



SELF-HARM:

A HANDBOOK

Created by: Thomas, Ruth, Lily, Diana,

Delia, Maya, Ray, and _____

I MADE ALL
OF THIS



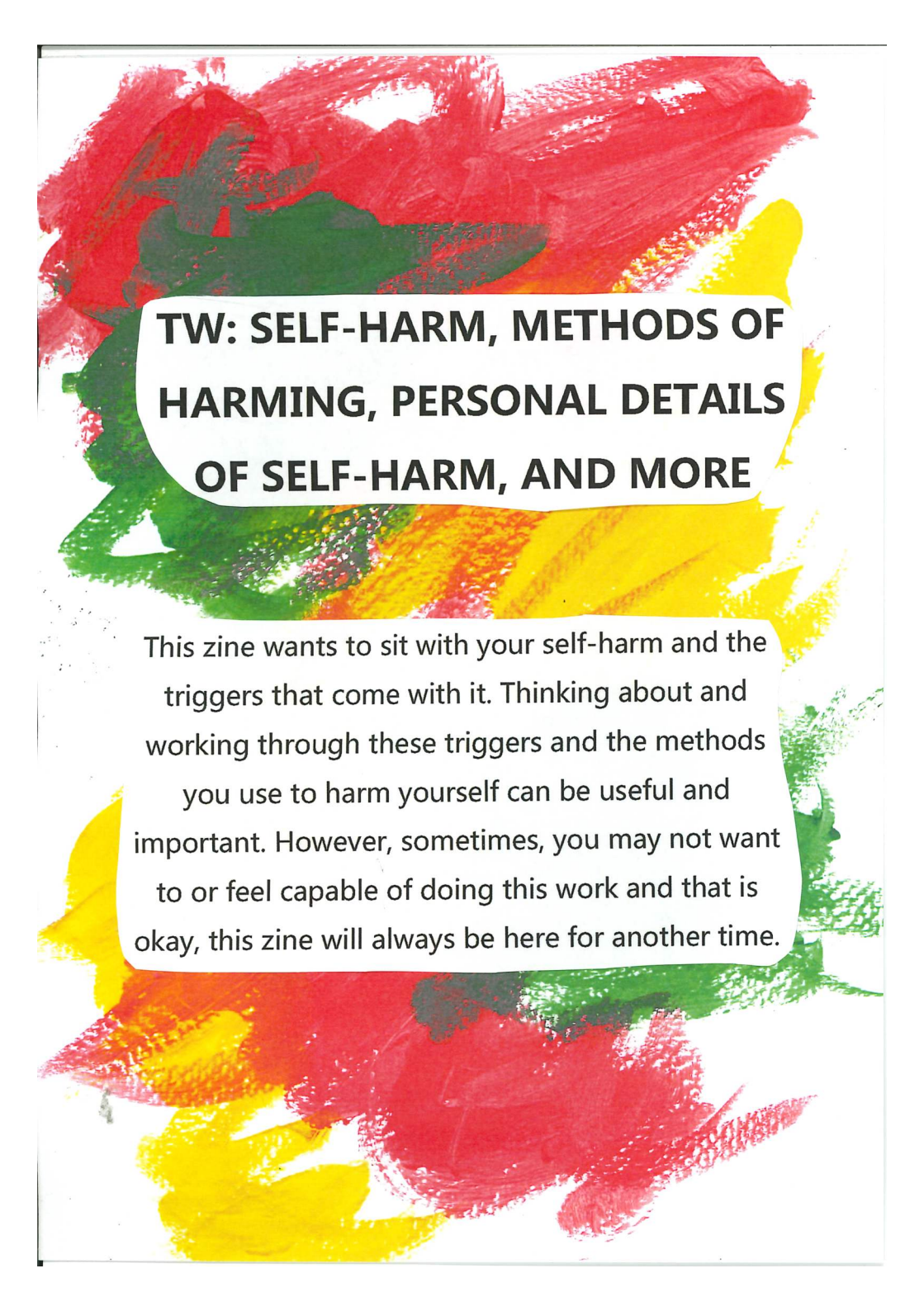
Credits:

This zine was made by Thomas, Ruth, Lily, Diana, Delia, Maya and Ray. But with the amount of work we are asking you to do to fill it in for yourself, please feel free to add your name and take credit as well. If anyone asks if you *really* made it, just email twads001@gold.ac.uk and Tom will tell them you did.

