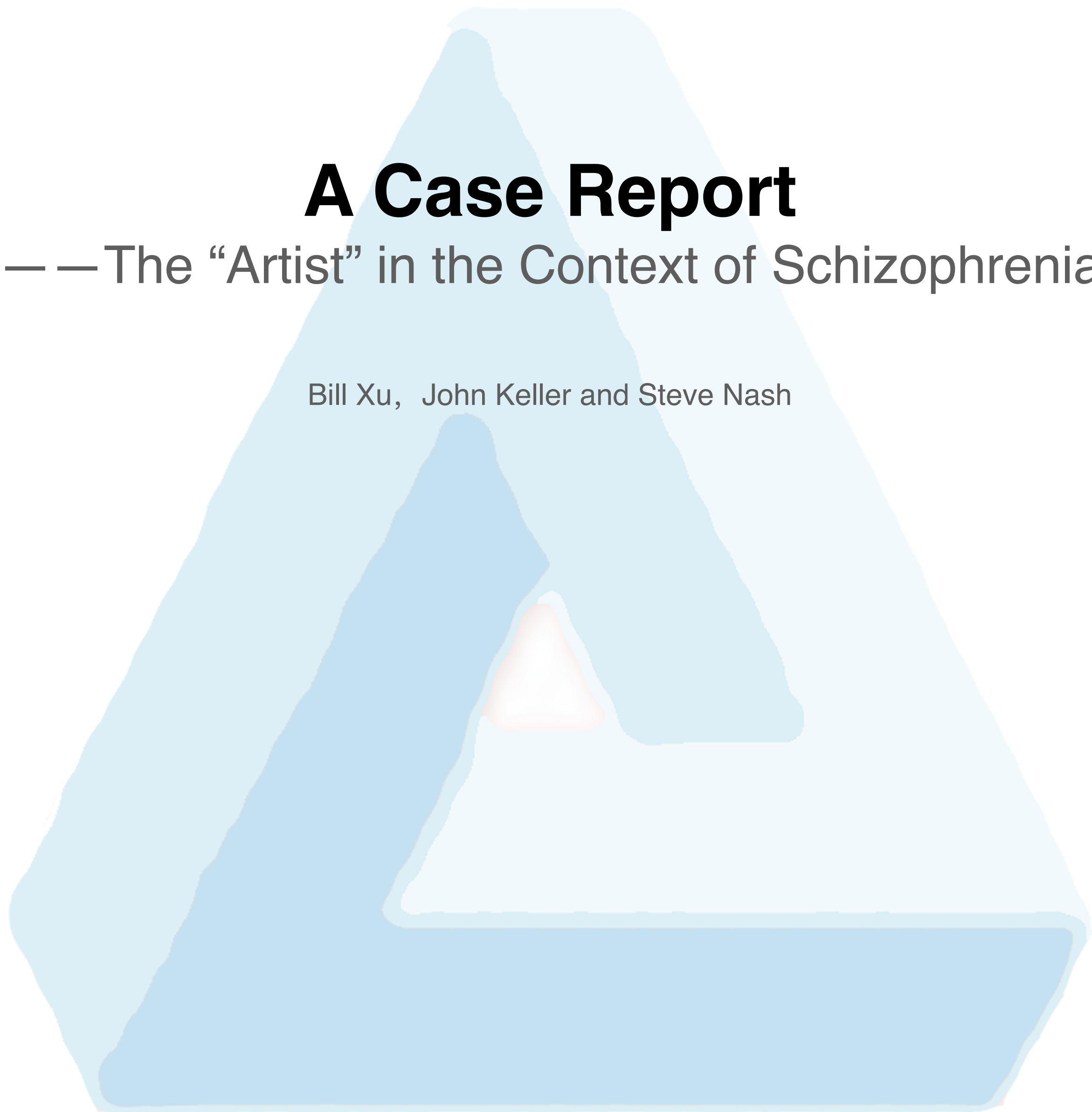

A Case Report
——The “Artist” in the Context of Schizophrenia

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Keyword：hallucinations, paranoid, Persecutory delusion，delusions of reference

