Self-harm in adolescence: a girl who swallowed needles

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Abstract

Self-harm represents a serious and pathological behavior that occurs most notably during adolescent years and currently seems to be a problem that is on the increase. Self-harm is a self destructive behavior which most frequently takes the form of cutting and burning. Relative to suicidal behavior, self-harm, in and of itself, is not intended to be lethal and tends to be repeated and addictive. However, in cases of self-harm the risk of suicidal behavior cannot be ignored. This presentation is a case study of a girl who engaged in an unusual form of self-harm, by swallowing needles.

INTRODUCTION

Self-harm represents a category of behavior which fits in a sociocultural context. Acceptance of disfiguration of the human body is dependent on cultural and social values which determine which types of disfigurations are considered to be within the limits of the conventional norm (e.g. tattooing or piercing) and which have characteristics of pathological self-harm.

Self-harm is considered to be a serious problem and studies have shown an increasing prevalence among young people (Cleaver, 2007; Jacobson & Gould, 2007; Croyle & Waltz, 2007). In western countries 5–9% of adolescents reported engaging in self-harm in the preceding year. More than 5% of those hospitalized after self-harm committed suicide within 9 years (Skegg, 2005).

Non-suicidal self-harm (also referred to as "self-harm", "self-injurious behavior", "self-wounding", "deliberate self-harm") is a term which is most frequently used in connection with a conscious, intentional, and often repeated self-harming behavior done without conscious suicidal motivation and during which the integrity of body is violated without serious lethal consequences. Most often these involve cases where the patient cuts the skin on the wrist, forearms, back of the arm or scratches or carves marks into the skin. Sharp objects, such as razor blades, pieces of glass or mirrors are often used for this behavior. Another form of self-harm is burning, for example with a cigarette. Motivations for self-harm vary, with the most frequently mentioned motivations being feelings of anger towards oneself, the need to be punished, and the need for relief from tension. Self-harm can be a sign of borderline personality disorder and

CASE REPORT

some authors emphasize the addictive character of self-harming behaviors (Nixon *et al.* 2002). Repeated drug overdoses which do not show a direct suicidal motive can also be described as self-harm. It is widely accepted that the psychological issues accompanying self-harm have specific dynamics and course:

- the presence of an event which brings about a feeling of internal discomfort (loss, conflict, narcissistic injury)
- strengthening of dysphoric emotions, tension, anxiety, rage
- the need to regulate psychic balance
- self-harm
- tension relief

Repeated self-harm is usually found in connection with personality pathologies, most frequently with borderline personality disorder (Tantam & Whittaker, 1992). Additionally, antisocial, histrionic, and multiple personality disorders have been mentioned. Self-harm is also seen significantly more often in patients with addictions (Favaro *et al.* 2007). Casillas & Clark (2002) observed a relationship between personality characteristics of addiction, impulsiveness, and self-harm. Membership in specific adolescent subcultures, such as the Goths, has also been viewed as a risk factor (Young *et al.* 2006). Ease of access to the Internet can open the door to self-harming behavior (Whitlock *et al.* 2006) through potential exposure, of at risk individuals, to adolescent subcultures which promote or endorse such behavior.

CLINICAL CASE

We present the case of a sixteen year old girl who was admitted to the Department of Child Psychiatry after attempting suicide. Hospitalization was directly related to her suicidal attempt. While at home and just prior to going to bed, she had taken 54 anti-epileptic pills; an ambulance was called by her mother, who was at home when her daughter overdosed. The patient reported that she wanted to die because of her boyfriend's recent death in a car accident.

The girl was from a family environment with a history of problems. Her father had problems with alcohol and the mother was being treated for epilepsy and drug addiction. There was also a history of alcohol related paternal child abuse.

At primary school she had had a history of poor grades; nonetheless she was able to enter nursing school. Her behavior at school had never been considered problematic but with increasing mental problems, the patient found it more and more difficult to study.

