
OVERVIEW

In early December, 2008, William Shiels and colleagues provided the first public report on self-embedding among teenagers. William E. Sheils II, D.O. and chief of the Department of Radiology at Nationwide Children’s Hospital in Columbus, Ohio, presented his and his colleagues findings at the Radiological Society of North America (RSNA).

Through X-rays, ultrasounds and/or fluoroscopic guidance, hospital personnel had discovered and extracted 53 objects from nine of ten teenager girls who had embedded needles, staples, paperclips, glass, wood and stone into arms, ankles, feet, hands and neck. One girl had inserted 11 objects, including an unfolded metal paper clip more than 6 inches long, into her body.

More common forms of self-harm are cutting, burning, bruising, hair-pulling, breaking bones or drinking toxic substances. In self-embedding disorder, objects are forced into a wound after cutting to produce continued, constant pain.

The discovery of embedding disorder came unexpectedly since accidents produce most embedded substances in children and teens.

The teens in Dr. Shiel’s and colleagues study were part of a longitudinal cohort of 500 children. At a press conference
Shiels stated:

The children ranged in age from 15 to 18, with a significant spike at age 17, and 90% of them were girls.

Unlike cutting, which causes pain and then the pain subsides with healing, embedding causes constant and increasing pain. (A girl who had embedded an unfolded paper clip into her biceps) had pain each time she flexed her arms.

... 70% of the patients repeated this behavior and 71% of those who repeated embedding increased the intensity of the behavior with more and bigger objects.

Ultrasound guidance and removal of objects by surgeons is done through small incisions in skin are designed to leave little scarring and preserve the self-esteem of these adolescents. “This technique offers surgeons and emergency physicians a safe and effective alternative for removal of foreign bodies, including risks for fragmentation during traditional operative techniques,” said Adam Young, B.S. Beyond cutting, embedding may signal more serious problems. Dr. Shiels points to a troubling relationship of this behavior with suicidal ideation and behaviors and to other emotional disorders.

(For example) one girl wrote ‘kill me’ in blood on her arm and then embedded a foreign object in her bicep.

Severe associated behavioral health disorders included bipolar disorder, depression, post traumatic stress disorder (ADHD), obsessive-compulsive disorder (OCD), and borderline
personality disorder.

QUESTIONS FOR REFLECTION AND DISCUSSION

• When did you first hear of self-embedding? How close to you are such behaviors? Why are you interested in this?
• What are the implications of someone moving from cutting to self-embedding?
• What questions do you have about self-embedding, and what criticism, questions, or suggestions of this article?
• What help and/or support does one who has self-embedded seek?
• How would you intervene appropriately in the life of someone injuring her- or himself this way? If they were looking for help? If they were not?

IMPLICATIONS

• There are many voices of cutters and other forms of self-injury being heard—through articles, books and on the Internet. It will be important to hear from those who have self-embedded.
• This is a very small number of documented cases so far—though it’s thought that many cases go unidentified or unreported.
• There are an estimated 2 million self-injurers in the U.S.; one in a hundred are reported to have inflicted self-injury on themselves as a way to cope with some overwhelming situation or feeling. 13 to 24 percent of U.S. and Canadian high school students report having deliberately injured themselves at least once.
• It is vitally important to hear, understand and respond to
the cries of troubled youth.

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