

## CHAPTER 1

# What Is Self-Inflicted Violence?

The term *self-inflicted violence* is best defined as the intentional harm of one's own body without conscious suicidal intent. In simpler terms, self-inflicted violence (SIV) is the act of physically hurting yourself on purpose.

You may have heard self-inflicted violence referred to as self-mutilation. However, the term *self-mutilation* is a bit misleading, in that it implies that you have permanently damaged or altered your body. This is not always the case. Often, self-inflicted violence has an unnoticeable or temporary effect on the body. Hitting or punching yourself is an example of an act that without question is designed to inflict harm; however, there is often no obvious damage to the skin or body. Thus, the more inclusive term *self-inflicted violence* provides a better, more accurate description of the nature of these acts.

## Characteristics of Self-Inflicted Violence

Although it may seem like a strange idea at first, SIV is actually a method of sustaining life and coping during an emotionally difficult time. SIV helps some people feel better by giving them a way to physically express and release their tension and emotional pain. For others, SIV produces chemical changes in their bodies that actually make them feel more happy or more peaceful. (Many of the ways in which SIV is used as a method of coping will be discussed in detail in chapter 2.) Thus, self-inflicted violence is used as a way to temporarily feel better.

Several key components help to identify and define self-inflicted violence. First, SIV is an act that is done to yourself. If you have a difficult time controlling your temper and strike out at others, while this is violent, it is not self-inflicted violence. If you purposefully burn yourself with a cigarette, this is SIV because you are the recipient of your own abuse. You have to do something harmful to yourself for an act to be considered one of self-inflicted violence.

Second, SIV is a behavior done by yourself. If you have another person do something that causes you physical pain, such as getting a tattoo or piercing, you are not engaging in SIV. However, if you do something which injures yourself, such as sticking yourself with pins, needles, or nails, you may be performing an act of self-inflicted violence.

Third, for an action to be identified as SIV it must include some type of physical violence, such as hitting, cutting, or burning. All sorts of violence exist, many of which are not physical, like stalking, terrorism, verbal abuse, and other emotionally destructive behaviors. You may even act in ways that are emotionally punishing to yourself, such as acting in self-defeating ways or thinking of yourself as lazy, stupid, or ugly. Although these behaviors are likely to be very disturbing, they are not SIV. SIV is physical, although not all acts of SIV cause noticeable physical damage. If you hit yourself very hard, even if it doesn't not produce a bruise or other mark, you are still engaging in SIV. Regardless of the actual physical effect, SIV has to involve some injury or pain to your body.

Fourth, self-inflicted violence is not performed with the intention of killing yourself. For example, two individuals might each cut their own wrists, one performing an act of SIV and the other attempting to commit suicide. As mentioned above, SIV is used as a way to cope and feel better—to sustain life—so actions made in an attempt to end life do not constitute SIV behaviors.

Lastly, SIV is an intentional act: People who engage in SIV hurt themselves on purpose. You probably remember times when you've clumsily hit your thumb with a hammer, dropped something heavy on your foot, or cut yourself while slicing a bagel. These occurrences are not episodes of self-inflicted violence; they are simply accidents. SIV is not accidental, and in many cases it actually follows a planned or ritualistic pattern. People engaging in SIV may use a particular instrument like a special knife, or may only hurt themselves in a specific environment or at a certain time of day. These patterns are in no way coincidental. Like the SIV act itself, they are purposeful and intentional.

Brian is a seventeen-year-old high-school senior who described his SIV actions this way: "When things just get to be too much, you know, and I feel like I'm losing it, I'll cut myself with razor blades. I just roll up my sleeve, grab the razor, and start slicing. It doesn't really hurt, you know. And when I'm done, I feel kind of numb for a while, and things don't seem so bad anymore." While there are many causes, forms, and results of SIV, Brian's

actions clearly demonstrate each of the necessary characteristics that define a behavior as SIV.

To summarize, acts of self-inflicted violence are

- Done to oneself
- Performed by oneself
- Physically violent
- Not suicidal
- Intentional and purposeful

The following section will help you begin to determine whether you have engaged in SIV.

### Activity 1.1: Do I Practice SIV?

This activity is designed to help you figure out whether you have actually engaged in SIV. For this and most of the other exercises in this book, you will need a notebook or loose leaf binder with paper and something to write with. You will be answering several questions in writing, and then referring to your answers in later activities. Leave space in the margin for notes you may want to add later on.

Spend a few minutes now thinking about the different ways you have hurt yourself. If you have hurt yourself on a number of occasions, this exercise will be more helpful if you can recall a specific incident that is fairly representative or characteristic of the others. Alternatively, if you have hurt yourself at different times in ways that are very different from one another, you may want to answer each of these questions for each of those times.

1. Where were you? Be specific about the location, not just home, school, or work, but the room or space you were in.
2. What time of day was it? Morning, afternoon, evening, night? Was it dark outside or light?
3. What led up to your hurting yourself? What do you remember about what happened or how you felt before you hurt yourself? Write down as much as you can recall about what preceded the incident.
4. Was anyone else involved? Did you hurt someone else or did anyone help you to hurt yourself?
5. Did you hurt yourself on purpose or was it an accident?
6. How did you hurt yourself? That is, what method did you use—hitting, cutting, burning, picking, pulling out hair? You may have your own terms to describe your behaviors. To fully understand

your self-injurious behaviors, it is important to identify the specific terms you use when you think about these activities. For instance, you might think of cutting yourself as *blading* or burning yourself as *roasting*. Be sure to write down the words you use to describe what you do.

