

The Study of Self-mutilation in Patients with Psychiatric Disorders Admitted to the Lavasani Hospital in 2014-2015

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Abstract

Introduction: Self-mutilation can be defined as a deliberate behavior that directly damages the body and damages body tissues or even amputations which, for a few minutes, deprives a person of the feeling or misery position. This study was performed to examine different types of self-mutilation in patients suffering from psychiatric disorders and its relation with the type of illness among patients attending to Lavasani Hospital in 2014-15.

Methods: This study is a cross-sectional observation. Forty-two patients suffering from psychiatric illnesses who had performed self-mutilation entered the study. The prevalence of the type of self-mutilation, the used device, and its relation with the type of mental disorder was analyzed.

Results: The Results showed that 90.5% of patients used sharp objects, 4.8% used fire, 2.4% used rocks, and 2.4% used other devices for self-mutilation. 76.2% of patients injured the organs, 19% injured the head and neck, 24% injured the body, and 2.4% injured the stomach area. Age and sex did not have a direct correlation with the place and device used ($P>0.05$), but type of disorder did show a significant relationship with the place and device used ($P=0.001$).

Conclusion: It is concluded that self-mutilation in mental patients is done mainly using sharp objects in the organs.

Keywords: Psychiatric Diseases; Self-mutilation; Neurosis

Introduction

Mental health is defined as a condition of psychological maturity, which is the maximum effectiveness and satisfaction obtained from personal and social interactions, which includes positive emotions and positive reactions to oneself and others [1]. Mental health is affected by various causes and factors. Many of these variables are psychologically and individually influenced by the way people are picked up,

perceived and understood by themselves, events and events, and another part of these factors is due to the environment and environmental impacts that affect the mental health as independent variables [2]. Having mental health improves the growth and perfection of human personality and helps the person to adapt to oneself and others, so that mental health is the result of meeting the needs and flourishing of the innate human talents [3].

The main goal of mental health is helping all people achieve a more complete, happier, more coherent, broad cognitive and preventing mood, emotional and behavioral disorders. Confronting mental illnesses to create a healthy society is one of the main tasks of governments and individuals, and any society that demands the efficiency and happiness of their own people must be mindful of the mental health of their members. Individuals, whose mental health has been weakened, in their own way, are intrusive [4], one of which is self-injury or self-mutilation.

Self-harm can be defined as a deliberate behavior that directly damages the body and damages body tissues or even amputations, which, for a few minutes, deprives a person of the feeling or misery position. The burden or the helper will be rid of [5, 6]. Carl Manning first used the term "self-defense" in 1935. He categorized self-harm into human behavior in four groups: 1) Psychotic behavior, 2) Psychosis, 3) Organic, and 4) Religious [5]. Approximately one percent of the population uses self-suffering during a lifetime to tolerate a crippled position or feeling of self-harm. Self-harm is incomplete. Understanding this behavioral phenomenon is difficult and occurs very simply or in an emotional state that the person is under pressure [7].

People who are self-inflicted have never developed healthy ways to feel and express internal tension or endurance. Studies shows that people with self-harm do so at high levels of physiological excitation, which is higher than the baseline. It is natural that in order to help the sufferer, healthier ways should be taught to counteract it when experiencing a crippling feeling [5, 7]. These people often have behavioral problems such as low self-esteem, academic failure, social exclusion and disability in communicating with others and in disregard of social laws [7]. Identifying any of the existing physical and mental problems can is Timely treatment will reduce the burden of the disease. Accordingly, in this study, the relationship between the types of self-medication in patients with psychiatric illnesses referred to Lavasani Hospital in the years 1994-94 was investigated.

Patients and methods:

The present study is a cross-sectional descriptive-an-

alytic study that was performed on 42 patients with psychiatric disorders who referred to Lavasani Hospital who had self-reported. Non-random access method was used for sampling. The data collection was done field by examination and oral interview with the patient. In these patients, the prevalence of autoimmune diseases, the means used to perform this operation and its relationship with the type of psychiatric disorder were investigated.

The inclusion criteria for this study included the incidence of psychiatric disorders and the absence of co-morbidities with physical illnesses.

