

CHAPTER 3

The Nature of Self-Inflicted Violence

Primarily because of the lack of information available on SIV, this behavior remains somewhat mysterious. For a long time, self-inflicted violence, or as it used to be called self-mutilation, was largely ignored by psychologists and other mental health professionals. Only now is SIV beginning to be considered a fairly common behavior and receive the attention it deserves. To date, very few articles, books, or studies have been published about typical forms of SIV. At this point, self-inflicted violence is simply not well understood by the professional community, and for this reason it is only possible to describe SIV in a general way. However, it appears that SIV tends to have some common characteristics from person to person. The general nature of SIV is discussed in terms of these characteristics in this chapter.

Shame and Self-Inflicted Violence

One of the most common factors associated with self-inflicted violence is that of shame. Shame is a powerful emotion, able to alter thoughts, feelings, and even behaviors. Embarrassment or shame related to SIV has a profound effect on all areas of life including relationships and school and job performance.

Often a sense of shame precedes SIV—stemming from events earlier in the person's life. As discussed in chapter 2, there is a strong relationship

was received in a moment of carelessness or ineptitude does not carry the same deep shame that a scar created intentionally does. The reaction of others to the cause of the scar or the wound varies considerably depending on its source, and those reactions will affect your feelings about the wound and its cause.

Veronica, an eighteen year old who works at a coffeehouse, relates the following story:

I can remember being in junior high and some of my friends were showing each other their scars. There was a sort of pride in scars back then. I remember my friend Angie showing me this scar above her knee where she had to have stitches. She had fallen out of a tree or something. She seemed so proud of it, like it reminded her of something good. She asked about the scars on my thigh. At that time, I only had a few. I remember feeling embarrassed and I knew I couldn't tell her the truth. I made up some story. I was always making up stories about my scars. I think I blamed half of them on this old cat I used to have. When my friends would come over to my house and see the cat, they would look all scared and stuff. It was kind of funny. They didn't know he was declawed.

As this story illustrates, the way an injury is presented, reacted to, and valued depends largely on its cause. Imagine the following situation: It is a beautiful, sunny June day. Wearing a tank top and shorts, you are walking your beagle (Snoopy) on the beach. A tourist from Amsterdam stops to ask directions to the closest restroom. Before you can point in the right direction, she notices the raised, pink scars on your arms. She looks at you inquisitively and wonders aloud what happened. Let's consider two possible responses.

Response one: "I used to work at the zoo, and I was attacked by a baby lion cub." At this response, the tourist may nod empathetically and perhaps even engage you in a conversation about your former job (depending on how badly she needs to use the restroom).

Response two: "I used to cut myself with razor blades when I was younger."

The probable reply to this response is a hasty nod and a sprint down the beach in the direction of the restroom.

Most people don't understand self-inflicted violence and will react awkwardly when it is mentioned. Others' responses often help to perpetuate and exacerbate your shame and embarrassment. By exposing your scars, you risk people noticing, wondering about, and reacting to your self-injurious activities. So when others notice your scars, in anticipation of their negative reactions, you may feel compelled to lie about the source of your injuries. For this reason scars are often kept hidden or covered.

between self-inflicted violence and child abuse. For many people, engaging in SIV is associated with a traumatic history. And such trauma often causes feelings of shame and embarrassment. Many individuals who have been abused feel a sense of guilt, as if they in some way initiated, encouraged, or deserved the abuse. These thoughts and feelings become attached to memories of the abusive events, which are then transferred to the self-injurious activity. This is to say, if you feel guilty or shameful or think that you deserved abuse you received as a child, you might now want to act in ways that correspond with those beliefs. So if you feel as if you deserve to be punished, you may choose to punish yourself through an act of SIV.

The punishment in turn implies misbehavior or fault, and helps to foster feelings of shame and guilt. That is, because in theory punishment is administered when you have done something wrong—if you are punished you must have done something wrong. So an act of self-inflicted violence may induce feelings of shame that exacerbate those that preceded the SIV.

The shame resulting from SIV often breeds secrecy. It is likely that you keep your SIV activities a secret because of both your shame and your fears of being judged or labeled by others. The stigma attached to self-inflicted violence makes many people afraid to tell others about their experiences. The secretive nature of SIV serves to increase feelings of shame and isolation, which further perpetuate the cycle of self-injury.

