

shout

self harm overcome by understanding and tolerance

Vol.1 No.1 July 94

What is SHOUT ?

SHOUT is a new bimonthly newsletter for women who self-harm. It is being produced by a small group based in Bristol, who have all had or have personal experience of self-harm.

We are very conscious of the fact that isolation could be termed a symptom of self-harm. The majority of us are members of FACES (For Acceptance and Care to Express Self-Harm), a self-help group also based in Bristol, and yet we feel isolated as a group. We only know of two others - one in Nottingham, the other in Salisbury (are you still out there ?). Are there any other groups ? We would like to hear your responses to this first edition of SHOUT, and would welcome any correspondence from any individual or group on any issue surrounding self-harm. Ultimately the future of this newsletter will depend upon your participation and contributions. We will accept poetry, prose, art (black and white drawings), humour etc. All contributions will be kept strictly confidential and will be returned if you enclose an SAE with your work. Please enclose a written letter giving us permission to publish your work, stating whether you want your name withheld.

Who is it for?

This newsletter is for any woman who has experience of any sort of self-harm and wants to have a safe, supportive forum in which to explore any associated issues. It is aimed at women only because we believe that self-harm raises many issues that women would feel safer exploring in a women-only environment. We also needed to take into consideration the support we have been given by the Crisis Line which is also for women only.

Whilst SHOUT is being published and distributed with the help of the Bristol Crisis Service for Women the views expressed in it do not necessarily reflect the policies of BCSW. Nothing printed within SHOUT may be construed as an official announcement by the Crisis Line (unless otherwise stated) and they accept no liability for any matter within it.

We will obviously need a financial contribution in order to publish SHOUT on a bimonthly basis, and therefore ask for a small subscription to cover costs. See back page for details.

What are the aims of SHOUT?

SHOUT is being set up because of the lack of support, understanding and awareness of women who self-harm. Therefore our aims are:

1. To create an understanding and tolerance of self-harm amongst relatives, friends and professionals.
2. To provide a contact network for women who self-harm in order to decrease feelings of isolation.
3. To provide a safe forum for individual views of self-harm.
4. To bring existing self-help/support groups into contact with one another and to provide the impetus for new groups to be established.
5. To provide relevant information about services, resources etc. for women who self-harm.
6. To publish a newsletter approximately every two months.

SERVICES FOR WOMEN WHO SELF-HARM

Bristol Crisis Service for Women - confidential helpline, open Friday & Saturday nights, 9-12.30. 0272 251119

FACES (For Acceptance and Care to Express Self Harm) c/o 4 Warminster Road, St. Werburghs, BRISTOL, BS2 9UH

Hidden Scars (self-help group), c/o The Greencroft Centre, Greencroft House, 42-46 Salt Lane, Salisbury SP1 1EG. Tel 0722 421746.

~~Egham self-help group, contact Dee Cox, 9 Denham Road, Egham, Surrey.~~

Off-Centre Counselling Service for Young People (13-25) in Hackney, 25 Hackney Grove, Hackney E8 3NR, tel (081) 985 8566 or 986 4016.

Nottingham Self-harmers' Support Group, contact Lexie Reid, 109 The Downs, Silverdale, Nottingham NG11 7FH.

To find out about helpful resources in your area, try contacting your local MIND association, Samaritans, CAB or Women's Centre.

We would be very pleased to know of other services for women who self-injure and will be compiling a national directory of these.

Research Project.

Bristol Crisis Service for Women has recently undertaken a two-year project which aims to increase understanding of self-injury. This involves reviewing existing literature and research as well as talking with women about their own experiences, needs and ideas about self-harm. We are also seeking the views and experiences of professionals who work with women who self-injure. The research is still at a very early stage but some interesting themes are already emerging.

The first is that the factors in women's backgrounds which may underlie their self-harm are very varied and complex. Although sexual and physical abuse frequently feature they are by no means universal. Rather a picture is emerging of situations where there was very little direct communication between family members (especially about feelings and problems), or conversely feelings such as anger were expressed explosively but the issues not resolved. Often it seems the woman had little chance to be a child; to be supported or be nurtured. Sometimes there were very high expectations, sometimes constant criticisms and put downs. We are left with the impression of desperately lonely, unhappy and needy children whose feelings had nowhere else to go but into injuring themselves.

There seems to be great subtlety and complexity too in the ways in which self-injury helps women to cope. Sometimes it acts as a safety valve for venting unbearable feelings; sometimes it cuts off feeling. It may allow a woman to stop a traumatic flashback, or it may be the only "proof" she has of her unacknowledged suffering. Sometimes being injured allows a woman to feel compassion and care for herself but it may also involve "punishment" (and thus relief) for the "badness" she sees in herself. In a situation of deprivation and lack of control cutting herself may have felt like something of her own that no one could take away from her. Often it seems self-injury is a way of saying "this is how bad, how desperate I feel". Sadly women are often too afraid to show the injuries to others and frequently receive condemnation when they do, so the "message" goes unheard.

What women who self-injure say they need is for others to accept their self-harm and to see "the person behind the scars" who is in pain. Most women feel ashamed and embarrassed about their self-harm and fear (with justification) that they will be seen as silly, attention-seeking, weird or disturbed, or may lose their friends or their jobs if others know of it. They want professionals to stop judging or trying to control them and start listening and understanding. They need someone to talk to or somewhere to go when things get bad, and longer term they want help to sort out the problems and distress which cause them to self-harm. Unfortunately it seems that this sort of response is hard to find. Whilst some GPs and local Mental Health services are sympathetic and helpful, there is a lack of both crisis support

services and long term counselling/therapy services. We will be feeding back this information and women's views on their needs to relevant agencies.