7. Was the act physically violent or was it emotionally abusive? Did you actually harm some part of your body, or did you do something that caused you to fail or think less of yourself or others?
8. Did you intend to kill yourself, or was hurting yourself a way of trying to feel better (either emotionally or physically) even though it may have caused pain?
9. Look back over your answers. Did the act or acts you described meet the criteria for SIV? Was it done to your body and by yourself (not someone else)? Was it deliberate (on purpose) and physically violent? Were you using it as a way to cope or feel better (and not as an attempt to die)?

Some other types of activities bear some similarities to SIV, as discussed in the following sections. If you are confused about whether you have practiced SIV, reading those sections should help clarify the issue for you.

If you have determined that you have engaged in SIV activities, don't worry. You probably knew this already. You will find this book helpful to you in a great number of ways. Keep reading!

If you have determined that you have not engaged in SIV, and you are still concerned about some of your behaviors, reading this book may still be useful. However, you may also want to pursue other sources of information or assistance, such as reading other books or consulting a therapist or counselor.

## What SIV Is Not

Self-inflicted violence differs from other behaviors that can or may have injurious effects, such as professional tattooing or piercing, drug use, ritualistic mutilations, and plastic surgery. The distinguishing factors between SIV and these other behaviors generally relate to both purpose and means. SIV behaviors can be viewed as methods of coping, generally having the goal of immediate tension relief. This is to say, SIV makes you feel better in the short term—it decreases anxiety, stress, and negative feelings. The way SIV helps you feel better is fairly complex, involving both psychological and physical factors (the specifics of how and why SIV does this are discussed in chapters 2 and 4).

Also, as discussed in the last section, self-inflicted violent behaviors are inflicted by yourself and to yourself.

The following sections further describe some of the fundamental differences between SIV behaviors and other activities that may be self-injurious.

## Alteration of Appearance

*Alteration of appearance* refers to the purposeful and deliberate act of changing the way your body looks. In many ways, alteration is similar to SIV. For instance, both acts may have the goal and effect of making you feel better in some sense. However, differences between SIV and alteration occur both in method and purpose.

Alteration may be more accurately thought of as self-decoration; it is generally performed in an attempt to enhance the body. This is in direct contrast to self-inflicted violence, in which the purpose of the act seldom has anything to do with beautification. When people engage in SIV, the point of their actions is not the effect it has on their physical appearance—as it is in alteration—rather, it is the effect the act has of easing their psychological distress.

A second important distinction between self-inflicted violence and bodily alteration is in the actual method. A key factor of SIV is that it is self-generated. If you engage in SIV, you hurt yourself through your own actions. In contrast, alteration of your appearance is typically performed by another—usually someone trained and/or licensed to do so. If you have tattoos or piercings, most likely you obtained these decorations from the (hopefully) steady hand of another. Likewise, for obvious reasons, plastic surgeons seldom practice on themselves. Thus, alteration, in that it is generally not self-inflicted, fails to meet the definition of SIV.

Alteration differs most from self-inflicted violence in terms of the precipitating factors. While alteration usually stems from feelings of dissatisfaction with your body, SIV typically stems from such feelings as isolation and alienation (this will be discussed further in chapter 2). Getting a tattoo, piercing, or breast implants (for example) generally has the goal of making you more noticeable or more attractive—that is, of decreasing aloneness. For that reason, and because the nature of the act requires verbal and physical contact with at least one other person, alteration is inherently social. SIV, on the other hand, not only begins with feelings of isolation, it increases alienation because it is something that you do to yourself, in private, and keep hidden (in most cases) from others.

Piercings (particularly of the ears), tattoos, and plastic surgery are all relatively common occurrences in our society. If you have altered your body in some way, which is likely, it is important to recognize the distinction between alteration and self-inflicted violence.

## Ritual Mutilation

Ritual mutilation can best be described as the alteration of one's body in order to fulfill a demand set forth by some societal group. A society,

religion, or peer group may require a particular form of mutilation before a person is accepted as an adult or as a member of the group. Ritual mutilation occurs in many contexts and societies and presents itself in many forms, including genital mutilation, branding, scarring of the face and chest, and some forms of tattooing. Religious, cultural, and societal factors all contribute to instances of ritual mutilation.

Ritual mutilation differs from self-inflicted violence, as alteration does, in terms of its purpose and method. The purpose of ritual mutilation typically includes some rite of passage, such as entrance into adulthood or initiation into a group. You may have read stories or seen pictures of teenagers who undergo tattooing or branding in order to join a particular street gang. Recently, the United States Marine Corps began investigating a ritualized hazing practice called blood pinning. In this ritual, "jump wing" pins are beaten into the chests of newly graduated paratroopers by senior members of their unit. The new paratroopers are literally stabbed with these pins and experience great physical pain as a part of their entrance into this elite group.

In contrast to self-inflicted violence, the goal of ritual mutilation is not to change a distressing emotional state. In fact, ritual mutilation often *produces* emotional as well as physical distress. Many people do not undergo ritual mutilation by choice, rather they are forced to participate. Pain from these procedures is typically intense: anesthetics, if used, tend to be inadequate, and conditions are often not sanitary, leading to infection and long-term problems. In some cases, like that of the paratroopers mentioned above, fear and/or other emotional distress is part of the ritual.

Like alteration, ritual mutilation is generally performed by another or in the company of others, as opposed to SIV, which is practiced in private. Also unlike SIV, the results of the ritual mutilation (scars, tattoos, brands) are usually displayed or publicly acknowledged. Individuals who have engaged in ritual mutilation often feel proud of their scars. Scars or injuries resulting from self-inflicted violence, however, are usually hidden, because most individuals who injure themselves feel great shame about the behavior. Shame is, in fact, a major factor in SIV, as will be discussed in chapter 3.

