SOCIAL INFORMATION PROCESSING OF STRESSFUL SITUATIONS IN THOSE WHO ENGAGE IN DELIBERATE SELF-HARM

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ABSTRACT

No studies have investigated the underlying cognitive processes related to deliberate self-harm (DSH). Using the social information-processing model (SIP) this study compared how social cognitive processes differed in individuals that engage in DSH compared to those who do not in certain stressful social situations. We hypothesized that those who engage in DSH, compared with a control group, would rate negative social situations as more stressful, be more likely to choose avoidance-based goals opposed to active problem-solving goals, and rate DSH responses higher. Overall, analyses showed that self-harming groups (mild and moderate/severe) reported a greater likelihood to engage in DSH behaviors in response to stressful scenarios. Exploratory analyses confirmed that the moderate/severe DSH group reported a greater likelihood to induce physical pain and a decreased likelihood to seek social support than other groups for the anger scenario, compared to the anxiety and depression scenarios. These findings are consistent with the fundamental principles of the social information-processing theory.
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INTRODUCTION

Deliberate self-harm (DSH), defined as, deliberate and direct self-inflicted harm to body tissues without suicidal intent, but resulting in injury severe enough for tissue damage to occur, is a growing clinical problem (Favazza, 1998). Common consequences associated with DSH behaviors are disrupted interpersonal relationships, increased guilt and shame, as well as negative physical consequences (Gratz, 2003). The prevalence of DSH is approximated at 4% in the general adult population and 21% in adult clinical populations (Briere & Gill, 1998). In adolescent populations DSH behaviors are three times greater than the estimates for adult and clinical populations (Ross and Heath, 1003; Lloyd-Richardson, Perrine, Dieker, & Kelly, 2007).

Recent findings have begun to uncover risk factors, clinical correlates, and preceding events associated with DSH behavior. Emotional reactivity, emotional inexpressiveness, dissociation, and childhood maltreatment are risk factors associated with DSH (Gratz, 2006; Gratz et al., 2002). A variety of clinical correlates are associated with DSH including hostility, depression, anxiety, and feelings of hopelessness and loneliness (Coyle & Waltz, 2007; Darche, 1990; Lloyd-Richardson et al., 2001). Traditionally DSH was thought only to occur in individuals with Borderline Personality Disorder, we now know that DSH shares many clinical correlates and characteristics that do not manifest as diagnosable disorders. Past research suggests that DSH is more prevalent among women and adolescent girls. Consequently, the literature followed that path, leaving little variation in populations studied (Boudewyn & Liem, 1995). However, recent findings propose that rates may be quite similar across genders (Gratz et al., 2002). Last, it has been established by recent research that DSH behaviors often occur immediately after an interpersonal stressor (Hawton & Harriss, 2006).

In a broad review Klonsky (2007) found that DSH serves several functions including anti-dissociation, anti-suicide, sensation seeking, and maintenance of interpersonal boundaries.
However, he argued that DSH behavior is most often enacted with the intent to alleviate negative affect. Nock and Prinstein (2004), describe a four function model of DSH. The four factors include two dichotomous dimensions: automatic (internal stimuli) or social (interpersonal) contingencies and positive (the presence of a favorable stimuli) or negative (removal of an unpleasant stimuli) reinforcement. They argue that DSH serves, mainly, an automatic negative function. Evidence that DSH serves primarily as an affect-regulation function has led researchers to consider DSH as, one of many, forms of maladaptive coping (Gratz, 2006; Klonsky, 2007).

The, relatively recent, view of DSH as a maladaptive coping mechanism contrasts past findings, where DSH was only associated with severe mental illness. Consequently, researchers began to examine other forms of maladaptive coping within the DSH population. Findings from these studies show that those who engage in DSH used fewer future oriented coping strategies (Herpertz, Favazza, and Sass; 1997). Recently, researchers have found that in a high-stress/high-anxiety environments lead to increased use of coping strategies. Further, researchers have found that in prison populations, self-harmer's used more avoidance-based coping strategies than non-self harmers and are less likely to use problem-solving strategies in response to stressors (Dear, Slattery, & Hillan, 2001). Andover, Pepper, and Brandon (2007) examined specific coping strategies among self-harmers and found that self-harmers reported using avoidance-based strategies more often than controls.

Considering the clear pattern of problematic coping responses implemented by individuals who engage in DSH, it is important to gain a greater understanding of these behaviors and surrounding events. One-way to increase understanding is through examining the manner in which those who engage in DSH perceive and understand stressful situations. Is it likely the case that those who engage in DSH differ in social cognition, compared to those who do not engage in such behaviors. Understanding more about social cognitive processing may
shed light on the basis of the differences. The examination of cognitive processing patterns that lead to DSH could provide understanding needed to develop better assessment and treatment strategies.

Social information-processing models have been effective in increasing understanding of social cognitive processes that lead to problematic behaviors (Dodge, 1986; Crick and Dodge, 1994). Crick and Dodge (1994) formulated a useful social information-processing model which claims that when an individual is presented with a social situation, input is received through an array of cues. The overall behavioral outcome is a function of biological capabilities (e.g. temperament, memory, capacity), knowledge structures (memories and past experiences), and cognitive processing of those cues. This process occurs in six non-linear steps where and individual: 1) encodes internal and external cues, 2) interprets cues (attribution), 3) sets a goal, 4) assesses or constructs new response, 5) response decision, and 6) behavioral enactment. The behavioral enactment provides additional cues that drive a continuous feedback loop between cues, processing, and behavior. This feedback then becomes part of an individual’s knowledge structures and is used in later processing (Crick and Dodge, 1994).

The SIP model has been successful in predicting different forms of social behavior in children, adolescents, and adults (Crick and Dodge, 1994; Dodge, 1986; Ogle and Miller, 2004). Crick and Dodge (1994) uncovered characteristic processing styles that prove to be successful in predicting children's social adjustment. Errors in attribution, intention, response access patterns, and self-efficacy evaluations in social situations led to more aggressive behavioral enactments and consequently poorer social adjustment (Crick & Dodge, 1994). Related studies examined SIP in relation to aggression and depression. Quiggle, Garber, Panak, and Dodge (1992) identified and compare SIP steps that distinguished aggressive and non-aggressive individuals with those that distinguished depressed and non-depressed individuals. Most studies of SIP focus
on child populations; however, other studies have successfully used this model with adults (Ogle & Miller 2004; Sayette, Elias, & Wilson 1993).

Unfortunately, few studies to date have addressed social cognitive mechanisms underlying DSH. The social information-processing model proves to be an appropriate and treatment-friendly model in conceptualizing why individuals exhibit DSH behaviors. The investigation of the cognitive processes underlying DSH, particularly in stressful situations, could identify particular triggers or cognitive biases in processing (e.g. specific situations or emotions) associated with DSH. Ultimately, identifying these triggers and biases could help piece together distinctive processing patterns associated with DSH. The purpose of the present study was to examine how the social cognitive process differs in individuals that engage in DSH compared to those who do not engage in DSH in certain stressful social situations. We also examined social cognitive processing and patterns that lead to deliberate self-harm. Following the logic of previous literature, we hypothesized that, when responding to each scenario, the DSH group, compared with the control group, would: 1) rate scenarios higher in the particular emotion reflected in the scenario, 2) be more likely to choose avoidance based goals opposed to active problem-solving goals, 3) rate DSH responses higher.

METHOD

Participants

Participants consisted of 308 (73.8% female) university students that ranged in age from 18-30 years of age, with a mean age of 19.44 ($SD = 2.47$). The mean level of education completed, in number of years, was 13.27 ($SD = 1.13$). For this sample, 90.4% of participants endorsed Caucasian, 4.8% endorsed Bi-racial/Multi-racial, 2.2% endorsed African American, 1.6% endorsed other, and the remaining 1 % endorsed Asian. Students received research course
Materials

Participants completed the following measures included in a battery of questionnaires:

Demographic Questionnaire.

This questionnaire assessed general demographics including age, race, and education completed.

Symptom Checklist 90-Revised (SCL-90R).

