



“I Burn Myself to Get High”: A Case Report on how Pain can be an Addiction

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ABSTRACT

Background: Authors have argued that engagement in Non-Suicidal Self Injurious (NSSI) involves addictive components similar to those of other behavioral or process addictions. The following elements of addiction have been accepted: (a) compulsivity, (b) loss of control (c) continued use of the substance or behavior despite adverse consequences. Authors have also discussed the role of tolerance in addictive behaviors and its connection to specific neurochemical processes, such as the endogenous opioid system (EOS). We present a case of a patient who showed addictive patterns to her NSSI.

Methods: A case report, as well as a review of research and literature for Non-Suicidal Self Injury, was conducted.

Result: Ms. X is a 24-year-old female with a history of Major Depressive Disorder admitted to the psychiatric unit for worsening suicidal ideation and self-injurious behavior. She was noted to have multiple tear drop burn scars on her forearms. According to her, these wounds are her way of “getting high”. She reported that she used to have severe anxiety and was using marijuana to cope. When she could not buy cannabis, she decided to burn her arm in frustration and has been burning her arms. She described the pain as “sharp and good. She expressed that the high that she experienced with the burning was “intense at first, then mellowed out and lasted long”. The patient was then stabilized on Lexapro, Vistaril, and was able to refrain from inflicting pain during her stay. The patient was discharged to outpatient addiction. The patient has not had any readmission since discharge.

Conclusion: Compulsive behavior is preceded immediately by negative emotions and performed to alleviate negative emotions. Lack of control seems evident in such situations because acts of NSSI exceed the individual’s intentions or expectations. The DSM-5 diagnosis criteria of NSSI is that the individuals who self-injure continue to engage in NSSI despite adverse effects. Tolerance in self-injuring individuals’ experience of NSSI would provide an additional reason to classify NSSI as a process

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addiction. Endorphins contribute to the experience of analgesia and increase an individual's sense of comfort and control or power. Engagement in NSSI may activate the EOS as a result of the experience of pain accompanying NSSI. Authors have further asserted that, as individuals who self-injure continue to activate the EOS to attain an intended result (e.g., improved mood), they may develop tolerance to the endorphins triggered by NSSI.

COMPETING INTERESTS

The authors have no competing interests to declare.

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