Abstract

Background：Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality. Schizophrenia is often misunderstood as a split personality by many people. It is a disease that markedly affects social and occupational functioning, interpersonal relationships, morbidity and mortality. A person suffering with it eventually loses his interest in basic needs of life. Symptoms of schizophrenia are divided into positive, negative and cognitive symptoms. Schizophrenia can be treated with antipsychotics which includes both typical and atypical antipsychotics. Along with the pharmacotherapy, psychosocial treatment is also done.

Positive Symptoms	Negative Symptoms	Disorganized Symptoms
Delusions	Affective flattening	Disorganized speech
Hallucinations	Alogia	Thought disorder
Combativeness	Anhedonia	Disorganized behavior
Insomnia	Apathy	Poor attention
	Asocial behavior	

Table: Symptoms of Schizophrenia.

Case："Artist" is a 27-year-old unemployed young man who regards himself an artist. After a trip in 2014, he developed a strong obsession with local history and culture. In the following years, he tried to deepen his understanding through various aspects of learning. But in the process, according to "Artist", he often felt "disgusted", "confused & uncomfortable" and "losing a certain sense of balance". He insisted that the feeling of discomfort became much better when he met his best friend, a young man named "Abliz". But this "precious friendship" sometimes brought him a strong sense of anxiety which reinforced serious depression and derived other delusions. His condition gradually improved over the course of treatment with divalproex & quetiapine, and with discussions about the rationale for his belief. Upon discharge, "Artist" demonstrated awareness of his fixation on "the friendship" and an ability to redirect and control himself.

Discussion：This case highlights the need to better understand the influence of life experience particularly based on identity and intelligent on delusion，the evolving nature of the complexity of delusions in schizophrenia, the increased risk of violence and self-harm behaviour in this presentation, and how specific events and social and cultural factors can influence delusional

themes of schizophrenia. Pharmacotherapy and aspects of cognitive-behavioural therapy may be effective in ameliorating these symptoms in schizophrenia.

Introduction

1. According to the DSM-IV-TR, persecutory delusions are the most common form of delusions in paranoid schizophrenia, where the person believes "he or she is being tormented, followed, tricked, spied on, or ridiculed", or that their food is being poisoned.[1]They are also often seen in schizoaffective disorder and, as recognised by DSM-IV-TR, constitute the cardinal feature of the persecutory subtype of delusional disorder, by far the most common. Delusions of persecution may also appear in manic and mixed episodes of bipolar disease, polysubstance abuse, and severe depressive episodes with psychotic features, particularly when associated with bipolar illness.[2]

2.Delusions of reference describe the phenomenon of an individual experiencing innocuous events or mere coincidences[3] and believing they have strong personal significance.[4] It is "the notion that everything one perceives in the world relates to one's own destiny", usually in a negative and hostile manner.[5] This is not to be confused with gaslighting. In psychiatry, delusions of reference form part of the diagnostic criteria for psychotic illnesses such as schizophrenia,[6] delusional disorder, bipolar disorder (during the elevated stages of mania), as well as schizotypal personality disorder[7]. To a lesser extent, it can be a hallmark of paranoid personality disorder. Such symptoms can also be caused by intoxication, such as stimulants like methamphetamine.