We will be reporting periodically on the progress of our research. If you'd like to contribute: Research Project, Bristol Crisis Service For Women, PO Box 654, BRISTOL, BS99 1XH.

~~~~~

#### A self-harmer's charter:

I want to be:

treated like a human not labelled as a victim

respected in my job not side-stepped, suspended or sacked

equal to the other casualty customers

wandering around in a t-shirt with short sleeves, relaxed

listened to, not judged or grilled by psychiatrists/ologists/analysts

accepted for myself and not rejected for my scars

so that I can start to understand.



#### Angry Woman's Blues

In your bright white coats  
with your files full of notes  
just who do you think you are,  
with the decisions you take  
the diagnoses you make  
on the strength of a cut or a scar?

Psychiatrists, won't get me in your clutches,  
Psychiatrists, won't get me in your power.

Are your diplomas and degrees  
in 'mental disease'  
worth the paper they're written on,  
if the words your patients say  
just get in the way  
and your conclusions are already foregone?

Psychiatrists, won't see me in your ward round,  
Psychiatrists, won't get me in your power.

You say it's wrong to seek attention  
and it isn't done to mention  
the pain beneath the cuts and the burns;  
you think more drugs will do the trick  
even though they make us sick  
and there's ECT for those who still won't learn.

Psychiatrists, won't trap me with your Sections  
Psychiatrists, won't get me in your power.

Would it be so hard to listen  
would it hurt to see the person  
is the truth just too much for you to bear?  
So you'll keep on dropping pills  
into the well of social ills  
and decide that it costs too much to care.

Psychiatrists, won't gag me with your treatments,  
Psychiatrists, in your ivory tower,  
Psychiatrists, won't silence me with labels,  
Psychiatrists, won't get me in your power!

*Joe Bloggs*

*Joe Bloggs is in a cubicle next to the woman who self injured. While Joe is being treated with sympathy ( he has a broken leg ) the woman is blamed for having caused her injuries deliberately.*

*The nurses are angry with the woman for her "attention seeking behaviour", they inform her how time wasting it is having to look after someone who may well be back again next week with repeated injuries.*

But much sympathy is given to Joe who tells them in a hurt voice how he "fell off the roof while fixing a tile." "Bloody ladder slipped " he said. Nobody asks further questions, it was an accident, a matter of bad circumstance, you know how it is. In reality Joe was on the roof trying to escape from the unfinished row he had had with his wife over money. He begrudged giving the house keeping money to his wife and wanted a night out with his mates to cheer him up. He couldn't handle the situation, money was tight, his job boring. As he had told his mates often "she doesn't know what it is like." He was scared by the weight of his feelings, so escaped the unresolving issue.

*Now Joe is in a hospital on bed rest. His wife is at home feeling all this could have been prevented if she'd done more, handled the situation better. She looks at the housekeeping money and decides to cut back on the food and take Joe in some goodies. He deserves some cheering up.*

*The wife will continue to visit each day and will try to take Joe in something nice. The nurses understand his irritability at times, life can be tough.*

The woman is back at home, nobody understood her needs even though she tried to communicate her distress as best she could. Her cries fell on ears who found it too hard to listen and know how best to help. She remains alone.

Yes I am hurting. I need to see and acknowledge that but that makes me want to hurt myself even more to get rid of the pain. Burning is useful because I can use it to cut off after the event. The actual burn always hurts (cutting doesn't) and afterwards it hurts when I apply pressure to the wound. It really helps me and I find it very effective when I'm in my own world. It also leaves marks which can help - it reminds me that I have switched off before and maybe don't need to do it again for a while but of course the worse the original damage the harsher the scar. Once the 'normal' world sees my scars they won't accept them and on seeing them don't see me only my scars.

If only I had an unblemished layer of skin I could roll up over my arm for the so-called 'normal' world and then could roll down for my own viewing, recollecting and punishing. Afterall I've got seven layers of skin what difference would one more layer make ?

All I can feel in the middle of this confusion is that what I do is cowardly . I've not got the guts to actually kill myself, or enough courage to stop cutting and deal with getting better. Instead I sit on a fence of razor blades and steri-strips, hating myself more for the inertia of it all - except when I cut and things feel released and real for a while. But then there's another scar to look at to renew the self-disgust.

## 'VICTIOUS CIRCLES'

A book about women and self harm

I AM WRITING A BOOK ABOUT WOMEN AND SELF HARM FROM A SURVIVORS PERSPECTIVE AND WISH TO INCLUDE MANY WOMEN'S EXPERIENCES ON THIS.

I wish to cover issues such as:

1. The positive aspects of survival through self harm - How women have used self harm to help them survive.
2. I am wanting to hear from women who have self harmed for a length of time as well as women who have started recently. Can you say something about how you think it began?
3. What the self harm might be saying if it had words?
4. Difficulties in communicating powerful feelings. If women have memories of not being heard as children.
5. What might be going on for women before/during and after self harm? (Feelings etc) Do you put off harming? What happens then?
6. Whether other people's responses to your self harming has affected how you now feel and what you do to yourself?
7. What support has been offered?: What was useful (if anything) and what not so useful!
8. Any 'treatment' women have been offered/not offered in hospitals and A + E department. What this was like?
9. Do women feel that their self harm is a form of resistance - to what has happened/ might have happened/ or what is happening to you?

I am writing this book to try and dispel some of the negative beliefs and misunderstanding about self harm. If you can answer any of the above questions I would be very grateful. If you wish to remain anonymous, or use another name please let me know. All information is strictly confidential and will be used sensitively to describe women's very real experiences in the book.

Please send anything to me at the following address. Or if you want any further information, I'd be happy to contact you. With thanks

Diane Harrison, 4 Warminster Rd, St Werburghs, Bristol BS2 9UH.

## The Wastrel

What am I ?  
But rags and bones,  
A solitary figure.  
If you know truth is dying on the run  
Why then stop to take breath ?  
I wish seldom or maybe too softly in my hurried  
path.  
I am too tired and scared to smell, see, touch,  
Or perceive a better existence.  
Is it then, no wonder that through  
Dishevelment and stumbling like a waif;  
Though the night scars find new holes within  
The dark infinity  
My search goes on ?  
As I try to find my soul a home.



If you want to subscribe to this newsletter, please send a cheque or postal order for £6 (waged) or £3 (unwaged) made payable to SHOUT, c/o P/o Box 654 Bristol BS99 1XH

Name.....

Address.....

.....

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The newsletter will be sent in a plain envelope and the mailing list is confidential.

Thank You

# shout

self harm overcome by understanding and tolerance

Vol.1 No.2 September 94

Welcome to the second issue of SHOUT. It feels great to be able to write the words "second issue" as it's all a result of a conversation that came up four months ago, some hard work by us and all of you. Thank you to everyone who has responded in such a positive way - financially, creatively, professionally, individually (and maybe all four!). We've been quite overwhelmed by the contents of the postbag, growing bigger by the day. Unfortunately, it's not been possible to print all the contributions we have received - they'll be safely kept (without any means of identification, if this was requested), and hopefully will be included in future issues. They've all been read and touched nerves in us: it's comforting that even with different backgrounds the experience of self-harm gives us a common link and resource for support. We hope that SHOUT can provide a stimulus for this to happen.

We are aware of people wishing to set up new groups (in Cardiff and Manchester), and are more than willing to help prospective members get in touch with each other. Self-harm can become as well supported nationally as some other recognised coping strategies, provided individuals collectively have the confidence to set things up (eg as a spin off from FACES and the Bristol research project this newsletter has happened). We are also indebted to the Bristol Crisis Service for Women for their financial and technological support. The first issue was entirely funded by them, but now we're on our own so only those of you who subscribe are getting this edition. Some people have generously donated us money and this will doubtless help with our expenses.

Despite our technological support we're only human and have made a couple of mistakes (luckily the first seriously embarrassing one was spotted before printing - some of you might have been offended by being called "depraved" rather than "deprived"). Also we hope you've all got the BCSW helpline number (0272 251119). But more seriously, we apologise to Dee Cox as Egham self-harm group NO LONGER EXISTS - PLEASE DO NOT CONTACT HER.

We hope you enjoy this issue- keep the post coming, spread the word. And remember this useful advice (it'll save you loads of money which you can donate to us): you can get steristrips on prescription. Most GP's probably don't know this, but they're on their computers, and come in two widths. So if you've got the courage, ask: it could save you time, effort and stress at casualty.

## NOTICEBOARD/CONTACTS

Diane Harrison is writing a book, "Vicious Circles", about self-harm. She's keen to have any contributions (see Issue 1 for full details). Contact her at:

4 Warminster Road  
St. Werburghs  
BRISTOL  
BS2 9UH

BCSW are supporting a research project on self-harm. So far this is going really well, but more contributions are needed - it's a two year project which should result in a lot more awareness about self-harm. In the near future BCSW are producing some "self-help" booklets for self-harmers, our families, and professionals. To contact them write to:

Bristol Crisis Service For Women  
PO BOX 654  
BRISTOL  
BS99 1XH

MIND and Survivors Speak Out are also producing booklets: we'll keep you up to date as we find out more.

We are aware of a helpline: SELF HARM RESCUE NETWORK: 061 945 7420

Of course, the Bristol Helpline is also available (Fri & Sat nights) 0272 251119

### "Pen pals"???

Would anyone be interested in contacting other self-harmers? We were thinking of setting up a means of individual communication eg you write in, we print it with a box number and pass on any responses to you. We would guarantee confidentiality (your address would not be printed) but couldn't take responsibility after that. Let us know what you think....

### Recent articles

Several magazines have run features on self-harmers. Some have seemed to us pretty good (eg "Elle" July 94, "The Independent" May 3, 94, "Woman's Own" July 25, 94), but others a little sensational, wanting to exaggerate the shock value of self-harm. We do try to keep a record of these - and if there are any you would recommend to us, please let us know.

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If you want to subscribe to this newsletter, please send a cheque or postal order for £6 (waged) or £3 (unwaged) made payable to SHOUT, c/o P/O Box 654 Bristol BS99 1XH

Name.....

Address.....

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.....  
The newsletter will be sent in a plain envelope and the mailing list is confidential.

## The impact of

### FALSE

### MEMORY

### SYNDROME

by: Lois Arnold, Bristol Crisis Service for Women.

Many women who struggle with self-injury trace their distress back to difficult and painful childhood experiences. For some, childhood was a time of neglect, empty of love and support, their feelings and needs seeming not to matter. Some women lost parents, or lived in chaotic or violent families. Many were also beaten or sexually abused. For women who have been painstakingly trying to understand and come to terms with their past experiences, the recent media attention given to 'False Memory Syndrome' (FMS) has been devastating.

Recently there has been a rash of T.V. programmes, newspaper and magazine articles reporting on the so-called 'syndrome', which supposedly involves people developing false memories of sexual abuse, usually whilst in therapy. The sufferers of this 'syndrome' then make accusations against 'innocent' relatives. Some of these relatives have joined together to form a 'False Memory Society', which has set out to discredit therapists and individuals who disclose childhood abuse. The coverage of FMS has quickly given it the status of 'fact', and the belief that the syndrome exists now seems firmly rooted in many people's minds.

This has been enormously distressing and undermining for women who suspect that their self-injury has its roots in childhood abuse. Many women have spent their whole lives believing that their feelings and perceptions were 'wrong'. That they had no rights. That everything was their fault anyway. Often there was no communication in their families; they were not allowed to speak about their experiences, their feelings or their needs. Many have survived the abuse they suffered as a child by putting it out of their minds or minimising it. Perhaps they tried desperately to hold on to some illusion of safety and love as children, by persisting in seeing their parents as 'good' and themselves as 'bad' and deserving of whatever was done to them. If, as adults, they have tried to review their childhood, they may have come up against enormous barriers in themselves to accepting the reality of what they suffered. Who would want to face the fact that a parent was so selfish and uncaring as to use them for their own sexual gratification, no matter what terror or pain they caused? Who would willingly suffer the grief that such a realisation must bring?

Yet many women have bravely decided to put themselves through the pain of remembering their childhood, in order to make sense of the difficulties they experience in living now. It hurts, but it also feels essential to them. They embark on a journey which they hope will eventually free them from the awful legacy of misery and self-destructiveness which the past has left them with. In facing the past they will be able to let go of it, and begin to take their lives back for themselves. But suddenly everyone is talking about False Memory Syndrome. Suddenly everything is thrown back in their face. Perhaps they are just making it all up. Perhaps they are wrong, and bad and crazy, after all. Perhaps their parents really were good and innocent, and they are doubly wicked for doubting it. Perhaps there is, after all, no sense to be made of their pain and of their desperate need to hurt their own body?

That women who have already suffered so much should be forced to go through more pain, guilt and self-doubt is a tragedy. And it is even more so since it is unwarranted and unnecessary. 'False Memory Syndrome' has been eagerly embraced by a society which does not want to face up to the truth of what many of its members do to their children. If we can believe child sexual abuse does not



exist, then we do not have to grapple with the thorny question of what is wrong with a society where so many children are exploited. We do not have to tackle the awful dilemmas of how to deal with the families where children are being abused right now. Yet eagerness to believe in a 'syndrome' does not make it a fact. FMS is, after all, only an idea which a few people have proposed, and which has been hugely over-developed by the media which had tired of 'exposing' sexual abuse, and were glad to move onto a more easily-packaged, less challenging 'human interest' story.

The truth is that many, many children are sexually or physically abused. Many women are living with the devastating effects of this. Perhaps there are a very few therapists who encourage their clients to believe in 'false memories' of abuse. Perhaps some parents have been accused of wrongs they did not commit, and are justly angry and upset. But the scale of a problem of 'false' memories is tiny, compared with the true scale of real suffering by abused children and adults. As a society we must not allow ourselves to be sidetracked from the real, serious and pressing responsibility of tackling child abuse. We should not collude with those whose interests are served by silencing women and children. We must support individual women who are trying to make sense of their lives in refusing to be undermined by this spurious 'syndrome'. We must not allow women to be driven back into silence, secrecy and self-hatred, and into again taking out the wrongs others have done them on their own bodies.



### S&NGE and V&MIT

Welcome to the SHOUT soap - the world of Singe & Vomit. Meet the 'Archers' with an incisive edge; more like a happy 'hide it from your family' scenario. Singe, aged 27, is best friends with Vomit, aged 30. Both have a long history of self-harming behaviour, and are best treated with a sick sense of humour.

As we meet the two buddies they are quaffing coffee on a cosy Sunday afternoon, freshly bandaged, stitched and pumped out, discussing events at the local casualty department.

V: Well, this poor student didn't know *what* to do - never seen anything like it.

S: Got to learn sometime. They bought me a dental student who did a superb stitching job - very neat.

V: I've never had a dentist. I've heard they need the practice.

S: Yes, mine was really excited - said he'd never stitched anything on the outside. Made a lovely pattern.

V: I thought I'd get a bed for the night but 4 litres of green frothy vomit later, I was on the streets...

S: So you won't be down the pub boozing tomorrow then?

V: No, give my liver a rest. I think; but I'll be there Wednesday.

S: Hmm. Not sure about Wednesday - I've got psychidrama. Might be a bit freaked.

V: Just let me know...

Are these two really the pea brains you might think? Do they actually have a life beyond their local casualty dept? Will they actually survive until the next edition?

Remember - if you can't laugh at self-harm, nobody else is going to be able to.

to be continued.....