The SCL-90 is a 90 item self-report screen for psychological symptoms and distress. The items are divided among 9 symptom specific sub-scales and 3 global scales that measure global occurrences. The 9 symptom specific subscales represent constructs such as depression, anxiety, hostility, and interpersonal sensitivity. The 3 global indices provide summaries of distress from three different perspectives. The first is the global severity index, the nest is the positive symptom index, and the last the positive symptom total. The SCL-90-R shows good validity and reliability (Derogatis et al., 1999).

NEO Personality Inventory (NEO-FFI).

The NEO-FFI is a 60-question measure of the five major domains of personality as well as the six facets that define each domain. The five factors are extraversion, agreeableness, conscientiousness, neuroticism, and openness to new experiences (Coasta & McCare, 1989).

Dissociative Experiences Scale (DES).

This measure is a 28-item self-report questionnaire that measures the frequency of dissociative experiences (e.g. "Some people have the experience of facets are finding themselves in a place and having no idea how they go there."). Reliability and validity of the DES have been well established in several studies (Carlson & Putnam, 1993; Dubester & Braun, 1995; Van-IJzendoorn & Schuengel, 1996).
Quantity Frequency Index (QFI).

This measure assessed the quantity and frequency of alcohol use over the past 90 days prior to assessment. This measure allowed us to calculate reliable and valid drinking variables including number of drinking days, average drinks per drinking day, and peak number of drinks on a drinking day (Cahalan & Cisin, 1968).

The Functional Assessment of Self-Mutilation (FASM) (Lloyd et al., 1997).

This measure assessed the methods, frequency, and functions of self-reported self-harm. It consists of two parts, first a checklist of 11 self-harming acts that divide into two factors, severe and less severe self-harm. The second part of the FASM consists of 22 statements assessing functions of self-harm. It is, also, presented in a checklist format and rated on a four-point Likert scale ranging from “never” to “often”.

The FASM has demonstrated good psychometric properties and validity; it has been used in studies of both normative (Lloyd, 1998; Lloyd et al., 1997) and psychiatric samples (Guertin et al., 2001), which have yielded support for its psychometric properties. Adequate levels of internal consistency have been found for the FASM in both moderate and severe forms of DSH ($r = .65$–.66). Confirmatory factor analysis has supported a 4-function model of DSH; dividing the FASM’s 22 items into 4 categories: automatic negative reinforcement (3 items; e.g., “To stop bad feelings”); automatic positive reinforcement (3 items; e.g., “To feel something, even if it was pain”); social negative reinforcement (4 items,.76; e.g., “To avoid doing something unpleasant you don’t want to do”); and social positive reinforcement (12 items,.85; e.g., “To get other people to act differently or change” (Nock & Prinstein, 2004). Showing that the FASM is a valid predictor of DSH function.

Buss-Perry Aggression Questionnaire (BPAQ).

The BPAQ is a 29-item self-report measure of aggression. Questions get at 4 factors:
physical aggression, verbal aggression, anger, and hostility. Responses are measured on a 5-point Likert scale with 1 as “extremely uncharacteristic of me” and 5 as “extremely characteristic of me”. Reliability of the measure is good and ranges from .72 to.89 for the four subscales and total score (Buss & Perry, 1992).

UPPS Impulsivity Inventory (Whiteside & Lynam, 2001).

The UPPS measured four distinct pathways to impulsive behavior: sensation seeking, urgency, lack of premeditation, and lack of perseverance. Sensation seeking refers to the tendency to pursue or engage in exciting activities and openness to new experiences. Urgency refers to the tendency to engage in impulsive behavior as a consequence of negative affects. Premeditation (lack of) refers to the absence of thinking or reflecting upon the consequences of an action before engaging in that action. Perseverance (lack of) refers to the inability to focus attention on a task that may be boring or difficult. Reliabilities for these scales are good and range from .83-.89.

Brief Multidimensional Coping Inventory (COPE-B).

The COPE is a coping inventory comprised of 14 subscales that measure adaptive and maladaptive coping skills. Some examples of the subscales are denial, behavioral disagreement, and active coping. Each subscale had two items (Carver, 1997). For the purpose of this study we used an abbreviated version of the COPE, the Brief COPE, in order to minimize time demands on participants. (Carver, Scheier, & Weintraub, 1989).

Social Information-Processing Scenarios and Assessment.

The social information processing stimuli was constructed by a committee pulling from related literature, clinical experience, and input from individuals with history of DSH. During a period of three weeks, scenarios were drafted and presented to committee members and adjusted according to feedback until satisfactory scenarios were achieved. The initial stimuli consisted of
4 short scenarios that varied in type of stressful situation depicted (depression, anxiety, anger A, and anger B). Each scenario described one of three different stressful interpersonal situations. All three scenarios possess interpersonal content since current research has shown that DSH behaviors are often preceded by interpersonal stressors (Hawton & Harriss, 2006). The depression, or “sadness-provoking”, scenario illustrates a situation involving a college student overwhelmed by academic, social, and financial demands. In turn, the anxiety provoking scenario depicts a situation where an individual is studying for an important exam and feels like they are making no progress. The two anger-provoking scenarios involve a situation where an individual discovers their partner and best friends kissing, after a period of suspicion only to be reassured by the partner. The two anger scenarios are identical except anger A includes “self depreciating self-talk” (i.e. “You're sure you'll never meet the right one.”). A process that has been hypothesized to be common among individuals who engage in DSH. The full scenarios are contained in Appendix A.

Pilot data were collected to examine the validity of the scenarios and determine whether either anger scenario A or anger scenario B to be more effective in evoking the target emotion. We decided that an endorsement over mid-point must be achieved in evoking each targeted emotion to deem a scenario validated.

Participants were recruited from undergraduate summer courses and were given the opportunity to receive extra credit in return for completing the study. A total of 43 participants completed the study (31 female, 12 male). Participants completed a 30-minute questionnaire that included: four scenarios, each scenario followed by six questions (Appendix A). Participants were instructed to “Try to picture yourself as the person in the scenario”. Immediately after reading each scenario participants were asked to rate how depressed they felt in that situation, how anxious they felt in that situation, how angry they felt in that situation, how overwhelmed
they felt in that situation, to what degree would they feel at fault, and to what degree was the situation realistic. All responses were rated on a 10-point Likert scale with 0 as "Not at all" and 10 as "Extremely". Analyses (means for the relevant emotion questions) showed that all scenarios were valid based on our criteria; all scenarios were consistent with the experience of the target emotion.

Given this, the social information-processing stimuli for the current experiment will consist of 3 different scenarios that vary in type of stressful situation (depression, anger, and anxiety). The scenarios are identical to those used for the pilot study, bar the exclusion of the anger B scenario. Participants were instructed to “try to imagine themselves as the person in the scenario”. Immediately after reading each scenario, participants completed a short series of questions assessing the domains of goal selection, response evaluation, and response selection (Appendix B). This protocol was adopted from the social information-processing protocols that have shown to be reliable, to have predictive validity, and been used extensively with children, adolescents, and adults (Dodge, 1986; Dodge and Swartz, 1997). Participants rated all responses on a 7-point Likert scale with 1 as "not at all" and 7 as "extremely".

Question 1-9 assessed response representation where participants rated level of perceived anxiety/depression/anger they would feel in each situation (e.g. "How ANXIOUS would you be in this situation?"). Questions 10-14 assessed goal selection where participants rated a number of questions with goals ranging from avoidance to direct conflict resolution. For example: "How much would you want the situation to turn out such that the most important thing was to stop negative feelings?" The remaining questions assessed response evaluation/selection where participants rated questions that included a number of coping responses such as, seek social support, use substances, cut yourself, and break the problem into smaller parts. For example: "What is the likelihood that you would eat larger portions of food high in fat and
carbohydrates (e.g. cake, cookies, etc.) in this situation?".

Creation of Groups:

A variable with three levels was constructed in order to compare groups. Following Lloyd-Richardson’s method (2007), participants who endorsed any form of self-harm, in the past year, made up the deliberate self-harm group and those who denied any DSH, in the past year, were grouped as controls. Further, participants in the DSH who engaged ‘mild’ DSH made up a group (DSHMILD; Hair pulling, biting, skin picking, insertion of object under nails/skin) and those who engaged in ‘moderate/severe’ DSH (DSHMOD; cutting, burning, erasing, self-tattoo) made up another group.

