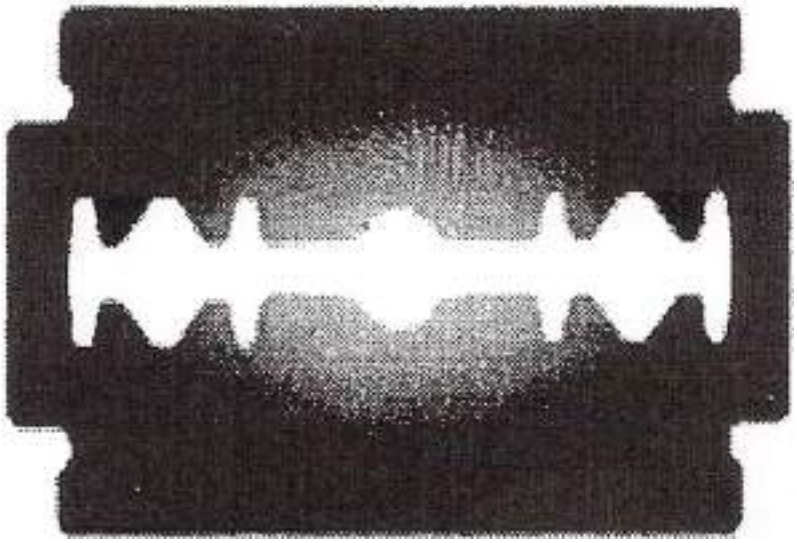
The 'Hurt Yourself Less' Workbook



By Eleanor Dace, Alison Faulkner, Miranda Frost, Karin Parker, Louise Pembroke, Andy Smith

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Dedication:
This book is dedicated to those self-harmers who didn't survive, and to all those still surviving.

Contents

Foreword

Self-harm presents health care professionals with a number of complex challenges. It takes us to the heart of the conflict between control and responsibility upon which most professional interventions are based. In addition to this, professional 'talk' about self-harm occurs within a rationalist framework, which disguises a set of moral judgements about the nature of the act. These judgements, almost exclusively negative, deplore the act, and regard it as unacceptable. At the same time, the response of professional agencies is curiously ambiguous. Sometimes, the mental health act is used to take control away from the person, in a (usually) futile attempt to prevent repetitions of the act. On other occasions, the person may be told s/he can only receive help if they agree to take full responsibility for themselves by agreeing to stop harming themselves. These responses place the person who self-harms in a situation of great uncertainty, in which it may be very difficult to predict how helping agencies will respond. It is not surprising, therefore, that people who self-harm frequently have negative experiences of professional interventions, in the GP's surgery, the casualty department, the psychiatric department. This fact is the main reason for the existence of this workbook. In this respect it is worth noting that this workbook contains a section on the management of other people's responses to self-harm.

It is worth dwelling on the ambiguity of professional responses to self-harm. One way of trying to understand this is to consider the values and judgements that our culture makes about different types of self-harmful behaviours. The first point to make here is that there are many forms of such behaviour, including ritual self-harm, unintentional self-harm, and deliberate self-harm. Ritual self harm includes acts which occur within a set of shared cultural or religious beliefs, within which they token a particular significance or meaning. A distant Western relative of this is the fashion for body piercing and adornment with studs and rings. Unintentional self-harm occurs when a person engages in an activity in which bodily harm arises as a consequence, although this is not the main objective. Examples include smoking tobacco and drinking alcohol for pleasure, and participation in dangerous sports. Intentional self-harm includes a variety of different behaviours with different objectives. These include the taking of overdoses of tablets either with, or without suicidal intent, as well as the self-infliction of cuts, burns and lacerations to the skin. Some people refer to this as self-mutilation, but the fact that it is frequently talked about both popularly and by experts as a category of self-harm, means that it is often confused with the taking of overdoses. From here arises the mistaken assumption that self-mutilation is a form of suicidal behaviour. Self-mutilation rarely has suicidal intent, but serves some other purpose.

Psychiatry has attempted to bring the might of DSM-4[1] down on the problem of self-harm. Although it is not recognised as a psychiatric disorder in its own right, this is not for the want of trying. Pattison & Kahan's (1983) approach to turning self-harm into a psychiatric disorder is worth considering in some detail, because it provides an insight into the judgements and assumptions

[1] DSM-4 (Diagnostic and Statistical Manual, fourth edition) is the handbook for the diagnosis and classification of diseases used in America.

which are associated with the category. They present 56 case histories published in psychiatric journals between 1960 and 1980, and describe a relationship between certain aspects of self-harm, such as its frequency, age of onset, and gender, and psychiatric diagnoses. They also reviewed biological theories of self-harm, which attempt to explain the behaviour in terms of disturbances of chemical transmitters in the brain. This has important implications. If we can explain self-injurious behaviour in terms of disordered brain function, then there is no need to consider other ways of understanding it. Neuroscientific accounts of what psychiatrists call psychosis divorce human experience from interpersonal, social, cultural and political contexts (Thomas, 1997). This also applies to neuroscientific explanations of self-harm. In particular, biological explanations mean that we no longer have to consider the role of the tragically abusive aspects of human relationships. But there is more to it than this.

Pattison and Kahan try to extract what they call a 'prototype model' of the self-harm syndrome (Table 1), by comparing self-harm with other types of self-destructive behaviours. They classify self-harmful behaviours in two ways. The first specifies whether or not self-harm results intentionally (direct) or unintentionally (indirect) from the behaviour. The second concerns the severity or lethality of the self-harm. In addition, each category is further broken down into multiple or single episodes. For example, someone who attempted suicide by hanging would be committing a highly lethal act of self-harm, in which self-harm was a direct intention of the behaviour. What the table reveals are the *values* that underpin the different categories. This can be seen if we consider the example of the stunt artist, and expand this to include a range of human activities such as participation in dangerous sports, such as mountaineering or motor racing. There are also situations which arise when ordinary members of the public put themselves at risk to save the life of a drowning person, or someone trapped in a fire. These behaviours are associated with a very high risk of death or self harm (indirect), yet culturally they are not only permitted, but valued. Sports people who engage in risky activities are held in high esteem, heroes whom we admire. The same applies to members of the public whose acts of altruism are rewarded. The value that underlies these 'positive' behaviours is that it is a matter of individual choice, because people choose to climb high mountains or drive racing cars. The hero chooses to rush into the burning building to rescue a child, or to plunge into the freezing water to make a rescue. The exercise of this choice is seen to be a rational act. This even applies to the category of heavy smokers which appears in the table. Everyone knows that smoking is harmful, but no-one believes that smokers are irrational simply because they choose to smoke. They are exercising their personal freedom in choosing to smoke. Indeed, it is the fact that they are free to choose that makes them rational. People who harm themselves are viewed differently because they appear to have little control over what happens. Their freedom seems to have been constrained. Climbing a mountain or saving someone from a fire are seen to be socially desirable, involving self-control or self-sacrifice. The converse of this is that certain types of self-harm are undesirable, especially when deliberate. Such acts are perceived as indicating lack of control, and self-indulgence, or something that does not occur through freedom of choice. This contributes to the perception that such acts are irrational, with the consequence that those

who engage in the behaviour are to be castigated for their lack of self-control. This, together with the popular misconception that the act carries suicidal intent, means that those who self-harm are reviled, accused, neglected and abused in casualty departments, GP's surgeries, psychiatric out-patient clinics, and in-patient units. How can this be changed?

It seems to me that there is no way forward unless we all accept a fundamental fact: that for many people self-harm is an essential coping mechanism, and we have no right to demand that people stop it, unless we have something better to offer them. As we have nothing better, we have a responsibility to ensure that the act is responded to as sensitively as possible, and that we take all steps possible to help minimise the physical harm that can arise from the act, and the secondary emotional harm, which, sadly, is all too often a consequence of the negative response of professionals. The National Self Harm Network has already taken a lead in specifying changes in the ways in which professional services respond to people who self-harm. The health service has a responsibility to respond constructively to this, in the area of the training of professionals, and their ability to impart knowledge and provide resources that would make self harm safer, and supporting self-help initiatives. This workbook is a major contribution to the field of self-help and self-management. Its contributors bring together a rich and unique body of experience and know-how, and this is presented in a manner that will help you to feel more in control of what is happening. It provides a comprehensive, and well thought out guide to all aspects of self-harm, and does so in a way that is non-threatening and easy to follow. This work-book will help you to start taking control again. It has my full support, and I wish you well in your journey through it.

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Consultant Psychiatrist Bradford Community Health Trust, and Senior Research Fellow, University of Bradford

References

Pattison, E.M. & Kahan, J. (1983) The deliberate self-harm syndrome. *American Journal of Psychiatry,* 140, 867 - 872.

Thomas, P. (1997) *The dialectics of schizophrenia.* London: Free Association Books.