3.According to clinical psychologist P. J. McKenna, "As a noun, paranoia denotes a disorder which has been argued in and out of existence, and whose clinical features, course, boundaries, and virtually every other aspect of which is controversial. Employed as an adjective, paranoid has become attached to a diverse set of presentations, from paranoid schizophrenia, through paranoid depression, to paranoid personality—not to mention a motley collection of paranoid 'psychoses', 'reactions', and 'states'—and this is to restrict discussion to functional disorders. Even when abbreviated down to the prefix para-, the term crops up causing trouble as the contentious but stubbornly persistent concept of paraphrenia".[8] At least 50% of the diagnosed cases of schizophrenia experience delusions of reference and delusions of persecution.[9] Paranoia perceptions and behaviour may be part of many mental illnesses, such as depression and dementia, but they are more prevalent in three mental disorders: paranoid schizophrenia, delusional disorder (persecutory type), and paranoid personality disorder.[10]

4.Schizophrenia is believed to arise from a combination of genetic and environmental factors. With the observation that siblings of a proband have an 8.5% greater risk of developing the disorder compared to the general population [11], it is believed that the disorder may be of a polygenic multifactorial aetiology. It is has been estimated that about 70% of the variation in the liability to develop schizophrenia is accounted for by genes, with the remaining 30% of the variation being explained by the environment [12].

5. It seems that many artists are understood by the public as characters of heroism with slight mental illness. It is even widely believed that hallucinations or delusions can help artists produce better "art" in an irrational state. The most famous example——Vincent Van Gogh, and many others. However, based on the description of the patient's art experiments, in this case, we can say that his art activities were dominated by rational thinking and practised through concept and sensibility. Obviously, it against to the irrational visual catharsis. Finally, in this report we present the case of ‘Artist', an individual with a mixed development of the above symptoms in the context of schizophrenia, we would review the relevant literature on biological, psychological, and social factors associated with schizophrenia.

Case Presentation

"Artist" is a 27-year-old unemployed young man who regards himself as an artist. He was born in an ordinary family in Wuhan, China, apart from the experience of living in a "nomadic" way with his parents and not be able to speak any dialect, his childhood contained no great peculiarities, the family atmosphere was serene and sweet though he describes himself as "shy" and "can't help being nicely fake with others" since childhood. In 2014, he went on a journey to the very west region of China. In 2016, he graduated from Goldsmiths，University of London in 2016 and received "Distinction" in the degree of MFA. He has won some art prizes and participated in some art exhibitions. He wasn't diagnosed as Paranoid Schizophrenia or antipsychotic intake before 2018. Importantly, no family history of schizophrenia could be found in the case.

In 2017, his wife gradually discovered his abnormal behaviours. She indicated that at first, she thought he was kidding. Sometimes she saw "Artist" was sitting there alone, talking and whispering to himself. If she asked what he was doing there, he replied that he was Wechatting with his friends. However, his wife found that he wasn't chatting to anybody but himself. He kept sending WeChat messages to himself，everything just exist in his mind. Later, the situation became more and more serious. According to his wife, sometimes "Artist" claimed that he was talking to his friend on Wechat while he didn't even have a phone or laptop with him. According to "Artist" 's wife and "Artist", "Abliz" is quite like a real person. He doesn't always cooperate，sometimes he disappears, sometimes he shows up suddenly. When "Artist" can't reach him, his state becomes anxious which causes paranoid and other delusions. Once his wife tried to communicate with him and it was not going very well then there was an altercation resulting in "Artist" attacking her violently and his parents intervening.

Upon initial interview, "Artist" was oriented, with psychomotor agitation, mildly pressured speech, anxious mood and it was often falling into a certain theme of delusion (such as escape or arrest) . The thought process was tangential, and his cooperation was poor due to his preoccupation with delusions that he was in danger. Although he is caught in a certain negative perception of delusion, his logical thinking ability and rhetoric are still working. When we try to have some discussion with him, he often has some very rational viewpoints, most of which related to history, politics, aesthetics, power and rights, etc. In contrast, he turned a blind eye to some evidence of his own schizophrenia.

Magnetic resonance imaging (MRI) performed in March 2018 revealed mild global volume loss for age with the widening of the Sylvian fissure bilaterally. Neither evidence of white matter abnormalities was noted on fluid-attenuated inversion recovery (FLAIR) imaging (Figure 1). Neuropsychological testing administered during the index hospitalisation was significant for impairment on tasks of processing speed, simple attention, verbal learning and memory, aspects of executive functioning (set-shifting, verbal fluency), facial recognition, and affect naming and recognition. Aspects of visuospatial discrimination and construction, confrontation naming, and visual memory were intact (Table 1).

