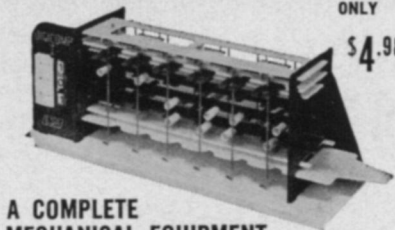


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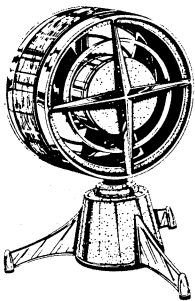
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## PSYCHIATRY

# Girls who cut themselves

Wrist slashers, once thought potential suicides, are being recognized as special cases and as a dilemma in hospitals

Time and again young women in mental hospitals use razors on wrist, abdomen or thigh. Yet rarely do they commit suicide, nor does that seem their intention. They are increasingly coming to be recognized as a problem distinct from that of the suicide.

The wrist slashers, as psychiatrists call them, have been submerged in the general category of suicidal patients. But recently a number of psychiatrists have noted an increase in hospital slashings and striking similarities among these female cutters in background, family history and personal characteristics.

The slashing is cathartic; it releases tension and creates an emotional experience. Rather than feeling pain, the women, invariably under 25 years of age, feel pleasure and a sense of relief. Common expressions are: "I felt the badness go out of me," or "it's like vomiting"—spitting out sickness.

"Small groups readily form among the wrist slashers," says Dr. Henry U. Grunebaum, formerly with the Massachusetts Mental Health Center and now at Harvard Medical School.

"The patient with the most stitches is the 'chief cutter,' a title for which others may compete. They will cut themselves to prove themselves the most unhappy."

Dr. Harold Graff at the Hahnemann Medical College in Philadelphia says slashings have increased over the past three or four years. No one can say how great the increase, says Dr. Graff, in part because hospitals don't designate patients in this category. But, he says the syndrome is common among female hospital patients under 25—perhaps one in ten are cutters.

Part of the increase, Dr. Graff believes, may be due to a general rise in psychiatric trouble among young people. He relates the increase to a change in parental attitudes, particularly among middle- and upper-class Americans.

Parents give their children more independence today, says Dr. Graff, but "they also give a lot less security, love and support."

The wrist slashers are nearly always lonely girls who have trouble expressing affection and who got little of it at home with cold, nagging mothers and

hypercritical, distant, alcoholic or passive fathers.

Dr. Grunebaum agrees that hospitals are seeing a rising influx of young people, but says the change may not reflect an actual increase in illness. Troubled adolescents may simply not have reached the hospital in earlier days.

In any case, the increase means more lonely girls in hospitals who learn from each other that cutting themselves will both release tension and gain attention. Cutting epidemics are an ever-present threat. In 1961, for instance, 12 girls hospitalized at the Michael Reese Psychiatric Institute in Chicago cut themselves a total of 90 times over one week-end before the epidemic was brought under control.

Slashers are invariably female—boys probably choose more masculine modes of release, such as hurting other people instead of themselves. They are attractive, intelligent, even talented and socially adept on the surface. But they are unable to give and take adult affection or communicate their periodic bouts with discomfort and growing anxiety. At the height of the tension, the girls appear psychotic; after cutting themselves they return to seeming normality.

Besides a love-starved early life, the girls came from families which indulged in open displays of sexuality and aggression. Dr. Grunebaum believes the daughters developed ego defects in their ability to handle sexual and aggressive feelings. Dr. Graff puts it another way: says the girls were left with an outsized need for physical contact and expression—whether cuddling or cutting.

Therapy must be of a special kind, the psychiatrists point out. Typical talk sessions are not particularly effective.

In essence, says Dr. Graff, the therapist "must treat her as if she were his little daughter, with the same concern, attendance and discipline." He points out that a doctor may stave off a cutting incident simply by putting his arm around the patient. At the same time, the therapist must avoid any suggestion of sexual interest.

"The resident's feelings for these young women are an admixture of frankly erotic feelings, desires to rescue her and feelings that she is a pathetic person in need of protection or understanding," says Dr. Grunebaum.