

Self-injury support & self-help groups

Written by **Karin Parker & Hilary Lindsay**
for **Bristol Crisis Service for Women**

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With thanks to the FACES group, Bristol

Other booklets in this series:

- 1 Understanding self-injury
- 2 Self-help for self-injury
- 3 For friends and family

Bristol Crisis Service for Women produces a listing of self-injury focussed self-help groups nationally.

Bristol Crisis Service for Women is collectively run charity set up in 1986 to respond to the needs of women in emotional distress. We have a focus on self-injury. We provide a national helpline for women in distress on Friday and Saturday evenings from 9pm to 12.30am on 0117 925 1119.

We offer any woman who rings the chance to talk through her feelings in confidence without fear of being judged or dismissed. Around half our calls relate to self-injury. We also support and facilitate self-help groups.

As a result of a two-year project funded by the Mental Health Foundation, we have produced literature on self-injury that has been widely used around the country. This includes the first three booklets in this series, a report on the research project and the proceedings of the conference held in September 95.

As part of a project funded by the Department of Health, we are currently looking at good practices for the 'treatment' of self-injury. This work includes supporting and networking self-injury self-help groups throughout the country and evaluating this kind of provision.

We are also providing training nationally relating to self-injury.

For further information about our work, training or publications please send an sae to:

***Bristol Crisis Service for Women
PO Box 654, Bristol BS99 1XH***

phone: 0117 9251119

website: <http://www.users.zetnet.co.uk/BCSW/>

National Drug Helpline 0800 776600

Confidential 24-hour service. Advice, information, referrals, counselling where appropriate.

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National Self-Harm Network PO Box 16190, London NW1 3WW.
Survivor organisation campaigning for the rights of people who self-harm.

NSPCC 0800 800500
Free 24-hour helpline for abused children and their families.

SAFE PO Box 1557, Salisbury SP1 2TP. Helpline: 01722 410 889
Support for ritual abuse survivors.

SCODA (Standing Conference on Drug Abuse) Waterbridge House,
32-36 Loman Street, London SE1 0EE. 0171 928 9500
Information on local services for people with drug problems (including prescribed drugs).

SHOUT (newsletter for women who self-injure)
c/o PO Box 654, Bristol BS99 1XH. (Send sae for details)

Survivors Speak Out 34 Osnaburgh Street, London NW1 3ND.
0171 916 5472. For survivors of the psychiatric system.

Women's Aid Federation PO Box 391, Bristol BS99 7WS.
Helpline: 0345 023 468. Advice, help and information for women and children suffering domestic violence.

Women's Therapy Centre 10 Manor Gardens, London N7 6JS.
0171 263 6200. Counselling/therapy, advice and information.

Youth Access 1A Taylors Yard, 67 Alderbrook Road, London SW12 8AD
0181 772 9900 National referral service for all young people (usually up to 25) to local advice and counselling services.

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Introduction

This booklet is for anyone who wants to learn more about how self-help groups can support people who self-injure. Self-injury seems to be more widespread among women and girls than among men, so the emphasis here is on women's experience, but much of what is written may also be of relevance and interest to men who self-injure and those who work with or support them.

This booklet begins by explaining what self-injury is. More information is given in Booklet 1 in this series, 'Understanding self-injury'. Booklet 2, 'Self-help for self-injury' has been written to help women to understand their self-injury better, and to feel more in control of it. Booklet 3, 'For friends and family' is for anyone - a partner, friend or family member - who wishes to understand and support someone who is struggling with self-injury. This booklet is specifically for anyone who wants to be involved with groups that support women who self-injure - as a member of the group or as a facilitator. It has been written because there are at present few groups which focus on self-injury; but those that do exist are very helpful to the women involved.

In this booklet you will find sections on what self-help groups can involve, and how to set them up. Some practical concerns are looked at, as well as some of the particular issues that may come up within a group which supports those who self-injure. The ideas of women who have been in support groups are included, so that this experience can hopefully be used to help others.