### Activity 1.2: SIV or Another Behavior?

For this exercise you will need to refer back to your answers for the preceding activity.

Look back over what you wrote for activity 1.1. Do any of the actions you described now appear to be alteration of appearance, ritual mutilation, or self-destructive behaviors, rather than SIV? If so, make a note of that in the margin beside the description.

If *all* the actions you described qualify as alteration of appearance or ritual mutilation, then it is unlikely that you practice self-inflicted violence. Nonetheless, ritual mutilation—and in some cases alteration of appearance—

have their own emotional and psychological costs, for which you may want to seek help.

If some or all the incidents you recorded qualify as SIV, the next section will help you understand how they came about.

## How Does Self-Inflicted Violence Develop?

One of the more interesting phenomena related to self-inflicted violence is its origin. More often than not, the actual course of development is difficult to determine, let alone understand.

Self-inflicted violence is almost always a secretive behavior. People are reluctant to tell others about their self-injurious activities for fear of others' reactions. At best, someone who practices SIV will be seen as weird; at worst, mentally ill. Loss of affection and loss of autonomy are real possibilities, due to misperceptions about SIV and those who engage in these behaviors. So it is for good reason that SIV is typically kept hidden. And because SIV is so well concealed, it remains mysterious just how individuals first learn or conceive of this behavior as an option.

A young woman named Leslie explained how her self-injurious behaviors developed:

I first started cutting around the beginning of high school. I can't remember specifically the first time I cut. I can't even remember why I wanted to cut or how I learned about cutting. All I knew was that cutting felt good. Or maybe it just made everything else feel less bad. In any case, it helped.

The way Leslie recalls the origins of her self-injurious behavior is common. If you are unable to remember how you got the idea to hurt yourself in the first place, you are not alone. Most people who engage in self-inflicted violence have little or no idea of how they actually began to do so. An overwhelming number of individuals can cite no definitive event. They cannot remember how they learned of SIV, and they state that their self-injurious behaviors "just happened." Particularly if you've been injuring yourself for a long time, you, like Leslie, may not be able to remember the first time you hurt yourself. If so, don't worry, this is normal.

Occasionally, self-inflicted violence develops through a process known as observational learning. *Observational learning* means learning how to perform a behavior by watching someone else do it. Observed behavior that is rewarded or that appears to be rewarding, is more likely to be imitated than behavior that is punished or has negative consequences.

For example, a fairly common current phenomena is for an untrained individual to perform CPR to save a life. When these people are asked how they knew what to do, they say that they had seen it on television:

They observed the procedure and its positive effect, and mimicked how it was done.

Although for most people the chances of witnessing someone performing an act of SIV are small, in some environments the odds are much higher. Observation and learning of SIV behaviors has been noted in both psychiatric hospitals (and similar facilities) and prisons. In these environments, people typically feel intense negative emotions and have little control over their lives. So they may be more likely to engage in SIV in these places than they would in another environment, since the SIV helps them cope with their pain and powerlessness. The lack of privacy in these settings make these behaviors visible to others who are in the same negative situation, and having observed the behavior, they may in turn try SIV as a coping mechanism.

There is also more concrete aspect. People who engage in SIV in institutional settings often receive secondary gains—benefits such as special treatment or attention. If you see someone behave in a way that apparently improves his or her situation, and yours is similar, it makes perfect sense that you would do the same thing in an attempt to improve your situation.

Observational learning, however, accounts for only a small percentage of people who engage in SIV. So it is likely that you have never seen someone else intentionally hurt themselves, let alone tried to mimic that behavior. Like many individuals who injure themselves, as well as researchers and clinicians, you may be totally in the dark about how you began to hurt yourself. One of the characteristics that makes self-inflicted violence so interesting and unique is its mysterious origins.

### *Activity 1.3: How Did I Learn About SIV?*

This activity will help you to determine, as much as possible, how you first began hurting yourself. Even if, like many people, you cannot recall specifically how you became aware of SIV, this exercise will still be helpful. By looking at how you discovered that these behaviors helped you in some way, you will be laying the groundwork for learning how to stop hurting yourself.

In your journal, answer the following questions in as much detail as possible.

1. How did you first learn about SIV? Be as specific as you can. Did you see someone else injuring themselves? Did you read about this behavior or see it in a movie or on television? Did someone tell you about SIV? Did you discover it accidentally? Perhaps you unintentionally hurt yourself when you were emotionally upset and you found that it made you feel better.
2. What happened the first time you deliberately hurt yourself? (If you can't remember the first time, describe any specific incident). What was happening before you hurt yourself? What were you

doing, feeling, thinking? How did you injure yourself? How did you feel during and after this incident? Did hurting yourself make you feel better, worse, or both?

3. Why have you continued to use SIV (assuming that you have)? What did it do for you that made you try it again? Did it produce or reduce certain feelings (name those feelings)? How did it help you?

We will revisit your answers to these questions in a later chapter. In the interim, if you recall any additional details about how and why you started to engage in SIV, add them to what you have written in your journal.

### *Physiological Aspects of SIV*

Although it is unclear exactly how people originally learn to hurt themselves, there are several theories about the role of physiology in this process. Your biology, including your particular genetics and the chemicals in your body, affects your feelings, thoughts, physical sensations, and even your behavior. The influence of the body on the mind (and vice versa) has been shown time and time again and has been examined in such areas as alcoholism, heart disease, mental illness, and cancer. Your physiology could influence your desire or need to engage in SIV in several ways. One widely recognized physiological factor that could influence your SIV activities is related to endorphins. Neurotransmitters, including endorphins, are chemicals that carry information through your brain and help you to think, feel, and act. The nervous system contains many types of neurotransmitters (at least fifty), each of which affects you differently. Endorphins are simply one of these chemicals.