Data were analyzed and evaluated by SPSS software version 22. For qualitative variables frequency and frequency were calculated and for quantitative variables, mean and standard deviation were calculated. Chi-Square and One Way Analysis of variance were used for statistical analysis. The significance level was considered 0.05.

Results:

The mean age of the subjects was 35.5 years (standard deviation 12.2) and 71.4% (30 persons) were male and 28.6% (12 persons) were women, of which 42.4 Of these patients, 18 (18) were married. In terms of psychiatric disorders, 26.2% (11 cases) of schizophrenia, 26.2% (11 cases), psychiatric disorders caused by drug use, 14.3% (6 cases), bipolar disorder, 9.5% (4 People with schizoaffective disorder, 9.5% (4 people) Major depression, 9.5% (4 persons), borderline personality disorder, 2.4% (1) minor depression and 2.4% (1 person) mental retardation They were. The mean duration of the disease was 10.07 years (standard deviation 8.45) and the mean frequency of admission was 4.24 (SD 3.5).

57.1% of the patients had a positive family history of psychiatric disorders; 64.3% were smokers at the moment, 31% had drug abuse and 45.2% had a criminal record. The frequency distribution of self-medication in patients was 90.5% of patients with sharp and winning objects, 4.8% by fire, 2.4% by stone and 2.4% by others. They were. The area under this self-medication was 76.2% of the patients in the organs, 19% in the head and neck, 2.4% in the trunk and 2.4% in the abdomen.

There was no correlation between self-medication and age of the patient ($P > 0.05$) (Table 1).

Table 1: Frequency distribution of self-medication by patient age

Tools of Self-injury		Age	period of time	Admission times
Sharp and winning objects	Average	34.42	9.21	4.24
	Standard deviation	11.45	7.83	3.57
stone	Average	68	23	7
	Standard deviation	0	0	0
Fire	Average	40.5	17	4.5
	Standard deviation	12.02	18.38	4.95
Others	Average	34	16	2
	Standard deviation	0	0	0

The results indicated that there was no significant relationship between the place of self-injury and the patient's age ($P > 0.05$) (Table 2).

Table 2: Frequency distribution of self-reported location based on patient's age

Place of Self-injury		Age	period of time	Admission times
Organs	Average	34.22	8.4	4.03
	Standard deviation	12.84	7.54	3.51
Head and neck	Average	37.5	13.65	4.88
	Standard deviation	9.47	9.67	4.15
Top trunk	Average	46	25	5
	Standard deviation	0	0	0
Abdomen	Average	50	20	6
	Standard deviation	0	0	0

There was no significant correlation between type of self-medication and gender in patients ($P > 0.05$) (Table 3). Self-reported location was not significantly correlated with the gender of the patients ($P > 0.05$) (Table 4).

Table 3: Frequency distribution of self-injury devices based on the gender of patients

Sex	Tools of Self-injury				Total
	Sharp and winning objects	stone	Fire	Others	
Men	28	1	1	0	30
	3.3%	3.3%	3.3%	0%	100%
Women	10	0	1	1	12
	83.3%	0%	8.3%	8.3%	100%
Total	38	1	2	1	42
	90.5%	2.4%	4.8%	2.4%	100%

Table 4: Frequency distribution of self-mutilation area based on gender of patients

Sex	Place of Self-injury				Total
	Organs	Head and neck	Top trunk	Abdomen	
Men	22	7	1	0	30
	73.3%	23.3%	3.3%	0%	100%
Women	10	1	0	1	12
	83.3%	8.3%	0%	8.3%	100%
Total	32	8	1	1	42
	76.2%	19%	2.4%	2.4%	100%

In the present study, there was a significant correlation between self-esteem and type of disease ($P = 0.0001$) (Table 5).

Table 5: Frequency distribution of self-injury devices based on the type of mental disorder of patients

Pattern of disease	Tools of Self-injury				Total
	Sharp and winning objects	stone	Fire	Others	
Schizophrenia	10	0	1	0	11
	90.9%	0%	3.3%	0%	100%
Schizoaffective	3	0	1	0	4
	75%	0%	25%	0%	100%
Psychiatric disorder caused by substance abuse	11	0	0	0	11
	100%	0%	0%	0%	100%
Depression	1	0	0	0	1
	100%	0%	0%	0%	100%
Mentally retarded	0	1	0	0	1
	0%	100%	0%	0%	100%
Major Depression	4	0	0	0	4
	100%	0%	0%	0%	100%
Borderline personality disorder	4	0	0	0	4
	100%	0%	0%	0%	100%
Minor depression	5	0	0	1	6
	83.3%	0%	0%	16.7%	100%
Total	38	1	2	1	42
	90.5%	2.4%	4.8%	2.4%	100%

The findings also showed a significant relationship between finding the type of illness and self-mutilation ($P = 0.0001$) (Table 6).