Shame and embarrassment can result from many different components of self-injury. Scars, wounds, bruises, the type of SIV you use, emotions, alienation, loss of control, and feelings from related events may all affect the amount of shame associated with self-inflicted violence.

Wounds, Bruises, and Scars

Scars and visible wounds produce feelings of shame in most individuals who hurt themselves. Self-inflicted scars may be a lifelong reminder of the injurious episode and may produce shame from internal thoughts or feelings as well as from external sources. Scars or noticeable wounds resulting from self-inflicted violence can also be embarrassing when they become visible to others. Bald spots, bruises, and other visible, yet temporary markings caused by SIV can be equally as embarrassing as more permanent signs.

Some people find nothing more intriguing than other people's scars or wounds. "How did you do that?" "What happened?" "That looks like it must have hurt. What did you do?" Comments like these frequently result from exposing scars or other noticeable results of SIV, and can trigger feelings of shame or embarrassment. But scars or wounds that do not stem from an episode of self-injury do not carry the same type of shame. A scar from an old athletic injury, for example, might carry some embarrassment in that it may not be particularly attractive, but it could just as easily be worn as a "badge of honor." However, even a scar that evokes some shame because it

Natalie is fifteen years old. She describes her attempts to hide her injuries as follows:

I try to hide my scars. I wear long sleeves even when it's really warm outside. I'd rather have people think I'm a little weird than have them see my arms and know that I'm totally nuts. I can't stand it when someone does see my arms. I watch their face turn from a normal expression to this weird mixture of sympathy and disgust. They never know what to say. I never know what to say to them either. I just end up feeling bad, like I've done something to make them feel bad.

Many individuals who engage in self-inflicted violence try to hide their scars and fresh injuries. You might find yourself wearing long sleeves, long pants, or hats in the most sweltering heat, just to cover your injuries. You also probably consider the location of the injury and the difficulty of keeping it concealed when you are engaging in an act of SIV.

Recently I had the opportunity to meet with a prisoner, Gary, whose SIV consisted of pulling out his own hair. Gary had noticeable bald spots on his head, which formed a polka dot-like pattern. He stated several times during our discussion that he was really embarrassed by his appearance and was being harassed because of it by other inmates. Since the prison system has strict rules about clothing and accessories, Gary was unable to wear a hat to cover his bald spots, which would have allowed him to feel less self-conscious. As an alternative, Gary decided that it would be best for him to simply shave his head so that he would feel less ashamed. He was not planning to stop pulling out his hair, however. Rather, he had already decided that he would pull hair from other places on his body, such as his arms and legs, which would be less conspicuous.

As you can see, the shame and secrecy resulting from SIV can be very extreme regardless of your environment. Being judged or misunderstood by others can be very difficult to handle. Sometimes, the responses of others will cause you to alter your typical behaviors, causing you to shave your head, wear concealing clothing, or lie about your SIV.

By hiding your scars or distorting the truth about the source of these scars, you are continuing the cycle of shame. Try this instead: Remember that scars represent survival. Your body carries indelible reminders of how strong you can be. It is important to view these marks with pride and respect. Only when you respect yourself can you begin to demand the same respect from others. Activity 3.1 will help you begin to gain this perspective about your "war wounds."

Activity 3.1: Wounds, Scars, and Shame

The goals of this exercise are to help you understand the way in which SIV causes you shame and embarrassment and to assist you in identifying

your reactions to these feelings. Knowing more about how shame functions in your life will be important when you try to stop hurting yourself and begin reaching out to others.

The first part of this activity will help you realize the number of times you have hurt yourself and how you have positioned these injuries on your body. You may find that you have purposely chosen to injure yourself in places that you can conceal.

Part 1. For the first part of this activity, you will need a piece of paper at least as large as you are. (You could lay out newspaper or flattened paper bags on the floor and tape them together.) Alternatively, you can complete this exercise in your journal.