Endorphins are natural opiates and are involved with helping you to feel pleasure and control the sensation of pain. Drugs such as morphine work because they mimic the action of endorphins. When your brain releases endorphins you generally feel a pleasurable sensation, similar to that produced by morphine, heroin, opium, and codeine. Endorphins also protect you from experiencing pain. When you injure yourself, your brain is sent a signal that tells it to release endorphins so that you don't feel much pain. Many people who engage in SIV indicate that they feel little, if any, physical pain from their self-injuries.

One theory about the relationship between SIV and physiology suggests that some people engage in SIV because their endorphins aren't functioning properly. According to this theory, these people have a problem maintaining what would be considered a normal level of endorphins in their system—their endorphin levels are too low—and they use SIV to generate additional endorphins. Although this theory seems logical, the limited amount of research that has been done in this area hasn't provided much support.

A second theory about the connection between physiology and SIV postulates addiction to endorphins. It has been shown that SIV can produce

endorphins before, during, or after the actual act of self-injury. It has been theorized that some people become so addicted to the feelings produced by the release of endorphins that they purposefully injure themselves in order to produce these chemicals. Although this may sound bizarre, many people who engage in physical exercise—which also produces endorphins—say they do so just for the pleasurable feelings they experience when endorphins are released. Clearly these are powerful chemicals.

Although SIV may seem like an extreme way to produce endorphins, some research supports this theory. One study found that when the effects of the endorphins were blocked (by administering a drug called naltraxone), so that the release of endorphins was no longer gratifying, the SIV activities of the individuals in the study did, in fact, decrease. Because the chemicals were no longer working in ways that were pleasurable, there was no reason to continue using self-inflicted violence to release them. However, this addiction theory only held true for those people who were injuring themselves frequently and severely. For most people who engage in SIV, this theory has not yet been found to be accurate. Thus, although endorphins are clearly powerful chemicals that efficiently provide pleasure and control pain, they may not be a primary influence on self-injury.

Dopamine, a neurotransmitter that has been linked to psychological health, is also thought to play a role in self-injury. Too much dopamine in the brain is associated with an inability to think clearly and rationally. In some cases, excess dopamine has been thought to be the cause of schizophrenia, a psychological disorder in which the person loses contact with reality. Although it has not actually been proven, some researchers believe that excess dopamine can cause a person to self-injure, but the dynamics of how it might do so have not yet been explored.

Serotonin is another neurotransmitter believed to affect SIV. Serotonin is involved in both sleep and depression. Excess serotonin can cause you to feel sleepy or depressed. Serotonin is eventually converted to melatonin, the same hormone that is touted as a sleep aid and cure for jet lag and you can buy at your local natural foods store or pharmacy. Insufficient amounts of serotonin have been thought to influence self-injury, but again, exact ways in which deficiencies of serotonin are associated with SIV haven't been determined.

As you can see, a great deal of mystery and controversy still surrounds the role of physiology in self-inflicted violence. Although physiology may play a part in influencing SIV, not enough is known to draw any firm conclusions. The origins and development of SIV behaviors are likely to remain a mystery for some time.

## The Course of Self-Inflicted Violence

Although the origins of SIV are still obscure, the typical course is better understood. Self-inflicted violence tends to follow a fairly predictable pat-

tern, typically first appearing during adolescence. Adolescence, as you may well remember, is a time of great turbulence and change. Perhaps it is this radical change that creates the need for new and more extreme methods of coping.

The following analogy may help clarify this point. Say you have a car with a small hole in the muffler. You put a piece of duct tape over the hole to control the sound somewhat. So you still hear a bit of noise when you drive, but a lot of the time you just tune it out; it isn't very troublesome. You're able to drive around like this for a long time, with the noise sometimes bothering you and sometimes going unnoticed. This represents your childhood.

However, after a while, you find that the hole has suddenly gotten a lot bigger. You can't control the noise with just a piece of tape, and you are absolutely unable to ignore the sound. It may have even become so bad that your friends, family, or neighbors have started nagging you to do something about your muffler and its obnoxious racket. You have now entered adolescence. The ways you used to cope simply don't take care of your current problems, which are bigger, tougher, and more numerous than anything you had to deal with as a child. You need to find new ways to help you live, and you may have turned to SIV to help you cope with the turmoil of adolescence.

One of the new things adolescents must learn to deal with is the increased need for autonomy and control that accompanies adolescence. Adolescence is the time in life when you start to achieve a real sense of yourself as an independent and autonomous person, capable of making your own choices and decisions. Unfortunately, the adults who up until that point have been deciding things for you don't always see things the same way. When you injure yourself, you are demonstrating (if only to yourself) that you are in complete control of your own body, and in that respect you have autonomy. Everyone has a need to feel in control in some sense. Self-inflicted violence can be one way of asserting control.

Also, as you probably remember, during adolescence social relationships go through tremendous change, often leaving teenagers feeling alienated and isolated. As mentioned earlier, these feelings often lead to episodes of self-injury as a way of coping with the pain.

Most people who self-injure begin by cutting themselves on the arm or leg with a knife, razor blade, or other sharp object. Typically, SIV then moves from an initial act of cutting to a trial of various other forms of wounding, such as burning or hitting, until the person settles on a preferred method. People most commonly use cutting or burning as their preferred SIV activity. Sometimes, however, people choose hitting, nail biting, hair pulling, breaking bones, or interfering with the healing of wounds as their preferred method of self-injury.