### It doesn't just have to be razor blades.....

The descriptor "self-harm" (aka self-injury, self-inflicted violence, deliberate self-injury, self mutilation or even self-abuse...) covers a multitude of behaviours. To be pedantic, definitions could be drawn up, negotiating whether overdoses count as harm or injury - but we know what we mean when we talk about self-harm, don't we? Or do we? Sometimes self-harm is a useful label, not a blanket to suffocate the behaviour but perhaps a quick way of describing what we do. Sometimes the label is unhelpful - I don't want a psychiatrist telling me it's all self-mutilation to shock me into realising what I'm doing. But what does the label we chose actually mean to us, and mean to the rest of the world (well, to anyone else open-minded enough to bother)?

Cutting or burning ourselves produces scars as well as a plethora of emotions. It can be a very positive experience (else why would we do it!) Is this as 'bad' as swallowing tablets in a non-suicide attempt? Or drinking bleach? These are surely just other examples of deliberate self-injury (DSI). So maybe self-harm is about changing our feelings in order to get somewhere else, into a more acceptable state of mind. Like when we smoke or get drunk. These socially acceptable activities are medically proven to do damage. More DSI then. But that means there are millions of self-harmers on this planet, and many of them would take great offence at the suggestion they had a problem. So perhaps then it is a matter of degree - a kind of Richter scale for the severity of what constitutes self-harm. Such a scale would have to be subjective, after all one person's razor cut might have the same impact on them as someone else might feel from a third degree burn. Personally I know I can divert my intentions to cut by consuming alcohol, and that's lower down my hierarchy so I genuinely feel better if I manage that one. I'm also aware there are some things on my own spectrum of self-harm that might not be included for other people; in our society they might be okay things to do, but to me they feel like self-harm.

Recently there seems to have been a spate of articles in the media about self-harm. Along with the slightly sensational, attention grabbing headlines ("I nicked myself shaving" shock) there are more questioning pieces. In the Guardian (June 20, 1994) there was an article linking cosmetic surgery with a desire to make drastic physical changes to one's body (perhaps so as not to resemble an abusive parent). The notion is that this is socially condoned "self-harm by proxy" (ie getting the surgeon to carry out the actions). It is a way of not being personally responsible for the scars or damage, and it can bring about a positive change. The outcome can be more attractive, and highly desirable - but it is the antithesis of self-acceptance. However in society self-acceptance is not seen as a virtue and it feels like every opportunity for its annihilation is taken - adverts showing 'perfect' models, politicians hypocritically spouting 'perfect' morals, etc..

In the USA there is apparently an increase in requests by depressed but wealthy patients for ECT treatments (New Scientist, March 5, 1994). As well as face-lifts, "brain-lifts" can be purchased. It is hard to see this as anything other than self-harm, given the well publicised risks with ECT, but presumably the patients' trust in the godlike curative powers of medicine is great enough for the side-effects to be ignored. A bit like the religious ascetics in their quest for Truth and God. Why did Christ have to sit in the desert and resist temptations? Why did the Buddha exist on a single grain of rice a day for many months in order to get enlightened? Are these really good role models for us! The self-flagellating ascetic might possibly be a thing of the past, but what about the barefoot Catholic pilgrims on Station Island, Lough Derg, who deprive themselves of sleep for three days in the hope of redemption. Apparently this year they numbered twenty thousand. Surely this type of penance is religiously condoned self-harm? It does after all do bodily damage (no sleep, lack of food), and, in theory, bring about a positive change of emotion. Going through hell on earth - doesn't that remind you of something?

## CONTRIBUTIONS

### Goodness Gracious, Girl

Sudden rage  
Is a stage we all go through  
From time to time,  
Turned inward suicide  
And outward anger,  
Unfitting for the fairer sex.  
It vexes me to think  
That a girl, all dressed in pink,  
Is not prepared for life,  
Becomes a wife,  
Then keeps her head  
Until she's dead.

I have lost all respect for my soul,  
As a person I will never be whole,  
So what's the point in going on this way,  
But I have too much sense to die this  
day.

I know too much to kill myself,  
But to cut and cut is something else.

### Now, do you understand ?

The tragedy of life  
Mapped in scarring on my arms;  
Each ragged, sutured lesion  
Marks a battle I have won.

Not a victory to be proud of,  
Not a winning to proclaim,  
But it's a guaranteed survival  
And a chance to live again.

Such guaranteed survival  
I don't get from all your pills.  
Your labels do not help me  
To win this war of wills.

For the enemy I'm fighting  
Lies hidden deep within;  
I'll die if I destroy her  
I have to cut, to win.

### Who cares ?

In my darkest hours  
In my depths of despair  
Who cares ?  
No not you.

In my hour of need  
In all my anxiety  
Who cares ?  
No not you.

In my deepest pain  
In my prolonged agony  
Who cares ?  
No not you.

In my torture  
In my nightmares  
Who cares ?  
No not you.

So tell me who cares  
Do you care ?  
If you do ! help me  
I cannot do it on my own.

Show a bit of care.  
Please show some concern.  
Thank you.  
For once, just be you.

### Blood Tears + Anger

Blood trickles down my neck + arms  
Like the tears I should be crying.  
Ruby red like fiery circles  
The anger + pain of cutting  
Now externalising in negativity.  
Showing how I feel.  
For every drop there is a tear  
The redness like drops of my anger  
And as it clots into darkness  
The hurt dries up but yet  
Will never go completely away.  
Lying dormant in its fragile coat  
While I battle with life  
Will go back again  
When it all gets too much  
To seeking this release.  
But just sometimes it isn't enough  
The need to cut deeper, destroying  
Everything I am  
For at these times the numbness  
Has no end  
And darkness creeps into my soul  
Because the agony is too great.  
Then all I want is an end to it all  
-Just a little peace.

### Life on a Razor's Edge

Once again, things get too much.  
Too much to cope with.  
Too hot to touch.  
And the overwhelming feelings.  
All the anger and the hate  
With no way of dealing  
Before it's just too late.

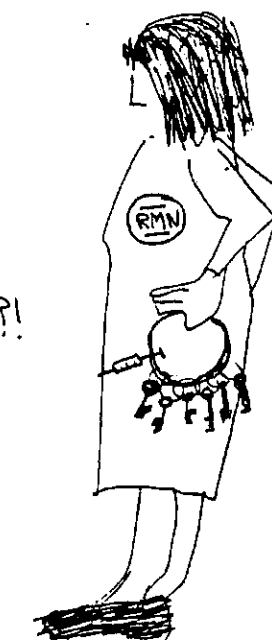
So I take out the razor.  
The only way I know.  
The way of dealing with the pain.  
The way of letting go.  
I'm so lonely.  
Nobody knows.  
Nobody is there  
So who'd understand why  
I'm scarred and, who'd care ??.....

### Professional Thought Disorder Part I

(Staff Nurse Drug'em seriously  
overestimates her intellect).

If you don't hurt  
yourself, I will reward  
you by letting you  
talk to me for ten  
minutes a day.

That's a reward?!



Louise Pembroke



Thursday afternoon I cut myself. First I scratched the inside of my forearm with a comb. I felt calmer after this, and wiped it with neat TCP. I liked the pain. I was having urges to burn myself with my cigarette lighter as well. Then a while later I attacked the same area of my arm with a vegetable knife. I was in a frightened state. My vegetable knife isn't very sharp. Blood dripped out. I felt frightened.

I wrapped a bandage around it and went to the Health Centre- it is very near. I hate doctors. I waited a short while, sobbing in the waiting room and then saw a young woman doctor. She was trying to be nice. I sobbed to her that my father went missing and was drowned last year, and that I thought he killed himself. However I was treated as if I'm bad for thinking this by all my other relatives. The doctor washed and bandaged my arm. I said my college course had finished. I'm better when I have things to do that bring me into contact with people. I told her I used to hide my cuts and look after them myself. Now I don't hide it. She asked if this was because I was ashamed. It is because if I hide it I won't get help - not that any help is available anyway.

I take the bandage off and dab it with TCP every so often. I like watching it heal. On Saturday morning I threw my vegetable knife into the river my father drowned in. I watched it sink from a bridge.

### Secret friends

The time has come once again  
So I turn to my old friend  
The one who asks nothing of me  
Yet allows me to be free  
Free, to choose the path to take  
A true friend, not a fake  
One who helps guide my hand  
Yet, will stop at my command,  
Oh what a friend you are to me  
You help me to watch and see  
What life is like when you smile  
happy, carefree for a while.

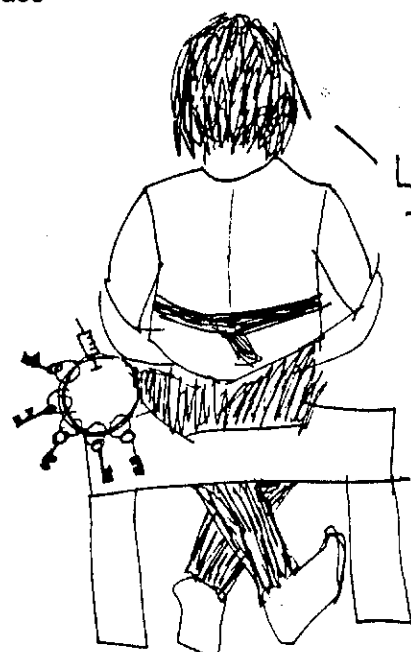
Oh my friend you are so great  
You are my destiny, my fate  
So let us get together once more  
The music is on, I'll bolt the door  
Then our friendship can begin  
Because you my friend are my sin  
And I watch as you rid me of the past  
At last the blood is flowing fast  
And I kiss you my friend the blade  
As all my badness starts to fade.

I clean you up and put you in your safe place  
A smile creeping upon my face  
So till next time  
We commit this crime  
Our secret friendship laid aside  
The scars and sores I must hide.

### Professional Thought Disorder Part II : (normalist fascism)



Well if you're a shining example  
of "normality", somebody pass  
me a packet of razor blades.



Louise, you have no insight.  
I've been an R.M.N. for  
10 years and I know what  
normality is.

(R.M.N. and normal).

Louise Pembroke.

# shout

c/o P.O. Box 654 Bristol BS99 1XH

self harm overcome by understanding and tolerance

Vol. 1 Issue 3, November 94

Welcome to this bumper Christmas (groan!) issue of SHOUT. As a gift to us (and the post-person) there are two WHOLE extra sides on information, including Christmas survival strategies, book reviews, and loads of your contributions. Thank you for all of these, and keep them coming in! We do read them all, but regret that due to space and financial constraints, we do have to reserve the right to edit some pieces and hope that this does not upset you. We have no intentions to change the meaning of the work by doing this. Please let us know if we do, and we'll apologise!

However, we do seem to compile most of the articles, so if you have any that you'd like to submit for the NEW YEAR (and let's hope it's a good one - the year, not your article!), then issue 4 has a deadline of Jan. 1st. so we have time to type it up for the January issue which should arrive soonish thereafter. One idea you might like to ponder is 'how to cope with scars on a day to day basis' as we've had this suggested to us by one reader.

In the meantime, we hope you enjoy this issue. Please send in news, views, comments, letters, articles etc. etc. Keep safe and well over Christmas (oh, and bonfire night).

Love from the Editorial Team.

### Noticeboard

**Manchester Support Group** - Julie Farrand is setting up a support group in Manchester and is interested in hearing from anybody who would like to know more about this project. She would also like to hear from anyone in the Salisbury group.  
Contact address:

SALFORD WOMEN'S CENTRE  
HALTON BANK  
OFF-LANGWORTHY ROAD  
SALFORD  
GREATER MANCHESTER

**THRESHOLD BRIGHTON** - initiative for women & mental health, offers some face to face counselling, organises conferences on women's mental health issues and groups. There is a newsletter available - contact

THRESHOLD  
79 BUCKINGHAM ROAD  
BRIGHTON  
EAST SUSSEX  
BN1 3RT

Threshold conference on self-harm took place on October 14: a report on this will be in the next issue of SHOUT.

**42nd STREET**: A research project is being undertaken on self-harm and attempted suicide. She would be interested to hear from anyone who would like to take part. The project is aimed at women and men aged 15 to 25. At the Centre there will be a pilot project starting in the New Year around these issues. Contact:

Helen  
42nd Street  
4th floor, Swan Buildings  
20 Swan Street  
Manchester  
M4 5JW  
061 832 0170

Bristol Crisis Service for Women booklets - these are reviewed in this issue. There are three quite substantial booklets:

Booklet 1: Understanding Self-Injury

Booklet 2: Self-help for self-injury

Booklet 3: For friends and family

Each costs £1.50 (including p&p) , and are available from:

Bristol Crisis Service for Women

PO Box 654

Bristol

BS99 1XH

For any woman unable to pay, but wanting the booklets, BCSW will send out copies free of charge.

Vicious Circles - Diane Harrison's book is soon to go to press, therefore please send any contributions before Christmas to her at:

4 Warminster Road

St. Werburghs

Bristol

BS2 9UH

Survivors Speak Out book on self-harm- Louise Pembroke: this is also reviewed later on. It is available from:

Survivors Speak Out

34 Osnaaburgh Street

London

NW1 3NP

It costs £4.99 for survivors of self-harm; £6.99 for others (!). SSO also produce other booklets on issues relating to the psychiatric system.

## PenPals

We have had several replies regarding pen pals. We will print your information provided it is no longer than 80 words. To reply, please send your letters in a sealed, blank envelope, with the box number in the top left-hand corner. Please enclose a stamp: we will address the envelopes and send them on. In this way we ensure the letters remain private between you and your pen pal. Good luck - we hope this will be a good contact network.

**Box 1:** My name's Tracey. I'm a 22 year old lesbian from London. I'd like to hear from other people who self-harm, whether you're a lesbian or not. I'll try and answer all letters.

**Box 2:** I am a 21 year old student and live in North London. I've been cutting and suffering from anorexia since I was about 14 and although I now live with the scars (physical and emotional) of all that pain I am a relatively "together" human being at present. I have always felt that isolation is my biggest enemy which is why I would like to make contact with other women who really know what it feels like to pick up a blade or whatever!

**Box 3:** My name is Linda. I live in Enfield in Middlesex. I am 41 years old and have been married for 5 years. I like swimming and writing and any craft work. I would like to write to anyone who I can share my experiences with and exchange views and feelings and hopefully become good friends.

## Setting up a Support Group - FACES by Diane Harrison

As facilitator of FACES , the women's support group, I thought it might be useful to share with you some of the history of the group, how it was set up, and how it's been running.

We began in December 1990 as a small group of women who had experienced self-harm in our lives. For me, self-injury was no longer an issue but I still remembered the sense of shame and guilt I had experienced, the stigma and isolation I had once felt.

By this time I was giving training for professional and voluntary groups on the issues of self-harm. Yet out in the world, the misunderstandings and fear still existed and women were talking to me about the same feelings of isolation and rejection they were experiencing.

So I got together with a couple of women and we decided to set up one of the first groups in the country. We drew up posters and advertised ourselves in women's centres and other agencies - and nothing happened! Once or twice the phone rang and women expressed an interest, but didn't come along. Then we decided to meet up with women beforehand, to see if this helped. While this was more successful, women still found it difficult to be part of a group who were accepting of what they did, while the outside world rejected their actions. And, it was extremely painful. In talking about self-harm, all sorts of feelings are raised which can reinforce the need to harm for some time. The reality of this was expressed when women joined us. Sometimes women felt that they were not in a good space, or had enough support in their lives to work on the important issues of what lay behind their self-harm. But at least they went away knowing they had made contact with other women and could always come back.

During our first couple of years we drew up boundaries for the group which included confidentiality, and no harming during the group meetings. These made up part of what has been very important in keeping the group safe. Our initial meetings, though small in number, were closed to new members for several weeks at a time. This gave existing women a chance to get to know each other and take risks. Since then we have grown in number and have a second group opening for new women. We have done lots of creative exercises, like women drawing or writing about how they felt, or talking about topics such as survival strategies which were then shared in discussion. Often women brought in music or poetry which were shared towards the end of the meetings. It was important to create a balance of sharing difficulties as well as positive skills and creative strengths.

In this creative way (!) some of us from FACES have started up this newsletter. A forum which seeks to allow women the opportunity to voice the reality behind self-harm; both the positive aspects (and the jokes) as well as the pain.

Let us further explore and share these many different realities and seek to build up our creative strength.

## SA NGE and V@ M I T

They've made it to the second episode - it's been a rough two months but here they are at an alternative bonfire party, fondly remembering times past.

V: Do you remember last year's party?

S: No, not really - I was on chlorpromazine.

V: So you don't recall the incident with the Roman candles?

S: Not exactly. I do remember some bright lights though.

V: Yes, that may have been the Catherine Wheels or the fire engine.

S: Oh. Was it a bit excessive then?

V: Well your insurance premium trebled afterwards.

S: Maybe it's a good thing that we decided not to have a bonfire party at my house again.

V: Yes, but we're not having one here either. Just a nice takeaway and video. Got all the Casualty episodes then?

S: Yep. There's a really good one about Munchausens - unfortunately it gives real self-harmers a bad name.

So they settle to watch the video, making caustic comments about dramatic licence ("that nurse was far too sympathetic": "six units of blood? Never."), and snacking casually on prawn crackers and chili peppers.

V: I'm feeling rather unwell. I need to use the facilities.

She leaves. Seconds later there is a scream and a loud bang. No one had told her about the lighter fuel in the toilet. She should have extinguished her cigarette first. The bonfire sadly reappears. And it looks like it's all down hill until Christmas.



## COUNSELLING: SO HOW D'YOU FEEL ABOUT THAT?

A guide for the novice, by Sue Watkins