Classification of self-harmful behaviours

	Direct	Indirect
High Lethality	Suicide attempt *single episode*	Termination of vital treatment such as dialysis *single episode*
Medium Lethality	Suicide attempts *multiple episodes* Atypical deliberate self-harm syndrome *single episode*	High-risk performance (e.g. stunts) *multiple episodes* Acute drunkenness *single episode*
Low Lethality	Deliberate self-harm syndrome *multiple episodes*	Chronic alcoholism severe obesity heavy cigarette smoking *multiple episodes*

(From Pattison & Kahan, 1983)

Introduction

We wanted this book for us, years ago. Now it's here, we hope it can be useful for you. We didn't want a patronising "here's how you do it" book and tried to make it as interactive as possible so it becomes your book not ours. As we wrote it we did all the exercises, abandoning some because they were too painful for us; if you feel the same about any of it, don't do it.

We all found something new about ourselves and our harm. We reached a greater understanding of it - we hope you will too. As well as showing our own stuff in the text we made up a composite character, Lamake, just to give you examples that were real.

The book's not bound but in a folder so you can use it in any order you want: There is no right way - and you don't have to start with page one, or use every page. Feel free to copy the sheets you want; we had in mind several bits could be used again and again. We also thought it might be useful to keep what you do, even for a few years as self-harm has a way of reappearing in lives, even after a long time.

We learnt a lot writing this book .We survived writing it; we hope you survive using it.

The project was co-ordinated by Louise Pembroke.

The authors:

Andy has lived with voices for 40 years and self-harm for 24. When not housebound he likes to harass psychiatry and apologise at Olympic level for his country.

Eleanor has survived 27 years of self-harm and is a voice-hearer who after a few years in the wilderness has recently rejoined active campaigning.

Miranda struggles to be well balanced on the edge and contributed to this book to stay there.

Karin has self-injured for at least 17 years and hopes the next few will be less of a battle, though things and people are worth fighting for.

Alison believed until fairly recently that she would never harm herself again; although rediscovering it has been a painful experience, finding that she's not alone with it has been a source of enormous power and support.

Louise is a voice-hearer who self-harms and has been an active campaigner for longer than she cares to remember. She likes to take her 4-foot Wile E. Coyote out for tea.

Who is it for?

This book is for you - if you self-harm or feel at risk from self-harm. By self-harm we mean any activity that you do to yourself that is not kind or hurts yourself. For many people this is cutting, burning, overdosing, alcohol - but it could be anything from relationships to computer games. Only you can decide what is and isn't.

This book is to help you explore and understand it. It's not a 12-step programme, it's not got the answers but it helps you look for them. It's hard work. While you are using it, if it is too difficult take a break. Put it down forever if that's best. You might choose to use just parts of it. You might want to do bits again and again. Whatever helps you make your picture is right for you.

It's not designed to be worked through with professionals but if you do want to share anything from it, choose what you want and whom you want to share it with. Taking risks like this can be very frightening but also very rewarding.

Good luck and be kind to yourself.

This book belongs to …….....

You

Your life as you remember it

This is a space for you to say the important events of your life as you remember them, when and if you feel able to. You may find it easier to do a drawing or a timeline (see later for an example).

Things and people who have made you who you are

You may want to include family, friends, teachers, pets, illnesses, jobs, institutions, religion and beliefs, money, housing - anything you think is important.

Your self-harm

Is there anything you've just written about that you feel affected your self-harm? This can be positive or negative. You may want to think about, e.g. the first time you self-harmed - where you were, what you did, how you harmed yourself, what was happening, how you felt before, after etc. Are there any differences now in what you do?

Self-harm timeline

If you have been self-harming for a while, has it changed? Has it evolved? Have you developed rituals? Do you do different things? Are there times when you have not harmed? These times may be very important to you too. Mark these on the line.

Your self-harm now

Your self-harm may well have changed over the years, and may continue to change. This section looks at your self-harm and what it means now. You might want to fill this in more than once, over several years. It may be different each time - don't worry, this could be really helpful to see the change. Even if after a few years you start again, you might find what you write now useful. Many of us have found that we returned to self-harm after years of not doing it and felt like failures - looking at self-harm as success or failure is not at all helpful and could be another stick to beat yourself with. Understanding when and why and how might help you retain control and accept what's happening and break out of or limit a period of harming.

We've got Lamake to fill one in as an example.

Example timeline for Lamake

1960 born

1964 frightened by lion at zoo

1966 tonsillectomy (didn't like hospital)

1968 went to camp with brownies

1970 grandma died (my best friend)

1974 had abortion

1975 kicked out of school
First overdose

1976 left home; returned (failure)

1977 started FE college
took overdose
First cut

1978 caught shoplifting

1979 bought cat

1981 father died
admission to psychiatric hospital
assaulted charge nurse

1982 raped by four men; stopped eating, cat died

1983 fell in love

1984 moved in with partner

1986 passed driving test

1990 first cut since with partner

1991 partner leaves; cutting goes through roof

1992 find dog

1993 buy flat

1994 go into therapy
cutting, bulimia,
First burn

1995 holiday to California

1996 new partner

1997 join self-harm network
share experience for first time

How you feel BEFORE you self-harm

Thinking of your most recent experience of self-harm, answer any of these you feel comfortable with:

Describe what happened

What led you to do it?

What did you feel before?

What else was important at the time? (Events, thoughts, memories, exhaustion, voices etc.)

Was there anything else in the background? (This may be something current or an echo from the past)

Did you spend a long time thinking about harming, or was it impulsive, or both?

Is that your usual way (if no, what was the difference)?

How do you feel now?

How you feel after you self-harm

Thinking of your most recent experience of self-harm, answer any of these you feel comfortable with:

How did you feel immediately afterwards?

How did you feel a bit later?

How do you feel about it now?

How do you think your self-harm has helped?

How do you think it doesn't help?

Is there anything you would have done differently?

How Lamake felt before self-harm

Thinking of your most recent experience of self-harm, answer any of these you feel comfortable with:

Describe what happened
I ran a bath and whilst in the bath cut my left arm with a razor

What led you to do it?
My CPN has left

What did you feel before?
Despairing and isolated

What else was important at the time? (Events, thoughts, memories, exhaustion, voices etc.)
Remembering other times when I felt friendless and alone

Was there anything else in the background? (This may be something current or an echo from the past)
I've been finding it hard to get out to do my shopping and I was feeling desperate to see my CPN

Did you spend a long time thinking about harming, or was it impulsive, or both?
Both; been thinking of it for a while but this was the final straw

Is that your usual way (if no, what was the difference)?
No. I'm not usually in the bath.

How does that feel?
It made me more aware of the importance of cleaning wounds

How Lamake felt after self-harm

Thinking of your most recent experience of self-harm, answer any of these you feel comfortable with:

How did you feel immediately afterwards?
Clean

How did you feel a bit later?
Confused

How do you feel about it now?
Relieved that I did it when I did because if I left it for longer it would have been worse

How do you think your self-harm has helped?
It made me focus on what I was really feeling distressed about

How do you think it doesn't help?
My CPN has still left and that hasn't changed

Is there anything you would have done differently?
No.

Looking after you and your injury

If you have just injured yourself before doing this look at your wound. Does it need first aid? Check the section at the back. This may be particularly important if you feel your injury was forced on you by voices.

When you've dealt with the injury, think about yourself.

Do you need to be with someone, or alone?

Is there anyone who can help over the phone?

What do you find helpful when distressed? (Bath, hot water bottle, TV, music etc.)

Managing other people's responses

Often the most difficult aspect of our self-harm is how other people react to us and how that leaves us feeling. Sometimes we find ourselves dealing with other people's feelings as well as our own. Examples of other people's reactions include: fear, loathing, disgust, horror, upset, disappointment, angry, blaming, guilty, cold, shaming, helplessness, wilful ignorance, inappropriate comments.

Think about a time when someone was unhelpful.
What was it that they did or said that was unhelpful to you?

Did you say or do anything?

How did you feel?

Was the person's response justified?

... Can you say why?

What could they have said or done that would have been more helpful?

What is the best thing they could have said or done for you at that time?

Are they aware that what they said or did was unhelpful to you? Yes/No

Is there anything you could do that would help them to change their response to you?

What would you like to say to them now?

Remember: if you feel brave enough, you can always try to say this to them. You deserve to be treated well and respectfully; and not to have to educate others whilst in distress.

Is there a time when someone responded helpfully to your self-harm?

What did they do or not do that was helpful?

How did it help?

How did you feel as a result?

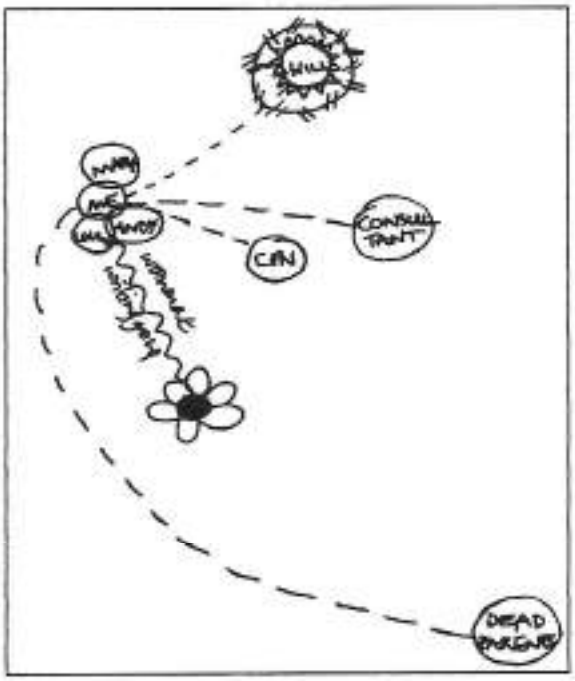
What was the most important thing about this experience? (Can you try to remember this when you are next feeling bad?)