Table 6: Frequency distribution of self-mutilation area based on the type of mental disorder of patients

Pattern of disease	Place of Self-injury				Total
	Organs	Head and neck	Top trunk	Abdomen	
Schizophrenia	8 72.7%	3 27.3%	0 0%	0 0%	11 100%
Schizoaffective	2 50%	2 50%	0 0%	0 0%	4 100%
Psychiatric disorder caused by substance abuse	8 72.7%	2 18.2%	1 9.1%	0 0%	11 100%
Depression	0 0%	0 0%	0 0%	1 100%	1 100%
Mentally retarded	1 100%	0 0%	0 0%	0 0%	1 100%
Major Depression	4 100%	0 0%	0 0%	0 0%	4 100%
Borderline personality disorder	4 100%	0 0%	0 0%	0 0%	4 100%
Minor depression	5 83.3%	1 16.7%	0 0%	0 0%	6 100%
Total	32 76.2%	8 19%	2 4.8%	1 2.4	42 100%

Discussion

The results of this cross-sectional study showed that 90.5% of patients were sharp and wounded, 4.8% by fire, 2.4% by stone and 4.8% 2% of the cases were self-destructing. In 76.2% of the organs, 19% of the head and neck, 2.4% of the trunk and 2.4% of the abdominal area were self-mutilation. Age and gender did not affect the location and the means of self-injury, but the type of illness showed a significant relationship.

Individuals whose mental health has been weakened are intrusive in their own way [6]. These people often have behavioral problems such as low self-esteem, academic failure, social exclusion, and the inability to communicate with others and not to adhere to social laws [7] which can identify any physical and mental problems. With timely treatment, they reduce the burden of the disease.

In a study conducted by Andover and his colleagues in the United States and published in 2005, it was stated that there was no difference in the frequency of self-harm in people with various psychiatric disorders [8]. Of course, in the majority of patients, patients with different psychiatric disorders formed.

Also, in a study by Clonsky and et al in the United States, published in 2003, it was stated that only 4% of outpatient psychiatric patients were self-reported and their prevalence was higher in personality disorders [9]. Wilhelm et al. Research in the United States showed that the most common psychiatric disorders in patients who are self-immolate are obsessive-compulsive disorder and physical impairment [10], both of which were not in our study subjects.

In a study by Zanariini et al in the United States, published in 2011, it was announced that in patients with borderline personality disorder, factors such as female gender, the presence of concomitant depressive disorder and the severity of parasitic symptoms on the probability of self-mutilation [11]. However, in our study, there was not a significant relationship between age and sex with self-mutilation and only a type of disease that had a significant relationship with self-mutilation. Results published in the 2010 study by Maloney et al., Found that 25% of addicts and 23% of the control group were self-reported, with no statistically significant difference [12]. In our study, the addictive variables did not show a meaningful relationship, but there was a significant relationship between self-reported psychoses.

Conclusion

In general, based on the results of this study and its comparison with other studies conducted in this field, it is concluded that self-harm in patients with psychiatric illnesses is mainly due to the use of sharp objects in the organs area. Not. At the end, it is recommended that further studies be carried out in this field to confirm the findings of this study with higher sample size and longitudinal studies.

Authors' Contributions:

SMJM designed the study and drafted the manuscript. MSP helped in manuscript drafting and analysis. FNA helped in manuscript drafting and dataanalysis. All authors have approved the final version of manuscript.

Conflict of Interest Disclosures:

There are no conflicts of interest in terms of the present manuscript.

Ethical approval/Consideration:

This study was registered at ethics committee of Tehran Medical Sciences Branch, Islamic Azad University, Tehran, Iran. A written informed consent was taken from patients' guardians for participating in this study. All the personal information remained anonymous.

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