Psychodynamic, gestalt or person-centred? Counselling or psychotherapy? Private practice, local agency, psychiatric service? All this jargon, decisions to take - little wonder many people are dubious to enter the world of counselling/therapy.

In Britain today, although this 'world' is becoming more accessible to all sections of the population, for many it is still bound up tightly with mythical strings. For example, the Sigmund Freud stereotype. You know the one: black leather couch, free association and the assumption that all women are neurotics as a result of "penis envy" - a stereotype. Another popular misconception is that all counsellors sit motionless, smile in a condescending manner, and repeat the last sentence spoken by the client. If this is your experience of counselling next time find yourself someone who knows the difference between a paraphrase and a parrot phrase! - misconception or bad luck? Then there is the psychiatric service. For many this conjures up a picture of men in white coats who label first and listen later, a picture of straightjackets and shock machines with medication as a matter of course - a rare picture. These myths may be somewhat exaggerated but for many with little or no experience of this form of help they can be powerful factors in rejecting counselling as one means of overcoming self-injury. After all, why enter a world which could at its most negative appear potentially more harmful than the one already being experienced.

O.k., so that's what I think counselling isn't about, but it is why many people are put off. As a counsellor in a voluntary agency and having been a patient in the psychiatric service I hold no doubts that counselling/psychotherapy can be a very positive experience.

So far the words 'counselling' and 'psychotherapy' have been used here as almost interchangeable. Confused? Is there any difference? If there is one (much debate in the field!) then it would seem to relate more to the difference in the therapist's/counsellor's training; a difference in the theoretical concept of what is construed as a 'psychological disturbance'; or merely a difference in the setting where the work takes place. There is not necessarily any intrinsic difference between the two disciplines. There are almost as many definitions of counselling as there are counsellors, but most definitions emphasize the need for a trusting relationship between counsellor and client. As clients in a trusting relationship we have the freedom to express our most confused and painful thoughts and feelings without fear of judgement or rejection. A counsellor uses her skills and personal qualities to help and support us explore past events, current relationships, patterns of behaviour - whatever it takes in order to make sense of our unhappiness. Counsellors will give no direct advice but help us to develop insights into ourselves, build our self-awareness and re-find our inner resources.

So, what's all this got to do with self-injury? Current/recent research indicates that for many self-injury could be an individual's mechanism for coping with or temporarily changing their emotional state. As we all know, when a difficult emotional state peaks, it's hard to ignore! This is a time when this strategy is often employed. Could it be that words don't come easily - or don't exist - so self-injury becomes a non-verbal visual expression of emotional pain (scars). Is self-injury an attempt to gain some control in our lives (where to cut, how deeply etc.)?

Does self-injury serve to numb the internal pain and simply divert our attention away for a while, at least until the peak subsides? Will self-injury force us into having to take care of ourselves or ask for help even if it does take the form of applying steri-strips or attending the casualty department? (I should point out that the suggestions made above as to why many women self-injure are merely a simplistic overview and form only a part of a much wider and more complex picture.)

Cue the counsellor. In counselling you can learn what the words are and how to use them. There is little to challenge the power and freedom that accompanies honest verbal expression. Other therapies offer expression through creative arts, i.e. painting, music, drama etc. Through counselling you can discover where and how to take back control in your life, greatly reducing the feeling of being a victim of others and/or circumstances, as may have been the case in the past. If self-injury is a diversion, counselling could be seen as a head-on. It is a place where the pain and hurt can be let out with someone who cares and can help you identify its roots. Emotions need freedom of expression (something our culture does not encourage); once out in the open they lose the power to overwhelm.

In Britain many women are socialised very early to please others. We are the ones who do the caring and keep the peace. We are not expected to express strong emotions but to cope regardless. Therefore to admit that we need help could feel like an admission of failure wrapped up in guilt. These social messages may be perpetuated by other similar beliefs brought from childhood. If these are the messages you carry around, counselling can help to wipe out the tape in your brain, replacing the old with new positive messages. And remember, you don't have to do or be something to deserve help, you're allowed it and you're worth it!

When choosing a counsellor/therapist, word of mouth from someone you respect can be one of the best recommendations. But the only person who can judge whether the counsellor is 'right' for you, is YOU. You can check out about qualifications, length of experience, more importantly, ask yourself if you feel comfortable talking to this person, do you like their manner, will you feel safe enough to be open with them? If the answer is no, the counselling may not be useful - if you have the opportunity, shop around until you are satisfied.

If you feel counselling could be useful to you - where do you begin? A comprehensive list of contacts can be found in the information booklets on self-injury published by the Bristol Crisis Service for Women, PO Box 654, Bristol BS99 1XH. Also the local press, advice centres, helplines, social services departments and GPs should be able to give information on counselling services in your area. If you send an SAE to the British Association for Counselling, 1 Regent Place, Rugby, Warwicks, CV21 2PJ, they will send you a list of counsellors practising in your area. Counselling is not the answer to everything or for everyone - but it could be for you!

## COUNSELLING: SO HOW DO YOU FEEL ABOUT IT NOW?

If you've had a good/bad/ugly experience of counselling and would like to tell others about it - write to SHOUT!

## Book Reviews

**'Women Who Hurt Themselves - a book of hope and understanding'** Dusty Miller, Basic Books, New York, July 94, £14.99

Miller is an American psychologist who writes as both therapist and survivor of self-harm. She has strong views on the misdiagnoses and treatments of self-harm in the mental health system, but she writes sensitively relating much to the personal experiences of clients without coming across as either too patronising or aggressive.

She puts forward the idea that all self-harming behaviours (anorexia, bulimia, drug addiction, self injury etc.) are in fact part of one continuum which she calls Trauma Reenactment Syndrome (TRS): "whatever the particular syndrome, for all TRS women the self-inflicted harm resonates with the pain that was inflicted upon them as children. Their self-destructive behaviour tells the secret story of their childhood experience over and over again." (p.10). Her view is very much that the symptom does not matter, it is an expression of inner and younger pain which needs to be acknowledged, accepted and healed. Letting go of the symptoms "is a frightening, maddening and disorienting phase of the work for most women who hurt themselves, and potentially also for those who are involved with them." (p.221).

Miller's arguments for individual therapy being at the core of the healing process are thorough. She examines the roles (and feelings) of therapists, and the necessity of a safety network for each woman (ideally involving support groups): 12 step programmes are not enough to help women to trust in others and ultimately in themselves. There is no 'right way' to stop self-harming, but Miller's exposition of developing a trusting relationship with a therapist is both convincing and liberating, enabling women to "develop the capacity to protect (themselves) from self-harming behaviours and to learn new ways to connect with themselves." (p.182).

**"Self-Harm - Perspectives from Personal Experience"** edited by Louise Roxanne Pembroke, Survivors Speak Out, October 94.

This book is like a razor blade cutting through the ignorance of the psychiatric profession in general. It is angry, but articulate: it is shocking but incredibly moving: it needs to be read by anyone who thinks self-harm is a sign of mental illness so that they can begin to see a bit more what it's really all about.

In the book there are contributions from seven people with personal experiences of self-harm and the mental health system. Professionals reading their words may well experience a plethora of emotions - anger, rejection, numbness, denial- just like the contributors did themselves at the hands of those same professionals. I hope they do read it - this book does a lot to redress my own sense of injustice in "the system vs. us".

Having said that, it is not just an angry rant at psychiatry. The final section focuses on issues relevant to us:- scars and disfigurement - how to cope; employment - implications of the Clothier Report; suggestions about obtaining counselling; and a highly comprehensive resource and contact list. Practical information abounds as well as strong words of support and encouragement for all of us. And I'd certainly like to see a copy of the "Rights for self-harmers within Accident and Emergency Departments and suggestions for Accident and Emergency Staff" (p.56-8) posted in every casualty department in this country.

**"Women and Self-Injury Information Booklets"** BCSW, October 94.

This series of booklets helps explain what self-injury is, and why someone might feel driven to hurt her own body, with specific guidance for people who self-injure in booklet 2, and their supporters in booklet 3. They have been compiled as part of the research project undertaken by BCSW, and update the booklet previously published by the organisation. The new publications are vastly expanded and improved; they have been clearly written with a great deal of thought, feeling and sensitivity. "Self-help" and "Introduction to" books are often prescriptive, patronising or so vague as to say nothing relevant- these are different. The task of writing them must have been Herculean: how on earth can such a confusing and disturbing subject be 'explained' to an audience of women who self-injure, to their families and friends, and professionals?

Lois Arnold has handled the whole spectrum of issues involved succinctly, comprehensively, and without judgment. The booklets exude acceptance of self-injury as a way of coping that has many causes and expressions. No damaging labels are applied (eg no assumptions that self-injury must indicate an abusive childhood or any one particular cause). Careful and helpful advice is given - from First Aid (in booklet 2) to suggestions about how partners might cope with women's self-injury (booklet 3). Each booklet has a comprehensive contact list and the texts are punctuated by quotes from women's own experiences - there is no chance of these booklets being too remote from the reality of self-injury. Several people I have spoken to have said "I only wish they'd been around when I first needed some help" - maybe some GPs would have listened more, partners been more patient, families less rejecting, and self-injurers far less frightened and isolated. If you think there is someone who might be able to help you more by reading one of these booklets, or you might find them helpful order early in time for Christmas.

Karin

Not hints for coping with Christmas

If you like Christmas, great. But if like many people, you find it a pretty difficult time, here are some ideas to help you get through it:

- \* Christmas isn't compulsory. Nobody is going to drop down dead if you decide not to bother. You could spend it doing something completely un-Christmassy, like painting your bedroom, writing your life-story, climbing a mountain.....
- \* If you do celebrate Christmas:
  - ☺ remember that what you are supposed to be doing is enjoying yourself. Don't make yourself do things you don't want to do just to make other people happy.
  - ☹ don't spend time with people who hurt you or make you feel bad.
  - ☹ don't end up broke because you've spent so much on other people.
- \* If you spend Christmas on your own, you could give yourself a really nice, special time. Buy yourself presents, have only the food you like, watch what you want on T.V.....
- \* If you feel down, don't make yourself feel worse by imagining that everyone in the world is happy but you. Lots of us find Christmas hard; we just put a brave face on it.
- \* Have some plans for what to do if things get bad and you feel like self-harming. Will you be able to get home (or wherever you feel safe) quickly if you need to? Have things that comfort you around. Do whatever is right for you. And remember most helplines still open at Christmas.
- \* Take good care of yourself, and remember you'll be getting your next issue of SHOUT in the New Year! (You could always spend Christmas writing or drawing something to go in it.....)

## CONTRIBUTIONS.....CONTRIBUTIONS.....CONTRIBUTIONS.....

### Losing the Battle

In the corner sits the mourner,  
Wrapping arms around her pain,  
Weapons without ammunition,  
Clinging on to staying sane.  
Grenade-body charged with feeling,  
Shell of sadness held within,  
Self-containment isn't pleasant-  
Nor is pulling out the pin.

### Wish

I wish I could walk bare-armed,  
I wish I did not love knives.  
I wish I could work happily in the kitchen,  
I wish I could make salads without fear,  
I wish I could step over shattered glass,  
I wish I could shave without razors,  
I wish I could shop off a knife edge,  
I wish coke cans have no rings,  
I wish I could walk bear-armed,  
I wish I did not love knives.

### Vicious Circles

Fear of being well:  
No one to look after me  
No one to love me.  
Logic telling me there must  
Be a better way,  
My battered body yearning for release  
From the cuts and poisons.  
I see the blood rise  
Out of an open wound  
To show to others  
"This is how much it hurts"  
A cut, the pain is sweet  
Punishment for my neediness,  
I smile at the damage  
But my body series for me.  
Blood trickles down  
-Ruby red tears  
Show my sorrows to the world  
Sew me up but be gentle  
It hurts so much;  
The pain of my body  
Mirrors that in my mind.

Written by Jane, and the inspiration for  
the title of Diane's book, which sadly she  
shall never read.

As I wake in the morning and realise I've got to get dressed  
I look at my horrible cut body in disgust  
I wish and promise myself that I will do it no more  
But when I get down I just cut some more.

D.Thick, Salisbury.

### No one can be what the world can't see !!

Self-harmer - no not me ! - because the world can't see  
Let the world see,  
The 'pain' I suffer,  
Alone with me,  
As rage erupts,  
A sharp object plays,  
Slicing merrily along its way,  
From hand, arm, leg or face,  
Lines emerge,  
But never disappear,  
Without trace,  
For scars must punish,  
This odd 'comforting' embrace,  
In the aftermask of red rivers free,  
That release tensions of memories,  
Which help me keep,  
A sort of sanity,  
But that's not what they see,  
Push aside my lonely plea,  
No! They can't see me,  
Struggle on through thick and thin,  
No one understanding what's going on within  
Not interested,  
Is how they react towards me,  
The world doesn't know,  
Our world of pure misery,  
Ignorance stands in the way,  
But hopefully will break through  
On 'our' glorious day.

HLH.

### The Lonely Child

THERE sits the child, dependent  
on others.

She can utter no words  
or proclaim her being.  
Her value of life such an  
unhappy one.

THE voices outside ignorant  
of her tones, but the voices  
within claim she's of value.  
TEARS shed are wrong in  
another's eyes, the flow is  
good and continued sighs.

There sits the adult  
misunderstood,  
IF only others had listened  
for her own good.



# Professional Thought Disorder Part III :

(The Art of Diagnosis - can we apply our therapies to this person or not?)

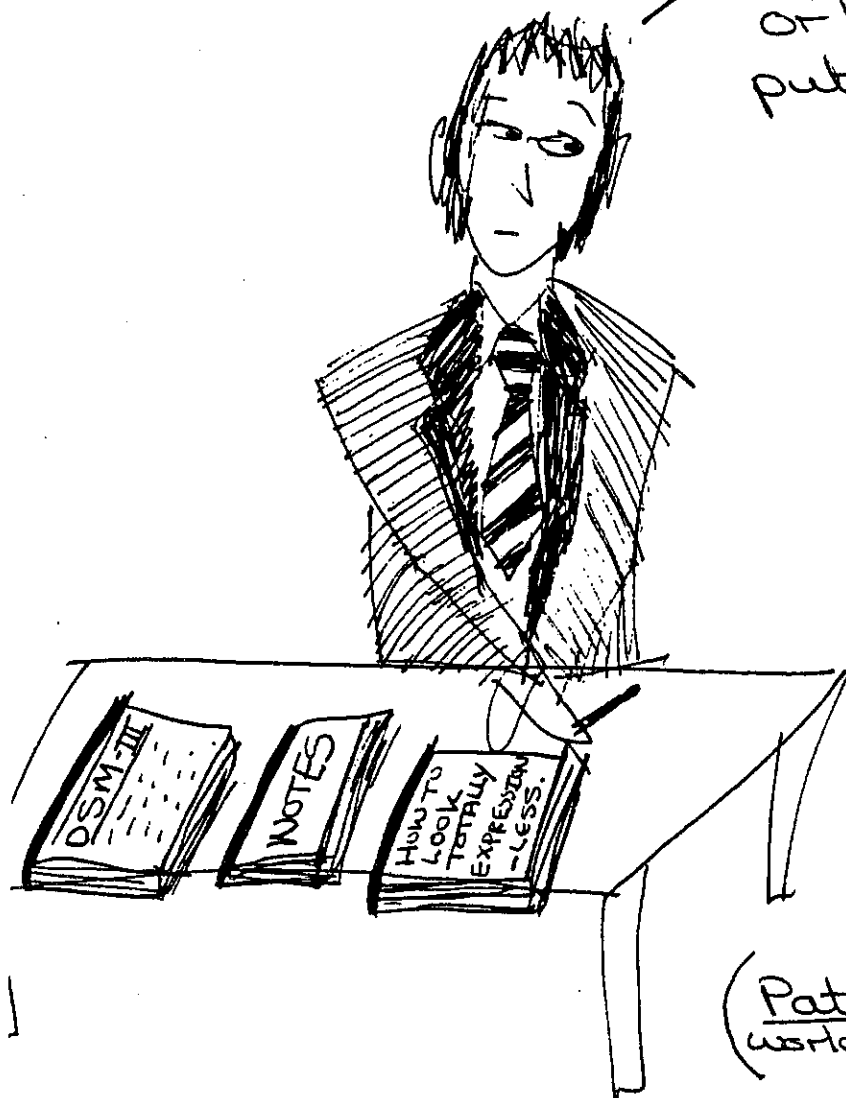
A.D. PSYCH:

suffering from twit-affective tendencies and  
re-lobal mania of upper left northern hemisphere.

If you don't self-harm  
because you're depressed  
or hear voices, then I'll  
put you down as behaviour

Did you know there  
only three ways of  
breaking y  
leg Dr.

(Patient:  
world's greatest expert on self)  
Louise Pembroke.



# SHOUT

self harm overcome by understanding and tolerance  
c/o PO Box 654, Bristol, BS99 1XH

Vol.1, Issue 4. January 95

Happy New Year! Here's hoping the 'holiday period' has left you relaxed and fit for '95.... The SHOUT team are all fired up for some major fund raising in the new year, in the hope of becoming more self-sufficient.

In the meantime, as a result of your contributions certain themes appear to be arising so we've decided from time to time the newsletter will take on a particular focus; in this issue we'll be looking at the difficulties of living with self-injury and scars. Incidentally there is a detailed section on this in Louise Pembroke's book (reviewed last time). If you have a particular theme you want covered do let us know - possibilities might be: response of professionals, families, childhood, sexuality, race, gender, etc., etc., etc.. Please write! Any feedback, poems, prose, letters are always welcome; no new pen pals have come forward but the response to the last lot seemed favourable (if you want to advertise for pen pals just write 80 words about yourself, which we'll print under a box number). We now have 120 subscribers - that's a lot of possible contacts and support!

Also this time we have the review of the Brighton conference, an updated resource list, and more of your contributions. Apologies again if we've left yours out - they've not been forgotten - all have been read and kept safely & confidentially. We do also reserve the right to edit because of space restraints.

So, here it is, the latest issue - hope you continue to find SHOUT useful, entertaining and worthwhile.



## Noticeboard

### Contacts/ resources:

Bristol Crisis Service for Women - helpline (Fridays and Saturdays, 9 - 12.30a.m.) Also self-help booklets, training, and a summary of the findings of the research project will soon be published. 0117 925 1119.