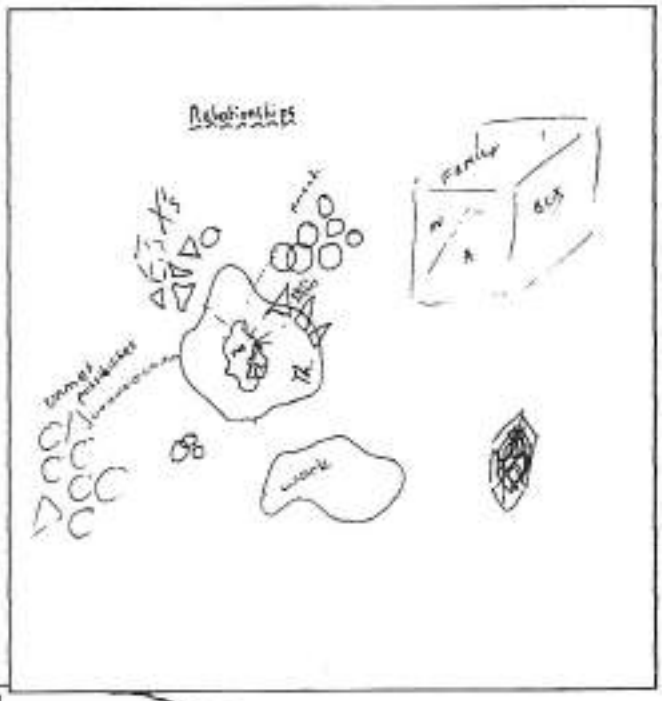
Safe people

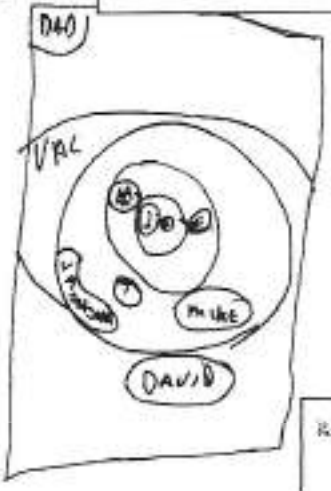
This part looks at who is in your life and how safe you feel with them.
Draw yourself in the centre of the page. As close as you want, put the person you feel safest with At the very edge of the page, draw the person you feel least safe with. Place everyone else around the page as close to you as you feel comfortable with.
Other examples are given over the page. …

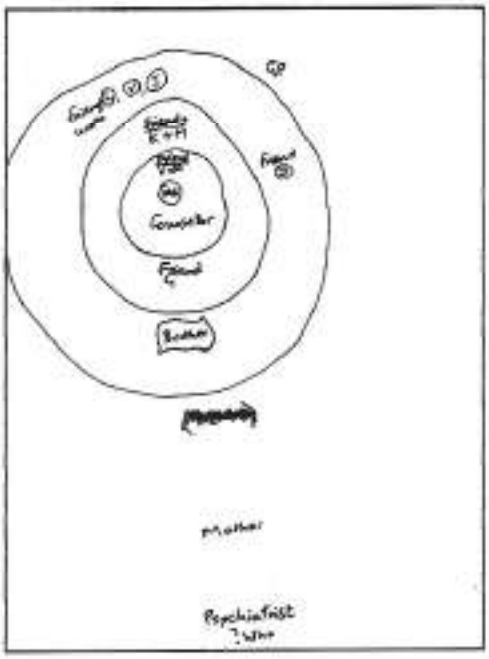
When you have drawn your diagram, think about what makes the safe people safe.

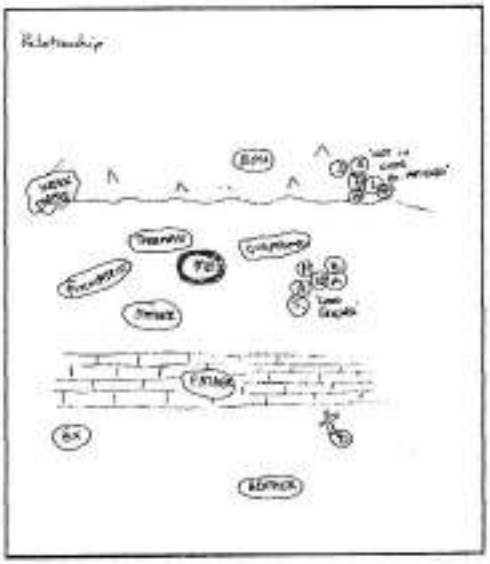
For the unsafe people, it might be helpful to imagine them on another planet, locked in a dark prison out of their heads on acid, with a famous personality interviewing them in the psychiatrist's chair.
Write your own fantasy here:


DEAD


Relationships


DAD
DAVID


Counsellor
Psychiatrist


Relationship

When we drew our examples we talked about them for a while. The pictures were not as important as the process which revealed just how complicated feeling safe with people could be (and these shift in time).

Some of us felt guilty about not putting certain people into the picture e.g. 'mother should be there', or not valuing others as much as they might value us. Another common feature was people shifting from one area to another over time e.g. a partner then becoming an ex or friends becoming more distant; the only constant factor being ourselves. One of us has used this exercise repeatedly and it's helped her understand what types of people may be safer to be around, and to develop a few emotional limits in relationships.

Really close relationships can be very confusing as you can 'merge' with the other person to the point of losing yourself When this relationship changes or ends you might feel you have to re-establish the limits of your own being by harming – actually testing your physical boundaries out to find where they are.

It's okay to move people into 'safe corners' a long way away; you may want to go to meet them when you choose, e.g. having an answer phone to screen calls can protect you from unmanageable contact with others, particularly those in the corners. Modem technology has its advantages.

The 'safe zone' can change in size and can then include a lot of people who may then become safe. If you are feeling pretty good, it might be quite large but if you feel low you may find you are the only person in your safety zone. Or you might not even be there yourself if you are really scared! Don't worry - it will change. Don't destroy your own safety zone.

Your self (the difficult bit)

We've had real difficulty writing this so guess it will be hard to fill in - so don't worry if you can't! We're trying to look at how self-harm relates to how you feel about your body and your self. This is a minefield and you may find it distressing - it's not compulsory but may be very helpful. Take what you can, and what you want from it. Try doing this a couple of times - once when you feel okay and maybe then when you think harming is going to be an issue.

'If I were' game

These questions help you assess how you see yourself in the world.

Jot down the answers without thinking too much!

If I were a politician I would be

If I were a pop star I would be

If I were a film star I would be

If I were in a soap opera I would be

If I were a writer I would be

If I were a book I would be

If I were a chat show host I would be

If I were a criminal I would be

If I were a religion I would be

If I were a mythical beast I would be

If I were a Disney character I would be

If I were a drug I would be

If I were an animal I would be

If I were a piece of food I would be

If I were an illness I would be

If I were a mood I would be

If I were a holiday resort I would be

If I were a pattern I would be

If I were a tree I would be

Have a look at what you've written. Anything you notice or is unusual, or has a theme, e.g. you would be something weak but want to be something strong; you would be fat but want to be thin etc.

If you have played this game twice is there a difference between your answers?

Do the answers depend on when you want harm yourself?

Do the answers depend on when you might harm yourself?

Do the answers depend on when you have harmed yourself?

We all have aspects of ourselves that may be deeply buried e.g. strength, nurturing, etc. that feel too threatening to acknowledge. Self-harm can be a way you use to find or suppress these parts. These questions are to help you explore for yourself how.

Does your harm enable you to have feelings you don't have at other times e.g. anger?

Does your harm put you in touch with aspects of yourself you don't otherwise feel or acknowledge?

What might these be?

Is there another way you can get that same feeling?

How?

Is it less destructive?

Does the care you show for yourself after your harm put you in touch with aspects of yourself you don't otherwise feel or acknowledge?

