

## Oedipism - The Major Form of Self-Mutilation

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### Introduction

The term “self-mutilation” describes physical injuries inflicted by an individual to various parts of the body without any conscious intention for suicide. It occurs as a single event or as repeated incidents. Self-mutilations are classified into major (wrist-slashing, head banging, autocastration, self-enucleation), stereotypical (repetitive fixed behavior, commonly in institutionalized retards) and superficial subtypes (chewing fingers, biting lips, pulling hairs/eyelashes, burning skin) [1-4].

### Oedipism

Self-enucleation is the most dramatic self-inflicted eye injury. It was described in 1846 by Bergman, but in 1906 Blonel was the first who - drawing reference from the Sophocles' tragedy - proposed the term “oedipism” [2,5,6]. The incidence of it is unknown but some studies have estimated a prevalence rate of 2.8 to 4.3 per 100,000 in the population [7,8]. The majority of cases pertain to white young to early middle-aged males and is connected with acute or chronic psychoses [2,9,11]. They were described with a variety of disorders: paranoid schizophrenia, drug/alcohol-induced psychosis, obsessive-compulsive disorder, profound affective disorder (especially psychotic depression), post-traumatic stress disorder, Munchausen syndrome, borderline personality disorder, organic illnesses (encephalitis, neurosyphilis) and brain lesions. In the pediatric group they are usually connected with mental retardation syndromes such as Lesch-Nyhan, Down or Gilles de la Tourette. Self-inflicted eye injuries usually occur during incidents of visual or auditory hallucinations [2,5,6,10-17].

Looking for why patients subject themselves to such horrible injury it has turned out that they have historical and cultural influences that seem to be a kind of catalyst to the act of autoenucleation [9]. The eye is a well-known religious, sexual and mystical symbol in history and across cultures. In literature we can find it as “the gateway to the soul”, as symbol of protection from evil but also as evil, reflecting evil-minded thoughts [2,9].

In ancient mythology we can find samples of sacrificing the eye to gain other reward. The Norse Odin sacrificed one eye to get access to The Spring of Mimir spring of wisdom and knowledge, the Egyptian Horus lost eye in a battle to get it back with special powers [2,9]. In Christian hagiography we can find three saints (st. Lucia of Syracuse, st Triduana, pious Madena) using self-blinding as a tool in a fight with sin [2].

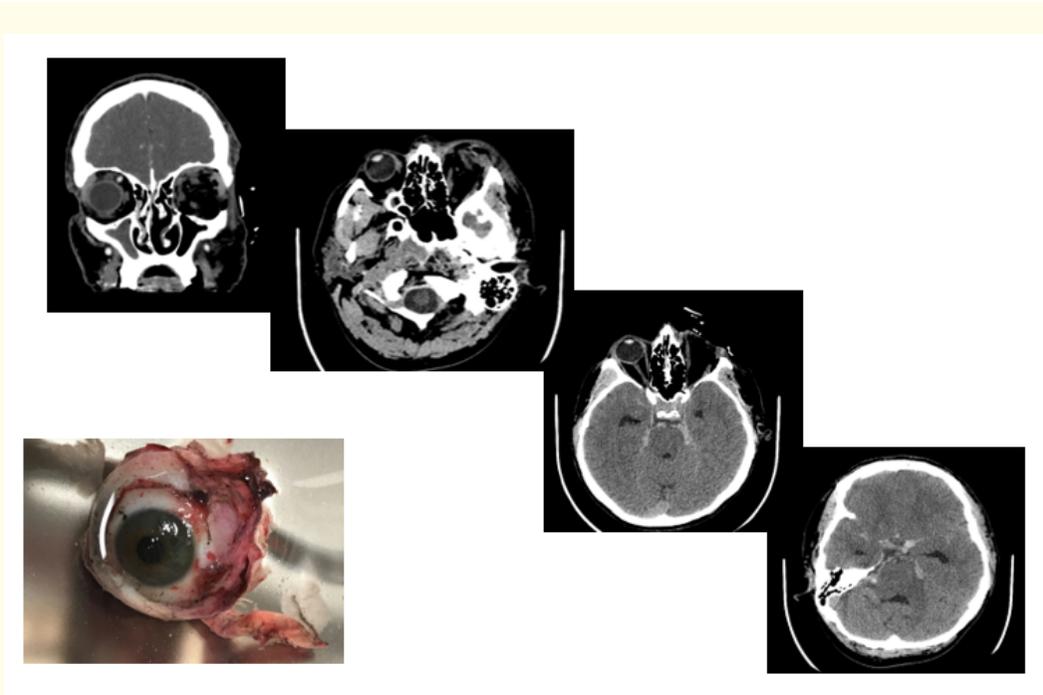
There are two most popular sources of inspiration for autoenucleation: the story of Oedipus and the Bible, the Book of Matthew [2,6,9]. Oedipus fulfilled the prophecy of killing his father and marrying his mother. When it was discovered, he gouged out his eyes out of shame. This story may inspire autoenucleation in patients that reported guilt due to incestuous relations. The Oedipal conflict of sexuality may also evince itself as guilt toward homosexual impulses [2,18].