Survivors Network (Sussex): self-help groups and forums for women survivors of sexual abuse. Newsletter for members. Contact PO Box 188, Brighton, BN1 7JW.

Women's Therapy Centre (London): Services for survivors of sexual abuse and training for workers. Face to face counselling and groups. Contact: Women's Therapy Centre, 6-9 Manor Gardens, London, N7 6LA. Tel. 071 263 6200 Mon-Fri 12-4pm.



ASHES (Abuse and Self-harm - the experience of survival) training on self-harm and sexual abuse issues. Training packages offered, led and facilitated by survivors who have had several years' experience of working with professional agencies and voluntary organisations. Contact : Pat 0272 414258 or Diane 0272 411361.

British Association for Counselling. Information and advice on counselling and therapy. Can provide list of local contacts. Send SAE to: 1 Region Place, Rugby, Warwickshire, CV21 2PJ; tel: 0788 578382

'Understanding Self-harm' by Diane Harrison, edited by Janet Gorman, MIND publications, Dec 94. This is a new booklet in MIND's Series on "understanding....", available from: MIND Publications, 15-19 Broadway, London, E15 4BQ. Price 45p + A5 SAE.

Errata - correction from last issue:

Louise Pembroke's book, as reviewed last issue was wrongly priced: £4.50 for self-defined survivors, and £5.50 for non-survivors (including P&P). Available from Survivors Speak Out, 34 Osnaurgh Street, London, NW1 3NP.

### National Self-harm Network

I want to start a national network of people who have experience of self-harm. Sometime in the near future I would like to convene a meeting/ series of meetings for us to discuss what we like to do.

In the New Year I will look into obtaining some funding to cover travelling expenses. If anyone else would like to explore funding possibilities, please do (I'd appreciate it if you did). Until we meet, I thought that we could correspond with each other about our ideas, so that when we do get together we will have a clearer idea of our agenda.

If you write to me I would be happy to circulate your ideas (and addresses, with your permission) onto others. Here are my own ideas:

I would like to see this become a survivor run network where survivors made the decisions and allies/ supporters could feed in their ideas for our consideration.

I would like this network to become a campaigning organisation.

Accident and emergency departments are a massive source of abuse to many of us. The department of health guidelines on the 'management' of "deliberate self-harm" are geared towards people who have attempted suicide. The guidelines they issue to accident and emergency departments do not address self-harm without suicidal intent, particularly those of us who regularly need treatment. As we know the issues are somewhat different.

I would like us to present to the department of health our policy guidelines as to how we should be treated. If the DOH included our recommendations in their papers, we would then have something concrete to start fighting with. It would become easier for us to complain about abuse from staff if there were guidelines/policies which stated what rights we should have.

Louise Pembroke

c/o Survivors Speak Out, address as above.

Suggested guidelines for A & E are included in her book; due to space limits we cannot print them here, but may be included in a forthcoming issue.

## BCSW RESEARCH PROJECT: REACTIONS TO SELF-INJURY.

Bristol Crisis Service for Women have recently carried out research with 76 women who have personal experience of self-injury. Something which came through strongly from many women was great distress about the ways in which professionals (doctors, nurses, etc.), family, friends and strangers have reacted to their self-injury and to their scars. For many women, the agony which causes them to hurt themselves and the shame and fear they feel about doing so are compounded by cruel, judgmental, ignorant attitudes and remarks from others.

Here are just some of the things women told us had been said to them by professionals from whom they had sought help:

"you're just doing it for attention"

"you are trying to manipulate people"

"you're disgusting"

"you're unfit for society"

"don't you care about anyone else?"

"grow up"

"you're disturbed"

"I don't care as long as you don't do it on my shift"

"you'll be sick for life"

"you're a nuisance; you're wasting our time"

Time and again women told us that they had been treated with contempt, anger and criticism; misunderstood and dismissed. Many women had also been told that if they injured themselves they would not be treated/given counselling/allowed to continue in a therapy or support group, etc.

From friends, colleagues, family, even strangers women often received shocked, uncomprehending reactions. Again, they were told they were 'sick' or mad, attention-seeking, manipulative etc. Some said partners or family would not talk about their self-injury or the feelings and problems giving rise to it. They were expected to 'pull themselves together' and just stop doing it. Further problems had been caused for some by the attitudes of employers; many women said they kept their self-injury secret, hiding their scars because of fear of losing their jobs. Some had failed medicals or lost jobs when their self-injury was discovered. Some women also feared losing their children if they were 'found out'.

It is very understandable that those close to a woman who injures herself should feel upset, shocked, angry and so on. What is not understandable and still less forgivable is that professionals whose job is to help people who are injured, ill or in emotional distress should treat women in their care with such ignorance and cruelty. That, far from helping, they should cause further pain to women who have already been severely hurt. What is not forgivable is that the society in which we live has failed to recognise, understand and address women's distress and its expression through self-harm.

A minority of women told us that they had received caring, sensitive and helpful responses from professionals or from friends, partners or family. Most appreciated were acceptance, respect, kindness and efforts to understand. Most cherished were people who would continue to see and value the 'person behind the scars'; who could see self-harm for what it is: simply one of the many ways in which human beings cope with pain in their lives.

Many more women told us about the sorts of responses they wished for. From friends and family they longed mainly for acceptance; to be able to be themselves, not to have to hide their injuries and their distress. From professionals, women felt they needed more understanding, caring rather than condemnation, and time to explore the underlying reasons for their self-injury. This does not seem a lot to ask. But it requires willingness to look into the stark face of another's pain. To accept that it cannot be neatly covered over or wiped out. To respect a woman's right to do as she wishes to her own body. And perhaps to feel helpless, and then to have the patience and humility to learn how to help someone find their own answers.

Lois Arnold.

## Book Review

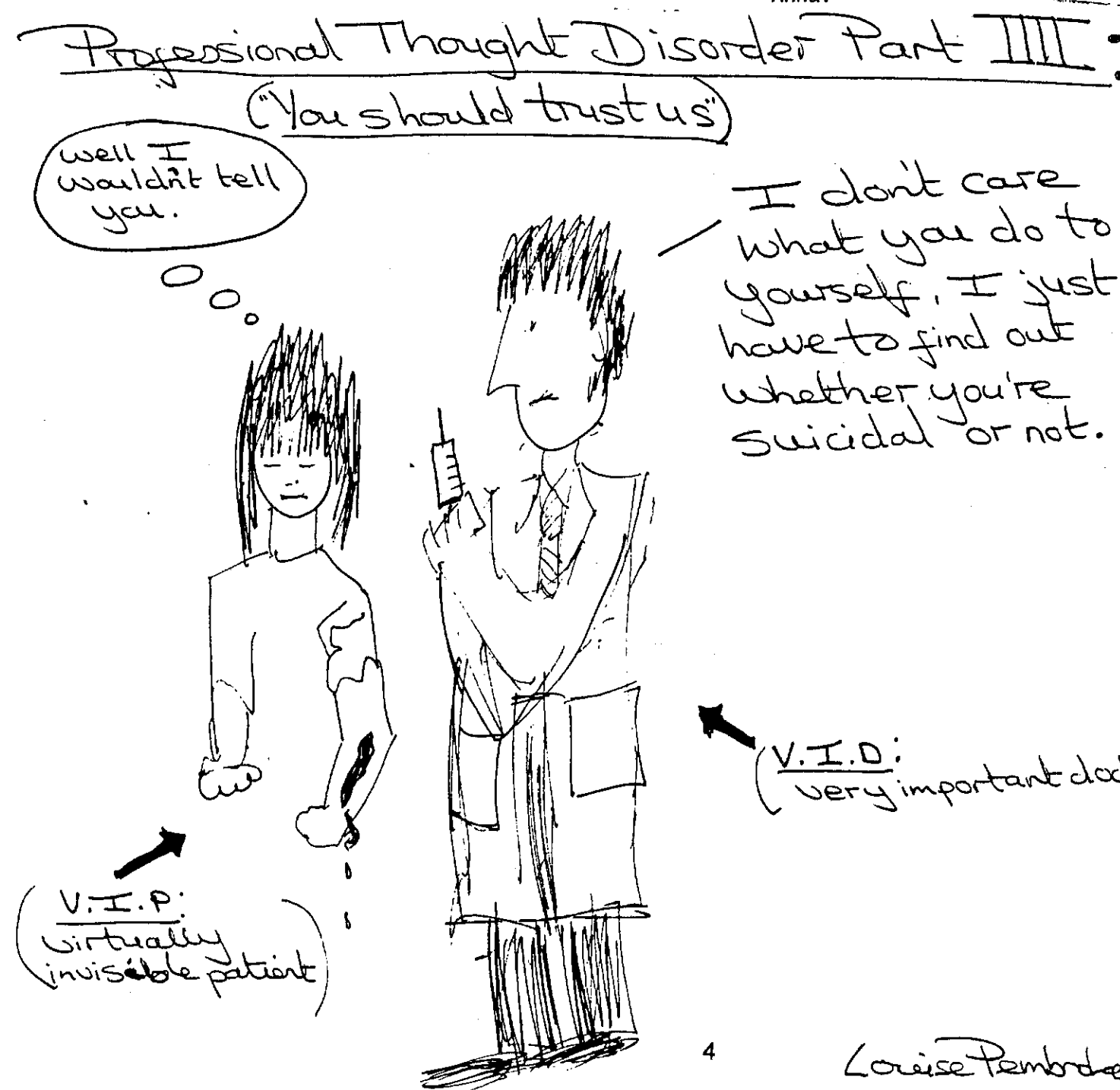
"Understanding Self-harm" by Diane Harrison, edited by Janet Gorman, MIND Publications, Dec. 94.

This booklet looks at the causes of self-injury and briefly examines some of the myths around self-harm. For example, self-harm and suicide are very different as Diane writes "there is a vast area in between which is not about living or dying, but is rather a grey state of survival where choices and decisions are kept on hold" (p.5).

There is also a good section on self-help, which provides a list of creative ways of beginning to deal with self-injury in a less destructive way. Diane states "creativity is the most powerful tool in gaining strength over despair." (p.7).

It also explains where help can be found and provides a useful list of organisations that can be contacted with regards to self-help, helplines, counselling and training.

Anna.



## Coping with scars in the real world - a personal account

I agreed to write this article a while ago but spent a lot of time running away from it which I guess is what I've always done with my scars and the fact that I injure myself. Sitting here writing this started me thinking about Christmas which made writing this harder. I don't know what to do about my scars, or how to deal with or explain them satisfactorily in the 'real' world. I find it very hard when people ask about them but having started wearing t-shirts again I also find it difficult when people don't ask but just stare at my arms. I find I want to scream at them and shake them, tell them what I did and why I did it just to shock them out of their fixated stare.

Many people would argue that student life is far from being in the real world and for me, going from a year out, spent attending a day hospital (where scars were understood) back into university life was always going to be hard. Problems were further increased by the obsession institutions seem to have of keeping rooms at 28°C resulting in me wearing t-shirts in lectures. University has contained many extremes and people seem to be polarised in their views on various issues. Luckily those that I have told about the scars have been tolerant and tried to understand. With those I don't trust enough to tell the only way that I have been able to cope is to have an excuse ready (even if it is somewhat implausible) to explain away the marks. I found it best to have only one excuse as trying to remember who you have told what is virtually impossible. It's also got easier as time's gone on and fewer people ask me about them now I found that those who knew me before I started injuring myself ask me about the scars more often than those whom I've only known since the scars were there. They seem to accept them more as part of me, though they are more likely to stare. The thing I was unprepared for was people guessing the truth, taking me to one side and talking to me about the scars. This freaked me at first but I haven't had too many bad reactions from it. The thing that still bothers me is that some people may guess the truth and not say anything to me. I panic at what they may assume and think about me, or my family, behind my back.

All in all I suppose I won't be able to help others to cope with my scars until I can accept and deal with them myself. I still cut off (ho ho) from the scars on my body which often revolt me. The unnatural lumps and bumps get to me and I even catch myself wondering how I could do such things to myself. On the other hand when I'm self-harming the damage often has to be bad enough to scar in order for it to work which is a problem in the long term.

I found self-harm has helped me cope during hard times which I don't feel I could have got through in any other way at that time. It does now cause a few other problems but these do seem to be obstacles that can be overcome, for example make up can be used to hide and cover up lighter scars. Basically I just try to prepare myself for the unexpected and am ever grateful for the invention of long-sleeved t-shirts when in the company of those whom I never want to see the scars.

V.B.

## CONTRIBUTIONS

Why don't you just say something ? I won't hurt you if you ask me (might hurt myself though, later). I can see your eyes drift to my arms, I know you're wondering what those marks are. Will you believe the 'fell through a window' story, onto a vat of boiling tar, hence the burns. Maybe that's pushing it a bit - even an embarrassed non-loony might not believe that. A fire breathing dragon with claws - perhaps not (but how gullible are the uninitiated who know not the difference between a razor and a scalpel ?). Anyway, better try and concentrate on the conversation that's actually happening, not the tongue in cheek rehearsals in my head. Another drink - yes, definitely: I think I'll need it. You hesitate - yes, yes, go on say it "How...how...how are you getting home later?" Groan, the let down. I was just getting ready for the fray. Should I have a cigarette and do something daring with the matches so she'll have to realise. No, the doctors might not let me out again this time. Excuses, well, it's just an inheritance from my parents you know - another little genetic defect ( but they don't automatically mean you're born with first degree birthmarks). My last lover and I didn't get on very well - no, that's not very p.c. especially to admit to someone you quite like. Shit, if that's what she's like about the areas I can expose, there's no bloody hope for the rest of my body. Perhaps an acid bath will shift the lot - would she bring me flowers or break the 800 metres sprint record ?

Oh well, if only she'd just ask, I might actually feel human about it all; give a sensible response to a sensible question that unfortunately doesn't have a sensible answer - not after five pints anyway.

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### Scars

The scars that are visible to you and me  
Are not of battles fought and won  
But of a constant battle going on  
In the very depths of my mind  
In search of the punishment I must find  
To rid this tortured soul and cease  
To wander, to lay this broken spirit at last in peace.

### Silent Scream

Time ticks,  
The unseen envelops me  
The glass box containing my being shatters  
Why does life always begin tomorrow ?  
The void inside  
Sucks me in  
To silently scream.

The cuts are getting deeper, the scars are getting more,  
And every time I crave more blood than the time before.

Dear Shout,

I'm job-hunting and in addition to the problem of a large number of people going for a small number of jobs, I can only consider applying for jobs that mean I can wear long-sleeves as my left arm is covered in self-inflicted scars and my right arm has a few scars plus an old track as I used to be a drug addict.

The job centre tried to send me for a job that would have involved a short-sleeved uniform recently. I said I couldn't do it because of back trouble. This is partly true however I don't want to tell the job centre about my scars and have to face all their assumptions etc.. I cannot stand the people who work at the job centre - their little bit of self-importance.

So far I've had two job interviews. At the first I'd put on my application that I'd worked as a RAPE crisis counsellor. I was being interviewed by two women and a man. The man asked me what TAPE crisis was. The job was as a health centre receptionist and it amazed me that a man working at a health centre had never heard of rape crisis.

The other interview was a catering assistant in a hospital staff canteen. The interview was alright, and the uniform was long-sleeved. But as it is a hospital job I've had to have a medical so I might as well forget it.

I've got three A/Levels: Biology B, Chemistry A and Physics E, S/Level Biology, and 2 BTECs in carpentry plus various other bits and pieces. So I'll plod on. It angers me that I have to hide my scars and track from large areas of my life because they are part of me - they show my pain. I often don't hide them in the summer, except from people I like and respect. My main trigger for self-abuse is the family I grew up in - my mother, brother and sister. It used to be my father as well however he drowned himself last year. My mother, brother and sister think all is fine with them and I am the problem. It strikes me a family that produces a suicide and someone who abuses herself in various ways from the age of 14, is far from fine.

φφφφφφφφφφφφφφφφ

Coping with scars, day to day. That's something I can probably find a fair bit to say about, as I've struggled to keep them covered many a time. It's mainly my forearms that I carve up of late, and this can be a real pain in the ... backside (!) at times, as I work in the construction industry (yes, a female builder does exist !). So in the sweltering summer heat, I'm confined to long-sleeved tops. I could probably get

away with the marks on my legs, but they're pretty unsightly anyway, so I live in trousers all year round too. Swimming is the one thing I despair about most of all - I haven't jumped in a pool or the sea for far too long because of having to hide the scars on my body.

Before I started cutting to the extent of several deep wounds in one go, I could get away with baring my skin once the wounds were almost healed, so I swam whenever I could make the time. I hate myself for stopping myself swimming so freely, but then I also feel I deserve that deprivation for being so full of badness and spite. And it's now way too late to be able to make feeble alternative excuses as to how the scars appeared. I don't think I'd get away with 'oh, I was savaged by a lion last week', no matter how convincing my expression!

Another problem I've had stemming from work is accidentally bashing my cuts while working. Even black tops don't disguise where the wounds are when they bleed and if you lean on something, forgetting the fragile scabs on fairly wounds, to even worse trying to remove the subsequent blood that suddenly appears from beneath the clothes. Being in this line of work though, I usually have a cut or graze on my hands that I can blame should anyone see the fresh blood. But, alas, it doesn't always work that way. I can't remember half the pathetic excuses I've used in the past, but I've got away with it so far, somehow.

I remember once blaming a nosebleed, when I've never before had a nosebleed - not even a small one.

I seldom bandage my wounds but once I had to as my arm refused to cease bleeding before I had to leave for work. So I donned a bandage in the hope that the leaking would be contained. That didn't work, as the bandage came loose during the day and suddenly appeared around my wrist. I can't remember a worse sense of panic that I'd be interrogated about why I had a bandaged arm. But I got away with that one too as, miraculously, nobody commented or looked my way. Lucky sod really aren't I?!

People patting or grabbing my arms is another nightmare. You try keeping a nonchalant expression on your face when someone else tears the wounds open, painfully!

Why is it that it actually hurts when someone else makes you bleed?!

I had a go at my wrists a few times (unsuccessfully of course!) so have to wear a wrist band of some kind as even long sleeves aren't effective at keeping your wrists covered.

Constantly having to think about keeping scars covered only adds to the cluttering of thoughts in my mind every day. It's impossible to cut and just forget about it til the next time, as you have to remind yourself it mustn't be seen in the meantime.

I wonder if there will ever be a day when I can wear t-shirts in public without such a fear of being further out-casted than I already feel....

Well, thank you for the newsletter - it does a lot of good in the way of liberating a common issue among people who would otherwise feel much more alone. But you probably already realise that.

Still, I just wanted to let you know you're much appreciated.

