CHAPTER ONE

What Is Self-Injury?

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That's it? "Bye" he just hung up and said "Bye" like, so cold, so businesslike . . . Why doesn't he notice me, know I exist? I'm the one who's helping him so he won't flunk math class; it's just that I don't look like that bimbo over there. He had lunch with her the other day; it's just 'cause of her big knockers but she has a snot-face attitude and is mean to people, but I don't look like her so I'm worthless . . .

They didn't notice me back in junior high; those boys were so mean when I was anorexic. I don't look like that now but still not good enough.

The racing thoughts

I can't slow down

My mom told me, "You're not good enough!" She beat me up when I got the first word wrong out of ten on a spelling test in first grade, just because it was the first one. Dad just stood there (why did he just stand there?); ignoring me, drinking whiskey out of coffee mugs with his dinner, pretending not to be an alcoholic, 'cause Italian Catholic fathers can do no wrong. Hey! Wait a minute! I still got an "A" and the nun gave me a gold star and a Virgin Mary sticker . . .

Racing thoughts

I can't slow down

"I hate you! How could you get the first one wrong? The first one! What's wrong with you?"

Never good enough. It's never enough, never enough; I'm worthless.

He just said "Bye" and hung up the phone.

OH MY GOD, I'VE GOT TO GET MY HOMEWORK DONE AND I'M RUNNING OUT OF TIME. THERE'S NEVER ENOUGH TIME. I'VE GOT TO GET FOCUSED.

Looked over at the Oriental rug, out the beautiful Boston bay windows with the overpriced lace curtains, this house looks like the front of a Christmas card. Looked at the cold, dark, gray, hopeless sky in the middle of a cold, dark, gray, hopeless never-ending Boston winter.

(The pain never ends)

Spacing out

Numb

Waiting for the phone to ring again 'cause Andrew might call (but I know he won't). Who does he think he is? Thinking he's "all it" at the dance, flipping his hair back . . .

Looked down at his name carved across my leg over a month ago, A-N-D-R-E-W (why does he have to have such a long friggin' name?). That was stupid that I wrote his name, really deep and it won't go away, never even went out with him, hardly ever even talked with him, except for sitting next to him in math class. He doesn't even know I exist.

There's too much pain, too much heartache . . .

Turned up the stereo to drown out the pain. (But can't keep it on too long 'cause it's getting late and it might disturb Mrs. Grumbles, the old lady who lives next door.)

The thoughts just racing

Around and around

I'VE GOT TO GET MY HOMEWORK DONE

Numbing

Spacing out

I want my mom, but she's dead, been dead a long time. Forever. I want to cry but I can't. If I could just cry, I could, like, maybe slow down, but I can't think about that, cause if I break down, I'll never stop crying . . .

GOT TO GET MY HOMEWORK DONE, GOT TO GET FOCUSED

Looked over at the stove, the electric stove, the burners that will slowly turn bright

RED

I turned on the stove

(There's no turning back now)

Grabbed a metal spoon

("I'm into heavy metal now, just plain cutting doesn't work anymore")

Burned my upper arm

Where I usually do it

Where no one else can see

Over and over

Twice

And I still can't feel anything

Three times

Maybe more

Oh, my God, I just can't feel anything

I'm getting scared

Can't feel anything

It's not working anymore

Looked down at my leg

A-N-D-R-E-W

Took the spoon and burned over the dork's name

Left it there too long, way too long, 'cause I just can't feel anything

I heard my skin burn

And finally the welcome pain

Waiting for the relief
No, not this time
Only terror . . .
Heard the train, the sound of the oncoming train
But there was no train, the subway station is far away, what is this train that I hear?
Heart racing, pounding
Thought I was gonna have a heart attack and die
(Please, God, I don't want to die. Please give me a chance and I'll do things right. I promise I'll stop. I'll be good. Know this is wrong. It's so wrong to destroy myself this way . . .)
Ran to the bathroom
Looked in the mirror
My eyes were wired
Looked like I was on drugs, man
Speeding
Like on a speeding train without no brakes
Terror
Please, God, don't let me have a heart attack
Is this what happens when people have a heart attack?
Is this a stroke?
Looked in the mirror
I didn't recognize me
Didn't look like Veronica
Collapsed on the Oriental rug
Woke up minutes later or maybe hours later, who knows . . .
It must have been a while. It's morning, the cat's hungry, she's meowing . . .
Can't do this no more
It's over
It doesn't work anymore

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That was Veronica's final episode of self-injury, the one that led to her recovery. The racing thoughts that Veronica struggled with are typical for self-injurers. She is one of the fortunate ones who made a *commitment* to recovery—and who has been successfully maintaining recovery for many years—after having hit rock bottom. Today, Veronica is a very successful professional woman, who often states that "peace of mind" is one of the things she is most grateful for.

