Self-inflicted eye injuries

R Brown, M A H Al-Bachari, K Krishna Kambhampati

Abstract

Five cases of self-inflicted eye injury are described and discussed. A review of the literature shows that several psychiatric diagnoses have been assigned to people who damage their eyes. A variety of mechanisms to explain this phenomenon are described.

Self-inflicted eye injuries are rare but are referred to in many ancient texts.^{1,2}

Oedipism (as distinct from the oedipus complex) is defined as 'self-inflicted injury to the eye,' though some authors restrict it to cases of self-enucleation alone. According to legend Oedipus killed his father, King Laius of Thebes, and married his mother, Jocasta, unaware of the identity of either. Pestilence descended on Thebes, and Oedipus consulted an oracle, who told him that his incest and the murder of his father were the cause of pestilence. In horror Oedipus tore out his eyes and became a blind, wandering beggar. In Norse mythology² Odin exchanged one of his eyes for the right to drink a single draught from the spring of Mimir, which offered wisdom and understanding.

Legend has it that Saint Lucia, a pious Sicilian girl (patron saint of eyes), looked lustfully on a nobleman who wished to marry her for the beauty of her eyes. In remorse for her sinful thoughts she tore them out and gave them to him saying, 'Now let me live to my God.' God in His permissive wisdom gave her two new eyes. She is represented in art carrying a palm branch and a platter with two eyes on it. St Triduna and St Medana, patron saints of ophthalmology, also blinded themselves in remorse for sinful thoughts but were not rewarded with new eyes by God. In the 13th century Marco Polo, on reaching Baghdad, was told the story of a cobbler who destroyed his right eye with his awl after he had sinful thoughts when the leg of a young woman was exposed as he fitted her with slippers.³ The notion of self-blinding for sinful thoughts also occurs in the Bible: 'Everyone who looks at a woman lustfully has already committed adultery with her in his heart. If your right eye causes you to sin pluck it out and throw it away; it is better that you lose one of your members than that your whole body be thrown into hell.'

Psychiatric and other medical reports of self-enucleation and blinding are rare and date back to 1846 when a case of self-blinding was described by Bergman as 'delire mystique.' In his review of the literature from 1846 to 1968 Gerhard⁴ found only 10 cases of self-enucleation.

A variety of functional and organic psychiatric disorders have been reported in cases of self-enucleation. Schizophrenic psychoses,⁵ psychotic depression, epilepsy,⁷ lysergic acid diethylamide psychosis,⁸ encephalitis,⁹ Lesch-Nyhan syndrome,¹⁰ Gilles de la Tourette syn-

drome,¹¹ and diabetes mellitus with renal and vascular involvement.¹²

Self-inflicted traumatic cataracts, detached retinas, and lens dislocations have been described in a case of obsessive compulsive neurosis in which a man repeatedly hit his eyes with his hands.^{13,14}

Case reports

CASE 1

A 29-year-old single man with no past psychiatric history was admitted to hospital following severe self-inflicted lacerations to his neck. On his way to the operating theatre for repair of the lacerations he attempted to blind himself in both eyes by inserting the index fingers of both hands between his eyes and the bridge of his nose (as described by Axenfeld¹⁵) in order to tear his eyes out.

He damaged both eyes so severely that the left eye had to be surgically enucleated shortly after the laceration to his neck had been repaired. Histological examination of the left eye revealed a collapsed eye ball measuring 2.1×2.1×2.1 cm, with adherent blood clot from the scleral surface. A perforation 1.2 cm in diameter was present at the vertex of the eye, with a further perforation 0.8 cm in diameter anterior to this in the sclera. This was 0.7 cm from the corneal edge. The lens and iris were intact, but the posterior chamber was full of blood.

Microscopically the anterior chamber was intact, the cornea, iris, and lens showing no significant abnormality. The posterior chamber was severely disrupted, however, with haemorrhage into the subretinal space and resulting detachment of the retina. Vitreous humour was not identified. There was a perforation of the sclera, noted macroscopically, and an early acute inflammatory reaction in the anterior episclera.

The appearances were consistent with traumatic rupture and avulsion.