1. On the large paper draw the outline of your body, or have someone trace around you while you lie on the paper. If you are doing this on a smaller scale, simply draw the outline of a human figure on a page of your journal. Don't worry about your artistic ability.
2. On this figure, use a red marker to draw the location of each of your scars, wounds, or areas of injury—remember, not all wounds produce permanent scars.

The point of this activity is for you to be able to see how many of these injuries could have been hidden from others. You are likely to find that most of your SIV activities were done in places on your body that could be concealed.

Part 2. The second part of this activity focuses on the ways you hide your SIV and your scars. Again, the idea of this exercise is to understand the role that secrecy and shame play in your life in terms of SIV. This activity is not meant to induce feelings of guilt or shame. It is simply meant to help you understand yourself more fully.

1. Place a check mark next to each of the ways you keep your scars or injuries a secret.
 - ___ Not talking to friends, family, or professionals, about your scars
 - ___ Omitting the truth about the cause of scars
 - ___ Lying about the cause of scars
 - ___ Injuring yourself on places on your body that are usually covered
 - ___ Wearing clothes that cover scars or fresh injuries
 - ___ Wearing jewelry that covers your scars
 - ___ Getting a tattoo to hide your scars
 - ___ Injuring yourself on top of old scars

2. Are there other ways you keep your scars or injuries secret? List them here or in your journal.
-
-
-

Part 3. The final part of this activity will help you look at how you explain the source of your injuries to others. Certainly other people have noticed or asked you about your scars, wounds, or injuries. You may explain these injuries in many different ways, depending on who is asking. Examining the ways you have explained your wounds and the reactions you received will enable you to plan future responses to these inquiries as well as better understand how shame influences your behaviors.

Think back to the times when others have asked you about your injuries or scars. In your journal, describe these situations, answering the following questions and including as much detail as you can.

1. Where were you?
2. Who asked you about your scars?
3. What did he or she say?
4. Were you surprised?
5. How did you respond? What did you say? (Remember that omission of information can be an explanation, for example, "Oh this gash on my arm? I can't recall.")
6. How did you feel about what you said?
7. How did the other person react?

Isolation and Alienation

People who engage in SIV are likely to feel shame simply because of the clandestine nature of this behavior. You probably feel alone or isolated in your SIV activities. This book may even be the first time you have known with certainty that others also engage in these behaviors. Because SIV is seldom discussed and has not yet been much exposed in the media, you have probably felt as if you are alone in these actions. You may feel different or abnormal. You may feel great shame about your self-injurious activities because you have not yet realized that there are others in the world who do similar things.

Self-inflicted violence, in this respect, is quite different from many other seemingly similar behaviors. Alcohol and drug use, eating disorders, gambling, even excessive sex and shopping each have received a great deal

of media attention. This recognition and visibility allow people engaging in these behaviors to feel less alienated, less abnormal, less different. Similarly, most mid-sized to large cities in this country have easily accessible support groups for these various behaviors. But although a considerable number of individuals engage in SIV, it is rare to find similar amounts of attention and support for these activities.

Along with feeling different from others, some people feel embarrassed by the actual procedure of self-inflicted violence. The violence of self-injury may cause you to feel ashamed. You may feel guilt for purposefully wounding your own body, often drawing blood or creating permanent damage.

Vulnerability and Loss of Control

The sight of your own blood or wounded flesh may also produce feelings of shame. Exposing pieces of your physical being that used to be concealed—such as blood, flesh, or your scalp—may raise feelings of shame or embarrassment similar to those feelings evoked by the naked body.

Another internal source of shame is the feeling of failure to control your SIV behaviors. You may feel that engaging in a self-injurious act means that you are weak. You may have been trying to eliminate self-injurious behaviors, only to find yourself engaging in them again, resulting in a feeling of failure and regret.

If you have discussed SIV with those close to you, you may find yourself reluctant to mention your recent self-injury. You may be embarrassed to admit that you felt the urge to hurt yourself. Thoughts like, *Why did I do this to myself again?*, *I thought I was over this*, or *What is my problem?* are common. You probably scold yourself for engaging in a behavior that, in many ways, helps you cope. However, the thoughts are not necessarily useful. Rather, they serve to amplify and perpetuate your feelings of shame and embarrassment. It is the perceived loss of control or perceived failure that creates this shame.