Defining Self-Injury

What exactly is the self-injurious behavior syndrome? It is the deliberate mutilation of one's own body, with the intent to cause injury or damage, but without intent to kill oneself. The self-injurer typically experiences an overwhelming impulse, for instance, to cut or burn herself, in conjunction with an increasing (escalating) sense of tension. This is followed by psychic relief ("Oh, I feel so much better!") after the injury is completed.

This problem, or disorder, typically begins in adolescence and continues over many years. As with other addictive disorders, there are repetitive episodes, with patterns of increasing frequency and severity, as time goes on.

What goes on in the mind of the self-injurer? In 1983, Pattison and Kahan wrote about the emotional and psychological side of self-injury. These authors describe the emotional/psychological symptoms frequently seen in self-injurers:

1. Sudden and recurrent intrusive impulses to hurt oneself, without the perceived ability to resist
2. A sense of being "trapped" in an intolerable situation that one can neither cope with nor control
3. An increasing sense of agitation, anxiety, and anger

4. When in this state, a constricted ability to "problem-solve," or to think of reasonable alternatives for action
5. A sense of psychic relief after the act of self-harm
6. A depressive or agitated-depressive mood, although suicidal ideation is not typically present

Why Self-Injury?

"Why would anyone want to hurt themselves on purpose? Well, if they did, it was probably just an accident . . ."

It happens, and a lot more often than one would dare to imagine. However, because the problem of deliberate self-harm, self-injury, self-mutilation, self-cutting, or self-injurious behavior syndrome is not yet well understood, many people—including parents, therapists, and other trained professionals—tend to avoid dealing with the issue. It is many times dealt with ineffectively. Most people tend to panic and "react" instead of respond or sometimes altogether dismiss the problem. The best way to understand what this disorder is—and what it is not—is to see how it affects the lives of people who have it.

Much like a person may use alcohol or drugs, or indulge in other self-destructive behaviors like anorexia or bulimia, one who self-injures is trying to run away from or "turn off" intolerable emotions and/or memories. Or to gain some sense of control.

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Sometimes, a person's inner pain and rage and frustration are so deep, so unbearable, that there are no words to describe the raging tornado building within her mind and body. An upsetting event happens: an unkind word is said; the sound of the wind chimes in the background trigger a memory of that summer at her grandmother's house in the country

where her uncle molested her when she was five years old. Maybe nothing in particular happens; it's just been an annoying couple of days, and the broken shoelace, with no time left before having to catch the school bus, is the "straw that broke the camel's back." No words for oneself, let alone anyone else. An internal dialogue comes on, like a fast-moving train, usually in the abstract, obsessing and obsessing in images and sensations that seem to speak "to cut or not to cut, to cut or not to cut, to cut or not to cut . . ." The decision is made. An initial glimmer of relief, but there's more . . . In a split second or less, there are no more emotions, no more hurt feelings, just a sense of complete and total numbness. "Spacing out," much like daydreaming in a boring eighth-grade math class, but more . . . losing a sense of time, or of existing, or of being for real. . . . The knife touches the forearm, but no pain is felt, only a barely perceptive initial pinprick, followed by an awesomely numb sensation, much like the dentist's needle when you're getting Novocain. The knife runs deep, deep enough to finally draw blood, reality comes back, the colors and sensations in the room all get very bright and very strong, then finally the welcome pain, the scream, the relief, and it's over . . . for now.

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What It Is and What It Isn't

As with any psychological concept or disorder that is not yet fully understood and that is just beginning to reach people's attention, there is a tendency to over-diagnose and to incorrectly diagnose self-injury. Some people think they see it everywhere—as with attention deficit disorder (ADD), many parents, teachers, professionals, and others would label a kid with ADD just because he jumped up and down a few times. Diagnoses must be made with caution, with understanding, and with respect to the individual.

Once when I was discussing my clinical work with self-injury, someone asked me, "My hairdresser has a lot of tattoos—do you think he has it?" It's possible but not likely. The popular "fads" of today, including tattoos and body piercing, may be just that—fads. Teenagers especially and very young adults may want to look "different" or "cool," or to make a statement, or to fit in with a particular group of friends.