She was physically healthy, did not have problems with alcohol or drugs, although she reported having tried marihuana and ecstasy with a classmate. Prior to hospitalization she had not had any contact with a psychiatrist or a psychologist. Her orientation was heterosexual and she had not had sexual intercourse.

She reported having friends who were Goths and connected this subculture, which she had learned about on the internet, with self-harming behaviors. She also reported having a friend with a history of cutting herself. She expressed a belief in life after death; and admitted feeling a connection with Goths who "love rain, darkness and going to cemeteries."

During hospitalization it was discovered that the girl had, 6 months prior to admission, started to swallow needles as a form of self-harm. The first instance occurred following a quarrel with her parents. She reported wrapping a needle in caramel and swallowing it. She reported noticing a pain in her stomach which she liked; saying that it felt like a kind of "letting off steam." Afterwards she repeated the behavior once or twice a month. She reported getting the needles from a sewing kit. She said that swallowing them made her feel good and that the pain helped her "remove" stress and depressive feelings. All this information was revealed during sessions and interviews. She reported being drawn to thoughts about life after death and believed that it (life after death) might be better. She believed that people continued to exist after death, but without a body. She reported going through a period when she was swallowing needles every day – two or three each day.

During the patient's one month psychiatric hospitalization she was examined and subsequently operated on for removal of needles. The surgeon found 11 needles, although the patient reported swallowing about 30 needles. Using somewhat psychologically imprecise jargon, the surgeon described the patient's behavior as "craziness."

On reflection the patient recounted times when she wanted to stop the behavior; however, she said that "it had become a habit." She also recounted a time when she chose a larger needle and stabbed herself in the abdomen. "Sometimes," she said, "she could feel the needles inside and she was glad to have had them there;" she reported that this behavior allowed her to feel pain without anybody else being aware of it. She said that the pain caused her to focus her attention away from her unhappiness and onto the pain itself.

She reported that a short time before her suicide attempt she had met an interesting "Goth" boy (the boy previously mentioned as having died in a traffic accident). She reported that the feelings associated with this loss had led to the use of the anti-epileptic medication with suicidal intentions.

During psychological examination, using the method of unfinished sentences, she expressed that most of the time she thought of boys, her secret ambition was to be attractive, and she was happiest when she was in love. She felt deep sorrow that she did not know how to help her mother. During hospitalization she indicated that she never wanted to swallow needles again and had no desire to kill herself.

The conclusion of the examination was that her personality was imbalanced, immature, emotionally

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unstable, and developing towards borderline personality disorder with a risk of depressive pathology and a tendency to cope with problems through auto-aggressive strategies. Her intelligence was assessed as average. Her family environment was assessed as insufficient and unsupportive.

She was hospitalized for several weeks and treated with fluvoxamine (100 mg, q.d.) and ziprasidone (60 mg, q.d.). Psychotherapy and family therapy was also considered necessary. Individual therapy was oriented especially toward depressive symptoms and pathological personal coping strategies; family therapy was directed toward improving family function; specifically the aim was to work on self-control strategies for the parents (both of whom had substance abuse problems) with the goal of decreasing family conflicts.

At the 1 year post-hospitalization follow up, it was found that the girl was living at home with her parents. Her mother had completed a community drug abuse treatment program. Continuation in nursing school had not been recommended and she had enrolled in a different high school vocational program. She had a new boyfriend, a Goth, and she continued to believe in the magical ideology of this subgroup. She reported that she no longer swallowed needles nor engaged in any other forms of self-harm behavior. She was keeping a regular schedule of visits to a psychiatric clinic, was continuing with antidepressant medication, and was also taking part in psychotherapeutic sessions.

DISCUSSION

It is necessary to distinguish self-harm from suicidal behaviors. Even within the medical community these behaviors are often viewed as the same thing. The situation is often made more complicated by the fact that both self-harm and suicidal behavior can be exhibited by the same patient.