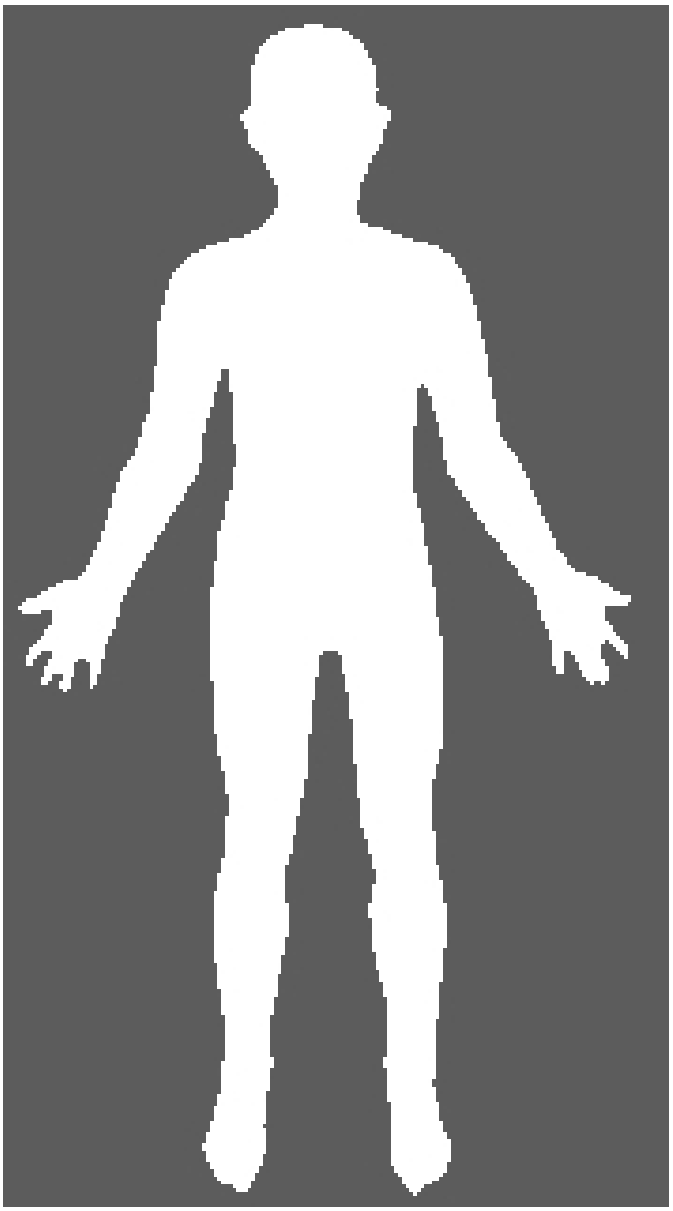
What might these be?

Is there another way you can get that same feeling?

How?

Body Image sheet

On the outline below, mark on in one colour the bits you feel okay about. In another colour mark the bits you don't.



You may want to draw the outline again - showing a different shape and/or with different marked areas. These may change over time.

Body Question sheet

A part of my body I feel okay about is:

The reason is:

I look after this part by:

It may be paradoxical but sometimes we harm the parts of our body we feel good about, as it can be an easy way to punish ourselves.

Do you harm this part?

How does the harm affect how you feel about it? (e.g. do you like it more or less)

How does the harm make you feel about yourself (as a whole)?

If you don't harm this part, have you thought of doing so?

Are there areas you do not harm?

Why do you think that might be?

Are you scared that one day you might?

Self-harm continuum

Your thoughts about harm and injury are very important and may be frightening; you may never have shared them even though they are so vivid. Instead you may do lesser damage as a way of minimizing the harm e.g. you may imagine cutting yourself into small pieces but end up cutting or otherwise damaging your arm superficially. This relieves the pressure and the images may subside.

Do you think you do this?

This may be frightening, but what are your scary thoughts?

What are your ways of lessening the damage?

You may find you have your own self-harm continuum; write or draw it out if you can. It might include: alcohol, abusive relationships, cutting, burning, eating, starving, swapping between activities etc. All these things are important at different times and may have a limiting effect on your self-harm and are interconnected. You may find that you self-harm more when you use alcohol, the cuts may be deeper than at other times. You may use self-harm to limit eating distress or vice versa. The more you repeat this exercise the more useful it can become. You might find you see patterns emerging in your harm. You may substitute one form of harm for another, or use one type of self-harm to limit the degree of another. For example, you may use alcohol to reduce the severity of a cut or burn.

Self-harm continuum

Safer options

Unsafe options

Very unsafe options

The room - you in your environment

To help you think about your environment and your relationship to it, imagine your world as if it were your room or your home. Where you live, you probably know where you keep the things you use to harm yourself. Sometimes they might be visible, at other times they might be somewhere out of reach but accessible. They may even mean leaving them in the shops if you need them to be. Our tactics are all different, and again change with time. You may not be aware of your own, but if you have injured more than once you undoubtedly have them. Other people may want to take the implements away; think carefully before allowing this as being denied access to them might mean you do something worse e.g. cutting with a dirty blade.

Some tactics might be:

• leave it in the shop if you feel at risk

• have it there but out of immediate reach

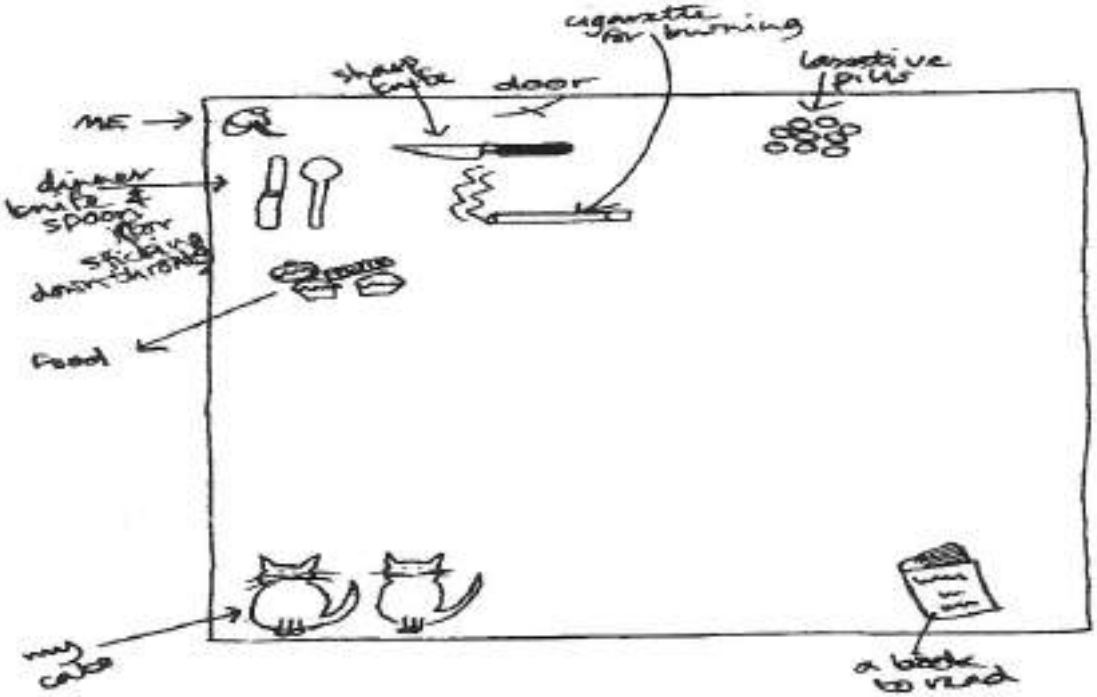
• having something to do it with in sight at all times as a reminder not to

• trying for something less harmful e.g. drinking beer not spirits

• changing the harm to a different type - e.g. going shopping and damaging your bank balance

The list is contradictory in places. This is no surprise - as there are unique strategies for unique individuals.

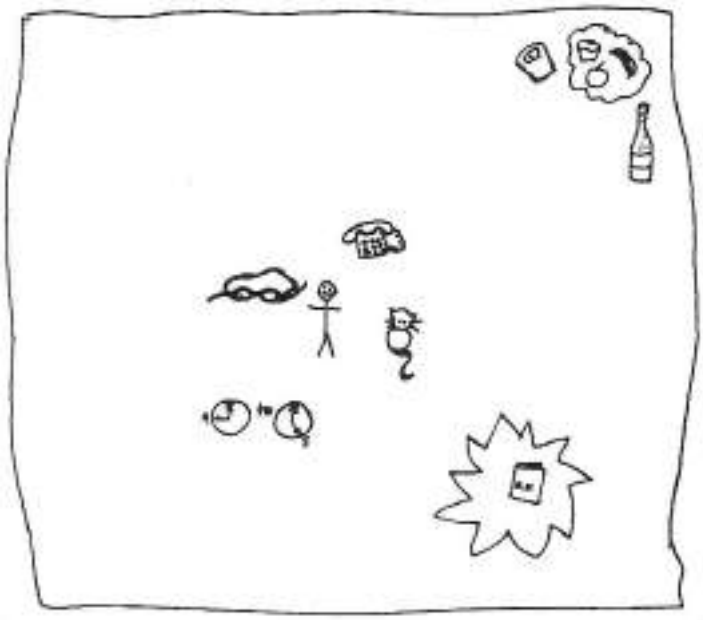
We thought about where we were in our rooms, and the things we use to harm and to nurture. We drew our imagined rooms with the things around us.