The teenagers I have worked with in residential treatment centers and group homes are told the consequences for getting tattoos and body piercing such as nose rings and eyebrow rings. Their caretakers and counselors are concerned about risk of infection and HIV from dirty needles, as well as their displaying a look or image that their future employers may perceive as negative or gang-affiliated.

It's when a behavior is taken to an extreme, like anything else, that it becomes unhealthy and potentially dangerous. To determine whether tattooing and body piercing cross over the line into what is self-injury, a parent or professional may consider the following questions:

1. Is this behavior taken to an extreme?
2. Is this behavior compulsive?
3. Is the person becoming obsessed with the behavior?
4. Is the person craving the experience of pain?
5. Are there signs of self-inflicted wounds, such as cuts or burns?

If you answered "yes" to any of these questions, it is time to refer for help and address the problem.

Keep in mind that sometimes a person may have an isolated incident or a few incidents of self-injury that are merely for the purpose of getting attention. The behavior does not always become addictive. One social worker told me about an adult client of hers, Suzie, who happened to

have a classic case of borderline personality disorder. Suzie cut her arm and strategically placed the drops of blood on a glass coffee table in the living room when she got mad at her boyfriend. This was a single incident, and the cut was minimal. The behavior was clearly manipulative and attention-getting, not the behavior of a person with the self-injurious behavior syndrome.

Most frequent methods of deliberate self-injury include

- cutting the skin with a knife or razor blade
- burning (for example, with a lit cigarette or heated metal)
- scratching the skin with fingernails (for example, scratching the skin hard enough to draw blood when in an escalated rage, not merely scratching a mosquito bite)
- biting oneself, including extreme episodes of nail-biting
- interfering with the healing of wounds (for example, compulsively picking at scabs)
- scalding hot showers
- head banging

In more severe cases, methods may include

- the breaking of bones
- amputation of fingers, limbs, or other body parts
- eye removal (enucleation)
- ingesting sharp or toxic objects (for example, razor blades, pins, cleaning fluids)

Secrets, Silence, and Shame

Self-inflicted injuries are typically superficial and, at most, may cause some minor scarring. However, sometimes an

accidental slip of the razor blade or knife may cause a more serious injury. One may require medical care, such as stitches, or a visit to a hospital emergency room. When accidental injuries happen, the person may create a cover-up story for hospital personnel. Or, she may altogether refuse treatment, because she fears being "found out."

Denise, a seventeen-year-old who was also suffering with a severe case of bulimia, at one time gashed her leg in the high school bathroom with a razor blade. She had usually been scratching herself with a plastic comb "because it was there," but one morning before catching the school bus, she took one of her father's razor blades and threw it into her backpack. The incident happened when she was angry at her teacher, who she said "ignored her." The cut was more than she intended, because she was used to scratching herself with a comb, not a razor blade. When asked why she didn't get stitches, Denise replied, "I don't know."

There is also a great sense of shame, social stigma, and sometimes guilt associated with acts of self-harm. Therefore, the person usually attempts to hide scars, blood, or other "incriminating evidence." Frequently, a teenager who self-cuts will wear loose or baggy clothes and will always wear long sleeves, even in the summer. There can always be a clever excuse or rationale, for example, "It's my boyfriend's jacket; it has sentimental value." There may be frequent trips to the bathroom, either to self-injure or to attempt escape while trying to calm down and de-escalate when tension is mounting. To cover up, the self-injurer may create excuses such as, "Oh, I have a weak bladder; I drink a lot of water." Similar to bulimics who often hide their secret from others for months or years, those who suffer with the self-injurious behavior syndrome may also be able to hide their silent addiction from others for a long, long time.

So Misunderstood, Yet So Intriguing

The self-injurious behavior syndrome is not yet well understood and is alarming to many (probably most) people. This includes well-trained medical and mental health professionals. Anorexia and bulimia were just as shocking more than twenty years ago.

Today we have a much more comprehensive knowledge base about anorexia and bulimia. This is due to medical and psychological case studies, research, and circulation of knowledge to the public through books, articles, and the media. Furthermore, there are various different theories and points of view, as well as a number of available treatment options to choose from. Most people have at least heard about anorexia and bulimia, and they probably know of someone affected by it.