Afro-Caribbean Mental Health Association 35-37 Electric Ave, London SW9 8JP 0171 737 3603. *Advice and support.*

The Basement Project PO Box 5, Abergavenny NP7 5XW 01873 856524 *Training and workshops on various issues.*

Bristol Crisis Service for Women PO Box 654, Bristol BS99 1XH. Helplines: 0117 925 1119 Fri/Sat evenings 9pm-12.30am. *For women in emotional distress; focus on self-injury. Information, publications and training about self-injury. Please send an sae for details.*

British Association for Counselling 1 Regent Place, Rugby, Warwicks, CV21 2PJ. *(Send sae for list of local counsellors).*

Childline 0800 1111 *Free 24-hour helpline for young people.*

Drinkline Helpline: 0345 320202, Mon-Fri 11am-11pm. *Advice and information on drink problems, sources of help, support for family and friends.*

Eating Disorders Association First Floor, Wensum House, 103 Prince of Wales Road, Norwich NR1 1DW. Helpline: 01603 621414, Mon-Fri 9am-6.30pm. Youthline 01603 765050 4pm-6pm. *Information and support on eating problems, details of local groups.*

MIND Granta House, 15/19 Broadway, Stratford, London E15 4BQ, tel. 0181 519 2122. *Information on mental health issues, services, rights; local MIND and MINDLINK (user group) details.*

Favazza, A. (1989) Why patients mutilate themselves. *Hospital & Community Psychiatry*, 40(2), 137-45.

Feldman, M. (1988) The Challenge of self-mutilation: A Review. *Comprehensive Psychiatry*, 29(3), 252-269.

Greenspan, G. & Samuel, S. (1989) Self-cutting after rape. *American Jnl. of Psychiatry*, 146, 789-90.

Lee, S. (1994) When mental scars lead to physical wounds. *The Independent*, 3rd May, page 20.

Lindsay, Hilary (1995) *Needing Attention - an evaluation of services for women who self-injure*. Bristol Crisis Service for Women.

Potier, M. (1993) Giving Evidence: Women's lives in Ashworth maximum security psychiatric hospital. *Feminism and Psychology*, 3(3) 335-347.

Shapiro, S. (1987) Self-mutilation and self-blame in incest victims. *American Jnl. of Psychotherapy*, XLI(1) 46-54.

Van der Kolk, B., Perry C. & Herman J. (1991) Childhood origins of self-destructive behaviour. *American Jnl. of Psychiatry*, 148(12), 1665-1671.

Wise, M. (1989) Adult self-injury as a survival response in victim-survivors of childhood abuse. *Jnl. of Chemical Dependency Treatment*, 3(1) 185-201.

What is self-injury ?

"Once when I was very upset I gouged my arm against the wall."

"I sometimes heat a knife in a flame and hold it against my arm."

"When times are hard I just sit for hours pulling at the hair behind my ears. I have to wear something to cover it."

The term 'self-injury' refers to acts which involve inflicting injuries on one's own body. Self-injury is also sometimes called 'self-harm' (a broader term), 'cutting-up', 'self-abuse' or 'self-mutilation'. We do not adhere to a rigid definition, distinguishing self-injury from self-harm and the terms are used flexibly in this booklet, which is aimed at any group where self-harm or self-injury is a focus.

Self-injury is far more widespread than is realised, and can take many forms. The most common is probably cutting, often of the arms, as well as many other areas. Cuts are usually quite superficial, but some women cut themselves more deeply. Some women also scrape, scratch or pick their skin so badly that chronic sores develop, and scars are left.

Sometimes people burn or scald themselves, while others punch themselves or hit parts of their bodies against something, to cause pain and bruising. Less visible injuries might be caused by inserting or swallowing objects. Some people also hurt themselves by pulling out their hair or eyelashes, or by repeatedly biting and tearing the skin on their hands or fingers.

Self-injury often begins in childhood or adolescence. It may be short-lived, but some women continue to hurt themselves (perhaps off and on) for many years.

Self-injury is often mistakenly seen as a suicide attempt. However,

women who harm themselves are usually very clear about the difference between self-injury and a suicide attempt. Whatever similarities self-injury may bear to suicidal acts, it is not about dying. Rather it is about trying to cope and carry on with life.

Whilst some people harm themselves in ways which are obvious to others, or seek help for their injuries, others are surprisingly successful at hiding what they do. Shame, fear and humiliation may force women to keep their self-injury secret for many years. This means that the true nature and extent of the problem are unknown. The huge response from women to press attention to self-injury suggests that many more people harm themselves than is currently recognised or recorded.

Self-injury in context

Many people cope with difficulties or distress in their lives in ways which are harmful to themselves. Some people drink too much, others make themselves ill through overwork, worry, or by ignoring their own needs and feelings. Many people smoke, drive their cars too fast, gamble, or do other socially acceptable things which are nevertheless risky and harmful to themselves. For some, especially women, starving or overeating are forms of 'self-harm' by which they cope with conflicts and painful feelings.