~~~~~

shout

self harm overcome by understanding and tolerance

c/o PO Box 654, Bristol, BS99 1XH

March 95, Vol. 1 Issue 5

Hi there again. Let's hope this issue has survived the incessant rain and has been delivered safely. We also hope you're keeping safe and looking after yourselves. We're carrying on the theme of scars and reactions to self-injury with some personal contributions about Accident & Emergency, and about children's questions and reactions.

We've had a letter (amongst many) from a professional in Social Services, asking for advice "on how best to respond to women who use self-harm as a means of survival" and we have decided to make this the theme of the next issue of SHOUT. We need you to write in - where else would you get *carte blanche* to tell professionals what you want??

Next issue will also see the opening of the "SHOUT Box": a place for you to write and have your say about anything to do with self-harm. We're sort of thinking along the lines of the "Jobsworth" awards - you know, duty psychiatrists who don't want to listen because it would blow their reputations....or classic quotes about attempted suicide Please don't mention names - we don't want to lose our funds (what funds?) in defending ourselves against libel.

NOTICEBOARD

Forthcoming Conference on Self-injury!!

Make a date in your diaries for Tuesday 26th September 1995, when BCSW are holding a national conference on self-injury (at the University of Bristol). This is as part of the Self-Injury Project (see the freebie newsletter that should have fallen out of the envelope with this issue of SHOUT). The conference aims to increase communication between users/survivors and professionals, and to come up with some guidelines for "good practice". There'll be speakers, workshops, stalls etc., including 'survivor only space'. The programme is currently being drafted out - if you have any suggestions for it, let BCSW know, via SHOUT.

Telford Women's Resource Centre provides confidential counselling and groupwork for young (16-25) women who self-harm or have been sexually abused, and live in Wrekin District Council area. Contact them on 01952 415117/8, or 79 Severn Walk, Sutton Hill, Telford, TF7 4AS.

Manchester Project - subscriber's request:

"I am a postgraduate sociology student from Manchester University. I am undertaking a research project about women and self-harm. Due to financial constraints, I am restricted to the northwest of England. If anyone is interested in taking part, I will send you a project information sheet. This would not place you under any obligation to take part. In brief, I would like to carry out several informal interviews. Anyone who participates will have full editing rights and complete confidentiality is assured.

Contact: Jackie Kearney, c/o Sociology Department, Centre for Applied Social Research, Manchester University, Coupland II, Coupland Street, Manchester.

Off Centre - Free confidential counselling for survivors of sexual abuse and self harm. Male and female 13-25 years living, working or studying in Hackney. Survivors group for women is currently running. Contact 0181 985 8566 or 0181 986 4016, Tuesday 7-9 pm.

Sheffield Counselling & therapy service. Offers face-to-face counselling for women survivors of sexual abuse. Contact University of Sheffield, 61, Leavergreave Road, Sheffield. Tel 0742 752 157.

PENPALS

Box 4

I am a 30 year old woman. Who does self-harm. I am a survivor of sexual abuse who wants contact to share and support other survivors. I like reading, writing and travelling - I have a good sense of humour. I am short but sweet.

Box 5

I am 42, single, an artist interested in both illustration, egg-painting, and silk painting. I love music and nature and reading and am doing a two year diploma course in university on art history. I live in Ireland.

Proposed Charter of Rights for Self-harmers within Accident and Emergency

Louise Pembroke has proposed the following list of rights for people attending A&E with self-inflicted injuries, together with suggestions to staff treating patients:

1. Medical treatment for self-inflicted injuries should be a right. Moral judgement should not affect clinical judgement. Treatment should not be dependent upon the individual agreeing to psychiatric intervention.
2. A patient with self-inflicted injuries has the same right as others not to have students observing or treating.
3. Pain relief should be given the same priority as for any other patient. anaesthesia as a punishment or deliberately giving inadequate unethical. It will only result in further loss of self-worth in the patient, further harm.



Withholding anaesthesia is often leading to

4. Judgement, annoyance and from self-harming. It will make more



simplistic solutions or lectures will not deter a person work for you.

5. Don't guilt-trip the individual for seeking treatment for an injury.
6. Don't write people off, especially those with a long history of self-harm.
7. Try not to give the impression that you don't care and that you merely have to find out whether there is suicidal intent.
8. It is okay to say that you don't understand, feel frustrated or helpless. We would rather you were open about these feelings. We will know if you are feeling them anyway.

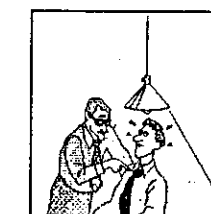
9. Basic human help to ease body is negative



comfort is underestimated. A comforting touch may be quite beneficial and tension, especially if most of the contact the individual has with their own or hurtful.

10. Try not to launch straight into standard 'mental state' examination questions. Ask how the person's day has been. Try to engage her in conversation not related to her injuries.
11. Show that the self-harm matters and acknowledge the person's distress, even if you don't understand it.

12. Don't force a person to talk if she feels unable to. to us we can't help you" will not encourage a person to that their distress will be taken seriously.