People who self-injure and are looking for help may run into brick walls over and over again when trying to find a therapist or anyone who is willing or able to effectively work with them. Sometimes, self-destructive behavior is mistakenly seen as suicidal behavior and thus treated incorrectly with inappropriate medical and psychotherapeutic interventions. If cuts are discovered on a self-injurer, she may be put into a hospital on a psychiatric unit because it is mistakenly thought that she tried to kill herself. Typically, she is released within a few days and feels more misunderstood and alone than ever. The cycle continues. . . .

Armando Favazza, a well-known medical doctor and researcher who has worked with and written about self-injurers, stated in 1988 that some chronic self-mutilators already are frequent and generally dissatisfied users of mental health services. Chronic self-mutilators present a true "blood and guts" therapeutic challenge. They are prone to recurrent crises and extreme sensitivity to rejection. The ever-present

possibility of accidental suicide is there. This often creates feelings in therapists of anger, of helplessness, of pessimism, and of being torn apart and emotionally blackmailed.

It is therefore important that mental health and medical professionals as well as those who work with adolescents, such as schoolteachers, guidance counselors, and other school personnel, and parents become *educated.* Furthermore, there is a need for professionals especially to become *desensitized* to the blood-and-guts aspect of this disorder. They also need to be aware of and effectively handle the uncomfortable emotions that may arise in themselves in the role of helper or caregiver, emotions such as fear, helplessness, pessimism, and panic. When dealing with one who self-injures, the helper or caregiver needs to be able to, at least for the moment during times of crisis, not think about or focus on his or her own uncomfortable or nonfunctional emotions, much like an emergency room technician. The key is to respond instead of react.

Addicted to Pain

The self-injurious behavior syndrome should be seen as well as treated as an addiction. It may be the root to understanding all other addictions. According to *Webster's Dictionary, addict* is "to devote or surrender (oneself) to something habitually or obsessively (*addicted* to gambling)." *Addiction* is "compulsive need for and use of a habit-forming substance (as heroin)."

Addictions can be categorized as the following:

1. Alcohol and drug addictions, which involve the deliberate ingesting of a substance such as alcohol, cocaine, or heroin.
2. Behavioral addictions, which involve compulsive acts and obsessive thought processes. Certain behavioral addictions may also involve significant physiological components, such as in anorexia, bulimia, compulsive overeating, compulsive exercising, and self-injury.

One who self-injures typically engages in a behavior that is habit forming and that takes on an all-encompassing obsessional quality, with repetitive incidents of increasing frequency and severity. Research evidence, most notably the work of Harvard psychiatrist Bessel van der Kolk and his colleagues, suggests that self-injury causes a release of chemicals in the brain that are similar to addictive opiates. Therefore, it may be very difficult for a person who self-injures, once "hooked," to simply just stop.

There is a strong correlation between self-injury and other addictive behaviors. Many who self-injure also have significant problems with alcohol, drugs, and/or eating disorders. Studies suggest that about 41 percent of bulimics and 35 percent of anorexics also practice self-injury. It is also known that repetitive acts of vomiting (as in bulimia) cause the release of endorphins in the brain and may lead to a physiologically addictive process. In self-injury, the same type of "high" or physiological release is sought, although this is usually on a subconscious level.

As with other addictions, some treatment options seem to work better for some people than for others. (Treatment options will be described in chapter 6.) Depending on the severity of the addiction, some people may need more help, such as inpatient hospitalization, than others.

There are many theories as to what exactly causes addiction. These range from theories of deficits in the "self" or personality; unresolved childhood issues; spiritual deficits; learned behaviors; peer pressure; genetic predisposition or causation; or the "disease" model, the belief that addiction is a disease like cancer or diabetes.

Likewise, there is not a definitive answer as to what causes the self-injurious behavior syndrome. As with alcoholism, drug abuse, and eating disorders, there is not just one cause, but many factors involved. Self-injury is initially a learned behavior that may become addictive. Self-injury is usually not learned by direct observation, but rather by picking up on subconscious cues in the environment. For example, a physically or sexually abused child may subconsciously learn that when someone inflicts pain on her physical body, she can "go away," or escape. Therefore, she herself can deliberately inflict pain on her body whenever she wants to escape again (for example, when something bad happens or when someone says something mean and hurtful).

Does This Describe You or Someone You Know?

The self-injurer is not "unique" or alone, although she may feel that way. Over the last several years a number of common characteristics have been identified through clinical observations, case studies, and in contributions to the literature on self-injury. The three following lists of questions are a compilation of these. Questions relate to experiences, attributes, behaviors, and descriptive self-statements that tend to be prevalent among those who self-injure.