For some people, rather than the action of self-injury evoking shameful feelings, it is the inability to recall engaging in these activities that causes embarrassment. As discussed in chapter 2, most people enter into a dissociated state before or during an episode of self-injury. Dissociation distorts consciousness as well as decreases the experience of physical pain. Some individuals dissociate more than others. You may dissociate so much that you are not able to recall what occurs during that time. This may leave you feeling confused, surprised, and ashamed when you realize what you have done. This lapse of memory may be as much or more of an embarrassment than the actual damage you have done to your body. While this level of dissociation is not particularly common, it can have severe emotional consequences, including high levels of shame.

Activity 3.2 will help you explore the connection between alienation and loss of control and how to manage these feelings in your life.

Activity 3.2: Isolation, Loss of Control, and Shame

Shame and embarrassment are common products of SIV. This activity will help you explore the relationship between these feelings and the behaviors you perform when you hurt yourself. You will probably find that when you engage in SIV you are also evoking shame or embarrassment.

Place a check mark next to each of the ways that injuring yourself creates feelings of shame or embarrassment.

- ___ Injuring myself makes me feel different from others.
- ___ I feel out of control when I hurt myself.
- ___ I feel ashamed that I cannot remember injuring myself.
- ___ I feel like I'm doing something I should not be doing.
- ___ When I hurt myself I feel vulnerable and that makes me ashamed.
- ___ The sight of my own injured body (or blood) makes me feel exposed and embarrassed.
- ___ I feel like I'm being really violent and aggressive.
- ___ I want to keep the fact that I hurt myself a secret.
- ___ Hurting myself seems so weird that I'm afraid others will think I'm crazy.

Either here or in your journal list any other ways in which SIV creates shame or embarrassment in your life.

What effect do you now think SIV has on the amount of shame you feel on a regular basis? Is it greater than you imagined? This topic will be discussed further in chapter 7.

Overcoming Shame

While shame is a useful emotion at times—telling us when we've violated our own moral or ethical codes—it can also be very damaging.

Secrecy, isolation, alienation, depression, and self-hatred are all consequences of shame. Many of these consequences will increase your desire to hurt yourself, thus playing a major role in the cycle of self-injury (which is discussed in chapter 4).

There are two main ways of reducing shame. The most obvious is to discontinue the activities that produce these feelings. However, it is likely that SIV still serves an important function in your life, that you use SIV as a method of coping. So, while ending the activity has a high rate of success in terms of reducing shame, it may not yet be a practical approach.

A second way to eliminate or decrease feelings of shame or embarrassment is to change the way you view the activity—how you think about it. Self-inflicted violence is a coping mechanism that you use as a way to control dangerous feelings or even to stay alive. Hurting yourself may actually have saved your own life, functioning as an alternative to suicide for example. The scars that you wear and the memories you have offer testimony to your ability to survive. If you begin to view self-inflicted violence as a method of coping, surviving, and caring for yourself, you are likely to decrease (and hopefully eliminate) shame and increase feelings of pride. Activity 3.3 will help you begin to do this.

Activity 3.3: Overcoming Shame

Begin by spending some time reading your journal and reviewing the activities you completed in chapter 2. As you recall, that chapter dealt with reasons you use SIV.

1. Once you have looked over these activities and given some thought to why you hurt yourself, turn to a new page in your journal. On this page, list all of the reasons you injure yourself. You may have reasons which were not discussed in the previous chapter so make sure to include those.
2. When your list is complete, rank your reasons in order of importance. Make the most important reason number 1; the second most important, number 2; and so forth.
3. Now think about the reasons you have just listed. What you have written probably doesn't contain anything that would make you ashamed. You have probably found a way to help you cope, to communicate, and to release your emotions. By learning to view SIV as a means to improve your life in some way (even if it's only temporary), you can reduce your feelings of shame regarding this action.

Ritual and Self-Inflicted Violence

Generally, self-inflicted violence follows some sort of ritualistic procedure. A ritualistic procedure is way of doing something, in this case SIV, that follows a certain pattern or that might be considered ceremonial. As mentioned in chapter 1, self-injury may be ritualistic in terms of environment, instrument,

and/or procedure. Many people will not engage in SIV unless they are able to follow their ritual, and may arrange their life so that they can do so. For example, you might find yourself desperately wanting to harm yourself but unable to find the object you typically use. Without this object you are less likely to harm yourself.

