

An Unusual Case of Self-Harming Behavior: Self-Insertion of Ticks

To the Editor: Deliberate self-harming behaviors include self-injurious behaviors and suicide attempts and may be related to chaotic sexual feelings.¹ Social contingencies may also have a role in the motivation. Here, we report a case of self-harming behavior in the form of self-insertion of ticks to the areola region.

Case report. Ms A, a 22-year-old unmarried woman living in a village with her family, was admitted to our outpatient clinic in 2008 with the complaint of feeling distressed and restless that began a year earlier and worsened in the preceding month. She also expressed that she felt she would be better off dead. Her history included several suicide attempts in the last 8 years by ingestion of various pills and several episodes of wrist cutting that were evident by the multiple scars on her forearms. Ms A revealed a history of repetitive sexual abuse by her older brother in the past. On psychiatric examination, she had hypnagogic hallucinations, both visual and auditory, mostly with sexual themes and delusions of being followed by unfamiliar men who were trying to assault her sexually.

Ms A and her family were making their living by stockbreeding and lived in a rural area of the country, where tick bite associated with Crimean-Congo hemorrhagic fever was the most frightening and unusual life-threatening situation around the district. The disease and its association with tick bites were a widely discussed current issue on public media at that time. Ms A also reported that during the preceding week, she had several episodes of bilateral wrist cutting and that she had implanted 4 ticks bilaterally around her areola regions, believing the latter to be lethal due to the association with Crimean-Congo hemorrhagic fever. The ticks were removed with the appropriate technique, and she was transferred to an inpatient clinic where she would receive both psychiatric and medical care. Subsequently, she showed no signs of Crimean-Congo hemorrhagic fever.

Among the methods of self-harm, self-cutting has been found to be the most common, followed by self-hitting, pinching, scratching, and biting.² Other than a case of self-induced bee stings introduced as a part of traditional herbal medicine therapy, to our knowledge this form of self-harming behavior is the first to be reported.³

In the sexual model, self-harming is viewed as a means of providing sexual gratification or release or as an attempt to punish sexual feelings or control sexual development.⁴ This destructive strategy may stem from a chaotic or abusive childhood, or it may be the result of biologic or other unknown environmental factors.⁵

The case of self-insertion of ticks reported here may represent a disclosure of chaotic sexual feelings given that the ticks were implanted to areola bilaterally and that the patient had strong sexual stimuli resulting from either real past or current hallucinatory experiences.

Social contingencies also are reported to constitute positive reinforcement, as self-harming behaviors may attract attention from the social environment and health care staff.⁶ In this case, the strength of the public fear from Crimean-Congo hemorrhagic fever at that time in that neighborhood might play a role in this patient's behavior.

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