The occurrence of self-inflicted violence tends to peak in the early to mid-twenties. Like the adolescent years, the early twenties are a time of great change and conflict in people's lives, and they often present many new responsibilities and roles. During this time, SIV may be used as a coping



mechanism to temporarily gain a sense of control over a complex and confusing world and relieve the extreme tension accompanying this age.

Most coping mechanisms, such as crying, sleeping, exercising, shopping, and even SIV lose their effectiveness over time. It is probably for this reason that the occurrence of self-injurious behavior decreases with age. Most individuals stop engaging in SIV by the time they reach their thirties. This decrease in SIV seems to occur independently of any intervention of psychotherapy, medication, or related techniques. This means that, although there are certainly ways to end or reduce your SIV activities earlier—and good reasons for doing so—it appears that inflicting self-harm is something you may well simply outgrow in time.

Note that the information presented above describes the *typical* course of self-inflicted violence; you may find that your pattern is quite different. For instance, you may have started hurting yourself much earlier or later than adolescence. You may initially have hurt yourself by some other means than cutting. You may be over thirty and continuing to hurt yourself. If the course of your self-inflicted violence is much different from what is noted here, you are not alone. The limited amount of information available on SIV may present a skewed picture of the development and course of this behavior. It is very likely that others have had experiences similar to yours.

### Activity 1.4: SIV's Course Through My Life

This activity will help you to assess the development of SIV in your life. You may be surprised at the amount of change that has occurred since you first started to injure yourself. You may also be surprised by the length of time you have been engaging in SIV.

In your journal, answer the following questions.

1. How old were you when you first intentionally hurt yourself?
2. How old are you now? How long have you been engaging in SIV?
3. When you first began to engage in SIV, how did you typically go about it? Was there a particular method you used?
4. What methods of injuring yourself have you used since then? What method(s) do you currently use?
5. When the SIV first started, how often would you hurt yourself? Daily? Weekly? Monthly?
6. How often do you hurt yourself now?
7. Have you tried to stop engaging in SIV? If so, when and how many times? How long were you able to refrain from hurting yourself?

8. Have you ever sought psychological help for SIV? What kind (individual, group, inpatient)? How long were you in therapy? How did it affect your SIV activities?

9. Why do you think you returned to SIV?

As with the preceding exercise, we will be using your answers to some of these questions in later activities aimed at stopping SIV. If you recall any further details in the meantime, add them to what you have written in your journal.

## Who Typically Engages in Self-Inflicted Violence?

It's difficult to describe a "typical" anything. A "typical" dog, a "typical" rainy day, a "typical" politician—each of these will mean something different to everyone. It is similarly difficult to create a composite of the "typical" individual who self-injures. However, by assembling the traits commonly found in people who hurt themselves, it is possible to create a portrait of the person who typically engages in self-inflicted violence.

As you read this section, you may find yourself thinking *This isn't me at all* or *This part seems right, but that part is way off*. And you'll be absolutely correct. You won't exactly meet the description of the "typical" person who engages in SIV. However, you will almost certainly find some similarities between yourself and the hypothetical "typical."

### Gender

Both men and women intentionally injure themselves. In fact, the proportion of men and women who engage in SIV is roughly equal. However, women are seen more often than men in settings related to psychological services (such as a therapist's office), so in this environment—in the psychological community—the prevalence of self-injury among women appears to be higher than among men. Similarly, prison settings produce a greater number of SIV behaviors among men than among women, most likely because more men are imprisoned than women. Thus, in different settings it can appear as though one gender engages in self-inflicted violence more often than the other. In truth, however, this is not the case in the population as a whole.

### Age

As mentioned earlier, SIV typically begins during adolescence. It then escalates or becomes more frequent during the early twenties and decreases or disappears in the thirties.

### *Substance Abuse*

Many individuals who injure themselves also have histories of abuse of such substances as alcohol and drugs. This is not surprising. People often use alcohol or another drug to change their mood or physical state—to feel differently. Self-inflicted violence has a similar goal: It is used to change the person's emotional—and sometimes physical—experience. Substance abuse and self-abuse both serve as methods of coping, in that they help people to get through difficult moments. Both activities can temporarily help alleviate distress and negative feelings. It is probably the similar function of the two behaviors that makes substance abuse a commonly found characteristic among people who engage in SIV.

It is interesting to note that while histories of substance abuse are common in individuals who engage in SIV, rarely will individuals be under the influence of a substance when they engage in deliberately injurious behavior. Perhaps SIV provides such an efficient method of coping that additional coping strategies, such as drugs and alcohol, become unwarranted.

### *Eating Disorders*

The presence of eating disorders, like that of substance abuse, is also common in people who engage in self-inflicted violence. Eating disorders, including anorexia nervosa and bulimia nervosa, seem to provide a way to temporarily alleviate negative or difficult emotions. That is, they have a similar function as self-inflicted violence.

Unlike drugs and alcohol, which generally are not used during an episode of SIV, eating disorders frequently coexist with SIV. The reason for this is quite simple: Eating disorders and their effects can last a long time, whereas the effects of drugs and alcohol wear off fairly quickly. For instance, if you were to have a few beers, the effects of the beer would be gone within a few hours at most. At that time, you might decide that you still feel bad and engage in an act of SIV to try to feel better. However, if you have anorexia nervosa, you are radically underweight, and you are unable to change this condition in a short period of time (such as a few hours or a few days). So if you have anorexia nervosa and you decide to hurt yourself, the two factors, eating disorders and SIV, would occur simultaneously. The topic of eating disorders and their relationship with SIV is discussed more thoroughly in chapter 5.