It was made through combining a number of other resources, some of which had a very heavy influence. For a similar zine, though slightly outdated and made in 1990s, see the 'Hurt Yourself Less Workbook' published by the National Self-Harm Network. Google it, it's really good.

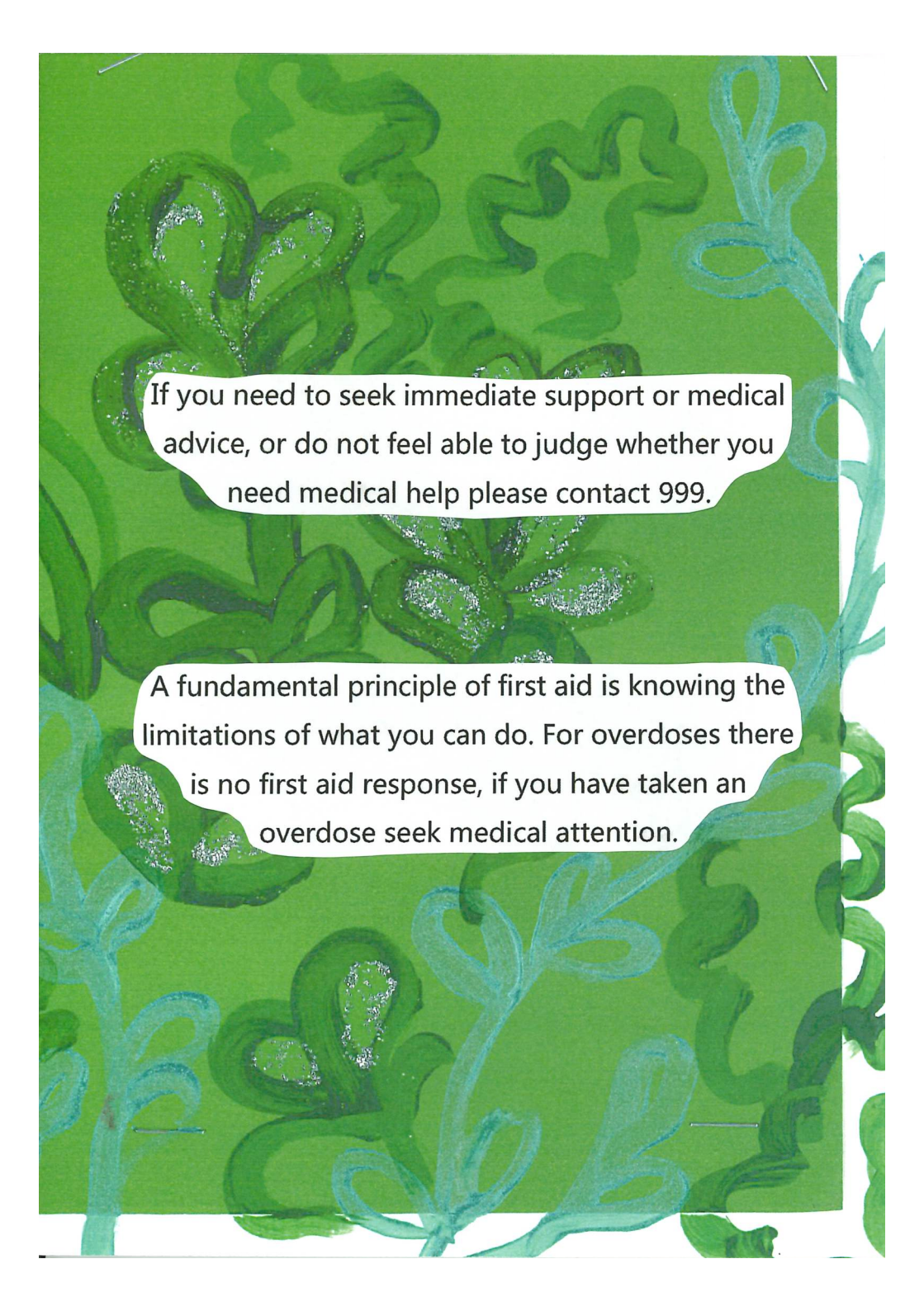
Other zines that might be harder to find as we all picked them up from local bookshops and zine fairs, are: '(this) body matters', 'Disability Against Civilisation', 'Personality Disorder? Seriously?', and 'Pocket Guide to Medical Self Advocacy'.

