

SELF- ENUCLEATION OF EYES IN SCHIZOPHRENIA- AN UNUSUAL MODE OF DELIBERATE SELF HARM

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ABSTRACT

Self inflicted injury to the eyes including self-enucleation is a rare phenomenon. The authors describe a case of bilateral self-enucleation in a patient with paranoid schizophrenia. A review of literature shows that self-enucleation is correlated with moral, religious, and psychodynamic paradigms and various unconscious mechanisms have been proposed to explain this unusual behaviour.

Key words: Self-enucleation, deliberate self-harm, schizophrenia

Self inflicted injury to the eyes, including self-enucleation is a rare phenomenon. Despite this they are widely mentioned in ancient literature and assume a prominent place in mythology. The Norse god Odin is said to have given one of his eyes for the right to drink a single draught from the Spring of Mimir, whose waters contain wisdom and understanding. Oedipus, the legendary king of Thebes, gouged out his eyes when he discovered the truth of his ancestry (Rogers and Pullen, 1987). The first report of self inflicted eye injury was made by Bergman in 1846 when he described a 43 year old woman who suffered from "mystical delirium". This patient justified her self-enucleation by a verse from the Bible: "And if the right eye causeth thee to stumble, pluck it out and cast it from thee" (Mathew 5:29, King James Version). Self-blinding as a punishment for misdirected thoughts has endowed ophthalmology with three patron saints- Lucia of Syracuse, Triduana, and Medana (Stannard et al., 1984).

Severe self-inflicted injury, including complete removal of eye (self-enucleation) is usually associated with psychosis, or organic disorders such as epilepsy, encephalitis and

diabetes (Tapper et al, 1979). Rosen and Hoffman (1972) have described two patients who self-enucleated their eyes during psychotic episode (delusion of guilt) associated with LSD use. The authors hypothesise that the patients needed to assuage their guilty consciences by sacrifice, by substitution of the eye for the self. They connect their hypothesis to the Bible, myth, religion, and talion law. Self-enucleation of eyes has been reported in depression as well (Rao and Begum, 1996). Self inflicted orbitocranial injury has been described in attempted suicide. A 44-year old shop keeper was admitted to a psychiatric ward following an over dose of barbiturates. Five days after admission he was found collapsed, with right-sided spasticity and a periorbital haematoma. A diagnosis of cerebrovascular accident was made, but was revised when a skull X-ray revealed a ball point pen within the cranial cavity thrusting through right orbit, across the midline of the head, into the left temporo-occipital region (Tapper et al., 1979). Trevor-Roper (1980) reported a young Frenchman who proffered one of his eyes saying "it just fell out while I was playing cards". A tell-tale drop of blood was discovered on his finger

nails. Trevor-Roper describes the eye as a "sounding-board for the travails of the whole persona" and emphasises the role of the eye in sexuality. To him eye is a "a sort of sexual surrogate, since it is such a convenient organ of displacement whenever fear, guilt, impotence or despair debar a more physiological outlet". Thus self-enucleation becomes "the final solution". Singh (1988) has reported self-inflicted eye injury in a hypothyroid patient with florid psychotic features such as paranoid delusions, auditory hallucinations, and religious preoccupations. This patient injured herself while acting on her delusions.

There have been several attempts to fit self-mutilation of the eye into a single conceptual framework. A moral or religious model is often used by the patients themselves, who feel that they are carrying out the instructions of the Bible as reported by Bergman in 1846. The vast majority of Christians interpret the gospel in a symbolic and metaphorical way, but some psychotic individuals demonstrate "concrete thinking" in their inability to make abstract generalizations (Rogers and Pullen, 1987). Some psychoanalysts interpret Oedipus' self-blinding as the equivalent of self-castration, believing in an unconscious equating of the eyes with the genitals. MacLean and Robertson (1976) have stated that "castration fears, failure to resolve Oedipal conflicts, repressed homosexual impulses and self punishment are ubiquitous in self-enucleation". An alternative psychodynamic paradigm is that the eye represents the symbolic condensation of the self, so that self-enucleation "a substitute of the part of body for the whole. It allows one to kill devilish responsible self and yet live" (Rosen and Hoffman, 1972). This is the concept of "focal suicide". There are similarities between this psychodynamic interpretation and the exhortation in St. Matthew's gospel. We report a case of bilateral self-enucleation of eyes in a paranoid schizophrenic patient.

CASE REPORT

Mr. T, was a 40 year old married but

separated, Christian male and quarry worker by profession with upper primary education. He had alcohol abuse in the past but was off alcohol since 1 year. He was staying alone for the last 10 years with infrequent visiting of his parents. He was admitted to the ophthalmology ward of Calicut Medical College with history of pulling out of both his eyes in the previous night. Next day morning, when he was seen by his relatives, both his eyes were damaged with bleeding and his hands were blood stained. Psychiatric consultation was immediately sought which revealed that he has been showing abnormal behaviour in the form of wandering tendency, sleeplessness, and easy irritability since one year. Four months back he was admitted in Government Mental Hospital, Calicut for an acute excitement but did not continue treatment after discharge. Mental status examination showed intact higher mental functions but well systematised persecutory delusion that food was poisoned and people were using wireless set to know his activities. He also had delusion of infidelity, thought broadcasting, though withdrawal, and command auditory hallucination. He was diagnosed to have paranoid schizophrenia as per DSM-IV classification. On the same day, bilateral evisceration was done under general anaesthesia and the patient was referred for psychiatric care. He was initially treated with parenteral haloperidol 15mg and trihexyphenydyl 4mg which was changed to oral preparation later. He showed remarkable improvement at the time of discharge and is on regular follow-up now.

DISCUSSION

Severe self-mutilation is not a single entity and it occurs in various psychiatric syndromes with corresponding psychopathology (Rogers and Pullen, 1987; Singh, 1988). In this case, the patient injured himself while acting on his hallucination as he had an underlying paranoid psychosis. The patient's explanation for self-mutilation does not fit into the moral/religious model or the psychodynamic paradigm. At any time in his life, he has never thought of committing suicide except

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passively agreeing to the hallucination. Furthermore, this is an unusual mode of deliberate self-harm as this patient self-mutilated both his eyes simultaneously. All the case reports so far dealt with were self-mutilation of single eye only. Kell Yang et al. (1981) emphasised neurochemical factors in self-inflicted injury. They have suggested impairment in purine metabolism in patients with histories of self-inflicted mutilation of eyes. This approach has received little support, although it may have a limited role in Lesch-Nyhan syndrome and Gilles de la Tourette syndrome, both characterised by self-mutilation. Ultimately this form of behaviour may remain incomprehensible and impossible to anticipate. What can be said that patients who damage their eyes are likely to be suffering from a high level of distress, and should not be dismissed lightly. The authors would be interested to hear of similar case reports from other clinicians.

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