Self-injury may be much more immediately and dramatically destructive than these other forms of self-harm (though not necessarily any more dangerous long-term). However, like these it is carried out to help someone cope with her life. It is a way of surviving. The next section looks at what may bring a woman to cope in this way.

Resources and useful publications

BOOKS

Burstow, Bonnie (1992) 'Self-mutilation' (chapter 10), *Radical Feminist Therapy*. Sage.

Ernst, S. and Goodison, L. (1981) *In Our Own Hands*. The Women's Press.

Favazza, Armando R. (1987) *Bodies Under Siege*. Johns Hopkins. Paperback edn. 1992.

Harrison, Diane (1996) *Vicious Circles*. Good Practices in Mental Health.

Ludeon, Jennifer (1992) *The Women's Comfort Book*. Harper.

Miller, Dusty (1994) *Women who hurt themselves*. Basic Books.

Pembroke, Louise ed. (1994) *Self harm; Perspectives from personal experience*. Survivors Speak Out.

Spandler, Helen (1996) *Who's Hurting Who?* 42nd Street.

Walsh, Barent W. & Rosen, Paul M. (1988) *Self-Mutilation: Theory, Research and Treatment*. Guilford.

ARTICLES & REPORTS

Arnold, Lois (1995) *Women and Self-injury - a survey of 76 women*. Bristol Crisis Service for Women.

Burrows, S. (1992) The deliberate self-harming behaviour of patients within a British Special Hospital. *Jnl of Adv. Nursing*, 17, 138-148.

Leaving the group

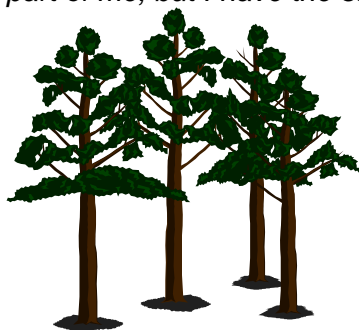
When a woman decides to leave the group, she is exercising a choice that can be celebrated; she is taking control of her needs. This may or may not coincide with an end to her self-injury, but marks a transition in her life. It can be hard for those being left and endings must be acknowledged. Sudden unexplained endings can be difficult and it is important no-one feels it is 'their fault' if someone does not return.

"The group I was in had the philosophy that you could be involved if self-injury was an 'issue' in your life. I kept going for a long time after I'd actually stopped cutting - the feelings around it all were still very much an issue for me."

"I can't sum up really what the group meant to me; it was always hard work - facing up to what I felt. Sometimes it was too painful. But it was also fun; I was able to find a lighter side to all the intensity and the humour helped me survive. It all did really."

There may come a time when it is right for the whole group to end. This may be appropriate if people are ready to move on.

"I left when I felt that self-injury was no longer a central issue in my life. It is still an important part of me; but I have the strength now to cope."



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Why do women self-injure?

"It's a solution that means I'm not going to completely flip out or kill myself."

"I seem to burn myself after the worst part of a bout of depression, almost as if I were cauterising a wound."

"Cutting was my only release from the unbearable chaos inside me."

A way of coping

Self-injury can seem very hard to understand, but there are always powerful reasons why a woman hurts herself. First and foremost, it is a way of coping. Self-destructive as it may seem, self-injury is a way of helping oneself to go on living, usually in the face of great emotional pain. It is not an irrational, incomprehensible action, but one that can meet many needs and fulfil many purposes. Self-injury is a language, not just a single communication.

The reasons for self-injury are complex and subtle and differ from person to person. Self-injury almost always begins in response to painful and difficult events or circumstances in a person's life. Often these stem from childhood, although some women begin hurting themselves in response to distressing adult experiences. Often there is no single identifiable cause, but a combination of factors in a woman's life which lead her to express herself through self-injury.

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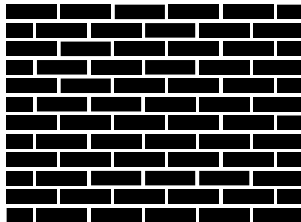
As there can be so many reasons for a woman to self-injure, it is important to be open to the feelings behind the self-injuring, and not to make assumptions, or judge or pigeonhole the woman involved. She may have received unhelpful responses in the past, when telling others

about her self-injury, leading to more pain and distress, if her feelings were not accepted or validated.