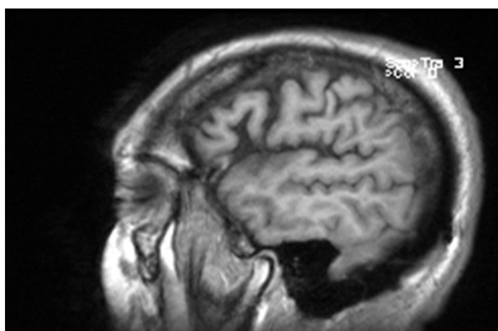

Figure 1

Test	Raw	%	Functional domain
WRAT-4 reading	53	14	Estimated premorbid intelligence
MoCA	15	NA	Global cognitive screen
RBANS digit span	8	15	Attention
RBANS coding	30	3	Attention, processing speed
Trails A	135"	<1	Attention, processing speed
Trails B	360" (3E)	<1	Set-shifting, processing speed
RBANS naming	10	75	Language
RBANS semantic fluency	10	1	Executive function (verbal fluency)
RBANS figure copy	19	72	Visuospatial construction
RBANS line orientation	18	71	
RBANS list learning	19	<1	Verbal learning
RBANS story learning	9	4	
RBANS list recall	2	3	Verbal memory
RBANS list recognition	19	31	
RBANS story recall	2	1	
RBANS figure recall	13	44	
BFRT	39	8	Socio-emotional
FAB affect recognition	12	<1	Socio-emotional
FAB affect naming	16	<1	Socio-emotional
IPSAQ eternalizing bias	−7	Minimal	Attributional style
IPSAQ personalizing bias	3	Severe	Attributional style
BDI-II	24	Moderate	Depression

BDI-II, Beck Depression Inventory–II; BFRT, Benton Facial Recognition Test; FAB, Florida Assessment Battery; IPSAQ, Internal, Personal and Situational Attributions Questionnaire; MoCA, Montreal Cognitive Assessment; RBANS, Repeatable Battery for the Assessment of Neuropsychological Status; WRAT-4, Wide Range Assessment Test–4.

Table 1

Upon initial presentation, given the patient's aggressive and activated behaviour as well as sleep difficulties, venlafaxine was discontinued and quetiapine was titrated to 700 mg. Divalproex was added during the admission for mood stabilisation and titrated to 750 mg. During his 1 week on the inpatient ward repeated inquiry about his experience and his relationship to "Abliz" led to changes in the content of "Artist" 's delusion from literal and concrete beliefs to more abstract and metaphorical descriptions. Continued probing about the patient's existence demonstrated further amelioration of the nihilistic content. A month into his admission when asked if his "best friend" was actually a real person or his imagine, he indicated that "Abliz" was ‘probably his perfect imaginary friend’. Approximately 1 month into his admission he recognised when the content of his speech began to focus on history, identity, and self-negation, at which point he would stop and remark, ‘Here comes Abliz.' He was ultimately discharged after 3 weeks of hospitalisation. On discharge, the patient's wife noted that he was much less delusional. "Artist" demonstrated awareness of his fixation on "the friendship" and an ability to redirect himself. He indicated that he could almost control himself by understanding those delusions as a play of tragedy.

Discussion

Although alterations in mood, attributional style, and cognitive dysfunction are often present in psychotic spectrum disorders [13][14] it is notable that measures across these domains of functioning in our patient were consistent with previous reports characterising patients with PD, including moderate depressive symptoms, an internalising attributional style, and impairment on tasks of facial recognition, affect recognition, and affect naming. Previous reports characterising the neuropsychological profile of PD have proposed damage to affective components of the face recognition system as the cause of impairment seen on tasks of facial recognition, affect recognition, and affect naming [15]. More general right-hemisphere cognitive dysfunction has also been observed [16]. Young and Leafhead [17] have proposed that the co-occurrence of disruption to the affective component of the visual recognition system with an internal attributional style results in the development of PD, and one case has supported the existence of an internal attributional style [18]. PD is also typically accompanied by depressed mood and in some cases psychotic features [19]. The influence of history and political event in the development of PD has recently highlighted the role that cultural social thematic content can play in the germination of patient beliefs [20].