Procedure

Data was collected in groups no larger than 30. A research assistant obtained informed consent from each participant. Participants then completed the questionnaire packet. The questionnaire packet took approximately an hour to complete. Upon completion of the questionnaire, participants returned the packet to the research assistant and were granted participation credit. To control for order effects the scenarios were arranged in 6 different sequences.

RESULTS

Researchers found that the frequencies for each group were DSHMILD \((n=75)\), DSHMOD \((n=27)\), and CONTROL \((n=171)\). Groups did not differ by age, race, or completed years of education. With the assumption that the DSH group would differ significantly from the non-DSH group on level of psychopathological symptoms (Ogle & Clements, 2008), we compared the DSH and non-DSH groups on the general symptom index of the SCL-90 using a one-way ANOVA where group was the fixed factor and the total score on the GSI was the dependent variable and as expected, there were significant differences between groups, \(F (2, \)
271) = 32.27, \( p > .05 \); therefore, the GSI score was used as a covariate for all hypothesis tests. It should be noted that for 35 participants the SCL-90 was not administered. Consequently, the mean GSI score for each group was used in the place of the missing data. Means for each group were as follows: DSHMILD= .8009, DSHMOD= 1.012, and CONTROL: .4937.

Hypothesis Test of Response Representation.

To test the first hypothesis, group differences on response representation, a 3 x 3, between subjects, multivariate analysis of covariance (MANCOVA) was conducted with response representation ratings for each scenario as the dependent variables and group as the independent variable. No significant differences among groups were found in response representation for any scenario (Anger [Wilks’ Lambda = .92, \( F(18, 524) = 1.26, p = .21 \)], anxiety [Wilks’ Lambda = .93, \( F(18, 530) = 1.02, p = .43 \)], and depression [Wilks’ Lambda = .92, \( F(18, 528) = 1.18, p = .27 \)]). Therefore the hypothesis relevant to response representation was not confirmed.

Hypothesis Test of Goal Selection

The second hypothesis examined goal selection ratings and group differences. To test hypothesis two, a 3 x 3, between subjects, multivariate analysis of covariance (MANCOVA) was conducted where response ratings served as the dependent variables and group as the independent variable. No significant differences were found for any scenario type (Anger [Wilks’ Lambda = .97, \( F(10, 536) = .93, p = .51 \)], anxiety [Wilks’ Lambda = .98, \( F(10, 540) = .56, p = .85 \)], and depression [Wilks’ Lambda = .95, \( F(10, 536) = 1.38, p = .19 \)]). Therefore, the second hypothesis related to goal selection was not confirmed.

Hypothesis Test of Response Evaluation

To test hypothesis three on group differences and response evaluation, a 3 x 3, between subjects, multivariate analyses of covariance (MACNOVA) was conducted. Response ratings for
questions 15-24 served as dependent variables with group as the independent variable.

For the anger scenario, a multivariate effect for the DSH was found [Wilks’ Lambda = .71, $F (20, 524) = 4.9, p = .00$]. Univariate tests, using a Bonferroni correction, indicated group differences in the rating of the following responses: The likelihood that you would induce physical pain ($F (2, 271) = 25.10, p < .05$), cut yourself ($F (2, 271) = 28.41, p < .05$), burn yourself ($F (2, 271) = 10.11, p < .05$), and seek social support ($F (2, 271) = 3.09, p < .05$). Tukey’s Honestly Significant Differences (HSD) post hoc tests were conducted. The post hoc for inducing physical pain indicated that the DSHMOD ($M = 2.70$) group reported being more likely than DSHMILD ($M = .71$) or CONTROL ($M = .41$) to induce physical pain. The post hoc test for cutting yourself found that the DSHMOD ($M = 1.75$) group reported a greater likelihood of cutting than both DSHMILD ($M = .13$) and CONTROL ($M = .17$) groups. The post hoc test for burning yourself found that the DSHMOD ($M = .96$) group reported a greater likelihood of burning than both DSHMILD ($M = .17$) and CONTROL ($M = .12$) groups. Finally, the post hoc for seeking social support showed that individuals in the DSHMOD ($M = 7.82$) group were less likely to seek social support than the DSHMILD ($M = 8.75$) or CONTROL ($M = 8.92$) groups.

For the anxiety scenario, a multivariate effect for DSH was found [Wilks’ Lambda = .71, $F (48, 500) = 2.29, p = .00$]. Univariate tests for the anxiety scenario, using a Bonferroni correction, indicated that the significant differences for the likelihood that you would induce physical pain ($F (2, 271) = 8.75, p < .05$), cut yourself ($F (2, 271) = 19.97, p < .05$), burn yourself ($F (2, 271) = 4.31, p < .05$), and use other substances ($F (2, 271) = 12.05, p < .05$). Tukey’s HSD post hoc tests were conducted. The post hoc for inducing physical pain indicated that the DSHMOD group ($M = 1.14$) reported a greater likelihood of inducing physical pain than both DSHMILD ($M = .48$) and CONTROL ($M = .23$) groups. The post hoc test for cutting yourself indicated that the DSHMOD ($M = .85$) reported a greater likelihood of cutting than both
DSHMILD ($M = .07$) and CONTROL ($M = .09$) groups. Similarly, the post hoc for burning yourself indicated that the DSHMOD ($M = .36$) group reported a greater likelihood of burning than both DSHMILD ($M = .08$) and CONTROL ($M = .08$) groups. Finally, the post hoc for using other substances indicated that both DSH groups, DSHMOD ($M = 2.96$) and DSHMILD ($M = 2.09$), reported a greater likelihood of using other substances than the CONTROL ($M = .79$).

For the depression scenario a multivariate effect for the DSH was detected [Wilks’ Lambda $F(48, 496) = 4.15, p = .00$] for the depression scenario. Univariate tests using a Bonferroni correction, significant differences for the likelihood that you would induce physical pain ($F(2, 271) = 37.50, p < .05$), cut yourself ($F(2, 271) = 53.27, p < .05$), burn yourself ($F(2, 271) = 10.28, p < .05$), and use other substances ($F(2, 271) = 24.76, p < .05$). Tukey’s HSD post hoc tests were conducted. The post hoc test for inducing physical pain indicated that the DSHMOD ($M = 3.18$) group reported a greater likelihood to inflict physical pain than both the DSHMILD ($M = .84$) and CONTROL ($M = .38$) groups. The post hoc test for cutting yourself indicated that the DSHMOD ($M = 2.1$) group would be more likely than the DSHMILD ($M = .16$) and CONTROL ($M = .11$) groups to cut. The post hoc test for burning yourself indicated that the DSHMOD ($M = 1.00$) group reported a greater likelihood than both the DSHMILD ($M = .11$) and CONTROL ($M = .16$) groups to burn. Finally, the post hoc test for using other substances indicated that all three groups differed with the DSHMOD ($M = 2.96$) being the most likely, the DSHMILD ($M = 2.09$) and CONTROL ($M = .79$).

Effects of Emotion on Self-Harm

To explore the relationship between emotions and the likelihood of inducing physical pain in those who engaged in moderate to severe self-harm we calculated a within-subjects analysis of variance where scenario emotion was the independent variable and the response for question #18 (i.e. induce physical pain) was the dependent variable. The Greenhouse Geyser
statistic was significant ($F(1.94) = 8.78, p = .001$). Simple contrasts showed that those in the DSHMOD group reported a greater likelihood of inducing physical pain for the anger scenario compared to the anxiety scenario ($p = .004$) and the depression scenario ($p = .000$). Anxiety and depression did not differ.

**Discussion**

Overall, DSH groups did not evidence experiencing target emotions as more intensely than controls and failed to choose more avoidance-based goals versus problem-solving goals, than controls. Though, significant differences were found for a number of responses in response evaluation. Both DSH groups reported being more likely than controls to inflict psychological pain across scenarios. In addition, individuals in the moderate/severe DSH group reported being more likely to inflict pain, cut, or burn themselves, more likely to use other substances, and less likely to seek social support for the anger scenario, compared to the other two scenarios.