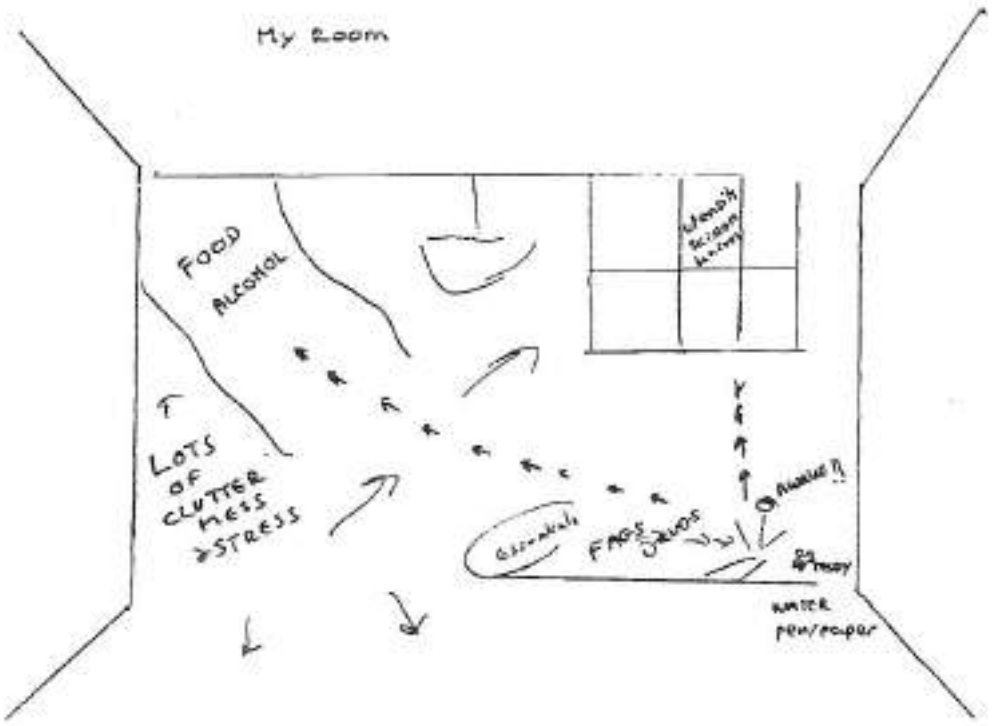
'In my room I am huddled in a corner nearest the door. Around me are all the different implements I use to harm myself, e.g. knives, cigarettes (for burning), laxative pills, and food. In the far corners of the room are things which offer comfort to me i.e. my cats and books. However I am unable to get to things which comfort me most of the time.'

'In my ideal room I am no longer huddled in a corner but am standing proud in the centre of the room. I am surrounded by comforting objects and the implements I use to harm myself are nowhere to be seen.'

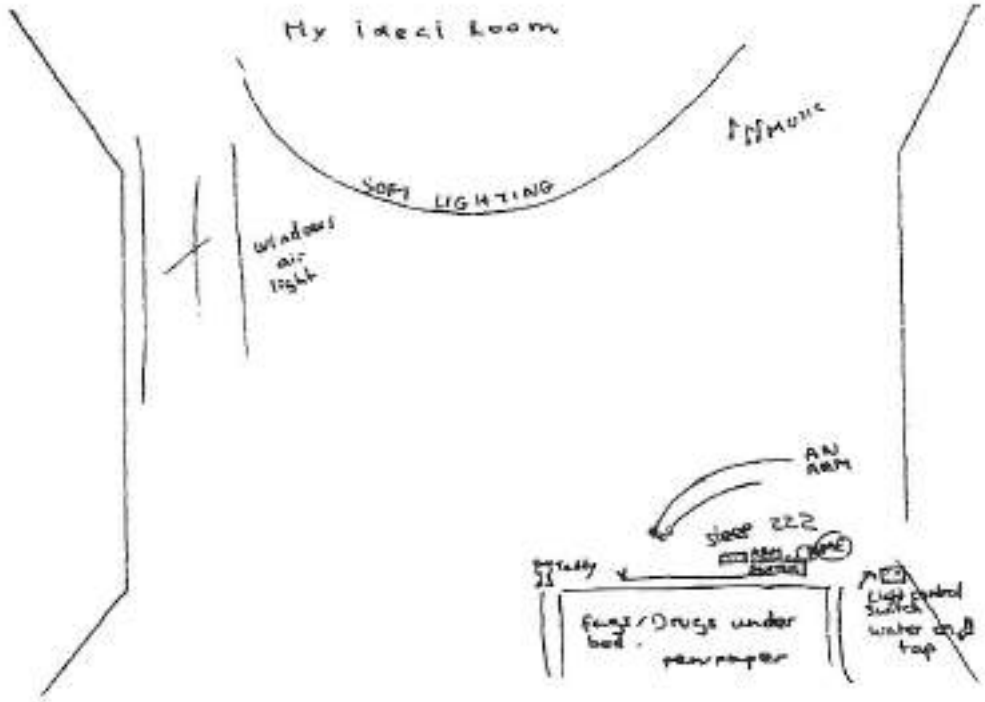
'In my room I have put two of the most important things nearest me; one is my obsession with food and my weight, and the other is my swimming goggles, because swimming is a very positive activity for me. In the far corner are a razor blade and a knife which I try to keep as far away from me as possible. Other good things in the room are work sleep and the telephone, and alcohol plays an ambiguous role.'



'In my ideal room I have all good things around me - cats, swimming, the telephone. Food, the weighing scales and alcohol are in a far corner, playing a much smaller role. And I have written a book which is now in my room with me.'



'In my room I have things that help me to feel better - cigarettes, hash, alcohol – and the things I sometimes cut with when the first lot are not enough - scissors, knives. These are out of reach but easily got at. My teddy is in my bed. My room has everything in it - my work, my life - it's cluttered, too much.'



'In my ideal room there is space and a moveable arm that will hold me without demanding body, soul and all the rest of it.'

'In my room there is nothing but the things with which I injure myself. Around the edge of the room are tablets and a fist (no longer my favoured form of injury). Closest to me is a razor blade because my injuring thoughts nearly always are about using a blade. A little bit further away is work and chocolate - the more acceptable forms of harm. A knife is in the background.'

'In my ideal room are things to make me feel soft and secure. The big bag of grass means not worrying about voices and spasms. Just off from the room are a garden and a paddock, flowers and a horse. The other items in the room aren't vital – they just make me feel nice (bath, open fire, coffee, muffins, computer, telephone that only gets calls from people I want to speak to).'

‘In my room, I'm closest to a bucket of caustic soda and a bottle of vodka. A bit further away are the things I'd rather use like grass, blades, and beer. Over the other side of the room there are big plants but they feel a long way away. I want to get to the edges somehow (preferably near the plants).’

‘In my ideal room, I've still got the beer but use it properly to relax. I have loads of plants and free flying parrots.’

For some people, some things are in both rooms, and can mean different things at different times. Things that were safe for some people were unsafe for others, e.g. work, grass. Others have drawn their ideal rooms without any of the harmful objects. Part of the process of drawing these rooms is that we can notice where things are to help us feel safe, and think about how we might move from one room to the other. You might try when you are feeling bad to have some of the things from the ideal room around you, to see if you can feel any better.

Try to draw the two rooms for yourself on the following pages.

My Room

My Ideal Room

Scars - visible and invisible

> *"The adult can bleed for days and not die. The child can scream for years and no-one will hear" Eleanor*

Self-harm leaves us with immeasurable scars; some can be seen and some can't.
People have different attitudes to their scars; some see them as battle scars and don't mind others seeing them. Other people hide them all the time, to the extent that they bath or sleep with clothes on. If you can, choose to harm in a non-public area of your body as it gives you more choice over whether other people see your scars or not. If you do visibly damage your face or show your scars in any situation, be aware that it will change people's first impression of you forever. Many people will see the scars first and you as a person second, but they certainly won't see the invisible scars. They can however make them hurt.

Some possible strategies follow...

The plausible lie

> e.g. parallel scars can come from going through a windscreen; cats can scratch deeply; industrial processes are dangerous! [Warning: you may have to explain in more detail]
> NB This tactic can get you dismissal from work if discovered.

Tell the 'reluctant' truth

> i.e. giving enough of the truth for people not to probe further, such as: I have a problem; I hurt myself. You may want to look away, and change the subject.

Tell the 'in your face' truth

> (Particularly to be used if you do not care too much about the implications)
> Look the person in the eye, and tell them clearly and concisely exactly what happened. You may force them to break eye contact.

Ignore the comment

Using a joke

> Humour can have a number of useful effects; for example, it can break down barriers, and you can feel good about making someone laugh. It is useful to deflect the comment made, or with close friends, to take away the intensity, or to refer indirectly to the harm without embarrassment. E.g. 'I've been feeling pretty cut up about things lately'; 'I had a really bad headache and I hoped it would go away'; 'I wanted to test how sharp my knife was'; 'Tattoos were too expensive'; 'I wondered how many ways there were to skin a cat'; 'You should have seen the other bloke - oh, you have.'

Non-verbal responses

> If you find someone staring at a part of your body, do the same to

them. It may make them look away or become uncomfortable themselves.

Sometimes people's attentions to your external wounds can irritate and inflame the internal scars. These may be real or symbolic.

Physical internal scars

You may harm yourself with pills, inserting objects, vomiting, alcohol, food, swallowing objects etc and not produce visible scars. It does damage tissue and psyche. This in the long term could be worse than external scars. It is important to be aware that your body is not designed to be protected from cuts or burns from the inside.