This case report documents the presence of politically reinforced PD in a 27-year-old man with a few positive and negative symptoms and has a normal neurocognitive assessment. The presence of PD in schizophrenia is common, the co-occurrence of monothematic delusions and schizophrenia has been documented. Two-Factor theory of delusional belief has been proposed to explain monothematic delusions such as PD and DR consisting of abnormalities that result in the generation of delusional beliefs and abnormalities that serve to maintain these beliefs despite evidence to the contrary. While the former abnormality is unique to the delusional belief in question, the latter is hypothesized to be the result of damage to the right frontal lobe impairing the belief evaluation system[21]. In the context of schizophrenia, the etiology of monothematic delusions likely remains due to the same combination of these cognitive impairments. It is important to gain a better understanding of the role specific life events and cultural and social influences play in the formation and maintenance of PD.

The special feature of this case is the co-occurrence of PD and DR. "Artist" 's symptoms were between a psychological phenomenon and a schizophrenia symptom. The difference may be that, in fact, most children or adults who have imaginary friends are conscious that the imaginary friend is not real. However, in the "Artist" case, he was very convinced that the "Friend" in his imagination or delusion was absolutely true before seeking medical advice. He was strong skeptical about some certain knowledge or common sense. For example, he does not think that Central Asia is a real exist place. However, he firmly believes that Abliz was his best friend ever. In the beginning, the paranoia is not the most significant symptom, but when the positive hallucination becomes unstable, the persecutory delusion begins to become active and negative. The content of "Artist" 's delusions is relatively fixed and forms a whole narrative. The main role was "Abliz", and the script mainly focuses on the erratic geographical and geopolitical terminology of "Central Asia." All the delusions go on and on from time to time in his routine. "Abliz" and its related "reality" seems to be the illusion that "Artist" gradually came up after researching history, collecting materials and field study. For most people, "Artist" could be Marx in "Mary and Marx", Russell Crowe in "Beautiful

Mind", Leonardo DiCaprio in "Shutter Island" or even Danny Torrance in "The Shining". It took "Artist" a long time to realise this.

Conclusion

The causes of a certain secondary persecutory delusion or schizophrenia are complex, both from the temptation or stimulation of reality and from the various reason of the subject itself. Essentially, this is a resistance of a person's suppressed consciousness. Carl Jung believes that "events" are generally an important factor in causing psychological stress[22]. The higher the frequency of incidents, the more likely the psychological stress would occur, the repressed environment, the memory of tragedy, unfair reality, contradictory cognition, and those impressive experiences, accumulated in silence until a logical obstacle is formed, which eventually force consciousness transforms into delusion. Cultural and social influences on the presentation and outcome of mental illness require modification of treatment strategies to suit cases of mental illness, especially in totalitarianism countries. There is a need to develop these culturally relevant treatment modalities to benefit the psychiatric patients for whom political beliefs play a significant role in disease presentation, treatment and outcome[23].

Ethics Statement

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

Author Contributions

BX made a substantial contribution to the design of the work, the acquisition and interpretation of the work, drafted the work, approved the final version to be published and agreed to be accountable for all aspects of the work. JK made a substantial contribution to the acquisition and interpretation of the work, revised the work critically for important intellectual content, approved the final version to be published and agreed to be accountable for all aspects of the work. SN made a substantial contribution to the acquisition and interpretation of the work, revised the work for important intellectual content, approved the final version to be published and agreed to be accountable for all aspects of the work.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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