Laura is a twenty-year-old waitress who lives by herself. She has lived on her own since the age of sixteen, when her mother threw her out of the house after catching her smoking marijuana in her bedroom. Over the past three years, Laura has regularly burned herself with cigarettes, usually several times per month. Her forearms and legs are severely scarred. In public, Laura always wears long-sleeved shirts and long pants.

Laura's SIV follows a highly ritualized process. First, when she feels the urge to injure herself, she goes home. Laura will only injure herself in her own home. Next, she turns off all the lights and shuts her windows and blinds. She then removes three small white candles from under the bathroom sink where she keeps them, and places them on the coffee table in the living room along with her pack of cigarettes. She uses a silver-plated cigarette lighter to light the candles. She then spends five to ten minutes simply staring into a candle flame, which helps her dissociate to a greater degree. Finally, she lights a cigarette, takes exactly one drag, and buries the burning embers in her flesh.

Some types of SIV are less likely to follow a ritualized procedure, including hair pulling, nail biting, and hitting oneself. These forms of self-injury are possible without the aid of objects (knives, matches, etc.) and can occur without much planning or forethought.

Environment

Like Laura, many people choose to engage in self-inflicted violent activities only in a specific location. For most people, this location is home, because it offers the desired seclusion and privacy. Also, feelings of alienation and isolation are more likely to occur in solitude. Since these emotions often precipitate episodes of self-inflicted violence, it makes sense that self-injury is typically performed at home.

You probably have a specific place in the house where you generally hurt yourself. A bathroom, bedroom, even a closet may be your favorite place for self-injury. Also, like Laura, you may tailor your environment in specific ways, such as closing the blinds and lighting candles.

You are also likely to have a particular time of day when you engage in SIV. Many people hurt themselves in the evening, when they are more likely to be alone and alternate methods of coping are no longer available or have lost their effectiveness.

Because SIV sometimes reenacts previous abuse, if you have been abused in the past—particularly if you suffered abuse on a regular basis—you may find yourself engaging in self-injurious activities at the same time

of day, day of the week, or same time of year as the original abuse. For example, as a child, Jenny was repeatedly sexually abused by her uncle. Her uncle lived in another part of the state and would usually only come to visit on holidays and birthdays, so it was on these occasions that Jenny would be forced into performing sexual acts with her uncle. As an adult, Jenny has engaged in SIV on a regular basis. She associates certain holidays with memories of being abused, and each Christmas day, she takes a razor blade and cuts the inside of her thighs as a way of reenacting this abuse. Depending on your history or your schedule, you may find your episodes of self-injury gravitating to a particular date or time.

Instruments

The use of specific instruments to self-inflict violence may also follow a ritualistic pattern. Many people use one particular type of object or even one specific instrument when they injure themselves. It is common for someone to reject alternate objects that could produce similar injurious effects. For example, you might only cut yourself with single-edged razor blades. If only an ordinary knife or a double-edged razor blade is available, you might postpone your SIV activities until you can find a single-edged blade. Or perhaps you are planning to burn yourself, but you're out of matches. Even though you have a cigarette lighter at home, the ritual may necessitate that you ask a neighbor to loan you some matches. This selective use of instruments illustrates some of the ritualistic qualities of self-injury.

Procedure

The ritualistic characteristics of self-inflicted violence are perhaps most evident in the actual procedure. Laura, as described earlier, carefully prepared for her SIV activities. She set the stage by lighting candles and closing windows. She readied her instruments, placing her cigarettes and lighter on the table. Only then would she begin the actual process of SIV. She stared into the flame of a candle, inducing or strengthening a dissociated state. After doing this for several minutes, she would then light her cigarette, take one puff, and burn herself.

Many people follow similar types of rituals when engaging in self-injurious behaviors. Preparing the environment, readying the instruments, and engaging in some preinjury activity are all common components of this process. You may even find the actual ritual of SIV as gratifying as the injury itself. Or perhaps you need the ritualized procedure in order to complete your self-injury. As you may well know, the exact nature of the ritualistic procedure is highly personalized.