It is feasible that individuals in the DSH groups did not report experiencing target emotions as more intensely than controls because the individuals in the DSH groups experience of the target emotion was the same as controls. For that reason, lack of variation at this stage suggests that distinctive patterns for individuals who engage in DSH likely occur at different steps. In addition, the emotional intensity of our scenarios was deliberately high to successfully evoke target emotions. Another explanation for the lack of variation is an emotional ceiling effect. All participants reported experiencing high levels of emotional arousal. In fact, one could argue that experiencing intense emotions in response to the stressful situations depicted in our scenarios is adaptive and normative (Lazarus, 1966). Future studies should address these limitations. Specifically, future research should examine variation among groups using scenarios with mild everyday interpersonal stressors.

Interestingly, DSH groups, when compared with controls, were equally as likely to
choose passive avoidant based goals as they were active problem-solving goals. These findings do not replicate recent findings (Andover, Pepper, & Gibb, 2007). However, it is plausible that, when compared with controls, DSH groups did not choose a greater proportion of avoidance-based goals because individuals in the DSH do not differ from controls in desired situational outcomes. It may be that those who engage in DSH want the same outcome, but do not have the necessary skills to obtain the outcomes they endorse. The current study evoked negative affect immediately before assessment, however, most previous questionnaire-based studies have assessed problem-solving skills absent of distress and using clinical populations (Nock, 2009). It is feasible that the current study failed to replicate previous findings because measures used were unable to detect variation among groups or that previous findings do not generalize to non-clinical populations. For these reasons, the finding should not be dismissed entirely and future research should explore these issues in, both, clinical and non-clinical populations. It should also be noted that the DSH moderate group reported a greater likelihood to use other substances that the DHS mild or control groups. This finding is consistent with avoidant coping and therefore should be further explored.

As predicted, groups did differ in the evaluation of behavioral choices. Consequently, hypothesis three was confirmed and differences between groups were found for response evaluation. Both DSH groups reported a greater likelihood of engaging in DSH behaviors than controls. Specifically, DSH moderate/severe group reported a greater likelihood of inflict physical pain, cut, or burn than DSH mild or control group across scenarios. This finding is consistent with the fundamental principles of the social information-processing theory. Social information-processing theorists hold that individuals select and encode certain cues to form a mental representation of a situation. The interpretation of cues is greatly determined by an individual’s prior experiences, expectations, and can lead to inappropriate social responses
(Crick & Dodge, 1994). With that, it is fitting that, in response to stressful situations, self-harmers reported being more likely to engage in DSH behaviors than controls. Further, it is known that the most common function of DSH is automatic negative reinforcement, or the removal of negative affect (Nock & Prinstein, 2004). DSH behaviors serving an automatic negative function quickly decrease negative affect and arousal; this makes them highly reinforcing, thus, likely to occur again.

Further, individuals in the moderate/severe DSH group reported a greater likelihood than DSH mild or controls to want to inflict pain, cut, or burn themselves and for the anger scenario, compared to both anxiety and depression scenarios. Interestingly, the moderate/severe DSH group reported being less likely to seek social support than DSH mild or controls for the anger scenario, compared to both anxiety and depression scenarios. These findings suggest a unique relationship between anger and DSH.

Generally, anger is an adaptive response to threats and a natural way to express anger is to act aggressively in response (Lazarus, 1966). In the context of DSH behaviors, this may take the form of aggression toward self. One reason our severe/moderate DSH group reported being more likely than DSH mild or controls to engage in DSH for the anger scenario because mild forms of DSH, such as skin picking and hair pulling, are often associated with anxiety and may not manifest as behaviors as severe as cutting or burning (Favazza, 1998).

To date, no research has specifically explored the relationship between anger and DSH. However, using a clinical population, Brown et al. (2002) found that many individuals who engage in DSH do so to regulate and express anger. This finding suggests that emotional regulation and expression could be the most common function of DSH in the presence of anger. It is highly likely that interpersonal stressors, may produce negative affect, and that this increased distress leads to DSH to regulate emotion (Prinstein et. al., 2009). Also, the general
societal view of anger expression as socially undesirable could manifest as an inhibited anger expression (Grossman & Wood, 1993; Johnston & Boyd, 1995). In the current study, a possible reason individuals in the moderate/severe DSH group report being less likely to seek social support for the anger scenario could be that they feel unable to express anger socially. If so, feelings of inhibition around anger expression could explain the increase in the likelihood to engage DSH behaviors and the decrease in the likelihood to seek social support for the anger scenario. Thus, adding to recent findings (Brown), individuals in clinical, as well as non-clinical populations, may be more likely to engage in DSH during periods of anger.

The findings of this study are clinically relevant and contribute to both SIP and DSH literature. In sum, findings highlight that the need to inflict bodily harm extends to non-clinical populations. Although it is beyond the scope of this study to draw detailed conclusions, it is certain that current findings evidence clinically relevant issues, especially the relationship between DSH and anger.

Implications for Research

The current study’s strongest contribution to DSH literature is illustrating how essential gaining a better understanding of contingencies linked with DSH is to improving treatment and future research. Examining the role of emotion and how it affects social information-processing resulting in DSH behaviors is of great importance. There is a great demand to further explore the relationship between the anger and DSH. Also, methodologically, future studies should investigate these relationships utilizing scenarios varying in degree of emotional intensity.

Implications for Prevention and Intervention

One important clinical implication is incorporating a standardized and consistent approach and conceptualization of DSH in clinical settings. There is also need for more standardized and consistent assessment of DSH in clinical settings. Incorporating the social
information-processing model’s ideas into assessments and treatments, by focusing on the function served by DSH, could prove invaluable. At the same time it is of great importance that clinicians to assess the function of DSH behavior for each client and attempt to identify preceding events, the function, and the reinforcers that maintain DSH behaviors. Targeted skills training could prove beneficial in teaching skills to help implement adaptive alternatives to DSH. Examples of such skills include, but are not limited to, realistic evaluations, emotional regulation, interpersonal effectiveness and, self-efficacy.

Limitations

This study has particular limitations. Most salient, due to the nature of self-report measures used, the accuracy of our findings hinges largely on each participant’s ability to report problematic, socially undesirable behaviors. The size, age of our sample make it possible that our findings may not generalize to individuals outside of that range or to clinical population.
References


APPENDIX

Appendix A: SIP Scenarios.

Anger Scenario.

Gender: _____ Male _____ Female

Instructions: Try to picture yourself as the person in this scenario. In the scenario the person you are trying to picture yourself as will be referred to as YOU. After reading the scenario you will be asked some questions about this scenario. Please answer the questions openly and honestly.

You are in a long-term relationship with your partner. You were introduced by your best friend at a going away party. Overall, things are going well. You and your partner have been seeing each other seriously for over a year and have recently decided to move in together. You are looking forward to and excited about this next step. However, recently you've noticed your best friend and partner spending an increasing amount of time together. Your birthday is next month so you felt comfortable at first. They're probably planning a surprise party for you. When you noticed them spending even more time together you voiced your concerns to your partner. Your concerns were met with reassurance and denial of any wrongdoing. One evening, you call your partner to ask what the two of you should have for dinner; all calls go straight to voicemail. Your best friend's house is on your way home from work so you decided to stop by to return a movie you borrowed. You notice your partner's car is parked outside your best friend's apartment. Strange… You tense as your thoughts begin to race. "They would never betray me this way."

You walk briskly to the apartment door. The door is unlocked. You pause, and then slowly turn the doorknob and step inside. In an instant you see your partner and your best friend sitting together on the couch kissing. The expression on your partner's face is one of shock and guilt. You feel you body flush and become warm, you feel your muscles tense, and notice that your heart racing. It feels as if it may explode. You can't believe they could betray you this way. You can't even form a reaction. It's almost too much to bear. You're sure you'll never meet the right one.
Anxiety Scenario:

Gender: _____ Male _____ Female

Instructions: Try to picture yourself as the person in this scenario. In the scenario the person you are trying to picture yourself as will be referred to as YOU. After reading the scenario you will be asked some questions about this scenario. Please answer the questions openly and honestly.