There are also a number of relevant therapy skills and resources, such as the flowchart taken from CBT, and the body mapping, taken from MBT – though questions asked, and advice given go beyond any professional medical resources.



TW: SELF-HARM, METHODS OF HARMING, PERSONAL DETAILS OF SELF-HARM, AND MORE

This zine wants to sit with your self-harm and the triggers that come with it. Thinking about and working through these triggers and the methods you use to harm yourself can be useful and important. However, sometimes, you may not want to or feel capable of doing this work and that is okay, this zine will always be here for another time.



If you need to seek immediate support or medical advice, or do not feel able to judge whether you need medical help please contact 999.

A fundamental principle of first aid is knowing the limitations of what you can do. For overdoses there is no first aid response, if you have taken an overdose seek medical attention.

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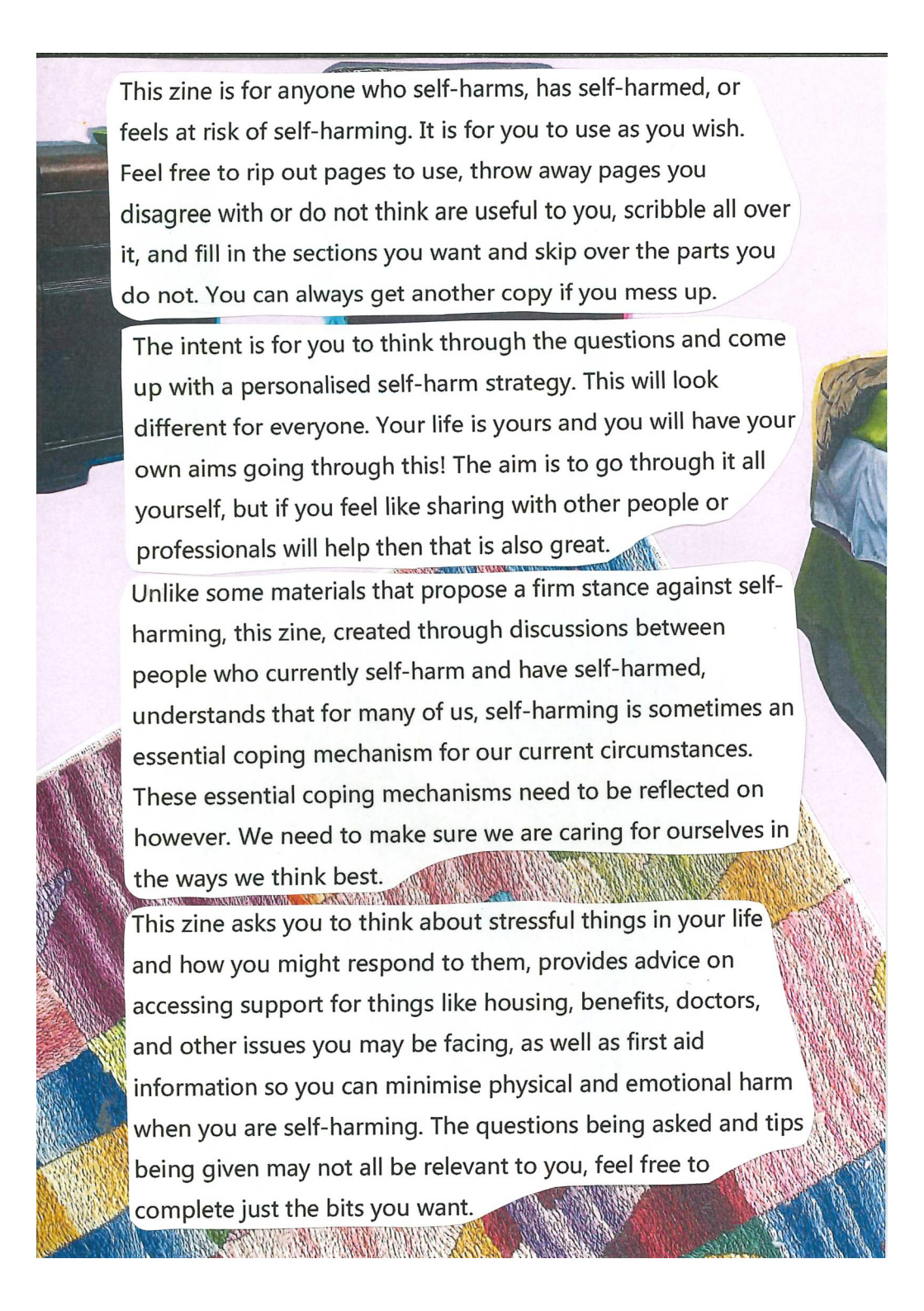
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DO NOT take Citalopram Tablets if you are taking any of the following medicines (check the list below for more details):