Emotional internal scars

These are the things that continue to hurt long after they were said or done. A single angry word can cause a scar and merely a look can open it up. These may be things from your past that you have written about in your life history. The physical or visible scars that you give yourself may be the expression of these internal scars, or alternatively may be a way of suppressing them. Physical pain may be more bearable than the emotional pain you experience from these internal scars. Substituting one pain for another does not reduce the pain from either, although it may feel safer or more manageable for you. Then, taking care of the injury afterwards may be the only opportunity you have to show care for yourself.

Your scars

Are you aware of your internal scars - that is, scars on your emotions or your feelings?

Do you talk about your emotional scars?

Do your injuries to your body mirror those to your emotions or feelings?

Do you injure your body to divert your attention from the scars to your emotions or feelings?

Do you use your injuries to your body to give yourself an opportunity to care for yourself?

Do you like your scars?

How do you feel about your scars?

Is their visibility important to you?

Is their secrecy important to you?

Does the type of scar matter?

Is there a difference to you between self-inflicted, accidental or medical scars?

If so, what can you say more?

What practical difficulties do you have because of your scars?
This might include: telling people, employment, clothing, any physical examination, activities like swimming, healing etc.

Having filled these in, how do you now feel about your scars e.g. sad, angry, distressed, anxious, calm.

How do you now feel?

Remember there are positive things. Scars show you've survived. Scars make you unique. Scars remind you of who you are and what made you. Scars are only skin deep. You are much deeper.

If you have been working at this for a while now, go and do something nice for yourself. See the resource section at the back.

When you feel like harming...

Self-harm rarely has an isolated cause. It is more usually a combination or accumulation of many factors. They may be linked or separate. If you are feeling like harming right now, try to answer these questions:

What are you feeling right now?

Try to describe or draw what you are feeling?

What are the sensations?

Where are they (head, body)?

Is there anything going on in your life today that is making you feel this way?

What is this (e.g. being alone, something someone said etc).

Are there any other factors that are contributing to this? (e.g. you've had a drink, lack of sleep, lack of food, not seeing anyone, seeing anyone, voices, pressure/frustration...)

What do you want to do?

How can you minimise the risks of damage - you might think about your safer options

Can you do a deal with yourself e.g. limiting depth or length of cuts?

What will harming do for you?

Do you feel any different now?

If you have self-harmed...

It's okay: you're not mad, you're not bad.

Don't let others tell you what you are or what it means - gently do that for yourself.

The First Time...

If you have just started self-harming, please check out the first aid section at the back of the folder to make sure you're physically okay now. First aid is important - it's called that because you must do it first. It's easier to care for your wounds than your feelings and you can reduce the long term damage a lot by stopping infection, closing cuts etc.

You may feel isolated but you are not alone; the latest figure *(14/4/98* The Guardian) estimated 1 in 130 people self-harm. So that's you and 446,000 others in the UK. You just don't hear about it that often. We tend to hide it. We get scared too.

If you have told or shown anyone it's likely you will have been told some or all of the following (or worse) - *but don't take this on board, it's other people's shit:*

You are attention seeking *if that's all you wanted you'd go on the stage*

You should grow up *this won't change your self-harm - older people still do it; have they not grown up?*

That you are silly and selfish *for most people who harm themselves it's a private act you don't do it for anyone else, and you try to protect others from it; is that selfish?*

That you have been 'sexually abused' *a lot of people who harm themselves have been, but* ***not*** *everyone, and it's for you to decide if it's important or not - no one can do that for you; is this relevant to you?*

You have let your parents, friends, and people down *who's let you down?*

You have sinned against God *you're probably good enough at guilt on your own, you don't need extra help; and anyway doesn't God decide the sinners?*

You must enjoy pain *oh yeah?*

You don't think about the people in the world who are really suffering *this is just another guilt trip; suffering isn't measured on a scale of 1 to 10 and your suffering is no less valid than anyone else's*

You are a time waster *no, keeping you listening to this crap is a waste of time*

You'll grow out of it *older people still do it; have they not grown out of it? deja vu*?

You wanted to kill yourself - and failed at that too *if you were trying to kill yourself you wouldn't do it this way; death is the motivation for suicide; self-harm is about trying to kill pain (feelings) not yourself. Did you fail? (We think not)*

You only scratched yourself so didn't mean it *you can't measure pain with depth of wound; to harm yourself in any way you have to feel pretty bad; did you mean it?*

There's nothing the matter *is that what your wounds say? Is that what you feel?*

There's nothing we can do for you *what they really mean is that there's nothing they **want** to do; how about trying to talk to you?*

You're mad; go to see a psychiatrist *if they think this is the answer they have misunderstood the question. What kind of help do you think you need?*

Why can't you just stop it, it doesn't help *if it were that easy you wouldn't do it! Does it help you?*

To help you try and make some sense of all this - your feelings, other people's reactions - try the following (if the words aren't enough, try drawings, colours, sounds, movement...)

Mark the words that apply to you:

My self-harm is:

necessary cleansing calming private frightening

confusing mine helpful awkward painful

shameful worrying dangerous life-changing

life-enhancing survival life-line

the least damage I could manage

surprising comforting under my control

something I want to stop forbidden scary

What else is it?

I feel:

shit	scared	lonely	hurt
cheated	betrayed	let down	in pain
confused	elated	comforted	soothed
warm	cleansed	purified	cold
alone	angry	bitter	embarrassed
ashamed	guilty	fearful	to blame
stupid	strong	weak	young
in control	weary	alive	energised
high	low	exhausted	

What else?

Others say:

grow up	get real	you've hurt me	
you're stupid	how dare you?	why?	stop
it's okay	you must be hurt	why me?	
you're not even sorry			
what have we done to deserve this?		you're mad	
you let us down	but you've got everything going for you		so what?

What else?

I want to feel:	safe	understood	cared for
	different	better	loved
	equal	like someone else	unafraid
	whole	real	alive
	no more	clean	calm
	blameless	unashamed	worthwhile
	valued	innocent	out of it
	nothing	free of pain	

What else?

Thinking about what you want to feel, is there anything you can do to get there?

Is there anyone who can help you?

Self-harm is really scary but people like the Samaritans are always there; they might not be experts but they can listen. There's a resources list at the back of this folder too.

Remember:

- you are not mad
- you are not alone
- you deserve better

Your injury notes *(confidential)*

Injuries take different times to heal, and bring lots of different feelings as they do. This exercise follows through the healing process for an episode of injury. It takes time. You can get an awful lot of attention (and a lot of awful attention) when you do it, but the feelings go on way beyond the event.

Just after the injury:

Does it need medical care?

Are you able to look after it yourself? If not, get the care you need (if daunting take someone with you)

Describe how you feel.

One day after the injury:

If you are able, look at the wound. (N.B. If it has a dressing applied do follow the medical instructions you were given.)

Does it need medical care? If there is reddening around the wound it might be infected; other signs of this are pus, weeping, and raised temperature. Is it bulging? This can be dangerous as it may be bleeding internally.

Are you able to look after it yourself? If not, get the care you need.

Has it caused you any problems in day to day life e.g. keeping it out of sight, restricted movement, shock etc?

Have you told anyone?

Has anything helped?

Is there anything you would have liked to have happened?

Describe how you feel - e.g. do you feel better today than yesterday?

Do you feel tempted to open the wound or self-injure again?

Can you say why (you are allowed to say no!)?

A few days after the injury:

If you are able, look at the wound.
Again, does it need medical care? If there is reddening around the wound it might be infected; other signs of this are pus, weeping, and raised temperature. Is it bulging? This can be dangerous as it may be bleeding internally.

Is there a scab forming? Is there any itching (this is usually a good sign)?

Are you able to look after it yourself? If not, get the care you need.

Has it caused you any problems in day to day life e.g. keeping it out of sight, restricted movement, etc?

Have you told anyone?

Has anything helped?

Is there anything you would have liked to have happened?

Describe how you feel- e.g. do you feel better?

Do you feel tempted to open the wound or self-injure again?

Can you say why (you are allowed to say no!)?

As the scab heals

Has it caused you any problems in day to day life e.g. keeping it out of sight, restricted movement, shock etc?

Have you told anyone?

Has anything helped?

Is there anything you would have liked to have happened?

Describe how you feel

Do you feel tempted to open the wound or self-injure again?

Can you say why (you are allowed to say no!)?

Is there anything you would have liked to have happened?

Describe how you feel

When you feel the scar has healed:

Are you able to look at the scar?

What do you see?

How do you feel?

Is this different from when you first did it?

What difficulties do you have because of this scar?
What is your way of dealing with this?

When injury is next a danger, is there anything you would try to do differently?

Now the scar has healed do you feel more or less likely to injure?

Have you taken care of yourself?

How have you done this?

This exercise is a very difficult thing to do, it would be a good idea to do something nice for yourself (See resource list)
It might be useful when you are next likely to injure to read this sheet.

Caring For Yourself (Things that we do for ourselves that we wish other people would do for us)

Use this sheet to make a note of the activities that you find helpful or comforting. Some of these only you can do but some of them may be things others can help with.

When you have worked out what you want and need think about people who would be safe to approach (remember the safe people exercise) and give it a go.