You are studying for a final exam in a class that has been challenging. The final is responsible for a large portion of your grade. The material is difficult, and for one reason or another you have found that you have struggled. Since you didn’t do well on the first test you really need to make a good grade. You’ve been studying for a long time now but feel as if you’re getting nowhere, and it feels like you don’t have time to learn all the material you should. You begin to think about failing the test, then failing the class, and then failing out of college. "Why are you always the one struggling while everyone else seems to have no problem?" How will your parents react? What will your friends think? What will you do for a job? As you think about your situation you notice your heart is racing and your breath is short and fast. Your mouth is dry. You begin to feel a wave of panic wash over you; the situation seems hopeless. Your thoughts are now racing so fast you are unsure what to do.
Depression Scenario:

Gender: _____ Male _____ Female

Instructions: Try to picture yourself as the person in this scenario. In the scenario the person you are trying to picture yourself as will be referred to as YOU. After reading the scenario you will be asked some questions about this scenario. Please answer the questions openly and honestly.

Since starting college you have found yourself increasingly less able to balance class, work, social activities, and relationships. Other conflicting expectations have become overbearing. You are unsure what you want to study or do after you graduate but feel pressure from your parents to make a decision. A few days ago you had a fight with your long-term boyfriend/girlfriend and ended things for good. This is a huge change since you're used to spending most of your time together. You feel alone and lost. On top of everything, your motivation for school and things you used to enjoy has disappeared. As a result friendships have become strained; they say you've changed and they barely even recognize you anymore. It seems as if they've drifted away, one by one. With everything mounting it's not a surprise your grades have been steadily slipping, leading to your recent placement on academic probation. You miss your parents and friends from home but feel like no one can help. No one understands. You feel alone and don’t know what to do.
Appendix B. SIP Questions.

SIP Anger:

1.) How DEPRESSED would you be in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

2.) How ANXIOUS you would be in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

3.) How ANGRY would you be in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

4.) How OVERWHELMED would you be in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

5.) To what degree would you feel responsible for the situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

6.) To what degree would you feel that something other than yourself was responsible for the situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

7.) To what degree do you find yourself in situations like this?
0 1 2 3 4 5 6 7 8 9 10
Never Almost Always

8.) How much would you want the situation to turn out such that the most important thing was to stop negative feelings?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely
9.) How much would you want the situation to turn out such that the most important thing was that you not feel this way?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

10.) How much would you want the situation to turn out such that the most important thing was to avoid dealing with the situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

11.) How much would you want the situation to turn out such that the most important thing was to actively resolve the problem?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

12.) How much would you want the situation to turn out such that the most important thing was to avoid conflict?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

13.) What is the likelihood that you would calmly walk out, realizing the relationships are over, in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

14.) What is the likelihood that you would physically attack either one of them in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

15.) What is the likelihood that you would eat larger portions of food high in fat and carbohydrates (e.g. cake, cookies, etc.) in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

16.) What is the likelihood that you would induce physical pain to yourself in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely
17.) What is the likelihood that you would cut yourself in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

18.) What is the likelihood that you would burn yourself in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

19.) What is the likelihood that you would drink 2-3 alcoholic beverages in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

20.) What is the likelihood that you would drink 5 or more alcoholic beverages in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

21.) What is the likelihood that you would talk to a friend or a loved one for support?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

22.) What is the likelihood that you would use other substances as a result of this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

23.) Out of questions 13-22 which one(s) would you most do in this situation?
13 14 15 16 17 18 19 20 21 22 0 None of Them

24.) In addition to any of the above responses in questions 13-23 what else might you do in this situation?
SIP Anxiety:

1.) How DEPRESSED would you be in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

2.) How ANXIOUS you would be in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

3.) How ANGRY would you be in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

4.) How OVERWHELMED would you be in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

5.) To what degree would you feel responsible for the situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

6.) To what degree would you feel that something other than yourself was responsible for the situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

7.) To what degree do you find yourself in situations like this?
0 1 2 3 4 5 6 7 8 9 10
Never Almost Always

8.) How much would you want the situation to turn out such that the most important thing was to stop negative feelings?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely
9.) How much would you want the situation to turn out such that the most important thing was that you not feel this way?

0 1 2 3 4 5 6 7 8 9 10

Not at all          Extremely

10.) How much would you want the situation to turn out such that the most important thing was to avoid dealing with the situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all          Extremely

11.) How much would you want the situation to turn out such that the most important thing was to actively resolve the problem?

0 1 2 3 4 5 6 7 8 9 10

Not at all          Extremely

12.) How much would you want the situation to turn out such that the most important thing was to avoid conflict?

0 1 2 3 4 5 6 7 8 9 10

Not at all          Extremely

13.) What is the likelihood that you would seek help from your professor or classmates in this situation?

1 2 3 4 5 6 7 8 9 10

Not at all          Extremely

14.) What is the likelihood that you would employ different study techniques in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all          Extremely

15.) What is the likelihood that you would eat larger portions of food high in fat and carbohydrates (e.g. cake, cookies, etc.) in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all          Extremely

16.) What is the likelihood that you would induce physical pain to yourself in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all          Extremely
17.) What is the likelihood that you would cut yourself in this situation?

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Not at all | Extremely

18.) What is the likelihood that you would burn yourself in this situation?

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Not at all | Extremely

19.) What is the likelihood that you would drink 2-3 alcoholic beverages in this situation?

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Not at all | Extremely

20.) What is the likelihood that you would drink 5 or more alcoholic beverages in this situation?

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Not at all | Extremely

21.) What is the likelihood that you would use other substances in this situation?

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Not at all | Extremely

22.) What is the likelihood that you would talk to a friend or a loved one for support?

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Not at all | Extremely

23.) Out of questions 13-22 which one(s) would you most do in this situation?

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None of Them

24.) In addition to any of the above responses in questions 13-23 what else might you do in this situation?
SIP Depression:

1.) How DEPRESSED would you be in this situation?

0  1  2  3  4  5  6  7  8  9  10  
Not at all  Extremely

2.) How ANXIOUS you would be in this situation?

0  1  2  3  4  5  6  7  8  9  10  
Not at all  Extremely

3.) How ANGRY would you be in this situation?

0  1  2  3  4  5  6  7  8  9  10  
Not at all  Extremely

4.) How OVERWHELMED would you be in this situation?

0  1  2  3  4  5  6  7  8  9  10  
Not at all  Extremely

5.) To what degree would you feel responsible for the situation?

0  1  2  3  4  5  6  7  8  9  10  
Not at all  Extremely

6.) To what degree would you feel that something other than yourself was responsible for the situation?

0  1  2  3  4  5  6  7  8  9  10  
Not at all  Extremely

7.) To what degree do you find yourself in situations like this?

0  1  2  3  4  5  6  7  8  9  10  
Never  Almost Always

8.) How much would you want the situation to turn out such that the most important thing was to stop negative feelings?

0  1  2  3  4  5  6  7  8  9  10  
Not at all  Extremely
9.) How much would you want the situation to turn out such that the most important thing was that you not feel this way?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

10.) How much would you want the situation to turn out such that the most important thing was to avoid dealing with the situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

11.) How much would you want the situation to turn out such that the most important thing was to actively resolve the problem?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

12.) How much would you want the situation to turn out such that the most important thing was to avoid conflict?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

13.) What is the likelihood that you would seek support from family or friends in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

14.) What is the likelihood that you would break your overall situation into smaller parts and try to improve upon them individually?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

15.) What is the likelihood that you would eat larger portions of food high in fat and carbohydrates (e.g. cake, cookies, etc.) in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

16.) What is the likelihood that you would inducing physical pain to yourself in this situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely
17.) What is the likelihood that you would cut yourself in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

18.) What is the likelihood that you would burn yourself in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

19.) What is the likelihood that you would drink 2-3 alcoholic beverages in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

20.) What is the likelihood that you would drink 5 or more alcoholic beverages in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

21.) What is the likelihood that you would use other substances in this situation?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

22.) What is the likelihood that you would talk to a friend or a loved one for support?
0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

23.) Out of questions 13-22 which one(s) would you most do in this situation?
13 14 15 16 17 18 19 20 21 22 0
None of Them

24.) In addition to any of the above responses in questions 13-23 what else might you do in this situation?
Appendix C: Questionnaires.