There are many myths about self-injury, and women may have been given these in response to their distress.

Self-injury is:

- NOT a sign of deep disturbance or madness
- NOT a 'failed' suicide attempt
- NOT designed to manipulate others
- NOT simply an addiction or habit
- NOT a danger to other people



- Acknowledge how frightening it may be to think of living without self-injury.
- Encourage the person to use the urge to self-injure as a signal of

buried feelings, memories, needs. (These may be unfamiliar and frightening; go slowly and offer support.) Help her learn to express these in other ways, eg talking, writing, drawing, hitting something. This may take a long time to initiate. Encourage her to ask for support and to care for herself.

- Help the person to break down isolation and shame and to build support networks (eg in groups).
- Don't see stopping the self-injury as the most important goal. A person may make great progress in many ways and still need self-injury as a coping method for some time. Self-injury may also worsen for a while when previously buried issues or feelings are being explored, or when old patterns and ways of living are being changed. This can be frightening, but is understandable.
- It takes a long time for a person to be ready to give up self-injury. Encourage her and yourself by acknowledging each small step as a major achievement. Examples of very valuable steps might be: taking fewer risks (eg avoiding drinking if she thinks she is likely to self-injure); taking better care of the injuries; putting off hurting herself for a day or an hour; reducing the severity or frequency of injuries even a little. In all cases more choice is being exercised; the 'hold' of self-injury is being loosened.

What can help

- Show that you see and care about the person in pain behind the injury

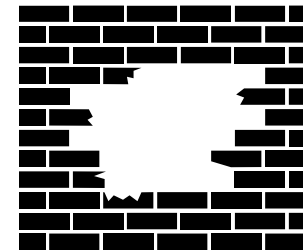
- Show concern for the injuries themselves. Whatever 'front' they may put on, a person who has injured herself is usually deeply distressed, ashamed, frightened and vulnerable. It is cruel and counter-productive to 'withhold attention'. You have the opportunity to offer compassion and respect; to show them something different from the way they may have been treated by most people in their lives.
- Make it clear that self-injury is okay to talk about, and can be understood.
- Convey your respect for the person's efforts to survive, even though this involves hurting herself.
- Help her make sense of her self-injury. For example: ask when the self-injury started, and what else was happening in her life then. Explore how self-injury has helped the person to survive (physically and emotionally), in the past and now. Ask how she feels before she hurts herself, and how she feels afterwards. Retrace with her the steps leading up to an incident of self-injury - the events, thoughts and feelings which led to it.

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Self-injury is, or can be:

- a sign that something is wrong

- a way of surviving
- a sign that someone needs understanding and support
- a way of expressing powerful feelings
- a sign that someone is attempting to cope
- a sign that someone is trying to take care of themselves



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What about 'attention seeking' ?

Self-injury is often labelled critically as 'attention seeking'. If attention is sought, it is for a reason - what is wrong with trying to get some help and understanding, and asking for others to pay some attention to your

needs? However the label is often used judgementally, as an excuse not to actually face the problems that are in fact crying out for some attention.

"As I got to visit the local A & E more and more I realised I was just being patched up (and sometimes not even that). No one asked what I really wanted, or how I felt. And I was too scared to tell them."

What is a support or self-help group for self-injury ?

A self-help group is ideally a supportive space for people to explore their issues about self-injury, with everyone taking an equal role. The term 'support group' is used if the group is facilitated by someone who takes a more 'outside' role, leading the group. Some facilitated groups do consider themselves to be of a self-help nature. As a result this booklet does focus on the self-help aspects of groups (as opposed to facilitated therapy-type groups). How the group runs depends entirely on those in it. It may be a 'closed' group which has the same members for a certain period of time; it may be a 'drop-in' facility for people to attend as and when they want.

An important aspect of self-help groups is that of shared experiences. Group members can gain a lot from being with others with whom they have something in common. Knowing that there are other women who self-injure can be of enormous importance.