For workers, carers and concerned others:

If you are considering using sections of this workbook out of their context; please be aware that cherry picking according to what you think is important is likely to strangle the message of this book. Please do so with extreme caution. Thank you. It is frustrating with self-harm as there is not a lot you **can** do, but there's a load of things you *shouldn't* do.

Here is a list of things for you not to do:

• patronise

• infantilise

• guilt trip

• condemn

• judge

• measure against your own standards

• run away

• apologise

• label

• trivialise

• attempt to explain

• assume

• try to stop us and 'save us from ourselves'

• pathologise

• tell us you understand

• be something you are not

• panic and call the men in white coats

All you need is written on the next page:

LISTEN and CARE.

Respect us and treat us with dignity.

We understand this might be difficult!

You have survived

Assuming you haven't just passed Go and collected £200 and taken a short cut to this page, you have probably done some pretty difficult and painful work. You are still here. You are stronger. You are much more able to accept your self-harm. You have your own description, in your words, of your self-harm. You have the choice over who sees that and what you do with it. You can use it as the basis of an action plan, basis for therapy, basis for a crisis card, basis for whatever you decide you want. Other people have probably tried to do this for you. Now it's your turn. You are the expert now. Over to you.

Moveable/multiple sections:

Review sheet (multiple)

This is a sheet you can use after each time you pick up the book. Feel free to make as many copies as you need of this. It's just meant to be a 'check in' exercise for you
and may or may not be helpful.

How do you feel about having done this exercise/section?

What do you need to do now?

Anyone you need to talk to?

Now give yourself a break

Hearing voices, seeing visions, other unusual experiences and self-harm

Some people who self-harm hear voices which may directly or indirectly result in self-harm. Hearing voices can be terrifying and isolating but it is survivable. Here are examples of how hearing voices might make you self-harm.

Self-harm is:

• a response to the stress of hearing voices

• a distraction from hearing voices

• being commanded to self-harm by the voices

• in response to voices changing the appearance of your body

• in order to rid yourself or disguise part of your body changed by the voices

• a means of recording what the voices say or do to you

• a means of writing messages on your body back to the voices

You might experience more than one of these examples. Just as everyone's experience of self-harm is unique to them, so each person has a unique relationship with the voices they hear, and a unique feeling of what the voices mean to them.
Part of the purpose of this Appendix is to help you think about that relationship and what it means to you.

Many people have found that accepting their voices and finding ways of coping with them is helpful. If voices are not open to 'cure' then you need to look at ways of living with your voices. To take more control of the effect they have on your life. It is important to seek support and encouragement from people who *believe and accept* the existence and reality of your voices.

At a time when it feels safe, try to do some of the exercises here.

You could begin by drawing a timeline for your voices, describing when and where you first heard voices (see the main body of the book for an example timeline).

Hearing voices timeline

When you heard voices for the first time

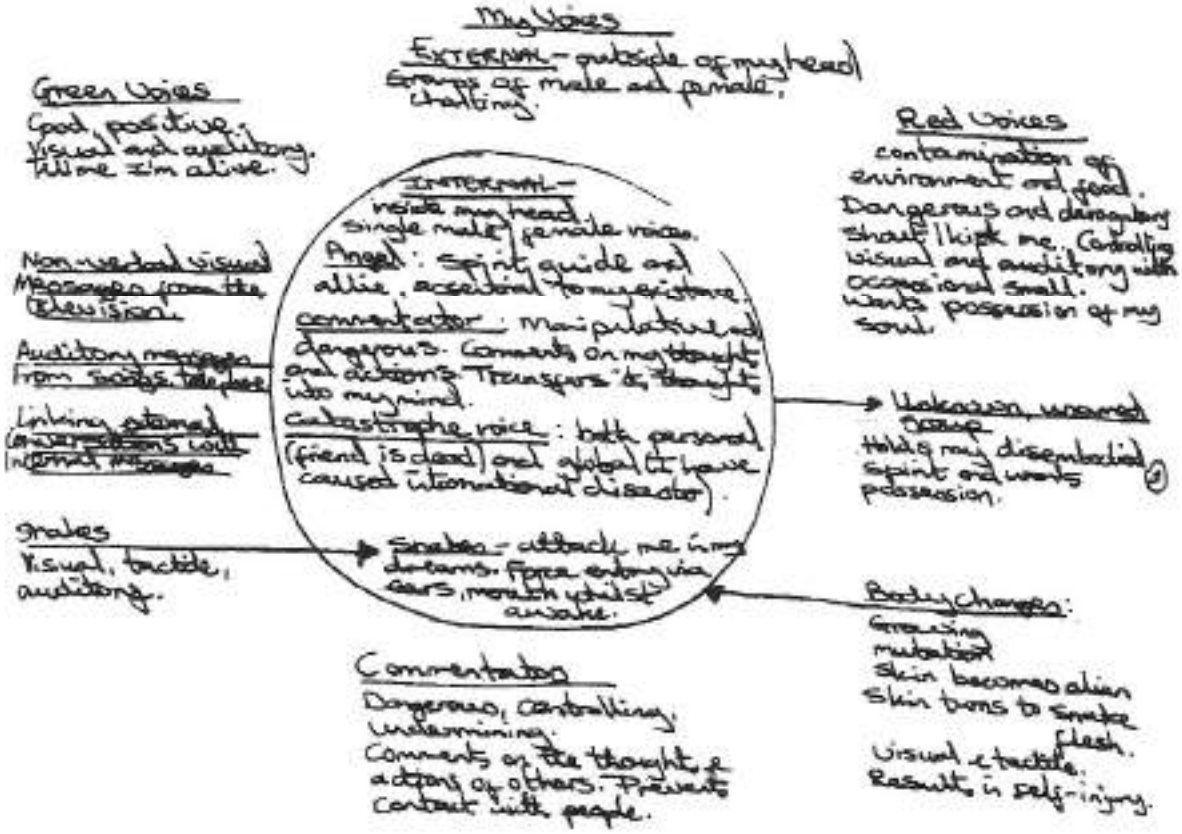
How did hearing voices for the first time make you feel?

Did you tell anyone?

How did they respond?

Adapting some of the previous exercises from this workbook might help you to either draw or write a representation of your voices. Here are two examples of 'word pictures'


DEAD BABIES ROTTING & SCREAMING AT ME
DEAD MOTHER'S VOICE - ALWAYS THERE
ME
ALWAYS BAD, NEVER GOOD
SPIDERS ON THE INSIDE & THE OUTSIDE OF MY BODY
MESSAGES FROM TV & RADIO


My Voices
EXTERNAL - outside of my head
Groups of male and female.
chatting.
Green Voices
Good, positive.
Visual and auditory.
tell me I'm alive.
Red Voices
contamination of
environment and food.
Dangerous and damaging
stuff I kept me. Controlling
visual and auditory with
occasional smell.
wants possession of my
soul.
INTERNAL -
inside my head
single male/female voices.
Angel: spirit guide and
allie, accessed to my existence.
commentator: manipulative and
dangerous. Comments on my thought
and actions. Transfers 'it' thoughts
into my mind.
catastrophe voice: both personal
(friend is dead) and global (it have
caused international disaster).
Non-verbal visual
Messages from the
Television.
Auditory messages
from books, telephone
Linking external
conversations with
internal messages
Snakes
Visual, tactile,
auditory.
Snakes - attack me in my
dreams. Force entry via
ears, mouth (whilst)
awake.
Unknown, unseen
force
Holding my disembodied
spirit and wants
possession.
Body changes:
Greasing
mutation
Skin becomes alien
skin turns to snake
flesh.
Visual & tactile.
Results in self-injury.
Commentator
Dangerous, controlling,
undermining.
Comments on the thought &
actions of others. Prevents
contact with people.

It's possible to have good or bad experiences with your voices - they are not necessarily always bad. So your drawing could look very different from the two examples.

You might like to describe your voices in more detail in words:

gender

numbers

strangers or familiar persons

dead relatives

spirits

demons

angels

animals - real or mythical

others

In order to find your own coping strategies, it's important to have your own belief system and frame of reference - a way of understanding your experience. This is not essential but is helpful because your experience is unique and essential to you as the voice hearer.

What are your beliefs about your voices?
What do they mean to you?

Examples - 'My dead mother's voice is very condemnatory and I feel that she is a monster vampirising my spirit'.

'Angel is my dead great-great-grandmother and is my spirit-guide. She advises and protects me and is essential to my existence'

How do your voices communicate with you?

e.g. audible voices inside or outside your head, messages from the radio or TV, visual phenomena, telepathy, etc.

Why do they communicate with you? (You may not know)

Are your voices positive, negative or helpful?

Do you talk back to your voices?

Does that make a difference?

Are the voices worse at certain times?
(E.g. when you're stressed, tired, sleep-deprived, hungry/full, after being with a certain person, during or after a panic attack, during or after flashbacks to traumatic events, when feeling vulnerable etc.)

Describe how your experiences make you feel
(You could write a fuller description, make a list, draw a picture)

Ways of coping

What works for one person may not work for another e.g. some people find listening to a personal stereo helpful, while for others it makes things worse. Also, what works one day for you may not work another day.