The self-injurer, especially one who is having a serious problem, will most likely be able to answer "yes" to many of the questions, especially on list 3. Because of the ambiguous and variable nature of the self-injurious behavior syndrome, there is not a set number of questions to be answered "yes" to or a specific pattern of symptoms that will apply to everyone. The purpose of these lists is to increase awareness.

The questions found in these lists can be used as a self-test, by and for the self-injurer. They can also be used by helping professionals or caregivers to gather more information about suspected self-injury.

Keep in mind that some people who do not self-injure will be able to relate to a few items, especially on lists 1 and 2. This is not unusual. For example, just because someone had an alcoholic father or is a high achiever, or both, does not mean that she is a self-injurer or is likely to become one. No self-injurer is likely to relate to every item, even on list 3, but will likely be able to identify with many.

List 1: Common Childhood History and Background Factors of Those Who Self-Injure

Many self-injurers have had some of the following experiences in their backgrounds, such as childhood abuse and eating disorders. Consider the following questions.

1. Do you have an alcoholic father?
2. Were you sexually abused as a child?
3. Were you physically abused as a child?
4. Were you emotionally abused as a child?
5. Were you neglected as a child?
6. Have you experienced severe trauma?
7. Was your mother not there, or emotionally not available?
8. Do you have, or have you had, anorexia?
9. Do you have, or have you had, bulimia?
10. Are you, or were you ever, a compulsive overeater?
11. In your childhood, was there a focus on religious images (bleeding statues, crucifixion of Christ, gory images)?
12. In your childhood, was there a focus on religious ideas related to pain and suffering (for example, "God loves those whom He makes suffer")?

13. Did you experience a lack of affection, touching, and hugging from others who should have been there for you as a child?
14. Did you not play with toys or dolls much as a child—and if so, did you not know what to do with them (especially dolls)?
15. Did you learn to walk late, and/or were you kept confined and overprotected as a child?
16. Are you, or were you, an exceptionally good student in school?

If something on list 1, Common Childhood History and Background Factors of Those Who Self-Injure, is causing you emotional distress and/or problems in functioning (such as eating disorders or memories of childhood abuse), it is advisable to seek help.

List 2: Common Personality Characteristics Seen in Self-Injurers

Self-injurers tend to have many of the following personality characteristics and experiences. Can you relate?

1. Are you highly intelligent?
2. Are you a high-functioning person?
3. Are you *driven* in work output, exercise, etc.?
4. Do your energy levels vary: extremely high/extremely low?
5. Do you like to "work hard and play hard"—make up for lost time?
6. Regarding drugs, do you like stimulants, uppers (not tranquilizers, marijuana, etc.)?
7. Are you feminine outside and masculine inside?
8. Do you have sexual identity issues (for example, bisexuality)?

9. Do you have sexual problems?
10. Do you have sadomasochistic (S&M) fantasies and/or actual experiences?
11. Do you have a great sense of pride ("I'm tougher than life")?
12. Do you feel you have, or have other people said you have, a sense of secrecy ("I've got a secret")?
13. Do you have a sense of uniqueness?
14. Do you feel that you are not understood by your therapist?
15. Have you had multiple therapists?
16. Do you feel that therapy did not help (with your self-injury)?
17. Do you sometimes feel that you "need a lift"?
18. Do you not have any major psychopathology (not psychotic, not schizophrenic, etc.)?
19. Do most people see you as pretty much normal?
20. Have you had psychiatric hospitalization(s)?
21. Do you have attention-getting and/or attention-seeking behaviors?
22. Do you have "victim" personality aspects (for example, has anyone ever said that sometimes you portray yourself as the "poor little victim")?
23. Do you have a codependent personality?
24. Do other people, especially those close to you, sometimes get extremely annoyed with you, and you really don't know why or what you did?
25. Do you have a high sexual drive?
26. Are you aggressive?
27. Are you sometimes seen as demanding/pushy by others?
28. Do you engage in frequent masturbatory activities, even if you have a spouse/sexual partner?
29. Are you multiorgasmic?