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Individuals within the group

Every group of people has its own identity and dynamic, and that is a combination of all the individuals involved. It is important that each woman feels that her individual needs are being met in the group in

some way, otherwise the group is not working as a form of support. Difficult feelings are bound to arise, and it is important to remember that the healing process can be painful, uncomfortable, scary and also exciting and rewarding. Conflicts between individuals may arise and need to be resolved; and although this can be hard it can be a rich and valuable experience. Groups can be like families and may mirror our own families. In this way they can help us resolve past issues - but may provide a bumpy ride. If it feels safe enough to explore the 'group dynamic' this can be valuable; who is the 'rescuer'? Is anyone always crying out for attention? Does anybody play the role of joker, or cynic, or whatever? None of these roles is wrong - we use them to function in everyday life after all - but it can be useful to share a space in which they can be explored safely and respectfully.

Self-injury can seem a very difficult problem to overcome. Many women and their families and supporters despair as it continues over months or years. Yet it is quite possible for a woman to stop hurting herself, once she can deal with her situation and her feelings. This inevitably takes time, understanding and support. Some suggestions for helpful responses to self-injury are listed below.

"Seeing other people's self-injury and their struggle to survive brought up many feelings - care, sympathy, fear and most of all respect."

If you are a woman who self-injures, the list can also be helpful if you can put it all in the context of "I" and "me", and have the patience and compassion to succeed in your own journey of overcoming self-injury.

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Anger

Problems with employment

Creative ways to work with self-injury

Humour and fun



As well as talking, people could bring along or do some writing or drawing in the group and use this as a focus. Different ways of working - as a group or in pairs or individually can all be tried out.

In the Resources section of this booklet, there is a list of many books and articles that could provide a basis for discussion.

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"It sounds silly and naive, but actually realising that I wasn't the only one on this planet who cut herself was a huge relief."

"At last I felt that I wasn't so isolated - someone else might understand a bit about what I felt."

There has been only a handful of self-help groups for self-injury in this country to date. Those that do run have been very helpful to many women, by decreasing their isolation in a society that has a poor understanding of self-injury.

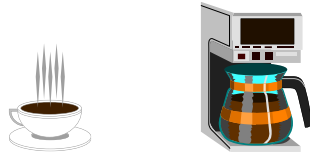


Myths about self-help groups

Some professionals have been reluctant to encourage self-help groups, believing the sharing of experiences would lead to worse self-injury for the women involved. They were worried that people would 'compare notes'. In our experience the opposite is in fact true. In an atmosphere of acceptance of the person behind the scars, a woman's pain can be acknowledged and deeper understanding and compassion can develop. It is hard to see others using self-harm as it challenges our own use of it and needs around it. Sharing experiences and ways of coping, finding similarities and differences, and being able to talk about and explore these can be significant steps in finding a path of survival through decreasing self-injury.

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a good way to arrive and focus on the next couple of hours or so. It is also an opportunity for everybody to say something, and for everybody else to listen to them - a space for each to hear and be heard. How long this will take can vary, and it might be necessary to put a time limit on it, in order to fit in other activities. An agreed way of ending the meeting, a 'check out' time, can also be helpful.



A break

Remember that concentrating for an hour or so can be exhausting, so make sure there are plenty of tea and biscuits available ! (And, again, at a regular time perhaps.)

Specific activities

It might be helpful to focus on particular topics and talk about them. Some groups prepare lists and have the meetings' subjects decided in advance. Others discuss whatever arises naturally from the 'check in' session. All this will be open to negotiation. Flexibility and sensitivity may need to be exercised; at times it may not be appropriate to discuss very raw issues. Also it may not be possible to verbalise things - pens, paints and paper can be useful media for helping ideas to emerge.

Local hospitals may be able to help, and there could be someone there who is willing to support the group. It is certainly worth a phone call to 'test the water'. Some psychiatric hospitals have appointed 'Service User Representatives' to act as a liaison between service users and the hospital management, and this can be a very effective way to discover what services are already in existence, and whether there are sympathetic staff in the area. However, if there is a link between the

statutory services and your group, that may be off-putting to women who have previously had bad experiences within the NHS, or to women who do not want to enter the system. Social services in some areas now have a specialist social worker with responsibility for working with people who self-harm. As well as sounding out social services it is worth approaching local survivors' organisations, women's centres and voluntary groups such as MIND.

Practicalities

Responsibility

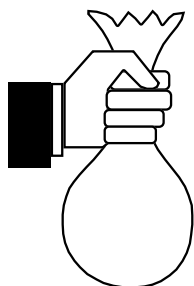
To start up a new venture, someone (or ideally more than one person) needs to take on the responsibility of organisation, and acting as an initial contact point. This can be draining; if you are doing this, you will need supportive friends around to listen to your frustrations - and successes.