Several biblical verses describe self-mutilation as metaphoric acts of contrition or sacrifice. The most salient parable is found in the Book of Matthew "If the right eye offends thee, plug it out and cast it from thee: for it is profitable for thee that one of thy members should perish and not that thy whole body should be cast into hell" (Matthew 5;29). Oedipism is a literal interpretation of the text [2,9,19,20].

Alternative theories suggest the eye as a symbol of the penis and the injury is a symbolic autocastration [2,9,21]. Some secular patients believe, that by plucking their eyes out, they would be transferred to the place, where they would be cured of their diseases and then recover their eyesight [9,22]. Whatever the cause, successful self-injury may be followed by anxiety relief, unsuccessful - leads to frustration and repeated attempts [2,3,10].

### Clinical findings

Autoenucleation is commonly performed with fingers, though the use of sharp scissors and knives have been reported [2,5,23,24]. The attempt may be unilateral, though bilateral oedipism is well documented in literature [2,5,25]. Optic nerve avulsion is connected with tearing extraocular muscles and blood vessels [2,25]. The ophthalmic artery severance is responsible for bleeding: orbital, if the severance occurs anterior to the optic foramen or - if it occurs in the posterior part of the artery - subarachnoid haemorrhage evolves [2,5,26,27]. In literature we can find other complications of autoenucleation: suppurative meningitis, cerebro-spinal fluid leak, pituitary gland dysfunction, orbital phlegmon, contralateral hemianopsia (chiasmal injury). Some of them, as well as subarachnoid haemorrhage, are potentially life-threatening [2,5,25-27]. Unsuccessful self-enucleation may lead to panophthalmitis (scleral rupture) or to visual failure due to penetrating injury, orbital compression (haemorrhage, oedema) or retinal contusion [2,25,27].



**Figure 1:** Oedipism (courtesy A.Baran-Lego MD).

- self-enucleated eyeball with about 1.5 cm optic nerve
- Computed tomography showing: lack of the left eyeball bleeding both in subarachnoid space and in spaces and structures of the brain.

### Management

Patient after successful or unsuccessful autoenucleation is deeply disturbed and needs immediate hospital admission. Life-threatening complications (e.g. blood loss, subarachnoid haemorrhage) require immediate resuscitation. Urgent ophthalmological, psychiatric and neurological assessment are necessary.

Ophthalmological evaluation is important in both successful and unsuccessful autoenucleations to evaluate the scope of surgical repair. If the eye is irretrievably damaged, prompt surgical removal reduces the risk of sympathetic ophthalmia. In the presence of orbital compression, high-dose systemic steroids (considering their role in exacerbating psychoses) may be of benefit. Antibiotics are routinely used as a preventive treatment. Evaluation of the follow eye is necessary because of potential trials of bilateral self-inflicted eye injuries [2,24,25,26].

As well as ophthalmological examination, a comprehensive neurological consultation is required to recognize any signs of meningism, suggesting subarachnoid haemorrhage. Neuroimaging tests (e.g. CT- computed tomography) are performed to visualize it [2,26].

Psychiatric consultation allows us to understand the psychoses, that have driven the patient to such extreme attempt, and to dispose the patient to undertake immediate treatment. In therapy neuroleptic medications and/or antidepressants are used, but close observation is mandatory to ensure there are no further self-destructive trials. If necessary, detoxification of any substance abuse is performed. Moreover, both patients and their families require help in coming to terms with extreme religious and/or sexual delusions that were the reason of the oedipism. All of them need long-term follow-up. Hospitalization is continued until the patients' mental state and ophthalmological condition are stable [2,26].