In cases involving self-harm behaviors and suicidal behaviors we find identical characteristics with regard to depressive feelings and feelings of powerlessness and hopelessness. Both groups exhibit suicidal thoughts and fantasies, tend to be more aggressive, with unstable affects, express borderline pathology, tend to minimize the risk of self-destructive behavior, believe in miraculous rescues and view death in a less definitive way.

Signs that distinguish self-harm from suicidal behavior relate particularly to the fact that individuals engaging in self-harm do not wish to die and most injuries associated with self-harm do not have lethal consequences. Self-harm often becomes a repetitive behavior (more than 60% of self-harm cases engage in repeated acts of this behavior).

We know that self-harm and suicidal behavior are – to say the least – interconnected (i.e. the risk of suicide is higher among those who engage in self-harm behaviors). About 55–85% of those with a history of self-harm have attempted suicide at least once. Considering the relationship between self-harm and suicidal behavior, we must take into account the patient's personality and the type of personality pathology; higher prevalence's of both types of behavior can be found in patients with borderline personality disorder.

The causes of self-harm behavior are frequently seen in connection with childhood traumatization (Adshead, 1997; Van der Kolk *et al.* 1991; Bob, 2008; Cinovsky & Skodacek, 2008). It is assumed that inappropriate or inadequate primary care during childhood creates an inclination toward channeling aggressive impulses towards one's own body. This inclination manifests itself particularly during adolescence in those with a tendency toward self-harm. Preceding or precipitating events (e.g. loss of an important relationship or narcissistic injury) play an important role. Individuals who lack appropriate coping mechanisms, and as such are unable to effectively resolve these types of issues, may become overwhelmed with feelings of powerlessness, grief, rage, injustice, and desire for revenge. The aggression associated with these feeling is then turned toward their own body. The rise and duration of self-harm behaviors are often accompanied by various fantasies. The pattern of self-harm behaviors tends to repeat itself as does other habitual manifestations (e.g. drug abuse). Favazza (1998) describes self-injury as a pathological effort to reach relief from feelings of depersonalization, guilt, rejection, and boredom. Therapy of adolescents who harm themselves is usually complex and includes both psychosocial and pharmacological treatment methods. Hospitalization is indicated in cases where patients suffer from other psychopathologies (typically eating disorders, drug abuse, or depression) or when patients manifest both self-harm and suicidal behaviors (Kocourková & Koutek, 2003). Hospitalization requires an experienced team since self-harming patients often display „manipulative“ tendencies and it is difficult for hospital staff to effectively cope with these behaviors. Self-harming patients can sometimes elicit feelings of anxiety, guilt, and even anger in their therapists. Therefore, professional staffs need support, supervision, and skill in managing transferential feelings. It is always necessary to create a relationship with the patient, to identify the problem, to solve the crisis, and treat the underlying psychiatric disorders (Skegg, 2005). In general the family also needs to be part of the solution, which may entail specialized help or therapy for family members as well.

CONCLUSIONS

In this case review our goal was to show that self-harming behavior in adolescence can be more dangerous than sometimes assumed. In this girl's case it is, rightly, noted to have stemmed from a dysfunctional family environment in which both parents suffered from substance abuse (the mother abused drugs and the father

was an alcoholic). Additionally, the girl was most likely abused by her father when she was a child. The girl had a disharmonious personality which pointed toward development of borderline personality disorder with low frustration tolerance, emotional instability, and a fragile narcissistic balance. The girl exhibited both self-harm and suicidal behaviors. Along with other clinical symptoms, depression was also present. Notable events associated with the period of self-harm, were (i) an infatuation with the Goth culture, and (ii) a romantic involvement which ended tragically. The girl showed typical dynamics of self-harm in accordance with her behavior and experience: frustration, harming herself, feeling of relief, and repetition of the behavior. The girl was hospitalized at the Department of Child Psychiatry and her therapy included: pharmacotherapy, psychotherapy, and family oriented therapy. We consider systematic out-patient psychotherapy, to help her cope with the challenges of adolescence, to be essential part of her future therapy and a necessary condition for a positive prognosis.

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