### *Poor Mood Regulation*

As discussed earlier, self-inflicted violence is one method of regulating your mood or emotions—what psychologists call affect. People who engage in self-injurious behavior often lack the ability to effectively regulate their emotions in other ways. Thus, it makes sense for them to use SIV as a strategy for managing their emotions and affective states. The flip side of

this is that people who are better able to manage their moods are generally not motivated to harm themselves. Therefore, it makes a lot of sense that there is a close relationship between self-inflicted violence and poor regulation of mood. This topic will be discussed further in chapters 2 and 4.

### *History of Abuse*

The majority of people who hurt themselves were hurt by others when they were children, suffering physical, sexual, or emotional abuse. A nine-year-old college sophomore relates, "I hurt myself so that I can feel the pain of now, of today. I'd rather feel pain from now, that I'm creating, than the pain from my past. . . . I was abused pretty bad as a kid." This statement illustrates some of the connections between SIV and abuse. SIV can be a way to replicate the original abuse, to establish control, to provide self-punishment, to express emotional pain, or some combination of several or all of these things.

If you engage in self-inflicted violence, chances are pretty good that you were abused as a child. However, this does not mean that everyone who was traumatized during childhood goes on to injure themselves as adolescents or adults. Child abuse is simply related to self-inflicted violence; it does not cause SIV. The role of trauma in SIV activities will be discussed in more detail in chapter 5.

### *History of Psychological Treatment*

A history of psychological treatment is common among people who injure themselves. The same feelings or experiences that lead people to engage in SIV also lead them to seek other answers, such as therapy. However, for most people who injure themselves psychological treatment proves to be dissatisfying, as you yourself may have experienced.

Joan, a thirty-year-old educator, states, "I quit going to my therapist after a couple of months. During the first few sessions, when I was deciding if I wanted to keep seeing her, I was pretty up-front about hurting myself. But a few weeks later, when I actually started showing her my fresh wounds, she kind of backed off, like she was scared or something. She just wasn't giving me the kind of help I needed, so I quit."

There are several possible reasons for such dissatisfaction. First, in many cases, the topic of self-inflicted violence is not addressed. Rarely will a mental health professional inquire about this type of behavior. Clinicians often overlook the issue of SIV out of inexperience or ignorance or avoid it out of disgust. Either way, it is generally up to the client to bring up the topic of self-injury. But, because of the shame and secrecy surrounding SIV, many clients never disclose this information. If this happened to you, it would hardly be surprising for you to feel dissatisfied with the treatment you received, given that such an important issue was not addressed.



Second, when clinicians do learn of self-inflicted violence, their reactions and strategies for treatment are not always in the client's best interest. Clinicians may demand that the client stop his or her self-injurious behaviors or risk being admitted to a psychiatric ward or hospital.

Either of these situations may have left you feeling as bad or worse than you did before entering psychotherapy. The topic of consulting a therapist is discussed in chapter 6. Chapter 10 discusses psychotherapy from the clinician's point of view, including the topics of reactions and therapeutic strategies.

## Types of Self-Inflicted Violence

Self-inflicted violence is generally divided into three categories: Psychotic, Organic, and Typical. Forms of Psychotic SIV include removing or amputating body parts, including eyes, limbs, ears, and genitals. Historical and literary figures such as Vincent Van Gogh (who cut off part of his ear) and Sophocles's King Oedipus (who blinded himself) offer examples of Psychotic SIV. Often, these behaviors are a response to hallucinations or delusions the individual is experiencing. A hallucination is an experience of physically sensing something that is not real. For example, seeing an eight-legged beagle sitting in the middle of your living room would be a hallucination, unless you have a very strange pet. Similarly, hearing voices (through your ears, not just in your head) speaking to you when no one is around is another type of hallucination.

While hallucinations involve senses and perceptions, delusions are related to thoughts, when someone believes something which objectively cannot be true. For instance, thinking that you are Santa Claus or Cleopatra would be a delusion. Both hallucinations and delusions are sometimes responsible for people self-inflicting violence. While these types of SIV are severe, they are also easily identifiable, which is helpful in treating them.

Organic self-inflicted violence usually stems from autistic disorders, developmental disabilities, or other physiologically induced disorders. Organic types of SIV are always influenced by a physical or chemical problem in the body. Behaviors within this category include lip biting and head banging. These behaviors seem to serve a self-stimulating or self-soothing purpose.

In contrast, Typical SIV occurs for emotional or psychological reasons not stemming from psychotic (hallucinations or delusions) or organic (physical) factors. Most forms of SIV fall into this category. It is highly likely that if you are engaging in self-inflicted violence, you are performing one of the following acts:

- Cutting yourself
- Burning yourself

- Interfering with the healing of wounds by reopening them
- Biting your fingernails excessively
- Pulling out or plucking your hair to an excessive degree (trichotillomania)
- Hitting or bruising yourself
- Intentionally breaking your own bones

Typical forms of SIV generally are used as to make yourself feel better and cope with your life (as will be discussed in chapter 2). During an act of Typical self-injury, you do not lose touch with reality or enter a psychotic state.

As you can see, there are many forms of Typical self-inflicted violence. The following sections discuss some of the most common types of self-inflicted violence. Inevitably, some means of self-injury will have been omitted. Given the wide variety of ways people can hurt themselves, it is not possible to present an exhaustive list. The methods of self-injury presented here represent the most widely used and recognized types of SIV.