- Class IA and III antiarrhythmics, antiplatelet derivatives, pimozide, haloperidol), tricyclic antidepressants, and
- antimicrobial agents (e.g. sparfloxacin,



This zine is for anyone who self-harms, has self-harmed, or feels at risk of self-harming. It is for you to use as you wish. Feel free to rip out pages to use, throw away pages you disagree with or do not think are useful to you, scribble all over it, and fill in the sections you want and skip over the parts you do not. You can always get another copy if you mess up.

The intent is for you to think through the questions and come up with a personalised self-harm strategy. This will look different for everyone. Your life is yours and you will have your own aims going through this! The aim is to go through it all yourself, but if you feel like sharing with other people or professionals will help then that is also great.

Unlike some materials that propose a firm stance against self-harming, this zine, created through discussions between people who currently self-harm and have self-harmed, understands that for many of us, self-harming is sometimes an essential coping mechanism for our current circumstances. These essential coping mechanisms need to be reflected on however. We need to make sure we are caring for ourselves in the ways we think best.

This zine asks you to think about stressful things in your life and how you might respond to them, provides advice on accessing support for things like housing, benefits, doctors, and other issues you may be facing, as well as first aid information so you can minimise physical and emotional harm when you are self-harming. The questions being asked and tips being given may not all be relevant to you, feel free to complete just the bits you want.

Inside, you will find examples of filled out sections, doodles, memes, and more from the editor and collaborators who put the zine together. As we went through creating the document we went through the process of answering the questions ourselves, and learnt new things about ourselves and strategies for coping and caring. We left these in where they thought they would be useful.

This is your zine now, I hope it will be as useful for you as it has been for us. With solidarity and care <3



Your Personalised Plan

This page is for you to keep track of your personalised plan for quick reference when you feel like you need to return to what you have worked through here.

You can note down anything you want from important numbers you might call in crisis; the names of friends you can speak to when feeling stressed; or things that calm you down, make you energised, and give you joy. You will have space to complete the tasks throughout the zine and there is more space to keep rough notes at the back too if desired. Try to put things here that you think would be useful to keep working on and coming back to over time.

Think about questions such as how do I know when I am at risk of self-harming? What helps me at different times and in different moods? What support networks can I reach out to? And, if you are going to self-harm, what ways can you do so more safely and that will allow you to care for yourself before, during, and after doing so?

You do not have to fill this all out now, go through the zine first and come back whenever something feels important!

My Personalised Plan:

My Personalised Plan:

My Personalised Plan:

Your Life

What Important Events Have Happened In Your Life?