Setting things up may not mean being responsible for the continued running of the group, though obviously you will have a lot of emotional energy invested in its progress and development. Think carefully about how much involvement you would ideally want in future months. Do you still want to be the contact person? Are things working out as you wanted? Is the group supportive for *you*? Later on you will need to review these things too. Setting yourself a regular time to do this (every couple of months or so) is a good idea - it is easy to get 'lost' in it all as time passes rapidly by. External help (such as from a supervisor) can be useful with this, in order to clarify your own views and needs. Keeping a journal can help focus you too.

Think about how you are prepared to be contacted - do you want your phone number to be given out? (answerphones can be very useful, if you have one). You might be able to collect messages from the local women's centre, or the local MIND office.

"The group is great but there's been a lot of problems with everyone expecting me to always look after everything. Sometimes it's really nice

if someone else makes the tea."



Money

The group may need some money in order to cover the cost of renting a venue, paying for publicity, covering the fees (including supervision) of a facilitator if one is available, and for the all important tea and biscuits needed during meetings. Group members may be able to contribute towards costs, but for some women this might actually be prohibitive. The local Social Services and Health Authority are a good starting point in applying for funding, though this does often mean lots of time spent filling in forms, and some statutory services may then wish to 'take over' running the group so it loses its independence. A call to the Citizens Advice Bureau or local Council for Voluntary Service, women's organisations or other voluntary groups can also be useful as they may be able to help out with finding other places to apply to for funding. Raising money is time consuming

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"One night someone took some tablets during a break. She told us, and I didn't really know what to do with that information. I panicked and felt helpless. Afterwards I was angry - a place that had been safe had been violated, like so many others had been for me in the past. It was a real struggle to keep going there."



Timekeeping

The group will feel respected and safer if regular start and finish times are agreed so that members are not anxious about when things should start up or end in each meeting. It is important to have a timekeeper in order to ensure this happens.

Commitment

It may feel important that members let someone know if for any reason they are not going to a meeting - others may be worried or feel rejected or let down if someone is not committed to the group. Each woman is responsible for her own motivation in going to the group; that motivation and purpose can change and may need to be reviewed, privately or publicly.

What actually goes on ?

How things are arranged during each meeting is totally up to the group members. Here are some suggestions from groups we have been involved with:

A 'check in' time

At the beginning it can be helpful to find out just how everybody is at that particular time and to 'ground' yourself in the group. Everybody will be arriving from different places, and saying how you are, is

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Introducing new members to the group can be threatening for the existing group members, and it is useful for the group to talk through any feelings and anxieties about this. Some existing group members may prefer new people to be 'interviewed' before they join, just in case there are obvious difficulties about them joining the group. If new members are already known to people from the group from previous circumstances, anxieties can arise from this. Some people may share the same support networks; having the same CPN, for example, might not always feel safe. One way to keep everyone feeling safe and

heard is to hold an initial meeting which is open and then reviewed the following week by all concerned.

Keeping safe

Uncomfortable feelings may arise in groups. It is important to acknowledge just how much pain can arise within the group and give space to the fears women may have around this. While each member needs to take responsibility for her own feelings and actions, it is important for groups to work out their own rules for emotional safety. In particular a 'no self-injury during the meeting' boundary may be important, as this can shatter trust and respect for all involved. This is not suggested as a punitive or restrictive measure, as may have been encountered within the NHS where treatment has been refused because she is continuing to self-injure; rather it is suggested as being a useful 'holding space' where the group can meet and try and look at feelings involved. Other boundaries may include not being under the influence of alcohol or drugs during the time of the meeting. What exactly is meant by the term 'drug' can be interpreted in many ways. Again, these need to be discussed and negotiated.

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and can be frustrating if grant applications are rejected; it is important to share out this load and also to publicise the group as much as possible to people who may be able to secure funding for you.



Venue

The group will need a place to meet that feels comfortable and private, is available at a time convenient to the group members and is

affordable. Rooms may be found in a community centre, through Social Services, Health Services or voluntary agencies, who may even let these without a fee.

Publicity

Once it looks likely that there is going to be a group, it needs to be advertised. Posters in GP surgeries, community centres, libraries, hospitals, etc. are a good way to publicise the group. Some places may be reluctant to display posters if they show 'shocking' images of razor blades, cuts etc. - so you need to think carefully of the images used and desired effects. SHOUT newsletter and Bristol Crisis Service for Women will also pass on details of your group, as they get many enquiries about services around the country. Often people hear about groups from statutory services, or by word of mouth, so it is important to advertise as widely as possible. An article in a local paper can also be a good way of advertising (but bear in mind some journalists may try to 'sensationalise' self-injury).