The right eye also had a severe perforating injury resulting in a circumferential scleral rupture of more than 180° inferiorly with dislocation of the lens. There was massive vitreous incarceration requiring a combined vitrectomy, 360° relieving retinal incision, and endolaser. There was no encirclement. Silicone oil was injected into the vitreous cavity. Endolaser was performed. There was a patch of epiretinal membrane over the macula which was successfully dealt with by membrane peel. His retina has remained attached for a period of three months after surgery. Despite these repairs his vision at the time of this report is very poor, he can only count fingers and distinguish light from dark. There is considerable macular puckering, and it is doubtful if there can be much further improvement.

He later explained that an auditory hallucination had commanded him to kill himself because he had cancer. He attempted to remove his eyes because the voices had told him that anyone he looked upon would be cast into hell. He is at present receiving neuroleptic medication and has not attempted to harm himself again.

CASE 2

A 41-year-old single man was admitted to a psychiatric unit suffering from a schizoaffective psychosis complaining of auditory hallucinations and feelings of worthlessness. After admission he attempted bilateral enucleation of his eyes using the fingers of both hands. He was transferred to an ophthalmology ward, but his sight could not be restored.

He responded well to neuroleptic medication and electroconvulsive treatment (ECT), later admitting that 'the voices told me to take my eyes out.' He was readmitted three months after discharge with further auditory hallucinations and the delusion that he had venereal disease, and he attempted to castrate himself on the ward. Again he responded well to ECT and neuroleptics and remained well for 10 years until his third admission 11 years ago complaining of auditory hallucinations ordering him to tear his eyes out. For the past 11 years he has remained free of symptoms on depot neuroleptic medication.

CASE 3

A 16-year-old male was admitted to a psychiatric unit from a casualty department with a severe self-inflicted orbital apex injury to the left eye with a metal pipe, which resulted in blindness and ophthalmoplegia to the left eye. Six weeks before admission his parents noticed he had become increasingly withdrawn. They were woken one morning by noise in the kitchen, where they found the patient thrusting a cold water pipe he had torn from under the sink into his eye. After admission to hospital he made repeated attempts to tear out his eye and jump from the first floor window. An organic cause for his disturbed behaviour was excluded and screening for drugs gave negative results. He responded to neuroleptic medication and claimed that he used the metal pipe to get an ant out of his head which he was convinced was present. The tactile hallucination disappeared after he started on neuroleptic medication. He has, however, required depot neuroleptic medication for his chronic schizophrenia.

CASE 4

A 73-year-old woman admitted to hospital in 1941 with grandiose delusions that she was the Duke of Windsor has for the past 49 years repeatedly punched her left eye and face shouting, 'get away you devils.' This resulted in total blindness to her left eye due to lens dislocation and retrobulbar haematomas. She admits that she hits her eye in an attempt to 'get the voices out of my head' – not in response to the auditory hallucinations. She is receiving neuroleptic medication.

CASE 5

A 68-year-old woman admitted to hospital in 1940 who had a leucotomy in 1955 has so repeatedly punched the right side of her face in an attempt to rid herself of her distressing auditory hallucinations that she is now blind in the right eye, the result of a lens dislocation and retrobulbar haematomas, and has a cauliflower ear and deformed right thumb. She is receiving neuroleptic medication.

Discussion

It has been postulated that self-enucleation and other forms of ocular mutilation are symbolic forms of castration.¹⁶ Freud,¹⁷ in his studies of dream fantasies and myths considered that anxieties about sight, fear of going blind, were a substitute for the fear of being castrated. Rosen and Hoffman⁸ suggested that sinful sexual transgressions which conflicted with the 'tyrannical' superego could be appeased only by the sacrifice of the offending part (genitals) or its symbolic substitute. For women the eye substitutes for the absent 'disposable' genitals. Meninger¹⁶ considered the proposition that the eye may in fact represent the symbolic condensation of the whole self. Self-enucleation (in keeping with Matthew, chapter 5 verses 28, 29) would represent a 'focal suicide,' in Meninger's term, allowing one to kill the devilish self and yet live.

Trevor-Roper¹⁸ described the eye as the 'sounding-board of the travails of the whole persona' and also emphasised the role of the eye in sexuality. The eye was 'a whipping boy for the wrought psyche.' The eye was a sort of 'sexual surrogate, a convenient organ of displacement whenever fear, guilt, impotence or despair debarred a more physiological outlet.'