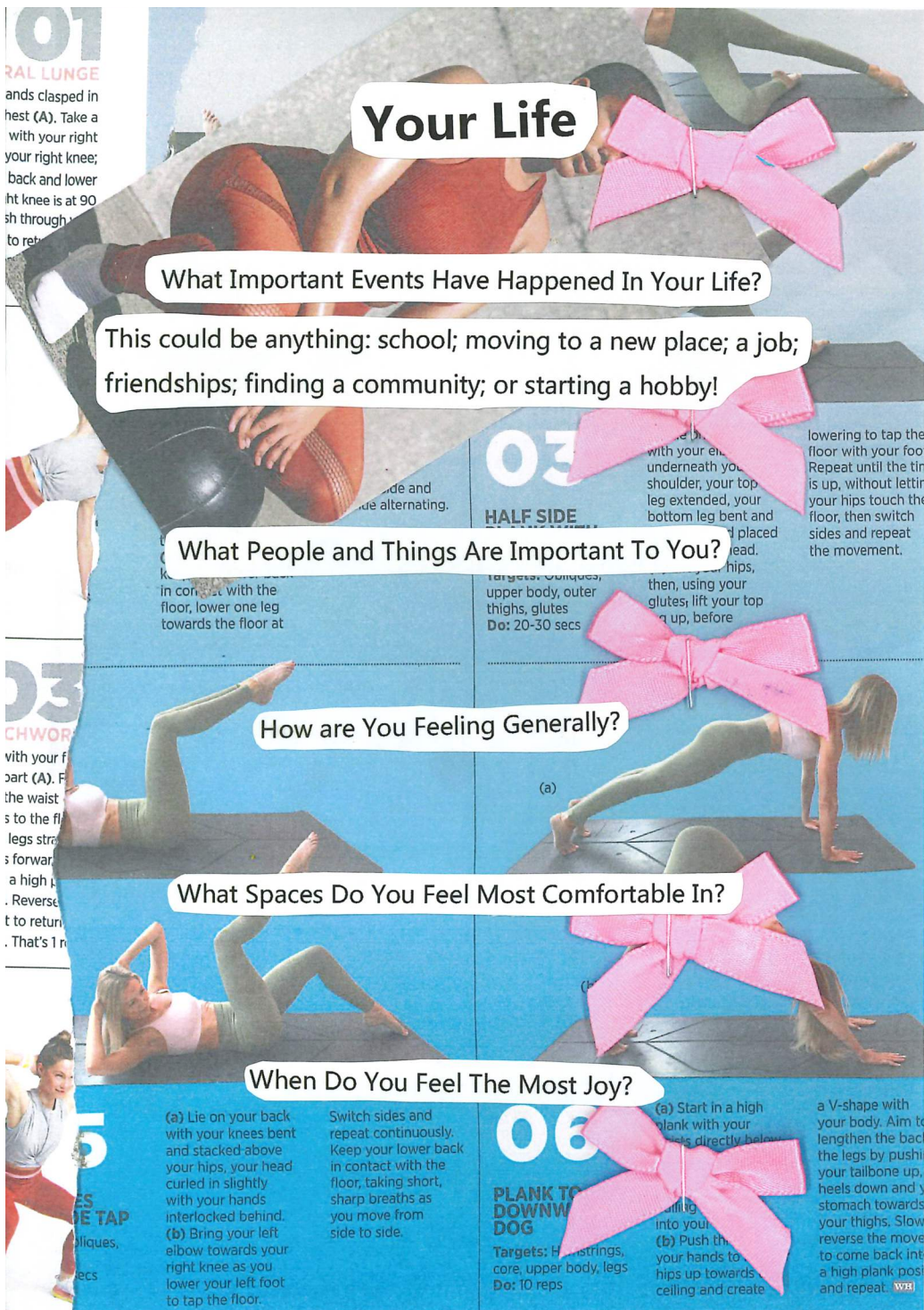
This could be anything: school; moving to a new place; a job; friendships; finding a community; or starting a hobby!

What People and Things Are Important To You?

How are You Feeling Generally?

What Spaces Do You Feel Most Comfortable In?

When Do You Feel The Most Joy?



My Life:

Your Self-Harm

The reasons people give for self-harming are extremely wide and varied including:

"express suicidal thoughts and feelings without taking their own life"

"reduce overwhelming emotional feelings or thoughts"

"have a sense of being in control"

"escape traumatic memories"

"create a reason to physically care for themselves"

"punish themselves for their feelings and experiences"

"stop feeling numb, disconnected or dissociated"

"change emotional pain into physical pain"

"turn invisible thoughts or feelings into something visible"

"have something in life that they can rely on"

Do you relate to any of these reasons people have given?
Which ones? Only one may be relevant to you, or maybe
many!

How do you self-harm? This could be cutting, which is the form
society talks about the most, though it could other ways too
from isolating yourself to substance use. It is up to you to
decide what is self-harm and what is not!

How do you feel while self-harming? Does it allow you to
access important feelings, experiences, or aspects of yourself
you otherwise would not? What are these?

Why do you think you self-harm in this way?

Where do you self-harm on your body? Is there any reason you
do it there?

My Self-Harm:



Treatment plan[!]

