

**LETTERS TO EDITOR**

**REPETITIVE TATTOOING IN BORDERLINE PERSONALITY AND OBSESSIVE-COMPULSIVE DISORDER**

Sir,

Association of personality disorders with tattooing, though previously reported, is mostly limited to antisocial personality disorder (Raspa & Cusack, 1990). A case of repetitive tattooing, a kind of self-mutilatory behaviour, is described in a patient with borderline personality disorder with comorbid obsessive-compulsive disorder (OCD).

A 52-year-old single white male was admitted to the Veteran's Administration Hospital, Pittsburgh, USA, with a history of obsessive-
compulsive symptoms of 15 years duration. He had obsessive doubts and fear of dirt and contamination while his compulsions included hand washing, checking and counting. His score on the Yale-Brown Obsessive-Compulsive Scale (YBOCS) at intake was 27. Prior to the onset of OCD, he had a checkered premorbid history being characterized by a chronic feeling of boredom and emptiness, inability to express intense emotions appropriately, unstable relationships and overt sensitivity to rejection, low self esteem and nicotine dependence interspersed with episodes of self-injurious and parasuicidal acts. This account was consistent with a DSM-IV diagnosis of borderline personality disorder (BPD). His tattoos antedated the OCD, the first being at the age of 30 years. His first tattoo was an impulsive act, the motive being to project a more masculine image to counter feelings of inadequacy. Following this, the frequency of tattooing gradually increased to an extent that he was visiting the tattoo professional three times a month culminating in 102 tattoos till his present admission. He continued with this activity in spite of severe inflammation on one instance for which he had to be hospitalized. The patient knew that this behaviour was excessive, but he always justified it with a motive and never tried to resist it. His earlier motive of donning a stronger look was replaced by a drive to avoid boredom, which later changed to alleviating the anxiety of OC symptoms. Over the last two years, following the death of his mother and his father being diagnosed with Alzheimer's disease, he developed an additional motive for his tattooing which was now a way to grieve his mother's loss and distract himself from facing the reality of his father's impending death.

Besides tattooing, the patient indulged in other acts of self-mutilation like breaking his bones on two occasions. On not finding the pain from tattooing of sufficient threshold to regulate his emotions, one day he impulsively decided to stab himself in the calf, which prompted his present involuntary admission. He was treated with naltrexone (100 mg/day) in addition to sertraline (100 mg/day), which he was receiving for OCD. Within two days of starting naltrexone, his self-injurious urges disappeared but he still was not willing to give up tattooing. Even after a week, his OC symptoms, however, showed no change with the YBOCS score remaining at 27.

This, to our knowledge, is the first case, describing compulsive tattooing in a patient with borderline personality disorder with comorbid obsessive-compulsive disorder. Tattooing has been associated with DSM-IV cluster B personality disorders, especially the antisocial and the borderline personality disorders, with only anecdotal reports of the latter (Raspa & Cusack, 1990; Inch & Huws, 1993). However, in none of these cases tattooing as a repetitive phenomenon was documented.

Tattooing has been viewed as an act of self-mutilation (Raspa & Cusack, 1990), the latter being a characteristic of borderline personality disorder. The noteworthy aspect of this case is that tattooing initially represented an act of self-mutilation in consonance with the underlying personality disorder. However, later it became repetitive and had a 'compulsive' quality to it, though not a true compulsion by definition. There are rare reports of self-mutilation taking on a compulsive pattern but this mostly occurs with cutting and burning acts (Gardener & Cowdry, 1985) and we are aware of only a single report of compulsive tattooing in a patient with OCD (without comorbid personality disorder) (Caplan et al., 1996).

A question worth exploring is whether in this patient OCD 'coloured' the presentation of tattooing, which was initially a part of BPD. Hollander regards OCD and BPD as spectral disorders with OCD being at the compulsive end and the BPD at the impulsive end (Hollander, 1999). Moreover, these conditions may have a common biological denominator, namely dysfunctional serotonergic system, as indicated by the response of selective serotonin reuptake inhibitors in both these conditions (Hollander, 1999). An interesting observation was that tattooing in this patient provided some relief from OC symptoms, a hypothesis, which has been cited by a study (McKay et al., 2000). The authors indicated an affect-regulating role of self-mutilation...
in OCD with the emergence of OC symptoms associated with remission in self-mutilation episodes. Thus, the effect of comorbid OCD on the acts of self-mutilation of BPD requires more thought.

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