Some people who hear voices have sometimes found the following helpful - the list is neither prescriptive nor comprehensive - you may find other tactics to help you cope

• avoiding people/situations which make your voices worse or trigger them

• focusing on one voice at a time, questioning that voice, asking for evidence to support what they say

• making appointments with voices, to listen to them at set times, with set limits, perhaps even accompanied by specific rituals

• selective listening; only listening to positive voices

• checking out with a friend what the voices are saying to you - this may not stop what the voices say but may help you to feel less helpless (e.g. if the voices are telling you that your friend thinks you're shit, ask your friend whether that's right)

• telephoning someone

• listening to music

• watching a film

• having a massage

• spending money

• staying in bed

• burning essential oils, incense

• surrounding yourself with specific colours

• talking back to the voices (in words, drawings, signs)

• covering up mirrors when you're experiencing visual disturbances

• shouting at voices

• walking, pacing, dancing or other exercise

• being held by someone you trust

• keeping a diary (this can remind you that you are real)

• friends removing visual entities from your field of vision (e.g. taking away and disposing of a spider or snake which you see) N.B. Although your friends probably cannot hear or see what you can, it's possible for them to understand and accept your reality and address it in a way which respects your experience

Examples:
'My partner tells my mother's voice that he does not pose a threat to her in the hope that she will punish me less'
'When a snake has entwined itself around my body, if I describe its exact size and location, my friend can pull it off me, even though he can’t see it'
This example looks at distraction techniques:
Make a list of tactics for distracting yourself Think about what you get from it, what you need to be able to do it, and under what circumstances you can do it:

Strategy	**What do I get out of it**	**What do I need to get it?**	**When can't I get it?**
Reading	A good story- The chance to learn new facts; most importantly a different reality to escape into	Quietness gentle light ability to concentrate	When I can't concentrate, on buses (motion sickness)
Knitting	A sort of peace and a feeling that I'm worthwhile. It's very mechanical and quite soothing	Quietness	When I am nervy or panicky

N.B. Distraction can be helpful for many but won't always be an appropriate coping strategy. There are times when you may need to engage with your voices.

If you are compelled by your voices to harm yourself, try to remember that you haven't failed; you are not a failure or a bad person. The voices may try to tell you that your injury is a proof of your badness or inadequacy *but this is not so.* You have simply lost *one* struggle with your voices and it is not necessary to beat yourself up further. It's important if possible to care for or get care for your injury (see the section on first aid); *you are worth looking after.*

How does hearing voices, seeing visions, other unusual experiences result in you self-harming?

How do you feel before, during and afterwards?

What usually happens?
(E.g. ‘My mother tells me to cut myself - I try to reason with her, this fails and I cut myself’
'My skin turns into snake skin; the only way I can get rid of it is to cut it out')

Could you do anything differently?

What could you try next time you hear voices which may drive you to the point of self-harm?

N.B. Whatever coping techniques you work with, there are times when it's not possible to avoid self-harming. It may limit the damage to harm earlier rather than later: only you can determine what is damage limitation for you.

Where are you now 1?

As you journey through this folder, you can use this sheet as a map to chart your progress. We've got two versions - one is a blank sheet for you to fill in as you wish. The other has a format if you need more structure.

Where are you now 2?

What section I have done:

What I found out:

What I realised:

How I feel:

What I need:

What I need to do next:

What section I have done:

What I found out:

What I realised:

How I feel:

What I need:

What I need to do next:

What section I have done:

What I found out:

What I realised:

How I feel:

What I need:

What I need to do next:

What section I have done:

What I found out:

What I realised:

How I feel:

What I need:

What I need to do next:

FIRST AID

This article aims to help those who have cut or burnt themselves. It gives tips on first aid care of the wound and indicates how to assess how much damage has been done (which may help you to decide if you need to go to hospital for treatment). It also indicates what complications may develop later on.
A few general rules apply to wound care and management. You would be well advised to be up to date with your tetanus vaccination. Once immunised a tetanus booster is effective for up to 10 years. All wounds should be kept as clean as possible. If you can, wash your hands before dealing with the wound and try not to touch the wound directly. This will reduce the risk of the wound getting infected.

Cuts

How much damage is done when a cut is made depends largely on how deep it is and where the cut is made. Most cuts will damage blood vessels and so bleeding will occur. It is important to put good firm pressure over the wound, preferably with a sterile dressing or a clean dry cloth. This will help to stem the bleeding. If blood seeps through the dressing or cloth it should not be removed but a further dressing or cloth applied over the top of it. Elevating the injured part may also help to reduce the bleeding e.g. if you have a cut to the wrist it is better to apply pressure and to hold it above the level of the shoulder rather than to let your hands dangle by your side. If a vein is cut or damaged darkish blood is seen. If an artery is cut or damaged the blood is more bright red in colour and often squirts out from the wound under pressure, and in time with your heart beat. If you have cut or damaged an artery hospital treatment will be necessary. You should seek medical treatment urgently as bleeding from an artery may be difficult to stop.

If the wound is superficial it may be that simply keeping it clean will be enough to let it heal naturally. If the wound is a little deeper, bringing the edges together with something like steristrips may help healing to take place without too much scarring. A deeper cut however, e.g. one where muscle is exposed, may well need stitches and you should get it assessed by a doctor. If the wound becomes infected the skin around it may become red, inflamed and possibly swollen; it usually begins to throb and becomes more painful. If badly infected you may notice it smelling badly and you may even see yellow or green coloured pus. If any of this happens you should get advice from a doctor as antibiotic treatment may be necessary.

You will need hospital treatment if a tendon or nerve has been cut or damaged. When exposed, tendons look like white cords. Tendons allow muscles to work properly. A good place to see how tendons work is on the back of the hand. If you stretch out your hand and waggle your fingers as if you were playing an imaginary piano you will see the extensor tendons of the fingers moving just below the skin. If one of these tendons was to be cut you would cease to be able to waggle the finger the tendon operated. If you think you have damaged a tendon, either because you can see it within the wound

or because you feel you have lost the ability to make certain movements, you should attend hospital, as surgical repair of the tendon may be necessary. Unlike tendons, nerves are much more difficult to see in a wound. You will most likely know if a nerve has been damaged because it will no longer do the job that it used to do. This will be noticed as loss of sensation on the skin or the loss of the ability to move certain muscles. Hence, if your skin feels numb or you think you can no longer do certain movements then there is a chance you have damaged a nerve and you should attend hospital. Nerves are much more difficult to repair than tendons but it may be possible if you are seen quickly by a specialist.

Burns

Burns are usually very painful. To help reduce the pain and to prevent further tissue damage you should put the burnt area under a cold running tap or immerse it in cold water. Applying a cold compress is also very helpful e.g. ice cubes wrapped in a clean cloth and held on the burn. If water is not available any cold, harmless liquid will do e.g. canned drinks. After the area has been treated with cold water (at least for a good 10 minutes) cover the burn with a loosely applied clean, non-fluffy cloth (fluffy cloth will stick to the wound). Alternatively a clean plastic food bag or kitchen cling film make good temporary wound dressings. Elevating the injured part will help to reduce swelling. Burns can become easily infected and it is essential the wound is kept clean. You should not put salves or ointments on a burn as they may damage tissues further and increase the risk of infection.

Usually burnt skin looks red and inflamed and is exquisitely sensitive to the touch. If however the burn is more serious, such that the skin has been severely damaged and has died, it will look white and leathery and no sensation will be left. This is a serious situation and you need to seek specialist advice i.e. skin grafting may be necessary. Another important factor as to whether you should seek specialist advice is where on the body the burn is situated and how extensive it is. Burns to the palm of the hand and fingers for example, can lead to bad scarring causing restriction of hand movements. As a general rule, get burns to the hands and face seen by a doctor. Any large burn ought to be seen by a doctor. As with cuts, infection can occur and the telltale signs are the same: redness, swelling, throbbing and pain and possibly pus formation. Again antibiotics may be needed and you should therefore consult a doctor.

Resource list.

If you expected to find a huge long list of what to read and where to go, sorry but we felt that this might be more helpful. These are things that we have found useful, helpful or diverting.

Knitting
Tomb raider 2
Going to a rave
Swimming
Buying a bra
Writing
Music
The Internet
Poetry
Duvet surfing (staying in bed)
Listening to the shipping forecast
Retail therapy (spending money)
Writing angry letters.
Gardening
Having a smoke
Phoning a friend or helpline you trust
The Samaritans
Getting on a train and travelling to the sea
Sitting on the top deck of a bus
A nice cup of tea
Shouting down the phone at the duty officer at the BBC
Making bread
TV
Stretching
Not saying sorry
Tearing up newspaper for papier mache
Smashing crockery
Throwing stones in the sea
Being with children
Walking the dog
Stroking the cat
Not being with children
Housework
Pacing
Yoga
Eating cake (of course, for some people this is a form of self-harm)
Having a massage
Having your hair done
Having a bath, not because you need it but because you want to.
Nibbling your hand
Going for a drive
Walking
Writing a letter
Listening to the Archers ...
and many, many more - but most of all the ones **you** use

Use the space below to add your own as you discover them.