SELF MUTILATION IN A FAMILY: CASE REPORT

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SYNOPSIS

Self-mutilation in the form of self-cutting is not an uncommon phenomenon and poses management problems in both the Psychiatric and Accident and Emergency Department. In this paper we describe a family in which self-cutting appears to be the major manifestation of family psychopathology. Some aspects of this phenomenon are discussed.

INTRODUCTION

Self-mutilation by self-cutting especially of the wrist is usually submerged in the statistics of attempted suicide and suicide. Many cases do not reach medical attention especially if the wounds are minor. Also in the Accident and Emergency Department, the wounds may be recorded as Simple Lacerations. Nevertheless it is increasingly recognised that this form of self-inflicted injury is characterised by a pattern of recurring features suggestive of a distinct syndrome.

CASE REPORT

Our first involvement with this family followed the hospitalisation of the eighth sibling (See Table) for self-cutting. He was admitted on four occasions over the past 3 years for self-mutilation and each time he was labelled as Personality Disorder with Reactive Depression. Each admission was preceded by an assessment and wound dressing at the Accident and Emergency Department where he was initially referred.

Psychosocial Profile

He came from a family of 9 children with the father working as a security guard. He was a failure in school and left after Primary Six. He held a variety of unskilled jobs working only for short spells at each job. He started smoking marijuana after leaving school. He married at 17, the wife being a school student then. He stayed with the wife's family but after 2 years he was evicted by the father-in-law following a spate of disagreement between them.

After the eviction he was prevented from seeing the wife and he went through a period of depression leading to the first episode of self-cutting. Subsequently self-cutting with a razor or broken glass occurred repeatedly, following minor stress or reverses. He described tension building up until he could no longer control it. He would then slash his wrist, arms, chest and even scrotum indiscriminately, but there was no suicidal intention. Relief and occasional pleasure at the sight of blood would come with the commission of the act. It was only when relief did not come or the wound required medical attention that medical assistance was sought.

His mental state was characterised by a feeling of emptiness of life, low frustration threshold and an unstable interpersonal relationship. There was no suggestion of a psychosis.

Similar patterns of self-cutting were the norm among the majority of the sibs (see Table) during their late adolescences and early adulthood. Evidently, such responses constituted the main repertoire in coping with stress and boredom in the family. Presumbly the element of learned behaviour contributed to the propagation of self-cutting among the sibs but it is significant that the fourth sib given away for adoption at birth and maintaining no contact with the family was also known to indulge in self-cutting and drug abuse.

Two other sibs have had previous admissions to Woodbridge Hospital following episodes of self-cutting. The third has a long standing history of juvenile crimes, serving sentence in reformative training centre, drug rehabilitation centre and prison for armed robbery. He was also involved in the stabbling of another sib following a quarrel. The fifth sib attributed his self-cutting to mounting tension following marital problems and inability to cope. Interestingly, the father appeared unperturbed and the reason he gave was that it was a transient phenomenon and "they would grow out of it". As far as we could ascertain, only the seventh sib and our patient are currently manifesting self-cutting tendencies.

DISCUSSION

Three forms of deliberate self-mutilation have been described in the literature:

(1) Deep and dangerous cut in a highly lethal suicidal attempt with fatal consequences.

(2) The psychotic individual who mutilates himself (often bizarrely) in response to his disordered thoughts or hallucinatory voices.

(3) The emotionally disturbed person who inflicted himself with superficial wounds that do not endanger life. This last group form the basis for our discussion.

These individuals tend to evoke more anxiety and attention to a degree far out of proportion to the gravity of the act. It is also true that they are poorly managed

TABLE

	Age	Sex	History of Self Cutting	History of Drug Abuse	History of WH Admission	Remarks
1st Sib	38	M	Positive	Positive	Nil	Poor social adjustment.
2nd Sib	36	M	Nil	Nil	Nil	Well adjusted. Taxi-driver.
3rd Sib	32	M	Positive	Positive	Positive	History of criminal offence. Poor social adjustment.
4th Sib	30	M	Positive	Positive	Nil	Given away for adoption.
5th Sib	29	M	Positive	Positive	Positive	Poor social adjustment.
6th Sib	27	F	Nil	Nil	Nil	Married; well adjusted.
7th Sib	25	M	Positive	Positive	Nil	Actively indulging in self cutting.
8th Sib	24	M	Positive	Positive	Positive	Index patient. Poor social adjustment.
9th Sib	18	F	Nil	Nil	Nil	Mentally retarded.

by the medical and nursing staff they encounter partly because they arouse strong feelings of frustration and rejection. A useful review is given by Simpson (1).

Attaching conventional psychiatric diagnosis to the mental state is usually not helpful as they do not really bring about an understanding of the phenomena. Generally they have severe personality problems characterised by low self-esteem, impulsive or aggressive behaviour, unstable mood, difficulty in interpersonal relationships and a tendency to abuse alcohol and drugs. Meanings attached to the self-mutilation include chronic feelings of emptiness (2) anhedonia and difficulty in expressing their emotion and needs.

The commonest precipitants to the actual act are the experience (or the threat) of abandonment, separation, rejection or an impasse in interpersonal relationships. These precipitants lead to feelings of anger and depression but tension soon becomes the dominant effect. The tension becomes unbearable and only when laceration occurs does relief ensue. Some patients say that the lacerations were inflicted during a state of feeling detached from the surroundings and of experiencing little or no pain. Generally some blood is drawn and the sight of this is often important to the patient.

Suicidal ideation is quite uncommon and far from an act of suicide, the self-cutting tantamounts to anti-suicide as the patient regains his composure following the act.

Management

Managing this group of patients poses awkward problems. They don't respond to medication or conventional psychotherapy. They are often rejected by the medical staff who tend to rationalize medically by pejorative labelling such as "manipulative" or "attention-seeking" (3, 4).

Although there is no consensus as to treatment approach, it is important that there should be an attitude of acceptance of the patient himself despite a dislike for his action and this should be communicated to him and maintained. Simple efforts to gain the patients' confidence and increase his self esteem, improving his ability to verbalise his emotions and finding an alternative method of relieving tension are more likely to bring about tangile benefits. Anxiolytic drugs are seldom helpful and may produce disinhibition and dependence. If drug treatment is needed to reduce tension, a phenothiazine is more likely to be effective.

Finally where self-cutting is seen on an emergency basis the following priorities need to be established (5):

If the cut occurred as a result of a clearly psyhotic delusion, hospitalisation is indicated. So are cases where there is a serious suicidal intent.

Where non-psychotic individuals cut themselves this would require a flexible approach because of the differing reasons for cutting and also their varying capacities to improve. They should be encouraged to take more responsibilities for managing their affairs wherever possible. Attempts should always be made to discover the complex meaning of the cut whether it is the result of anger, a desire to punish or manipulate others etc.

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