Statements like "If you don't talk talk; they have to be reassured

13. Encourage the patient to talk about previous responses and don't feel that you have to justify bad treatment. Acknowledge our feelings and if appropriate offer information about complaints procedures.

14. Consider frightened,



your body language and how you speak. We usually feel very small and therefore you could easily intimidate us.

15. Never talk about us
loud voice to us. Say
Half-heard conversations



in the third person, or whisper to colleagues and then speak in a
everything either clearly within earshot or completely out of earshot.
feed suspicion.

16. Don't physically humiliate us by leaving us half-naked or demanding to see all our scars. Disfigured self-harmers require the same sensitivity as patients who are disfigured through surgery or accident.

17. If you have the time, even 10 minutes, listen. Invite the individual to come in and talk to whoever they feel able to approach even when there isn't an injury. Devise an accessible, workable system for this.

18. Ask how safe the person feels. If there is the availability
night. It can take the heat out of the situation.

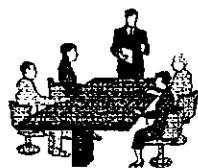


and it is late, offer a bed for the

19. Refusal of psychiatric treatment doesn't necessarily equal no desire to stop self-harming. Find out what local voluntary/women's organisations have to offer. See if there are any counselling services that have an interest in self-injury. See where the nearest support is.

20. Forget your assumptions. If you see a colleague being abusive, challenge them, don't walk away.

21. Consult people
possible to get their



who self-harm when formulating a policy for your department. It is
services through mental health user/ survivor groups or local MIND.

22. Self-harm is distressing for staff and students to see. Support and training are essential.

23. Don't give up. People do survive (and stop - Ed.) self-harm even after many years.



What do you think? Do write in and give us your ideas.

Louise Pembroke is setting up a national network of people who want to campaign for better services for those who self-harm. To find out more, write to her at Survivors Speak Out, 34 Osnauburgh St, London NW1 3ND

Contributions....Contributions.....Contributions.....

Ten

Footsteps sound in the night
You start to shake with fright
Strong arms, big hands
You just don't understand
Lips that search your face
You wish you could escape from this place
But where do you go, when, you are scared and just ten.



One self-harmer's experience of Casualty treatment.



by Katherine Livingston

Last night I needed to go to Casualty. It has been a particularly difficult and distressing time for me recently. This was the fifth time in two months that I had cut myself badly enough to need professional medical treatment. (Before this period it had been over a year since I had cut myself at all.) It isn't easy for me to ask for this help. I have, in the past, neglected to seek help when I've needed it for fear of the distress a visit to Casualty causes. But now I do try to act responsibly. I still take care of most of my injuries myself, but if I do cut myself deeply I face up to the distress of a Casualty visit in the hope of minimising the damage done by the injury.

Over the years, I have moved around the country so I have received emergency treatment for self-inflicted injuries from many different Casualty departments. None of these experiences have been good but, up until my visit last night, treatment by my current local Casualty department has been the least distressing. My experience of Casualty last night was the worst I have had anywhere.

I arrived at the hospital by taxi at about 1.30am. I had several razor cuts to my forearm, two of which were deep and bleeding badly. I was seen by a triage nurse almost immediately but then abandoned in a cubicle. I was told I would have to wait about 10 minutes to see the doctor but the nurse also added that he might make me wait a bit longer since I'd inflicted the injuries myself. In fact, it was almost an hour before I saw the doctor.

As the doctor examined my arm he made a comment about not seeing the point of stitching me up if I was going to 'slash my wrists' again (I hadn't cut my wrists). He asked all the usual questions about suicidal intent but when I denied trying to kill myself he commented that I must be a 'sad, time-wasting attention-seeker'. He also asked me whether I realised there were 'genuinely sick and injured people' who needed his attention more than me. His comments and questions distressed me greatly and I pleaded with him just to be treated for my cuts and allowed home. He replied that he couldn't let me go home in my current state and I'd have to see a psychiatrist. I tried to explain that this was neither necessary nor helpful, telling him that psychiatry's remedies had never helped me before. I also told him I was currently on the waiting list for long-term psychotherapy. But he wasn't listening. He insisted I had to see a psychiatrist, and as it was beginning to look like he wouldn't treat my injuries until I consented, I gave in. Only then did he give instructions for my cuts to be stitched.

I have no complaints about the actual stitching procedure, but it did further upset me to have the young student nurse who was assisting repeatedly make comments about me as if I wasn't there. Comments like "I don't know how they can cut themselves like that, doesn't it hurt?"

As soon as I was stitched up and my wounds dressed I told the nurse I wanted to go home. She said I must stay to see the psychiatrist. I said I wasn't staying and got up to leave. As I walked back through the reception area two nurses and the doctor accosted me. In front of several people in the waiting room the doctor said "You're very upset and don't know what you are doing. If you don't come back of your own accord I have the power to keep you here". I was scared, embarrassed, confused and upset but I knew I didn't want to be 'sectioned' into hospital against my will so I agreed to return to wait for the psychiatrist. Despite the fact I had agreed and was beginning to walk back, one of the nurses took tight hold of my upper arm and was pushing me back to the treatment cubicles. I was put back into one of the cubicles and again left, but this time with a nurse to 'guard' me. When I spoke to her about the way I was being treated she said "Well, you wanted attention, now you're getting it. The doctor's probably doing this to teach you a lesson. He doesn't have much sympathy for people who injure themselves".

I stayed in that cubicle until almost 7am, when a different doctor came in and said I was discharged. He said that now I had 'calmed down' I could go home but they didn't want to see me back with any more cuts. I hadn't seen a psychiatrist and I didn't feel at all calm, but I was scared that they'd change their minds again, so I didn't retaliate. I just gathered my belongings and left to get a taxi home.

Earlier today I rang MIND. I was feeling very angry about how I'd been treated and wanted to know if there was anything I could do. MIND told me that the doctor didn't have the power to make me stay which he'd claimed. Apparently, the Doctors' Holding Power (Section 5(2)) in the Mental Health Act only applies to people being treated as medical or psychiatric inpatients. It cannot be used to detain an outpatient attending Casualty. MIND advised me to make a formal complaint about the whole way I had been treated, but particularly about the doctor coercing me into staying 'voluntarily' by threatening to use a power he did not even have.

I'm still thinking about whether to go through with a formal complaint. I am very angry and would like some redress but I'm not sure I could stand the additional stress of making a complaint and it worries me that it could lead to me receiving even worse treatment should I need the services of this casualty department again.

By Kim Rowan

In fact, she never asked again, and never seemed to even be aware of the marks. Last year, when she was 20, it seemed to come up naturally and I told her that I had made the wounds myself, and why. By then, she had the experience and maturity to understand. But what would I have done if I hadn't been able to 'fob her off' so easily when she was a child? If I had still been injuring myself, and had blood and bandages to explain away, not just old scars? It must be so much harder for mothers who are still struggling with self-harm, and with the experiences which have driven them to it. Can a young child be expected to understand and cope with seeing a parent distressed and injured? Perhaps they can, if it is explained clearly, and they are reassured that it is not their fault, or their responsibility to worry or look after their parent. Children often know when they are being lied to, or when things are being kept from them. Perhaps it is better if it is out in the open, rather than kept as an even more frightening secret? Once a child does know, I'm sure that one of the most important things is to allow them to talk about it. Not to have to carry secrets and shame about it. Just as importantly, their parent shouldn't have to feel guilty and 'bad' for what they do. Perhaps when self-harm has the same acceptance and understanding as, say, eating disorders it won't seem so hard. In the meantime, I'd welcome any ideas or experiences from other women who have struggled with this dilemma.

And admittedly I've been guilty of that too - but I know my excuse is fear not ignorance. I've got a conscience, and a career. The two sometimes sit uncomfortably side by side.

Louise Pembroke.

SCREAM group: this is a recently formed self-help group for women who self-harm. Meetings are held fortnightly in the north east London area. We aim to minimise our self-harm and offer support, and discussion activities. We are a friendly crowd and would love to hear from you if you think you could benefit from joining. For further details, phone Kerry on 01279 812869 (possible answerphone- please leave a message!).

NORTH LONDON SELF-HARM SURVIVORS' SUPPORT GROUP

I'm interested in getting together with others in North London to set up a support group for those who self-harm. Would anyone be interested in meeting or corresponding to talk about setting up a group? If so, please write to: Helen Blackwell, 7 Fernhall, Friern Park, London N12 9LT.

YOUNG PEOPLE AND MENTAL HEALTH GROUP:

"I am an 18 year old (latest diagnosis) manic depressive with extensive knowledge and experience of the psychiatric system. I am also a user of the system.

I am seeking to get in contact with as many young people (under 21's) who've either had personal experience of the psychiatric system themselves or have a friend/relative who has mental health problems, as possible.

Initially I would merely like to correspond with such people but, if there is a demand, I am hoping to set up a magazine just for young people like myself.

I look forward to hearing from you,

Jo Hancock (MD Psych)

37 Middlecott Close, Boston, PE21 7RD.

"Vicious Circles" Diane Harrison

The publication date for this book will be June or July. It will be published by Good Practices in Mental Health. Further details to follow, and Diane would like to thank all who contributed.

Self-harm, professional responses and services: your thoughts.

(n.b. some contributions have been cut (oops! no pun intended!) for reasons of space)

Iwould like to see residential facilities - therapeutic houses with different lengths of stay available (from a few days to a month or even a year), with one-to-one psychotherapy. Staff would be able to work with distress - flashbacks, regression, self-harm feelings, anger, severe emotional pain etc. There would be a sound-proof room available with bean bags, punch-bags, art materials, possibly a large tin target that small bean bags could be thrown at to make a noise. The humanity of holding a hand or a hug for someone in distress.

Sometimes for me when feeling self-harming or suicidal what was important help was contact verbally on the phone or a physical presence, with my therapist or understanding close friends. Sometimes the height of emotional pain is so great that self-harm or an overdose is used to cope or annihilate pain. That's the time that caring from others is most needed. That level of distress needs to be acknowledged, not added to with anger, blame and abandonment by others.

Self-harm can be used as a label, as a quick way of describing what we do, but this places limitations on it. It inevitably leads to attempts to quantify a subjective experience and sometimes it can be used in an unhelpful manner - I mean, for a psychiatrist to try to shock me into realising I am damaging myself by keeping my weight artificially low ("you'll suffer from osteoporosis and infertility") is making quite negative use of the label and, more importantly, it avoids looking at why a person is self-harming. Why else would I be doing it if there wasn't a positive experience to be gained? Being anorexic is the solution, not the cause. Oh of course, it can become the problem, but I raise this issue because I feel that the use of labelling can only be detrimental to the needs of the woman asking for help (or not). I advocate that self-harm should (be understood as) trying to gain some control over one's feelings "in order to get someplace else, into a more acceptable state of mind". This is important because while professionals continue to look at issues of self-harm on such a superficial level they are powerless to provide any real help.

I can only speak from my own experience but I feel a lot of anger now about the way I was treated in hospital. Having to swallow the fear with the food was bad enough, but on top of that I started cutting. Anorexia is a lot to do with control and it's a bloody good form of control because it numbs you from feeling anything. It allows you to control your feelings by, well, not feeling them. When you do start feeling again you are certainly not in charge of them, but without other appropriate 'coping mechanisms' it all becomes very difficult to handle. Being in hospital was not the cause of my cutting, but it certainly became a great coping mechanism for dealing with what was going on while I was in hospital. The nurses were aware that I was cutting but I think they were unsure of how to deal with it. That's the key issue: how do health workers deal with it? I know now that it was a lot to do with transferring my fears and insecurities surrounding food onto cutting, but other than asking me to tell them when I felt like cutting (what a joke!) and checking through my stuff every time they suspected something there was little else the nursing staff could do. Oh, mustn't forget the administration of Chlorpromazine! I raise this point as I continue to consider how much of a damaging effect psychiatric care had on me (and for others who self-harm). And it's not just psychiatric care. I feel that health care workers are not at present in the ideal position to deal with self-harmers. This is not altogether their own fault. They take on the role of the 'professional' through their training and the guidelines/procedures that they follow. How can a worker provide appropriate 'care' when they lack (appropriate) training and experience? And there are no guidelines laid down on how to deal with self-harm (other than to try to establish whether there was any suicidal intent). Without these, workers can so easily come across as hostile and unsympathetic. This is not to excuse or justify their behaviour. As professionals they should be able to care for an individual without necessarily liking or approving of that person or their behaviour.

I can best express my feelings and experiences in imaginary letters.

To Casualty Staff.

Please realise that:

- Self-harm is not a suicide attempt; it is a survival attempt! I don't do this for fun or attention - I do it to stay alive another day.
- You have no right to judge me on why I have done this. You don't know anything about me, or how hard it was for me to come here. If anything else would have made me feel better, I would have done that instead. I don't want to waste your time. I feel ashamed and embarrassed at being here, and undeserving of your time. Can you understand that just sitting in your waiting room means I'm safe for now?
- I don't hurt myself because I am too stupid to realise what I'm doing. You don't need to treat me like a child or an idiot. If I come to you for help, I'm asking you to stitch my wound, not dissect my mind. I don't expect you to solve all my problems and I don't want to be interrogated about exactly why I've done it.

To Staff on Psychiatric Wards.

- Anger, disapproval, sarcasm or scorn will not stop me doing it again - it merely reinforces my bad opinion of myself and increases the likelihood of my doing it again sooner.
- If you are working with me regularly, **you must not take on the responsibility for my self-harm.** I don't want to feel I'm letting you down, as well as myself, every time I get out a blade.
- Please don't make me feel guilty about not coming to you for help before I did this. If I could have done, I would have - and it is my problem, not any inadequacy on your part that I couldn't.