It is common to find ritualistic behaviors following the self-injury as well. You probably bandage or otherwise nurture your wounds the same way each time. Perhaps you apply a certain type of ointment after the injury,

or maybe you always take a hot bath after you have hurt yourself. You may even document that you have injured yourself, taking a photograph or writing about the episode in a journal.

Take some time now to do the following exercise, to examine and record the routine surrounding your SIV activities.

Activity 3.4: What Are My SIV Rituals?

This exercise will help you explore the ritualistic qualities of your self-injurious behaviors. Identifying and understanding your rituals will be of great help to you when you begin working on reducing or stopping your SIV activities. Chapter 7 will ask you to refer back to this exercise.

Part 1. Spend a few minutes thinking about your most recent episodes of SIV. Then in your journal, answer the following questions:

1. Where were you when you hurt yourself? If you were in more than one location, list each place. What percentage of the time do you injure yourself in each of these locations? Have you hurt yourself in other locations?
2. What time of day did you hurt yourself? How often do you injure yourself at that time of day? Are there other times during the day when you injure yourself? What time are you most likely to injure yourself?
3. Is there a particular day of the week or time of the year when you are likely to hurt yourself? Do any holidays cause you to hurt yourself more often?
4. What instruments have you have used to injure yourself (knife, razor, matches, own hands)? Is there a particular object or type of instrument you use to hurt yourself? How likely are you to injure yourself if this instrument or type of instrument is not available?
5. What rituals or routine does your SIV follow? What do you usually do before, during, and after injuring yourself? Describe these ritualistic procedures in as much detail as you can.

Part 2. Now that you are more aware of your own rituals around SIV, try to answer two final questions. They will probably require more thought than the previous questions, and they may be difficult to answer. Don't worry if you are unable to respond to them.

1. How did these rituals develop? Were they something you were taught? How do you think you learned to use these rituals?
2. Why do you think you developed these rituals? Do they serve some function in your life, like making you feel more in control or letting your SIV seem more predictable? In what ways do they help you?

Is Self-Inflicted Violence Impulsive?

At this moment in courtrooms across the nation, jurors are busy pondering the idea of premeditation. Did Susan Smith plan to drown her two young children? Did Betty Broderick plan to kill her ex-husband and his new wife? The answers to these questions not only have profound implications regarding the character of the defendants but they determine the severity of verdicts and sentences.

In the legal world, impulsive actions are treated with more leniency than actions that have been planned. In the realm of mental health, however, this phenomenon is typically reversed. The mental health field views impulsivity in a more negative light. When an individual engages in an action that is not planned, not only is the action itself judged but so is the lack of control.

While the views of mental health professionals may have little or no bearing on your life, the question of the impulsivity of your self-injurious activities is of some importance. Acts that are impulsive are difficult to control. Conversely, behaviors that require more planning and forethought are easier to manage and control. Thus, you will be better able to reduce or eliminate those SIV behaviors that are not impulsive. (This topic will be addressed further in chapter 7)

For example, Philip is a seventeen-year-old junior in high school who picks the skin on his arms to the point where he draws blood and creates open sores. Philip has been doing this since he was fifteen, and has numerous scars on his arms as a result. Philip never plans to hurt himself. Rather, he begins picking his skin when he is nervous, and he is often unaware of his actions until he begins to bleed. Because he is not aware of what he is doing until he is well into his SIV behaviors, Philip's SIV will be more difficult to control. The events leading to the self-injurious act are not easily recognized or altered.

In contrast to this impulsive type of SIV, Jean's self-injury is much more planned. Jean is a nineteen-year-old college student who frequently cuts her legs with a Swiss army knife. Jean hurts herself mostly when she is feeling really tense or angry. Each time she hurts herself, she follows a ritualized procedure that includes returning to her dorm room (if she is not there already), locking the door, closing the blinds, laying out bandages, and heating the blade of the knife over the flame of a candle. Jean's actions clearly take quite a bit of planning and forethought. Because there are so many steps in Jean's SIV process, disrupting this process could occur at many points, which would decrease the chance that Jean would hurt herself.

