

Metal Sucking Masturbating Five Year Old Girl Puzzle

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Subject: Re: 5 year old who sucks on metal and masturbates

What a fascinating case. There are several areas which are outside of my own areas of competence in which one would need to be expert in order to actually do this case justice; the first two of which include a knowledge of the genetic structures underlying craniofacial development and associated neural structures and their inter-relationship. The other area necessary for really unravelling this case, at least as far as covering the first few rounds of rule outs would be an in depth knowledge of "micronutrition" , i.e., the study of the various metals/minerals and vitamins which effect neural development and in this case in modulation of either or both mood/affect and or sensory experience, including maintainance of the "stimulus barrier."

If we regard this child's behavior as constituting either "miscarried prevention" or "miscarried repair" (terms introduced by biologically based psychoanalyst Sandor Rado in his Adaptational Psychodynamics system) we are obliged to look at her behavior as a lower level, emergency maneuver to re-establish homeostatic or affective equilibrium and that requires taking the act as a whole and looking at what it seems to be achieving for her, albeit in more primitive or cumbersome fashion. She is essentially quieting herself, comforting herself with repetitive self-stimulation simultaneously with taking in metal, possibly iron. There again we would have to get a list of her preferred objects and I think regard her metal choice as a list of specific hungers and assume that she is attempting to compensate for either an internal deficit state or in a dietary deficit state. (nutritionist might want to make some home visits). That task I would assume would fall to nutritionists and the geneticists as well as to I presume behavioral endocrinologists.

To return to the issue of genetics, I can only speak from clinical experience in saying that typically a single genetic anomaly seldom seems to occur in isolation (I have no data on that point) and multiple congenital anomalies seem to be more the rule. The missing left eye may well provide a clue to a genetic disorder with known metabolic correlates, and those metabolic processes may in turn be able to be related to one or another dysphoric mood states.

The above constitutes more of a framework or paradigm for thinking through this case on essentially a neurobehavioral basis.

As an outside flyer of a diagnostic hypothesis but one which is worth studying in and of itself on the basis of a dysinhibited presentation is that of partial seizures. Electrical imagery is fairly frequent in the dreams and in the ictal experience of various subtypes of seizure patients. One can only wonder if this child is producing her own "electric" experiences by taking metal into her mouth and intensifying her experience further via her continuous masturbation, thus gaining mastery over the less predictable electrical experiences. This latter hypothesis is speculative at best, and the above is clearly the

framework with which to begin and work down to less likely formulations, but given the strong possibility of toxic metabolic disorder neurologic study with good EEG work ups is indicated anyway and might bear fruit in terms of ruling out or identifying an ictal, interictal relationship of the mastery attempts.

The above is my best shot...I hope that there are some ideas that you can use....Oh, in re; medication. The problem with meds is that I don't think that anyone quite knows what it is that would be "treated" and a toxic metabolic process could be masked rather than controlled or reversed. As far as OT treatment goes, that seems premature and I do not envision an OT serving a management role through what seems to be a very complex diagnostic process.

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