Demographic Form:

Please provide the following information:

1. Gender: ______________

2. Age: ______________

3. Race:
   _____ Caucasian
   _____ African American
   _____ Native American
   _____ Asian
   _____ Bi-racial/Multi-racial
   _____ Other: _____________________

4. Years of education completed so far ______.
This questionnaire contains 60 statements. Read each statement carefully. For each statement, circle the response that best represents your opinion.

Circle SD if you Strongly Disagree or the statement is definitely false.
Circle D if you Disagree or the statement is mostly false.
Circle N if you are Neutral on the statement, you cannot decide, or the statement is about equally true or false.
Circle A if you Agree or the statement is mostly true.
Circle SA if you Strongly Agree or the statement is definitely true.

1. I am not a worrier.          SD   D   N   A   SA
2. I like to have a lot of people around me. SD   D   N   A   SA
3. I don't like to waste my time daydreaming. SD   D   N   A   SA
4. I try to be courteous to everyone I meet. SD   D   N   A   SA
5. I keep my belongings clean and neat. SD   D   N   A   SA
6. I often feel inferior to others. SD   D   N   A   SA
7. I laugh easily. SD   D   N   A   SA
8. Once I find the right way to do something, I stick to it. SD   D   N   A   SA
9. I often get into arguments with my family and co-workers. SD   D   N   A   SA
10. I'm pretty good about pacing myself so as to get things done on time. SD   D   N   A   SA
11. When I'm under a great deal of stress, sometimes I feel like I'm going to pieces. SD   D   N   A   SA
12. I don't consider myself especially "light-hearted." SD   D   N   A   SA
13. I am intrigued by the patterns I find in art and nature. SD   D   N   A   SA
14. Some people think I'm selfish and egotistical. SD   D   N   A   SA
15. I am not a very methodical person.  SD  D  N  A  SA
16. I rarely feel lonely or blue.  SD  D  N  A  SA
17. I really enjoy talking to people.  SD  D  N  A  SA
18. I believe letting students hear controversial speakers can only confuse
   and mislead them.  SD  D  N  A  SA
19. I would rather cooperate with others than compete with them.  SD  D  N  A  SA
20. I try to perform all the tasks assigned to me conscientiously.  SD  D  N  A  SA
21. I often feel tense and jittery.  SD  D  N  A  SA
22. I like to be where the action is.  SD  D  N  A  SA
23. Poetry has little or no effect on me.  SD  D  N  A  SA
24. I tend to be cynical and skeptical of others' intentions.  SD  D  N  A  SA
25. I have a clear set of goals and work toward them in an
   orderly fashion.  SD  D  N  A  SA
26. Sometimes I feel completely worthless.  SD  D  N  A  SA
27. I usually prefer to do things alone.  SD  D  N  A  SA
28. I often try new and foreign foods.  SD  D  N  A  SA
29. I believe that most people will take advantage of you
   if you let them.  SD  D  N  A  SA
30. I waste a lot of time before settling down to work.  SD  D  N  A  SA
31. I rarely feel fearful or anxious.  SD  D  N  A  SA
32. I often feel as if I'm bursting with energy.  SD  D  N  A  SA
33. I seldom notice the moods or feelings that different environments
produce. SD D N A SA
34. Most people I know like me. SD D N A SA
35. I work hard to accomplish my goals. SD D N A SA
36. I often get angry at the way people treat me. SD D N A SA
37. I am a cheerful, high-spirited person. SD D N A SA
38. I believe we should look to our religious authorities for decisions on moral issues. SD D N A SA
39. Some people think of me as cold and calculating. SD D N A SA
40. When I make a commitment, I can always be counted on to follow through. SD D N A SA
41. Too often, when things go wrong, I get discouraged and feel like giving up. SD D N A SA
42. I am not a cheerful optimist. SD D N A SA
43. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement. SD D N A SA
44. I'm hard-headed and tough-minded in my attitudes. SD D N A SA
45. Sometimes I'm not as dependable or reliable as I should be. SD D N A SA
46. I am seldom sad or depressed. SD D N A SA
47. My life is fast-paced. SD D N A SA
48. I have little interest in speculating on the nature of the universe or the human condition. SD D N A SA
49. I generally try to be thoughtful and considerate. SD D N A SA
50. I am a productive person who always gets the job done. SD D N A SA
51. I often feel helpless and want someone else to solve my problems.  

52. I am a very active person.  

53. I have a lot of intellectual curiosity.  

54. If I don't like people, I let them know it.  

55. I never seem to be able to get organized.  

56. At times I have been so ashamed I just wanted to hide.  

57. I would rather go my own way than be a leader of others.  

58. I often enjoy playing with theories or abstract ideas.  

59. If necessary, I am willing to manipulate people to get what I want.  

60. I strive for excellence in everything I do.
DES

This questionnaire consists of twenty-eight questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs. To answer the questions, please determine to the degree the experience described in the question applies to you and circle the appropriate response.

1. Some people have the experience of driving a car and suddenly realizing that they don’t remember what has happened during all or part of the trip. Circle the appropriate response to show what percentage of the time this happens to you.

   1  2  3  4  5  6  7  8  9
   0%   100%
   like me like me

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was just said. Circle the appropriate response to show what percentage of the time this happens to you.

   1  2  3  4  5  6  7  8  9
   0%   100%
   like me like me

3. Some people have the experience of finding themselves in a place and having no idea how they got there. Circle the appropriate response to show what percentage of the time this happens to you.

   1  2  3  4  5  6  7  8  9
   0%   100%
   like me like me

4. Some people have the experience of finding themselves dressed in clothes that they don’t remember putting on. Circle the appropriate response to show what percentage of the time this happens to you.

   1  2  3  4  5  6  7  8  9
   0%   100%
   like me like me
5. Some people have the experience of finding new things among their belongings that they do not remember buying. Circle the appropriate response to show what percentage of the time this happens to you.

1  2  3  4  5  6  7  8  9

0%  100%

like me  like me

6. Some people sometimes find that they are approached by people that they do not know who call them by another name or insist that they have met them before. Circle the appropriate response to show what percentage of the time this happens to you.

1  2  3  4  5  6  7  8  9

0%  100%

like me  like me

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person. Circle the appropriate response to show what percentage of the time this happens to you.

1  2  3  4  5  6  7  8  9

0%  100%

like me  like me

8. Some people are told that they sometimes do not recognize friends or family members. Circle the appropriate response to show what percentage of the time this happens to you.

1  2  3  4  5  6  7  8  9

0%  100%

like me  like me

9. Some people have no memory for some important events in their lives (for example, a wedding or graduation). Circle the appropriate response to show what percentage of the time this happens to you.

1  2  3  4  5  6  7  8  9

0%  100%

like me  like me
10. Some people have the experience of being accused of lying when they do not think that they have lied. Circle the appropriate response to show what percentage of the time this happens to you.

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</tbody>
</table>

like me

11. Some people have the experience of looking in a mirror and not recognizing themselves. Circle the appropriate response to show what percentage of the time this happens to you.

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like me

12. Some people sometimes have the experience of feeling that other people, objects, and the world around them are not real. Circle the appropriate response to show what percentage of the time this happens to you.

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</tbody>
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like me

13. Some people have the experience of feeling that their body does not seem to belong to them. Circle the appropriate response to show what percentage of the time this happens to you.

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like me

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they are reliving that event. Circle the appropriate response to show what percentage of the time this happens to you.

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</tbody>
</table>

like me
15. Some people have the experience of not being sure whether thing that they remember happening really did happen or whether they just dreamed them. Circle the appropriate response to show what percentage of the time this happens to you.

1 2 3 4 5 6 7 8 9
0% 100%
like me like me

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Circle the appropriate response to show what percentage of the time this happens to you.

1 2 3 4 5 6 7 8 9
0% 100%
like me like me

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Circle the appropriate response to show what percentage of the time this happens to you.

1 2 3 4 5 6 7 8 9
0% 100%
like me like me

18. Some people sometimes find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Circle the appropriate response to show what percentage of the time this happens to you.

1 2 3 4 5 6 7 8 9
0% 100%
like me like me

19. Some people find that they sometimes are able to ignore pain. Circle the appropriate response to show what percentage of the time this happens to you.