## Cutting

Cutting is probably the most common of all the ways that people intentionally injure themselves. Most often the cutting is done with a razor blade, knife, piece of glass, or similarly sharp object. The majority of cuts are made on the arms, wrists, legs, and chest, but some people cut themselves on other parts of the body, including stomach, face, neck, breasts, and genitals. However, because of the accessibility of the arms and wrists, these continue to be the most frequently used areas for cutting. Cuts or scars on these areas of the body can also be explained more easily, making it less likely that others will suspect self-injury. Attributing a fresh wound to a slip of the knife while chopping vegetables is much easier when the wound is on your hand than when the wound is on your neck. Cutting is often known by other names, such as *slashing* or *slicing*.

Brett is a twenty-four-year-old waiter who frequently engages in episodes of cutting. "I use a scalpel that I bought at a swap meet. It's really sharp and makes it easy to slice up my arms. Watching the blood run down my arms calms me down. I don't really like hurting myself, but I like the way it makes me feel."

## Burning

Burning yourself is also a relatively common form of self-inflicted violence, although it's not quite as prevalent as cutting. A wide number of methods are used to inflict the burns, including cigarettes, matches, lighters,

kitchen-stove burners, heated objects (such as a hot skillet or a branding iron), and burning objects. Some people even use a flammable substance such as gasoline, propane, lighter fluid, or alcohol. The availability of such materials as cigarettes, matches, and lighters may promote these types of activities. Like cutting, burns are generally inflicted on the arms, wrists, legs, and chest.

Sally, a fourteen-year-old high-school freshman, describes her SIV. "Most of the time when I hurt myself, I do it with a lighter. I heat up the metal part on the end and press it real hard against my leg. Sometimes I'll do this five or six times in a row."

### *Interfering with the Healing of Wounds*

Most of us at one time or another have interfered with the healing of a wound. It is common to see young children picking at their newly formed scabs. Many of us have unconsciously scratched or picked at a scab only to find it oozing fresh blood. Interfering with the healing of wounds is considered a self-injurious behavior when it is done with intention and purpose.

Much like other forms of SIV, interfering with wounds' healing process is a way of coping with overwhelming or disturbing emotional states. Some people remove stitches prematurely, insert objects such as pins, needles, or toothpicks into healing wounds, or do other things that reopen the wound. Disruption of the healing process is easily performed and can be done without particular tools. It also doesn't draw much, if any, attention, simply because it is a common—if not socially acceptable—practice. Therefore, although this type of self-inflicted violence is statistically less common than cutting or burning, it lends itself to situations in which there is little privacy or instruments for self-injury are not available.

David, an eighteen-year-old high-school senior, relates, "When I was younger I used to stick pins in my scabs. I liked feeling the sting and watching the fresh blood cover the old scab. My mom would always wonder why my cuts took so long to heal."

### *Hitting or Bruising*

It's a common thing to see characters in television and films, upon making some sort of mistake, hit themselves on the head with their hands. This may be a case of art imitating life. Hitting or bruising yourself is a relatively common SIV activity. Hitting yourself with your fist is one such method of inflicting self-injury, and it often leaves serious bruises on the body. Both head and thighs are common sites for such battering, because of both their accessibility and the ease with which bruises there can be covered by clothing or hair.

Hitting or bruising yourself may not even seem like a form of self-inflicted violence, because of the relatively minor damage it causes. How-

ever, because it serves the purpose of alleviating disturbing emotional states, functioning in the same way as other forms of self-injury, hitting or bruising yourself can clearly be named as a method of SIV.

"Hitting myself on my thighs is my favorite way to self-injure," says Shaunna. "I like feeling the power of my fist and seeing the bruises start to form and turn my skin different colors. Hitting myself makes me feel strong and in control and helps me to get rid of some anger."

### *Excessive Nail Biting*

Most of us at one time or another have bitten our fingernails during times of stress or anxiety or just to trim a ragged fingernail. What differentiates this nail biting from nail biting as a form of self-inflicted violence is the severity and frequency of the behavior. Excessive nail biting results in injury to the fingernails or cuticles. People who do this often find themselves biting their nails to the point of drawing blood.

Like other forms of SIV, nail biting is a response to a state of psychological discomfort. The nail biting helps to alleviate this disturbing emotional state. During an episode of nail biting you may be unaware of your behavior and the extent of damage done. Thus, you will probably end a nail-biting episode only when you realize that physical injury has occurred, which is often evidenced by the blood from your injuries.

"Look at my nails, they're a mess!" exclaims Lisa, a thirty-year-old homemaker. "I've had this problem for years and years. I don't even realize that my fingers are in my mouth until I taste the blood. I once tried putting really bad tasting stuff on my fingers to make me stop, but even that didn't work."

### *Excessive Scratching*

Excessive scratching follows a similar pattern to that of nail biting. Scratching, a perfectly normal behavior, becomes a form of self-inflicted violence when it becomes more extreme in frequency, intensity, or duration. This behavior usually results in an area of skin becoming raw and even bloody, producing serious damage. Areas of the body most frequently affected are the arms and legs and other easily accessed areas.

Typically, the scratching is done with just the fingernails, but in some cases a sharp or semisharp object such as a knife, comb, or pencil is used. Like other forms of SIV, excessive scratching serves as a method of coping, allowing for the release of tension. And like nail biting, excessive scratching can occur without conscious thought; awareness of the extent of damage may come only after the injury is serious enough to produce bleeding or similar consequences.

Mary, a forty-year-old attorney relates this about her SIV behaviors: "The first few times I noticed blood on my hairline, I didn't understand

what had happened. Around the fourth or fifth time of finding blood on my fingers and in my hair, I figured it out. I had been scratching my head so hard that I was making myself bleed."