### Conclusion

Oedipism is a rare but the most dramatic form of self-inflicted injuries, found mainly in acutely psychotic patients. Treatment of it should consider the underlying cause, whether biological or psychiatric. To ensure an adequate care for these patients, close cooperation between specialists (ophthalmologist, psychiatrist, neurologist, physicians, neurosurgeons) is required.

### Bibliography

1. Favazza AR. "The coming of age of self-mutilation". *The Journal of Nervous and Mental Disease* 186.5 (1998): 259-268.
2. Patton N. "Self-inflicted eye injuries: a review". *Eye* 18 (2004): 867-872.
3. Eisenhauer GL. "Self-inflicted ocular removal by two psychiatric inpatients". *Hospital and Community Psychiatry* 36.2 (1985): 189-191.
4. Shore D, et al. "Prediction self-mutilation in hospitalized schizophrenics". *The American Journal of Psychiatry* 135.11 (1978): 1406-1407.
5. Tipmeswamy H, et al. "Bilateral self-enucleation in acute transient psychotic disorder: the influence of sociocultural factors on psychopathology". *Comprehensive Psychiatry Volume* 53.5 (2012): 576-578.
6. Davis LE and Tripathi S. "A case of self-enucleation in an incarcerated patient: case report and review of literature". *Journal of Forensic Sciences* 63.6 (2018).

7. Fan AH. "Autoenucleation: a case report and literature review". *Psychiatry* 4.10 (2007): 60-62.
8. Erie JC., et al. "Incidence of enucleation in a defined population". *American Journal of Ophthalmology* 113.2 (1992): 138-144.
9. Zang M., et al. "Gender and racial disparities in cases of autoenucleation". *Seminars in Ophthalmology* 31.4 (2016): 415-425.
10. Kennedy BL and Feldman TB. "Self-inflicted eye injuries: case presentations and literature review". *Hops Community Psychiatry* 45.5 (1994): 470-474.
11. Bergua A., et al. "Self-enucleation in drug-related psychosis". *Ophthalmologica* 216.4 (2002): 269-271.
12. Oren DA and Laor N. "Self-inflicted eye injury". *The American Journal of Psychiatry* 144.2 (1987): 248-249.
13. Leslie J., et al. "Self-inflicted ocular injuries. A rare form of self-mutilation". *The American Journal of Forensic Medicine and Pathology* 5.1 (1984): 83-88.
14. Rosenberg PN., et al. "Ocular Munchausen 's syndrome". *Ophthalmology* 93.8 (1986): 1120-1123.
15. Winchell RM and Stanley M. "Self-injurious behavior: a review of the behavior and biology of self-mutilation". *The American Journal of Psychiatry* 148.3 (1991): 306-317.
16. Ashkenazi I., et al. "Self-inflicted ocular mutilations in the pediatric age group". *Acta Paediatrica* 81.8 (1992): 649-651.
17. Robertson MM., et al. "Self-injurious behavior and the Gilles de la Tourette syndrome: a clinical study and a review of the literature". *Psychological Medicine* 19.3 (1989): 611-625.
18. Rosen DH and Hoffman AM. "Focal suicide: self-enucleation by two young individuals". *The American Journal of Psychiatry* 128.8 (1972): 1009-1012.
19. Schwerkoske JP., et al. "Self-mutilation and Biblical delusions: a review". *Psychosomatics* 53 (2012): 327-333.
20. Pompili M., et al. "Incomplete oedipism and chronic suicidality in psychotic depression with paranoid delusions related to eyes". *Annals of General Psychiatry* 5 (2006): 18.
21. Yang HK., et al. "Self-inflicted ocular mutilation". *American Journal of Ophthalmology* 25 (1981): 451-453.
22. Soebo J. "Automutilatia bulborum: a rare case of self-mutilation in an epileptic". *Acta Ophthalmologica* 26 (1948): 451-453.
23. Stannard K., et al. "Oedipism reviewed: a case of bilateral ocular self-mutilation". *British Journal of Ophthalmology* 68.4 (1984): 276-280.
24. Field HL and Waldfogel S. "Severe ocular self-injury". *General Psychiatry* 17.3 (1995): 224-227.
25. Krauss HR., et al. "Autoenucleation". *Survey of Ophthalmology* 29.3 (1984): 179-187.
26. Khan JA., et al. "Medical management of self-enucleation". *Archives of Ophthalmology* 103.3 (1985): 386-389.
27. Reicheisen D., et al. "Attempt autoenucleation in two incarcerated young man with psychosis". *Saudi Journal of Ophthalmology* 29 (2015): 172-174.

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