1 2 3 4 5 6 7 8 9
0% 100%
like me like me
20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Circle the appropriate response to show what percentage of the time this happens to you.

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</table>

21. Some people that when they are alone they talk out loud to themselves. Circle the appropriate response to show what percentage of the time this happens to you.

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<th>1</th>
<th>2</th>
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</tbody>
</table>

22. Some people find that in one situation they may act so differently compared with another situation they feel almost as if they were two different people. Circle the appropriate response to show what percentage of the time this happens to you.

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<th>1</th>
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<th>5</th>
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</tbody>
</table>

23. Some people sometimes find they are able to do things with amazing ease and spontaneity that would usually be difficulty for them (for example, sports, work, social situations, etc.). Circle the appropriate response to show what percentage of the time this happens to you.

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<th></th>
<th>1</th>
<th>2</th>
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<th>4</th>
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</tbody>
</table>

24. Some people sometimes find they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just though about mailing it). Circle the appropriate response to show what percentage of the time this happens to you.

<table>
<thead>
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<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</tr>
</tbody>
</table>
25. Some people find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Circle the appropriate response to show what percentage of the time this happens to you.

1  2  3  4  5  6  7  8  9
0%   100%
like me  like me

26. Some people find that they hear voices inside their head that tell them to do things or comment on things that they are doing. Circle the appropriate response to show what percentage of the time this happens to you.

1  2  3  4  5  6  7  8  9
0%   100%
like me  like me

27. Some people sometimes feel as if they are looking at the world through a fog so that people and objects appear far away or unclear. Circle the appropriate response to show what percentage of the time this happens to you.

1  2  3  4  5  6  7  8  9
0%   100%
like me  like me
1. Frequency of alcohol use in last three months:

a. If you have never had an alcoholic beverage (beer, wine or liquor) in your life, check here and go on to I c. ____

b. If you have not had any alcoholic beverage in the LAST THREE MONTHS, check here and go on to I c. ____

c. If you checked I a or I b, please check the reasons for deciding not to drink (check all that apply)

   1. ___ Not old enough (it's illegal)
   2. ___ Religious or moral disapproval of alcohol use
   3. ___ Health Reasons (e.g. illness, pregnancy)
   4. ___ Concern that you might have (or develop) an alcohol problem
   5. ___ Other (specify) __________________________________________

d. If you did not check I a, b, or c, please answer the following questions:
2. During the **LAST THREE MONTHS** (about 90 days) about how many days would you estimate that you drank **at least one** alcoholic beverage? (Think about weekends, parties, stressful events, celebrations with friends, meals, and so on). Remember to estimate between 1 and 90 days: Days.

a. During the **LAST THREE MONTHS** (about 90 days), have you experienced a major change on your drinking habits?

1. No, my drinking stayed the same as usual
2. Yes, I quit drinking altogether
3. Yes, I started drinking for the first time
4. Yes, I started drinking much more than I usually do
5. Yes, I started drinking much less than I usually do

3. Quantity of alcohol used in the last three months

People often drink more than one type of alcoholic beverage on a given day. In addition, their drinking often varies depending on whether it is a weekday or weekend. Therefore, we want you to think of a **TYPICAL WEEKDAY** on which you drank, and estimate the amounts of each of these three beverages you had to drink.

(Example: "On Thursdays, when I would get together with friends, I would drink about three 12 oz beers and two mixed drinks")

a. Estimated average drinking on a **TYPICAL WEEKDAY** in the **LAST THREE MONTHS**:

Now we want you to think of a typical **WEEKEND DAY** (Friday, Saturday or Sunday) on which you typically drank, and estimate your average drinking on that day.

b. Estimated average drinking on a **TYPICAL WEEKEND DAY** in the **LAST THREE MONTHS**:

c. Finally, of all the days in the last three months, what is the **LARGEST AMOUNT** of alcohol you have had in one 24 hour period?
OTHER SUBSTANCE USE

How often have you used any of these psychoactive substances? For the column labeled “Ever,” mark Y for yes and N for No. For the columns labeled “Last 3 months” and “Past 30 days,” code frequency of use according to the following scale:

0 = Never
1 = 1 or 2 times in the last three months
2 = once per month
3 = once every two weeks
4 = once per week
5 = 2 - 4 times per week
6 = almost everyday

<table>
<thead>
<tr>
<th>Substance</th>
<th>Frequency of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ever</td>
</tr>
<tr>
<td>Caffeine</td>
<td>_____</td>
</tr>
<tr>
<td>Nicotine</td>
<td>_____</td>
</tr>
<tr>
<td>Marijuana/Hashish</td>
<td>_____</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>_____</td>
</tr>
<tr>
<td>Meth/Amphetamines (not prescribed)</td>
<td>_____</td>
</tr>
<tr>
<td>Benzodiazepines (not prescribed: valium, xanax)</td>
<td>_____</td>
</tr>
<tr>
<td>Heroin</td>
<td>_____</td>
</tr>
<tr>
<td>Other opiates (oxycontin, percocet)</td>
<td>_____</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>_____</td>
</tr>
<tr>
<td>Inhalants</td>
<td>_____</td>
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</tbody>
</table>

Do you feel you currently have a drinking or drug problem? N Y

Have you ever in the past had a problem with or been dependent on any of these substances? N Y

Have you ever attended a self-help group (like Alcoholics Anonymous, or Women for Sobriety, or Narcotics Anonymous) for yourself? N Y

Have you ever had treatment for an alcohol or drug problem? N Y

Do, or did, any of your family members have an alcohol or drug problem? N Y
A. In the past year, have you engaged in the following behaviors to deliberately harm yourself (check all that apply):

<table>
<thead>
<tr>
<th>Behavior</th>
<th>No</th>
<th>Yes</th>
<th>How many times?</th>
<th>Have you gotten medical treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. cut or carved on your skin</td>
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<tr>
<td>2. hit yourself on purpose</td>
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<tr>
<td>3. pulled your hair out</td>
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<tr>
<td>4. gave yourself a tattoo</td>
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<tr>
<td>5. picked at a wound</td>
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<tr>
<td>6. burned your skin (i.e., with a cigarette, match or other hot object)</td>
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<tr>
<td>7. inserted objects under your nails or skin</td>
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<td>8. bit yourself (e.g., your mouth or lip)</td>
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<td>9. picked areas of your body to the point of drawing blood</td>
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<tr>
<td>10. scraped your skin</td>
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<tr>
<td>11. &quot;erased&quot; your skin</td>
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<tr>
<td>12. other: ________________</td>
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</tbody>
</table>
B. If not in the past year, have you EVER done any of the above acts?
   _____ Yes
   _____ No

   If yes to any of the above behaviors in the past year, please complete the questions (C-H) below:

C. While doing any of the above acts, were you trying to kill yourself?
   _____ Yes
   _____ No

D. How long did you think about doing the above act(s) before actually doing it?
   _____ none
   _____ “a few minutes”
   _____ < 60 minutes
   _____ > 1 hour but < 24 hours
   _____ more than 1 day but less than a week
   _____ greater than a week

E. Did you perform any of the above behaviors while you were taking drugs or alcohol?
   _____ Yes
   _____ No

F. Did you experience pain during this self-harm?
   _____ severe pain
   _____ moderate pain
   _____ little pain
   _____ no pain

G. How old were you when you first harmed yourself in this way?__________
H. Did you harm yourself for any of the reasons listed below? (check all reasons that apply):

<table>
<thead>
<tr>
<th>0 Never</th>
<th>1 Rarely</th>
<th>2 Some</th>
<th>3 Often</th>
<th>Reasons:</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. to avoid school, work, or other activities</td>
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<tr>
<td>2. to relieve feeling &quot;numb&quot; or empty</td>
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<td>3. to get attention</td>
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<td>4. to feel something, even if it was pain</td>
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<tr>
<td>5. to avoid having to do something unpleasant you don't want to do</td>
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<tr>
<td>6. to get control of a situation</td>
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<tr>
<td>7. to try to get a reaction from someone, even if its a negative reaction</td>
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<tr>
<td>8. to receive more attention from your parents or friends</td>
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<td>9. to avoid being with people</td>
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<td>10. to punish yourself</td>
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<tr>
<td>11. to get other people to act differently or change</td>
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<td>12. to be like someone you respect</td>
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<tr>
<td>13. to avoid punishment or paying the consequences</td>
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<td>14. to stop bad feelings</td>
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<tr>
<td>15.</td>
<td>to let others know how desperate you were</td>
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<tr>
<td>16.</td>
<td>to feel more a part of a group</td>
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</tr>
<tr>
<td>17.</td>
<td>to get your parents to understand or notice you</td>
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</tr>
<tr>
<td>18.</td>
<td>to give yourself something to do when alone</td>
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<tr>
<td>19.</td>
<td>to give yourself something to do when with others</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>to get help</td>
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</tr>
<tr>
<td>21.</td>
<td>to make others angry</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>to feel relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>other:</td>
<td></td>
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</tbody>
</table>
BPAQ

INSTRUCTIONS: Below is a list of statements that are to varying degrees characteristic of people. For each statement circle the number that corresponds to the degree to which the statement is characteristic of you.