### *Pulling Out Your Hair*

Trichotillomania, the excessive and recurrent removal of your own hair resulting in a noticeable loss of hair, is the only form of self-inflicted violence to be recognized as a distinct psychological disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (known as DSM-IV). The DSM-IV is used by professionals in the mental health field to determine psychological and psychiatric diagnoses.

Generally, hair is removed from the scalp, eyebrows, or beard. However, recurrent removal of hair from any part of the body would fall into this category of SIV.

Pulling out hair stems from a state of tension or unease, similar to the other types of self-inflicted violence. When you remove your own hair you may feel an incredible sensation of pleasure or relief. This sense of relief is one of the primary goals of any self-inflicted violent activity. One common result of trichotillomania is a noticeable bald spot, which the person often attempts to cover with a hat, bandage, or sunglasses (to hide the eyebrows).

A twenty-nine-year-old prison inmate describes his hair-pulling activities this way: "I wish I could just get a haircut so I wouldn't be able to pull out my hair . . . It's just something I do and I just can't stop. Look at me, I'm missing these big clumps of hair. I must look pretty scary. I know the other guys think I'm nuts. I feel like I've got no control over this."

### *Intentional Breaking of Bones*

Although not as frequently observed as other types of self-inflicted violence, breaking your own bones is a serious form of self-injury. Breaking your own bones is often done with the aid of an instrument, such as a hammer, brick, or other heavy object. Sometimes people will throw themselves into walls or doors in an attempt to break a bone.

Broken bones are rarely suspected as stemming from SIV activities. Therefore, people who break their own bones generally receive some secondary gains or benefits (attention, help, communication), which may reinforce further such activities. If you have ever broken a bone (purposefully or otherwise), and had to endure the confinement of a cast, you can attest to the increase in attention and offered assistance derived from this plaster accessory. However, as a method of inflicting self-injury, this one has a "downside"—that bones take quite a long time to heal. Thus, engaging in this type of behavior with any frequency is virtually impossible.

"I was twelve the first time I tried to break my arm," states Randy, a twenty-year-old salesman. "I don't know what I was thinking or what the

hell was going on. But, I remember taking a hammer and wailing down on my left arm. My aim wasn't so good and I ended up breaking my little finger. It hurt like crazy, but it felt good, too. Since then I've broken at least a dozen bones."

### *Activity 1.5: How I Hurt Myself*

This activity is designed to help you identify and understand the ways in which you practice SIV. The information that you provide in this activity will be useful to you now and in the future. Later on, when addressing ways to stop injuring yourself, you will be referring back to this activity.

Some parts of this exercise may seem similar to questions you answered in previous activities. Nonetheless, it is important that you follow these instructions precisely. Take the time to write complete, detailed responses in your journal.

1. In activity 1.4, you wrote down the ways you have hurt yourself in the past and how you currently hurt yourself. On a fresh page in your journal, make a list of those behaviors. If as a result of reading the preceding sections on types of SIV you can add to that list, do so now.
2. Now, for each of type of SIV you practiced in the past, describe what you do or did in detail. For example, if you have cut yourself, on how many occasions have you done so? How old were you at the time? What did you use to cut yourself: a knife, a razor? How many cuts did you make each time? Be sure to describe each of the methods you have used in the same manner.
3. What method(s) of SIV do you typically use in the present? Use whatever words you use to describe the action to yourself.
4. How often do you hurt yourself?
5. Is anyone around when you hurt yourself? If so, who?
6. What do you typically feel before you hurt yourself: pain, anger, numbness?
7. What do you do when you hurt yourself? Where on your body do you injure yourself and to what degree? What are the consequences: Do you bleed, bruise, burn? How do you feel emotionally when you hurt yourself?
8. Do you have a routine or pattern that you follow each time, in terms of place, time, instruments used, and so forth? If so, describe it.
9. What do you do after you engage in self-inflicted violence? Do you contact anyone (friend, therapist, doctor)? Do you go to sleep?

10. Have you ever had to seek medical attention for your injuries? What happened? How were you treated by the medical professionals? Did you reveal how you really obtained your injuries?

The answers to these questions will be very helpful to you in understanding some of the ways by which you hurt yourself. Understanding how you inflict your injuries is a necessary step in beginning to change these behaviors.

The next chapter will give you a deeper understand of some of the reasons people engage in SIV.

## CHAPTER 2

# Why Do People Engage in Self-Inflicted Violence?

Why would someone purposefully and willfully hurt him- or herself? You may have asked yourself this question many times. If you are open about your self-injuries, you have probably even had to respond to this question frequently in answering inquisitive friends and family members. Whether or not you have tried to answer this question, you may not have a clear understanding of why you hurt yourself. This chapter presents some of the possible reasons why you engage in acts of self-inflicted violence.

Molly is a thirty-four-year-old lawyer who lives in Southern California. She has been cutting her arms for the past eighteen years, approximately twice a year. On these infrequent occasions, she generally makes only one or two small cuts on her upper arms. Molly hasn't told any of her friends or family that she hurts herself. The one time a coworker noticed and ask about Molly's wounds, Molly told him that she had been injured while trying to clip her cat's claws.

Molly isn't sure why she cuts herself. She describes her desire to cut as being like the desire to sleep—cutting feels like a need rather than simply a want. Molly feels a sense of relief and release after injuring herself. She feels more complete, whole, and at peace.

Like many people who hurt themselves, Molly is not readily able to recognize the motivations for her behaviors. She is, however, better able to identify her internal states and the results of her actions.

