



Self-Mutilating Teens Embed Pins, Needles in Skin

Study Reports a New Form of Self-Injury, But Some Doctors Are Not Surprised

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Some doctors are alarmed by what they see as a growing trend by adolescents to mutilate their bodies through "self embedding" -- inserting shards of wood, glass, or paper clips under their skin.

Other medical experts, however, claim the embedding of needles and other objects in the skin is not a new syndrome, but is part of a growing problem of self injury that is gaining attention.

The grisly debate began last week after a report at the annual Radiological Society of North America conference described "self embedding syndrome" as a new development. The report cited 10 teens in Ohio who had slipped a sharp object into their skin.

"I was just sitting in class. I was kind of getting the urge to cut, but knew I couldn't leave class right then," Allie W., 16, told ABCNews.com in an e-mail interview. Allie, who is not one of the 10 Ohio teens in the Radiological Society report, asked her full last name not be published for privacy issues.

"I had a safety pin in my purse and sometimes I scratch with that or something similar...like cutting, just less messy and less noticeable," she said. "So I was going to do that, but for some reason I decided to slide it under my skin."

At the time, Allie had been "cutting" for two years. She still self-mutilates, although she has tried to get help and support on 'cutting' support groups online. Allie says she only rarely, and temporarily, embeds safety pins in her skin.

"I don't think it's any newer than cutting. To me it just seems like another form of cutting or self-injury," she wrote. "As for it being a disorder...I think it depends on if people think self-injury in general is a disorder. I personally don't think it is because it always stems from something else; it's more like a symptom."

Allie said that her "symptoms" are also an addiction.

Since the report was issued last Wednesday at the Radiological Society's meeting, psychiatrists and psychologists who deal with self-injury have challenged that description.

"I know a lot of patients who have done this," said Wendy Lader, a clinical psychologist, co-founder and clinical director of the Self Abuse Finally Ends, or S.A.F.E. Alternatives in Denton, Texas.

Lader said, "The majority of self-injurers don't do one form of self-injury."

From a simple survey of patients at S.A.F.E. Alternatives, Lader estimates at least 5 percent of people she has treated for self-injury have embedded an object under their skin.

Self-Embedding Known, But Rare

"Is it the most common form of self-injury? No," said Lader. "But, I'm not quite sure why these particular radiologists are discovering this now."

The Ohio radiologists who presented the "self-embedding" assert they could not find evidence of this behavior anywhere.

"We've got a very large children's hospital, and we had not seen this disorder prior to 2005," said Dr. William E. Shiels, chief of the department of radiology at Nationwide Children's Hospital in Columbus, Ohio.

Besides a random handful of men piercing their eyes, Shiels said "the medical literature has not had any reports (of self-embedding), ever."

"We even talked to our chief of psychiatry, and he talked to his colleagues around the country, and they haven't heard about this phenomenon," he said.

Shiels said cases in five other cities in Ohio and several reports in Naperville, Ill., popped up once he and his colleagues announced the self-embedding disorder. "What happens, we believe, is that people are just discarding it as a fluke case," he said.

Veteran psychiatrists disagree about exactly why self-embedding stayed underneath the radar of so many other medical professions.

Lader suggested embedding may only be one small part of a growing problem of self-injury that has been gaining attention.

"Self-injury, in general has definitely increased over the years, and probably in the last five or 10 years it has gone exponential," Lader said. "We just finished a school manual (for teacher awareness) and we haven't even fully advertised it yet, but people are clamoring for it."

Other experts in self-injury and adolescents say that embedding may not turn out to be a lasting trend, but rather one example of how self-destructive behavior moves in fads.

"Embedding things or putting things in one's body has been a pretty old fashioned part of self-mutilation," said Dr. Alexander Obolsky, a distinguished fellow of the American Psychiatric Association and an assistant professor of clinical psychiatry and behavioral sciences at Northwestern University Feinberg School of Medicine in Evanston, Ill.

Trends in Self-Destructive Behavior

"It doesn't strike me as a particularly new thing," said Obolsky, who has seen young adults embed objects in their genitals or under their skin in his private practice in Chicago.

Nadine Kaslow, professor and chief psychologist at the Emory School Medicine/Grady Hospital in Atlanta has certainly seen self-embedding, even a generation ago.

"This has been around for a long time. I remember patients doing this in the 80s," said Kaslow.

"These things kind of goes in waves," she said. "There was a wave of anorexia, there was a wave of bulimia& this may be one of the current trends in self mutilation."

Despite doing in-depth interviews with the 10 patients at his hospital, Shiels said he still could not pinpoint how the idea of self-embedding passed from teen to teen.

"Two of them may have spoken with each other because they were in the same group home," said Shiels. However the other adolescents had no contact with each other, and according to Shiels, all the patients say they did not find the information on the Internet.

According to Kaslow, it's not necessary for a Web site or a group to directly spread a trend: it just takes some talk of an idea to spread around.

"It's sort of a contagion factor, kids hear about it, it's a new idea& then there's a subgroup who finds it appealing," she said. "Recently it was the choking game."

While the majority of adolescents may just spread the idea and never self-injure, Kaslow said some susceptible proportion of people who hear the idea will try it.

Dr. Armando Favazza, author of the book "Bodies Under Siege" and a professor of psychiatry at the University of Missouri-Columbia, has found evidence of a spontaneous self-embedding trend in early 19th Century Europe.

"Back in 1896 psychiatrists compiled medical reports on women (they labeled them all as hysterical) who stuck pins in their bodies," said Favazza.

Just like Shiels presented on Wednesday, doctors in the 1890s presented X-rays of women with needles, sometimes hundreds, embedded in their skin.

"It was a cultural influence that produced these 'needle girls,'" said Favazza. "There was a lot of fascination with holy men in the Near East& and entertainers."

A popular vaudeville entertainer in the late 1800s, named Edward Gibson used to ask the audience to push pins into his limbs, hands and feet. Favazza said couple this idea with emotional pain, and some women turned to embedding needles.

Self-Embedding Trends Across History

Whether embedding and self injury became a trend in the 1890s, or the 1980s or the 2000s, psychiatrists assert that this behavior is more serious than a fad.

"These are mostly women who have a severe history of childhood abuse, particularly neglect," said Obolsky.

"What happens to them is they dissociation, it's a painful state where they may space out for long periods of times," he said. "To prevent this they may cut themselves, because pain, believe it or not, feels better than the dissociation."

Favazza's research indicates the population of self-injurers is 60 percent women, 40 percent men. He found dissociation as a reason, but several other motivations too.

"The most common reason by far, the most common reason is to reduce anxiety," said Favazza. "Part of it can be to get to get attention, too."

Kaslow said the self-mutilators could be suffering from a range of situations: troubled families where there's lots of conflict; adolescents who are struggling with their identity or to fit in school; and, abuse.

"It makes you raise the question of abuse, but it's not necessarily a sure sign of abuse," said Kaslow.

While Kaslow worries media reports will only make more susceptible teens try self-embedding, Shields think it may be a better way to get them treatment.

"The big message we gave is this is not a story of despair. Now that we know what it is, we can treat it," he said.

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