<table>
<thead>
<tr>
<th></th>
<th>Extremely Uncharacteristic of Me</th>
<th>Extremely Characteristic of me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Once in a while I can’t control the urge to strike another person.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2</td>
<td>I tell my friends openly when I disagree with them.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3</td>
<td>I flare up quickly but get over it quickly.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4</td>
<td>I am sometimes eaten up with jealousy.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5</td>
<td>Given enough provocation, I may hit another person.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6</td>
<td>When frustrated, I let my irritation show.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7</td>
<td>At times I feel I have gotten a raw deal out of life.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8</td>
<td>If somebody hits me, I hit back.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9</td>
<td>When people annoy me, I may tell them what I think of them.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10</td>
<td>I sometimes feel like a powder keg ready to explode</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11</td>
<td>I get into fights a little more than the average person.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12</td>
<td>I can’t help getting into arguments when people disagree with me.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13</td>
<td>I am an even-tempered person.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14</td>
<td>I wonder why sometimes I feel so bitter about things.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15</td>
<td>If I have to resort to violence to protect my rights, I will.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>16</td>
<td>My friends say that I’m somewhat argumentative.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>17</td>
<td>Some of my friends think I’m a hothead.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>18</td>
<td>I know that “friends” talk about me behind my back.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>19</td>
<td>There are people who pushed me so far that we came to blows.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>20</td>
<td>Sometimes I fly off the handle for no good reason.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>21</td>
<td>I am suspicious of overly friendly strangers.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>22</td>
<td>I can think of no good reason for ever hitting a person.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>23</td>
<td>I have trouble controlling my temper.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>24</td>
<td>I sometimes feel that people are laughing at me behind my back.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>25</td>
<td>I have threatened people I know.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>26</td>
<td>When people are especially nice, I wonder what they want.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>27</td>
<td>I have become so mad that I have broken things.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
UPPS
This questionnaire contains 45 statements. Read each statement carefully. For each statement, circle the response that best represents your opinion.

**ANSWER SCALE:**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely uncharacteristic of me</td>
<td>Uncharacteristic of me</td>
<td>Characteristic of me</td>
<td>Extremely characteristic of me</td>
</tr>
</tbody>
</table>

1. I have a reserved and cautious attitude toward life.
   1  2  3  4

2. I have trouble controlling my impulses.
   1  2  3  4

3. I generally seek new and exciting experiences and sensations.
   1  2  3  4

4. I generally like to see things through to the end.
   1  2  3  4

5. My thinking is usually careful and purposeful.
   1  2  3  4

6. I have trouble resisting my craving (for food, cigarettes, etc.).
   1  2  3  4

7. I’ll try anything once.
   1  2  3  4

8. I tend to give up easily.
   1  2  3  4

9. I am not one of those people to blurt out things without thinking.
   1  2  3  4

10. I often get involved in things I later wish I could get out of.
    1  2  3  4

11. I like sports and games in which you have to choose your next move more quickly.
    1  2  3  4

12. Unfinished tasks really bother me.
    1  2  3  4

13. I like to stop and think things over before I do them.
    1  2  3  4

14. When I feel bad, I will often do things I later regret in order to make myself feel better now.
    1  2  3  4

15. I would enjoy water skiing.
    1  2  3  4

16. Once I get going on something I hate to stop.
    1  2  3  4

17. I don’t like to start a project until I know exactly how to proceed.
    1  2  3  4

18. Sometimes when I feel bad, I can’t seem to stop what I am doing even though it is making me feel worse.
    1  2  3  4

19. I quite enjoy taking risks.
    1  2  3  4

20. I concentrate easily.
    1  2  3  4

21. I tend to value and follow a rational, “sensible” approach to things.
    1  2  3  4

22. When I am upset I often act without thinking.
    1  2  3  4
23. I would enjoy parachute jumping.  
24. I finish what I start.  
25. I usually make up my mind through careful reasoning.  
26. When I feel rejected, I will often say things that I later regret.  
27. I welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional.  
28. I am pretty good about pacing myself so as to get things done on time.  
29. I am a cautious person.  
30. It is hard for me to resist acting on my feelings.  
31. I would like to learn to fly and airplane.  
32. I am a productive person who always gets the job done.  
33. Before I get into a new situation I like to find out what to expect from it.  
34. I often make matters worse because I act without thinking when I am upset.  
35. I sometimes like doing things that are a bit frightening.  
36. Once I start a project, I almost always finish it.  
37. I usually think carefully before doing anything.  
38. In the heat of an argument, I will often say things that I later regret.  
39. I would enjoy the sensation of skiing very fast down a high mountain slope.  
40. There are so many little jobs that need to be done that I sometimes just ignore them all.  
41. Before making up my mind, I consider all the advantages and disadvantages.  
42. I am always able to keep my feeling under control.  
43. I would like to go scuba diving.  
44. Sometimes I do things on impulse that I later regret.  
45. I would enjoy fast driving.  

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COPE-B
There are many ways to deal with stress. These items deal with the ways you’ve been coping recently. These items ask you to indicate how you cope. Each item says something about a particular way of coping. When answering, please think of the MOST STRESSFUL situation you have experienced IN THE LAST YEAR. Please indicate how frequently you did what the item says. Don’t answer on the basis of whether it seemed to be working or not, just whether or not you did it. Try to rate each item separately from the others. Make your answers as true for you as you can.

1 = I didn’t do this at all
2 = I did this a little bit
3 = I did this a moderate amount
4 = I did this a lot

1. ______ I’ve been turning to work or other activities to take my mind off things.
2. ______ I’ve been concentrating my efforts on doing something about the situation I’m in.
3. ______ I’ve been saying to myself this isn’t real.
4. ______ I’ve been using alcohol or other drugs to make myself feel better.
5. ______ I’ve been getting emotional support from others.
6. ______ I’ve been giving up trying to deal with it.
7. ______ I’ve been taking action to try to make the situation better.
8. ______ I’ve been refusing to believe that it has happened.
9. ______ I’ve been saying things to let my unpleasant feelings escape.
10. ______ I’ve been getting help and advice from other people.
11. ______ I’ve been using alcohol or other drugs to help me get through it.
12. ______ I’ve been trying to see it in a different light, to make it seem more positive.
13. ______ I’ve been criticizing myself.
14. ______ I’ve been trying to come up with a strategy about what to do.
15. ______ I’ve been getting comfort and understanding from someone.
16. ______ I’ve been giving up the attempt to cope.
17. ______ I’ve been looking for something good in what is happening.
18. ______ I’ve been making jokes about it.
19. ______ I’ve been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. ______ I’ve been accepting the reality of the fact that it has happened.
21. ______ I’ve been expressing my negative feelings.
22. ______ I’ve been trying to find comfort in my religion or spiritual beliefs.
23. ______ I’ve been trying to get advice or help from other people about what to do.
24. ______ I’ve been learning to live with it.
25. ______ I’ve been thinking hard about what steps to take.
26. ______ I’ve been blaming myself for things that happened.
27. ______ I’ve been praying or meditating.
28. ______ I’ve been making fun of the situation.