The degree of impulsivity associated with self-inflicted violence in general is difficult to determine. Researchers studying this phenomenon have presented contradictory results, sometimes finding that SIV relates to impulsivity and sometimes finding that it does not. It appears that SIV and impulsivity have a complex, variable, unpredictable relationship.

Perhaps the mysterious role of impulsivity in self-injurious behaviors is related in part to the complex nature of SIV itself. Because SIV is often used as a coping mechanism, its course is unpredictable. For example, when I get overwhelmed with life and work and everything else, I often use exercise (swimming) as a way to cope. However, when these feelings occur I am often not in a place where it is possible to exercise—most of the time I'm either at work or driving on the freeway. Because I am unable to use this method of coping, I will plan to exercise later, therefore creating a planned activity. The same logic could apply to self-inflicted violence. If you are in a situation in which injuring yourself is not possible or not "safe," you may plan to engage in SIV later. In this case, SIV is not impulsive but planned.

However, sometimes SIV is impulsive. Continuing the previous example, if I were able to swim laps in the carpool lane or around the conference table while at work, I would be able to use my method of coping more impulsively. Likewise, if you are able to engage in self-inflicted violence at the moment when you need a coping mechanism, the activity might be considered impulsive.

To some degree, the role of impulsivity in SIV is dependent on the type of SIV being practiced. Some forms of self-injury are much more easily performed than others. Hair pulling, nail biting, skin picking, and hitting need no preparation and can be done fairly inconspicuously. These types of SIV are so accessible, in fact, that you might not even be aware that you're engaging in them. For instance, you could very easily be sitting at your desk at work pulling hairs from your beard without being conscious of your actions. Because these behaviors can be performed anywhere and need no specific preparation, they will generally be more impulsive way than other forms of SIV, which require more forethought and planning. Thus, the feasibility of injuring yourself using your chosen method in a given environment helps determine the premeditation of an act of self-injury.

In addition, the ritualistic qualities associated with self-inflicted violence suggest that these activities require more planning than researchers originally believed. As mentioned earlier, ritual may preclude impulsivity, since a given act of SIV often requires a great deal of preparation. You can't do something on the spur of the moment if you have to plan and prepare for it. Also, you may decide to not injure yourself if you're in the wrong location or don't have your usual instrument. Thus, you may plan to carry out your SIV activity later in the day instead of acting impulsively.

However, like any behavior and particularly like any coping mechanism, self-inflicted violence occurs when it is needed, and for this reason it may occur without planning. If you want to hurt yourself and have no reason not to do so, you probably will hurt yourself. And sometimes you may be in a situation in which SIV is contraindicated (such as at work), yet find yourself unable to control your self-injurious impulses. Perhaps your need for coping is greater than your need for privacy.

As you can see, many factors interact to determine the role of impulsivity in self-inflicted violence. So it is not surprising that research has found

contradictory results in this area. What is evident, however, is that the relationship between impulsivity and self-injury is complex and is likely to vary depending on individual and situational factors.

Understanding the degree of impulsivity of your SIV will be an important step in determining the ways that will best help you control and eliminate this behavior. Techniques and strategies for stopping SIV are presented in chapter 7. For now, activity 3.5 will help you determine how impulsive your practice of SIV is.

Activity 3.5: Is My SIV Impulsive or Planned?

This exercise will help you to determine the degree of impulsivity and planning associated with your SIV. This will be important when you are finding techniques to help you eliminate SIV in chapter 7.

Spend a few minutes remembering a specific instance of SIV, either your most recent episode of SIV or an episode from further in the past. Try to remember as many details as you can.

Now, in your journal, describe the episode as a series of steps, for example:

1. *My boss yelled at me in front of my coworkers.*
2. *I felt embarrassed and angry.*
3. *I ran into the bathroom at work and locked the door.*
4. *I pulled out clumps of hair from my head.*

The more steps you have listed, the more planned your SIV activities probably are. If you have only one or two steps, it is likely that the ways you hurt yourself tend to be impulsive.

By completing this activity you are beginning to make progress in identifying ways of reducing your SIV activities. Later, you will see that the cycle of SIV can be disrupted at any of the steps you listed. It's just a matter of finding which step is easiest to alter.