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Contact outside meetings

Sometimes group members may be unhappy that social contact is arranged between women in the group as this may put a strain on the confidentiality ground rule and also lead to other tensions. Others find it important to build friendships and share support with others from the group. Each woman's circumstances and needs for wanting contact with others, or not wanting to be contacted must be recognised and respected; groups can be very social and supportive, but can also be intense and draining !

"I developed really strong friendships with people in the group. It was great to go out and do other things with them as that helped give me confidence. We always were careful not to talk about other people from the group, and try to keep things safe. Just showing respect for ourselves and each other really."

Support outside the group

Self-help groups can be very supportive, but are different from therapy. If possible, it is useful if group members also have some other form of support for their issues surrounding their self-injury, eg from a counsellor, a voluntary agency, a CPN, or GP.

"My counsellor was great at giving me space to talk about the pain but didn't really understand the self-injury. It was good to have the group for that, and the counselling to really 'hold' me."

This may not always be possible in practice, as it can be difficult to find 'carers' with a sympathetic approach to self-injury, and often the only true support can come within a self-help group. However, when people are dealing with painful, difficult issues their behaviour may be very needy or disturbing, and some form of external support can help to keep them on a more even keel.

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Local counselling organisations may be able to provide a list of experienced group facilitators. A facilitator with experience of and empathy towards self-injury may be difficult to find. Some people are only happy to be in groups where the facilitator has personal experience of self-injury. Local MIND or survivors' organisations may know of someone appropriate. A facilitator should have external supervision for the work, as part of ethical practice. This may have to be funded, but it is essential to ensure that the facilitator is looking after her own needs and is thus able to give the best support to the group. If two facilitators are available this can be of great benefit as they can

support each other as well.

There are also advantages in being in a group without a facilitator - there may be greater feelings of equality, and it can be empowering for group members to experience themselves as able to provide a supportive, healing space without the need for an outside 'expert'.

Where there is no facilitator, a group will work best if everyone is aware of looking after their own needs, as well as sharing responsibility for how the group functions, otherwise one person can become too burdened. One way to approach this is to rotate the role of facilitator amongst group members. Clearly someone has initiated the starting of the group, and others may look to her to keep this up, which may or may not be what she wants. Honesty and clarity are vital in order for roles and patterns to be discussed and changed as appropriate. It may be necessary to review roles after a certain period of time and to build review times in to a schedule.

Some issues for facilitators

It is important to be clear about what you can offer the group and within that to negotiate what your role is to be: are you to work within the group as a therapist? Will you be teaching groupwork skills? How much responsibility do you want to have? And how much will you encourage group members to respond to and support each other?

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Are you going to be paid for this work? How much? how often? and who is responsible for making the payments? How long do you want to commit yourself to the group? - be honest and realistic about this, and negotiate any breaks or holidays as far in advance as possible. What will happen if you are ill, and unable to get to a session? What will happen when you leave? - Will the group end? Will it carry on without a facilitator after your gradual withdrawal?

What impact will this work have on you? If you are someone who has self-injured you may feel 're-stimulated' by issues and experiences

talked about in the group. If you do not identify as someone who has self-injured, you may feel like an 'outsider' or a voyeur. Do you have adequate ongoing personal support and supervision to feel confident about working in this setting? Where is the funding coming from for your supervision? External supervision is helpful to both support and 'troubleshoot', but finding a supervisor with experience of the issues (self-injury, self-help groups and mental health) can be tricky. Someone who can help you look at your needs around the group, and how they are being met, can help clarify your feelings and intentions and thus help you function better within the group. Looking after your own needs is a priority because only by being clear within yourself can you truly be there for others.

Helping the group to run smoothly

When a group of people meet it is important for everyone to feel involved, listened to and supported. This is particularly important in a self-injury self-help group as many of the women may come from a background of judgements and rejections about their self-injury. A self-help group can be a vital lifeline, a 'safe space' to explore issues and start to heal.

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There is no single model for running a successful group, and the dynamics will depend entirely on those involved. However we would like to present some suggestions we have found to be particularly helpful.