A role-model Key Worker

I have been lucky enough to have a superb Key Worker. She has no equal in the calm, non-judgemental manner she treats both the practical and emotional issues of self-harm. She does not make a fuss but doesn't ignore it either. She responds sensitively to the manner in which I present myself; with humour if I do (and I do, a lot!); with compassion if I'm very distressed. I wish everyone could experience this kind of caring - this is how it should be.



S@NGE and V@MIT



Vomit is currently not enjoying a sojourn in a local establishment of NHS depravity, courtesy of a humourless duty psychiatrist. As it is April 1st, her long-suffering soul-mate Singe has brought her a 'survival parcel'.....

V: Oh thanks! Wow! A razor blade! How did you get that through the metal detectors?

S: Skill! Try it and see.

It is plunged skinwards (causing a surge of Keyworkers, nursing staff and jealous patients).

V: Oh no! It's rubber.

S: Yes - I thought that was really funny.

V: You bastard. Raising my hopes!

S: Well, okay. Try this.....

V: Bleach! Yes, yes, yes.

A few gulps later.....

V: Oh no! What is it? Not that environmentally-friendly stuff!

S: No, lemonade, the 29p a litre stuff - so it is self-harm really.

V: No, it's not fair! Why are you doing this? And what's that?

Vomit pulls out a cable, three bare wires at either end.....

S: A do-it-yourself ECT kit - just plug it into the mains.

V: Yes! Oh, great!

She rushes to the nearest lamp, rips out the plug and stuffs it in. Nothing.

S: Ha ha ha! April Fool! It's plastic!

V: Sob. Grrr! Snarl. Sob. When's it midday?

S: Oh, ages yet. Try these laxative tablets!

V: Don't trust you. What are they, peppermints?

S: No, firelighters.

A match is struck. Nothing happens.

S: I lied. They were peppermints.

V: Your sense of humour is a bit tedious.

S: Killjoy. It is April Fool's Day.

V: It may be, but there's a few staff approaching.....

The staff gather round, butterfly nets poised.....

Anonymous NHS person: We've been watching you. We've got the wrong person. Vomit, you may leave but your friend here is staying under a 72-hour Section. She's just too sad and sick.

Vomit leaves, chuckling, at 12.01 pm.

BRISTOL CRISIS SERVICE FOR WOMEN

Bristol Crisis Service for Women was founded in 1988 by a group of women, most of whom were psychiatric system survivors, who wanted to provide for other women some of the kinds of support that they would have liked but were unable to find, when they were going through difficult times.

The helpline was set up in January 1988 and has been running 2 nights a week since then. We offer any woman who rings a chance to talk through her feelings in confidence, without fear of being judged or dismissed. We have about 20 volunteers who are trained to work on the helpline and who also run the organisation. We are able to answer about 500 calls a year. We have always had a focus on self-injury because of our awareness of the lack of understanding and support that many women encounter; over 50% of our callers want to talk about self injury. We have a database of resources around the country and can give women details of any support/groups we know about in their local area.

We have recently surveyed helpline callers' experience of using the line - Thanks to SHOUT for sending the questionnaire out with Issues 2 and 4. (Please note, the SHOUT production group sent the questionnaire out for us, BCSW does not have access to the SHOUT mailing list.) A big 'Thankyou' to all the women who filled in and returned the questionnaire.

The feedback from questionnaires has been very interesting and helpful and we will use it when planning the volunteer training courses and also to inform development of the service. Virtually all women who responded would like us to extend the helpline times - earlier / later into the night / more evenings (especially Sundays) and ideally seven nights a week/24 hours a day; with more lines. Many women have experienced a lot of difficulty getting through - we are sorry about this -there are times when both our lines are free, so please keep trying. Some women also mentioned that it is difficult for them that we have a one-hour limit on calls. I guess women understand why this is - to give other women a chance to use the service and also to prevent the counsellors getting exhausted - but we appreciate that this can be difficult and would welcome comments about how to manage this better, or about any other aspects of the service.

We are hoping to develop the services we offer: we are already running groups for survivors of sexual abuse and are working towards extending the helpline times and providing other groups, a 'drop-in' and face to face counselling.

The helpline number has changed to

(0117) 925 1119

SHOUT BOX !

Jumping through hoops has never been my thing, so I only reluctantly agreed to a referral to a psychiatrist at the local hospital. My GP had said it was the only way to progress more rapidly up the waiting list for seeing a psychologist - what would I prefer: a chronic NHS drag through the supposedly decreasing waiting lists, or the short, sharp shock of the total lack of listening skills of a recently appointed, green round the gills junior doctor? Once I'd choked on the insensitivity of the initial assessment (list all your major childhood illnesses, and by the way when was your first sexual experience?) and decided that the whole process had about as much relevance to me as an eighteenth century burn dressing, the consultant walked in. I had already indicated I was a little bit irritated by the whole charade, but for some reason the junior doctor seemed to be hiding behind her, and the student 'observing' the whole process was keeping well out of the way. After a brief exchange of unpleasanties (like "why aren't you listening to me?" and "there is a human being in here, you know"), and some mutually hostile fire (funny how her shouting was never mentioned on the letter to my GP), the inevitable labelling process I had been dreading. MPD? Schizo? No, "too angry to treat". But, they said, you can go and see a psychologist.....

I am a woman in a difficult position. I am a Staff Nurse working in acute psychiatry. I am also a woman who has self-harmed for many years. Due to the fear of losing my job, or being questioned about the scarring on my left arm and hand I have been looking for help and an understanding ear. Unfortunately I live in the catchment area of the hospital I work for so cannot get any counselling as I may bump into my Therapist at work. This problem also prevents me from attending any self-help group, as members of the group may be past, present, or future clients of mine, and self disclosure is frowned upon.

I have now been actively seeking help for over a year, but being a psychiatric nurse, and a woman in pain just don't mix. I love my job and I'm pretty good at it. Some insight into mental illness can really help but just sometimes the one-to-one sessions with fellow self-harmers can bring out feelings of anxiety and panic in me. Mostly I keep them pretty much under control.

I have self-harmed for many years; From the age of 8 or 9 when it was the only way I could get my Father to notice my existence. From that time it escalated depending on my relationships at the time and other internal and external influences. A few years ago, after a particularly harrowing time this culminated in me cutting my wrists and being ferried off to Casualty to be sneered at, stitched up and ticked off for being such a silly girl - "So pretty, why do you want to do that to yourself?" A familiar tale I'm sure.

I did receive psychotherapy and anti-depressants and had four months off work. All this dealt with the crisis but never really the issues that led to the crisis. I carried on cutting and started to pick other areas so my crime wasn't too noticeable at work - my right hand, my feet. Now I'm qualified I am aware of all of the professional views of self-harm and the reasons why we do it but I can't counsel myself and no-one else seems to want to. It's a dilemma that I wish I could solve, so if anyone's got any ideas please print them and I'll hopefully come across an issue of Shout at work.

A Frustrated Nurse

*****CONTRIBUTIONS*****CONTRIBUTIONS*****

Our group did a 'brainstorm' of things which people had found helpful, or which they thought would help them. Here is what we came up with:

- ◇ That the person who is working with you really cares about you as a whole person, respects you, wants to know how you feel, what is wrong, and what you want.
- ◇ That they believe in you and encourage you to do things with your life, to develop your self-worth - not just see you as 'sick', but as a person with strengths, skills and potential.
- ◇ Someone to contact when you are feeling really bad, not just once a week.
- ◇ Reliable, long-term help with underlying problems, not 'patch you up and shove you out'.
- ◇ Being encouraged to express yourself. Talking is important but sometimes it is very hard. You need to know you can just say anything and don't have to justify **why** you feel this or that. Other times you just need to cry or shout. It can be easier to write or draw - it's good if staff suggest this but they should also be interested in seeing what you have written or drawn and talking with you about it.
- ◇ Self-help groups - facilitated by someone who really understands (someone who has self-harmed themselves would be good).
- ◇ Workers to be human and prepared to see/admit that they have feelings and problems and maybe even self-harm in some ways too. It's okay if they are upset about you hurting yourself - this shows they care, but not to make you feel guilty, panic, or give up on you.

THE BLADE OF A KNIFE

The blade of a knife
Holds many things
The power to release
Feelings inside
Anger, frustration can
Be set free.
Guilt and hate can
Vanish,
All it takes is
The blade of a knife
Pain can heal
What I feel
But it doesn't last
Feelings come back fast,
Do it again
Where does it get you,
Scars for a life time
Self disgust at what
You've done
The blade of a knife
Holds many things.

IT COULD BE YOU

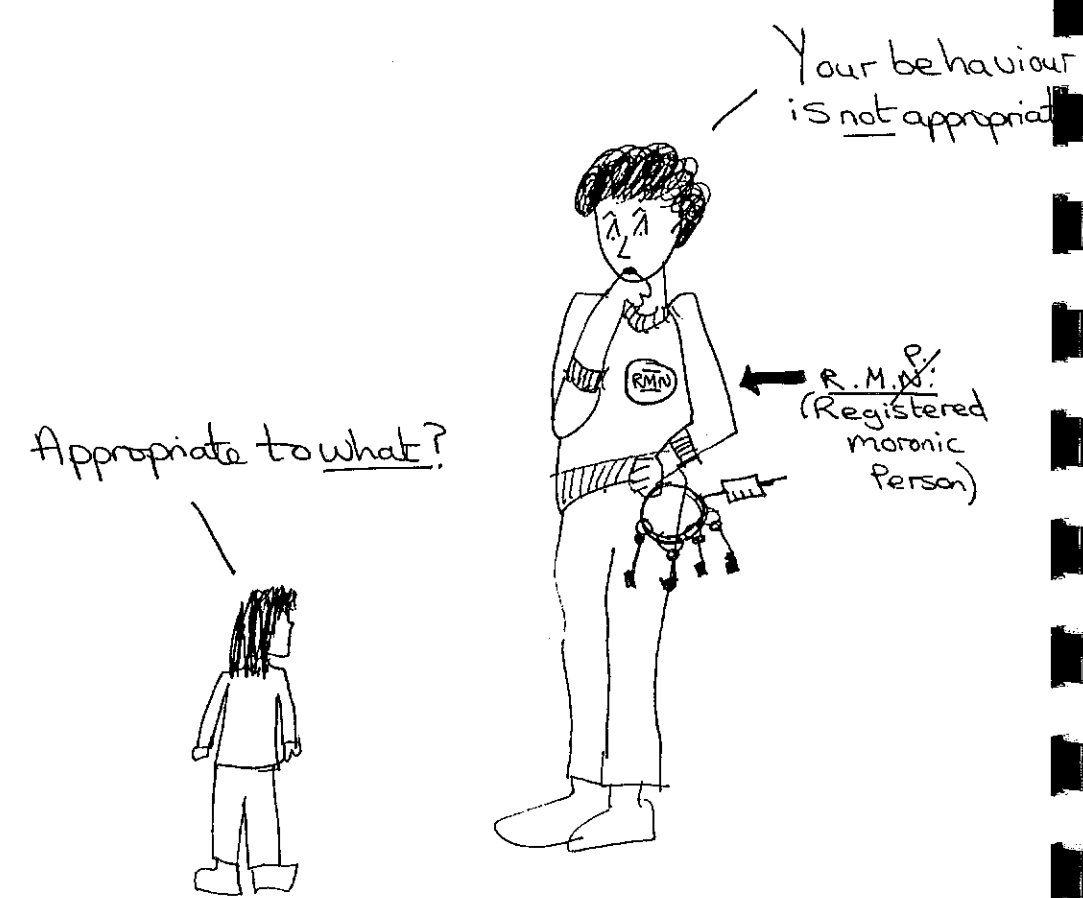
What do you see?
A person on the bus,
Probably had a good night out.
(But I feel so bleak, almost unfeeling).

What do you think I will do?
Get in, put the kettle on,
(Pull my blades through the flame).
Put your feet up
(Shut my eyes relax into steel).
Watch TV,
(Move the scalpel, see the first signs of blood).
Go to bed, read a book,
(A moment's release from the pain).
Lie down and unwind,
(Bind my wounds and think "not again").
Dreams dreams of hope and joy,
(Pack up my kit).
To wake up refreshed,
(It got me through another day).

*****CONTRIBUTIONS*****CONTRIBUTIONS*****

Constriction
Constriction
Can you feel it?
Body is melting
Edges disappearing
Can you feel it?
Nerves are sparking
Noise encourages
Fragile bodies,
Pain and fearful
Can't control this
Have to fight back
Can you feel it?
Sense of falling,
No-one seeing
No-one catching,
Sense of falling,
Can you feel it?
Can't CONTROL this.
Holding helps me,
No-one knows this,
Squeezing tightly
Stops me falling.
God I'm dying,
Sense of falling,
Want to stop this
Falling faster,
It hurts, I'm falling,
Air can't HOLD ME
CAN'T YOU FEEL IT?
I try to fight back,
Can't you reach out?
Stop me falling?
Must CONTROL this,
No-one sees me
Cutting SAVES me
Stops me falling
Stops the pain
And fear of dying.

Professional Thought Disorder Part VI:
(This is a round hole- you will be a
round peg).



Psychiatric Patient: medicalisation of-
(spiritual passion and helplessness,
social dissent and perceptual awareness) Louise Penbrite.