30. Would you say that you're not a "touchy-feely" person (for example, you don't like for people, especially those that are not close to you, to touch you or hug you)?
31. Do you sometimes feel an extreme need to be held?
32. Do you sometimes have personal grooming problems (for example, don't shower or wash your hair regularly)?
33. Do you have body image problems (for example, see yourself as "fat" or "ugly")?
34. Are you self-conscious about touching your own body (for example, in the shower)?
35. Are you "visual" in a sometimes obsessive-compulsive sort of way (for example, a towel not straight on a towel rack or a friend's earring crooked irritates you)?
36. Have you ever felt the urge to hurt someone (for example, to slap or punch out the boss or teacher)?
37. Have you acted on physical aggression?
38. Do you often feel misunderstood by others?
39. Are you a high achiever?
40. Do you have extreme highs (for example, happy outbursts or screams of joy when you see someone you haven't seen for a long time)?
41. Have you, or do you now, sometimes wear inappropriately revealing clothing, or portray an inappropriately sexy/flirtatious personal appearance?
42. Are you the dominant person in most interpersonal relationships?
43. Did your parents have hypochondriac/physical ailments or actual physical problems?
44. Do you have hypochondriac/physical ailments or actual physical problems?
45. Do you like to drive fast (whether or not you actually do, because of speeding laws)?

46. Have you had "psychic" or other premonition experiences?
47. Are your feelings/gut instincts very strong, and have you felt very sure of them, and have they been surprisingly accurate?
48. Are you very perceptive?

Items on list 2, Common Personality Characteristics Seen in Self-Injurers, are usually not of serious clinical concern, unless taken to an extreme (for example, aggressiveness or codependent personality). If there is a problem, seek professional help.

List 3: Self-Injury Checklist

The following is a list of common experiences, feelings, and self-statements made by self-injurers. Do these symptoms sound familiar to you?

1. Do you have more than one method of self-injury (cutting, burning, etc.)?
2. Do you have problems with dissociation (for example, "spacing out," feeling like you're not really there)?
3. Do you not feel pain while self-injuring?
4. Do you self-injure alone (it's not a party thing)?
5. Have you found in your experience that self-injury breeds in confinement (institutions, group homes, etc.)?
6. Do you wear long sleeves and clothing that covers/hides a lot in the summer?
7. Do you sometimes feel that you need to be "put back to reset"?
8. Do you sometimes feel that you're at the point of being "too far gone" (for example, that you're going to hurt yourself no matter what)?

9. Do you sometimes feel that you are in a point of dilemma/internal conflict: "to cut or not to cut?"
10. Do you have a feeling of relief: "it's over" after the self-injury?
11. Are you visual regarding the self-injury: do you need to see blood, burn mark, etc.?
12. Do you ever feel emotionally numb?
13. Do you have states of extreme anger or agitation?
14. Do you have states of emotional escalation, especially regarding anxiety?
15. Do you have the feeling of "I know what I'm doing"—of being in *control* when doing the self-injury?
16. Are friends/people surprised when they find out you self-injure?
17. Do you have control issues? (Many times self-injury happens when you feel that you've lost control over a situation.)
18. Do trivial incidents sometimes seem to drive you over the edge—for example, something minor like a broken shoelace with no time left to fix it can be "the straw that broke the camel's back"?
19. Are you sometimes really angry at another person when you self-injure?
20. Do you ever feel that self-injury is the only thing that doesn't infringe on another person or another person's rights—it's better than drunk driving?
21. Do you have a feeling of release, like sexual orgasmic experience (but not sexual in nature) that results from the self-injury?
22. Is your self-injury superficial and without suicidal intent?
23. Have other people (such as mental health professionals) sometimes misunderstood self-injurious behaviors as suicidal attempts/ideation?

24. Do you feel that you can't hurt yourself unless "in that state"?
25. Do you feel that although there are some things you do, there are some methods of self-injury that you don't do that just wouldn't do anything for you (for example, fork swallowing or eye removal) that others use to get the same type of high?
26. Do you not let scars heal (compulsively pick at scabs, etc.)?
27. Have you tried various methods yourself to try to stop self-injuring (putting your hand in an ice bucket, calling a friend, etc.)?
28. Are there some times when one or some of these things might work (and you actually stop the escalating and don't hurt yourself) but other times when nothing works?
29. Do you get a "high" from the self-injury experience?
30. Are your scars, and burn marks especially, strategically placed (for example, purposefully placed on certain specific locations of your arm or leg)?
31. Do you spend a lot of time alone?

If you (or someone you know) can identify with items on list 3, Self-Injury Checklist, it is time to seek help. These are common in people who are struggling with a serious problem of self-injury.