Maclean and Robertson,¹⁹ in their review of the literature, found that most reported cases of self-enucleation were 'psychotic' at the time of the act. Yet very few patients with psychosis mutilate their eyes. Those who do appear to have a number of common life events. Loss of a father at an early age, a dominant intrusive mother for whom they have unresolved oedipal conflicts, castration fears, and sexual guilt. These factors together with perhaps a concrete interpretation of the verses in Matthew and an alteration of body image combine and result in the horrendous act of self-enucleation.

The cases we have described support previous authors' findings but highlight one case where self-enucleation was a response to a tactile hallucination and two cases where self-inflicted blinding resulted from patients' vain attempts to rid themselves of their distressing auditory hallucinations.

The authors thank consultant psychiatrists Dr M Avery, Dr S Madden, and the staff of the Countess of Chester Hospital for their assistance. We also thank consultant ophthalmologists Mr T Ramsell, Arrowe Park Hospital, Mr D Wong, St Paul's Eye Hospital, and Dr M B Gillett, consultant histopathologist, Arrowe Park Hospital, Upton, Wirral.

- 1 Sophocles. *Oedipus rex*. (Trans Fitts D, Fitzgerald R.) New York: Harcourt, Brace and World, 1939.
- 2 Davidson HR. *Gods and myths of Northern Europe*. Baltimore: Penguin, 1964.
- 3 Davidson SI. Auto-enucleation of the eye: a study of self-mutilation. *Acta Psychother (Basel)* 1962; 10: 286–300.
- 4 *The Bible, revised standard version*. St Matthew 5: 28–29.

- 5 Gerhard JP. A propos des automutilations oculaires. *Bull Soc Ophthalmol Fr* 1968; **68**: 622-6.
- 6 Rogers T, Pullen I. Self-inflicted eye-injuries. *Br J Psychiatry* 1987; **151**: 691-3.
- 7 Soebo J. Automutilatio bulborum. A rare case of self-mutilation in an epileptic. *Acta Ophthalmol (Kbh)* 1948; **26**: 451-3.
- 8 Rosen DH, Hoffman AM. Focal suicide: self-enucleation by two young psychotic individuals. *Am J Psychiatry* 1972; **128**: 1009-11.
- 9 Goodhart SP, Savitsky N. Self-mutilation in chronic encephalitis. Avulsion of both eyeballs and extraction of teeth. *Am J Med Sci* 1933; **185**: 674-84.
- 10 Mizuno T, Yugari Y. Prophylactic effect of L-5-hydroxytryptophan on self-mutilation in Lesch-Nyhan syndrome. *Neuropediatrics* 1975; **6**: 13.
- 11 Van Woert MH, Yip LC, Balis ME. Purine phosphoribosyl transferase in Gilles de la Tourette syndrome. *N Engl J Med* 1977; **296**: 210.
- 12 Brown BZ. Self-inflicted injuries of the eye. *Trans Pacific Coast Oto-ophthalmol Soc* 1970; **51**: 267-76.
- 13 Tapper CM, Bland RC, Danyluk L. Self-inflicted eye injuries and self-inflicted blindness. *J Nerv Ment Dis* 1979; **167**: 311-4.
- 14 Stinnett JL, Hollender MH. Compulsive self-mutilation. *J Nerv Ment Dis* 1970; **150**: 373-5.
- 15 Axenfeld T. Über Luxation. Zerstörung und Herausereisung des Augapfels als Selbstverstümmelung bei Geisteskranken. *Z Augenheilkd* 1899; **1**: 128.
- 16 Menninger KA. *Man against himself*. New York: Harcourt, Brace and World, 1938: 229.
- 17 Freud S. *The uncanny*. Complete Psychological Works. Strachey J, ed. London: Hogarth, 1966; **17**: 231.
- 18 Trevor-Roper P. The psychopathic eye. *Br J Hosp Med* 1980; **23**: 137-43.
- 19 Maclean G, Robertson BM. Self-enucleation and psychosis. *Arch Gen Psychiatry* 1976; **33**: 242-9.