Negotiating 'ground rules'

Starting out by discussing what is acceptable for everyone can form a sound basis for further meetings, and encourage everyone to feel

involved and to contribute to their own safety and security within the group. These 'ground rules' can help women if difficulties arise later on, as they can be looked at and rediscussed. If everyone 'owns' them, they are more likely to be valued and respected. They can, of course, be renegotiated - and this is particularly appropriate when new members join the group.

"Because we spent some time hammering out our ideas on how it would run, we could then just get on with what we really needed to do, and felt it was safe to do so."

Ground rules will need to cover such issues as:

Confidentiality

The group may agree that nothing that is said within the 'four walls' of the group is repeated elsewhere. Also, group members may not want the fact that they are in the group mentioned to anyone else.

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Size of group

Of course, with publicity, there may be a large response, and it needs to be decided how many people can come to the group. This of course can be negotiated within the first few meetings. 6-8 people is often a good size, allowing space for everyone to feel heard.

Whether the group has an 'open' or 'closed' membership also needs to be agreed. Having a group closed for a fixed period of time can help build trust and relationships between the group members. Issues may be explored in more detail with greater depth. However, an open group does allow women to come along on a less regular, less committed basis and also allows newcomers to get involved.

Frequency

How often will the group meet, and for how long? Again, this can be negotiated at the start. Usually groups meet weekly, at a regular time, for about two to three hours. The group can become a very important focus during the week, something to look forward to and to aim at.

"I knew if I got to Wednesday night, that I only had to make it to the following evening to be in a space where I could get some support."

Facilitators

It may feel helpful to have a facilitator for the group. This is someone whose job it is to start and end meetings, to 'hold things together', to be aware of the process within the group, and to help the group define and maintain boundaries. The facilitator will probably have some experience as a counsellor, and can provide valuable input by overseeing what is happening and offering insight into problems that may arise for or between individuals in the group.

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It is a large responsibility for a group to try to hold and support someone whose self-injury may be becoming life-threatening. There may be times when a group is put under strain because of someone's pain and needs, and it is important that group members are clear about what they can, or cannot take on. This may be particularly hard for facilitators or 'organisers' as they may be looked to for advice and support they cannot be realistically expected to give. It may be necessary to discuss what might happen in those circumstances and to have information on what other support is available locally. Writing such things into the boundaries and ground rules can be helpful; in an extreme case, what would the group do if someone were in a state where they would be sectioned?

"What do you do if someone is so distressed you know they would be locked up? That's really hard and I know there are no easy answers. I tried to keep safe and respond to her as any human being would, but I know it got too much for me in the end. It was such a relief to talk it through the following week."

New members

A group may choose to be open or closed for its entire lifespan, or may open periodically to admit new members. The group may want to agree a time period (maybe of three months) to run as a closed group, and then to open for a number of sessions so that new people can join. Often contacts will be made while the group is closed, and it can be distressing to have to ask women to wait for some weeks before joining. It can be helpful if an individual from the group meets up with a potential new member before she comes to the group. This can help to bridge the time gap, and also to make meeting the established group less daunting, as she has already knows someone there.

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"Of course we talked about what we'd done, but the feelings were those of sadness and pain, not a rush of 'hey that sounds like a good idea, I'll try that'. I was in the group trying to come to terms with my own self-injury, not make it worse. If anything I learnt to look after the wounds more appropriately."

Another myth is that the 'goal' of a group is stopping the self-injury for each individual. Each woman joins a group with different feelings and needs. Indeed she may be coming from a background of rejection from groups in which she has been forbidden to talk of her self-injury, as this is the policy within some hospitals. To work with this history of secrecy and rejection takes courage, acceptance and compassion. It may take a long time for a person to be ready to give up self-injury, and

indeed injuring may worsen for a while when previously buried issues or feelings are explored. However the journey to come to terms with the pain behind the self-injury is worthwhile.

How to set up a group

If you want to try to set up a group, there are many things that need to be considered. This may be daunting and frightening, but the rewards can be great. This section lays out some of the issues involved.

First thoughts

It is worth finding out if there are any groups near to you already, as talking to someone who has been through the process already can be supportive and instructive. BCSW has a listing of groups which focus on self-injury; their address is given in the resources section.

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Topics might include:

What would help my self-injury

Useful support I have had

What support I need

What I want from the group

Inappropriate 'support'

A & E responses

'Safer' self-injury

Childhood

Parents

Sexual abuse

Ways of expressing difficult feelings

Coping with flashbacks

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