Psych yourself up

Before and After

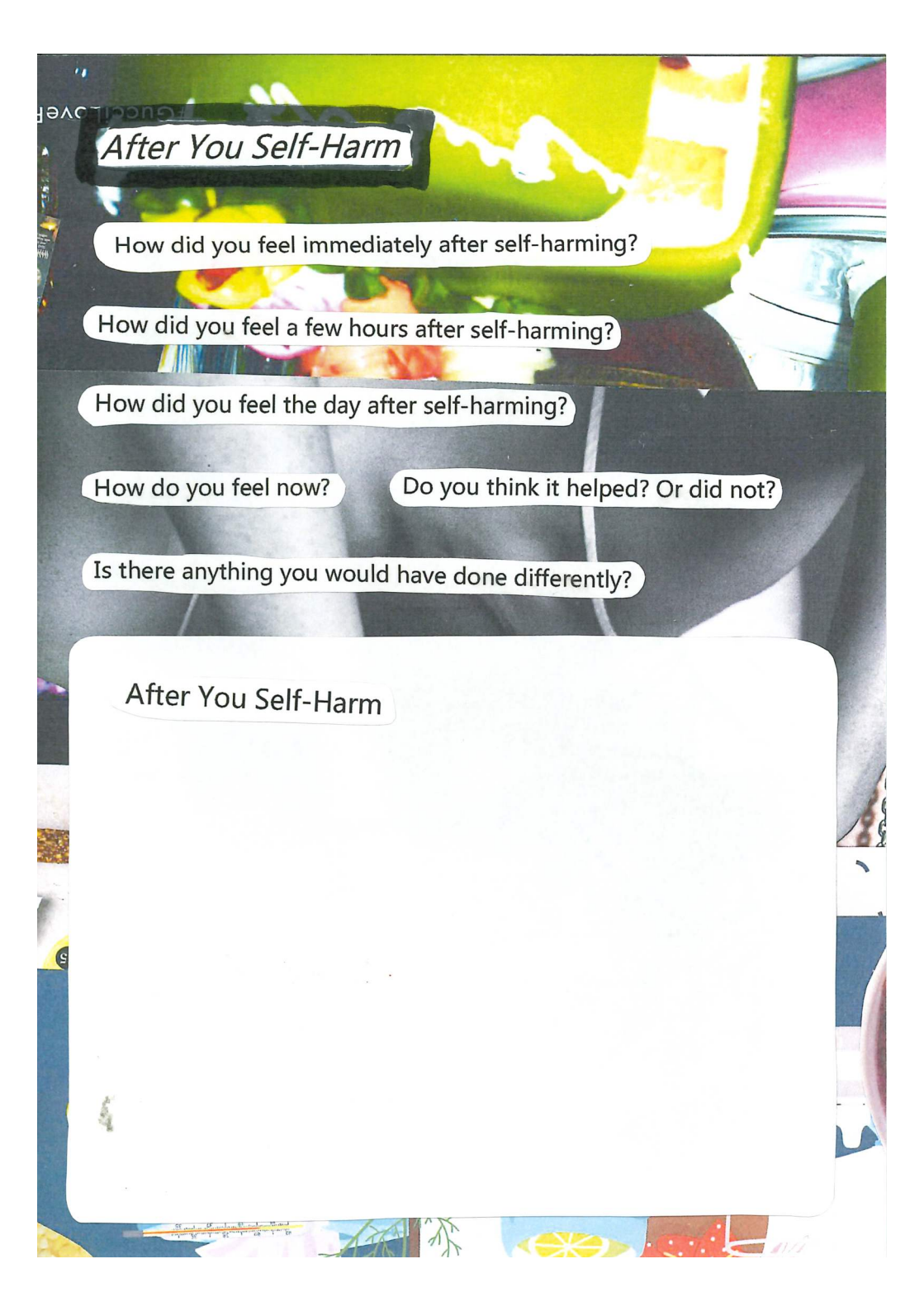
Before You Self-Harm

Thinking about the last time you self-harmed, how were you feeling in the 24 hours leading up to the act? What events occurred?

Were you thinking about self-harming for a while, or was it impulsive?

Were there any key thoughts or memories you were focused on just beforehand?

Before You Self-Harm



After You Self-Harm

How did you feel immediately after self-harming?

How did you feel a few hours after self-harming?

How did you feel the day after self-harming?

How do you feel now?

Do you think it helped? Or did not?

Is there anything you would have done differently?

After You Self-Harm

The background of the entire page is a complex collage. It features a prominent human skull on the right side, partially obscured by other elements. There are various abstract shapes, colors, and textures, including what appears to be a hand or a face in the upper right. The overall aesthetic is artistic and somewhat somber, fitting the theme of self-harm.

Mapping Your Self-Harm

Maps are used for a range of different reasons, from helping guide us to our destination, to helping us understand what a landscape looks like.

We can map out events in our life to help us understand them more and help direct us through the events! Looking back at your answers to the questions about your self-harm, what are the most important parts of what you wrote down?

One way we can map our self-harm is by placing it on our body. This can involve labelling where the physical acts take place, but also where our stresses and harms are felt.

Here is an example taken from Tom's MBT therapy:



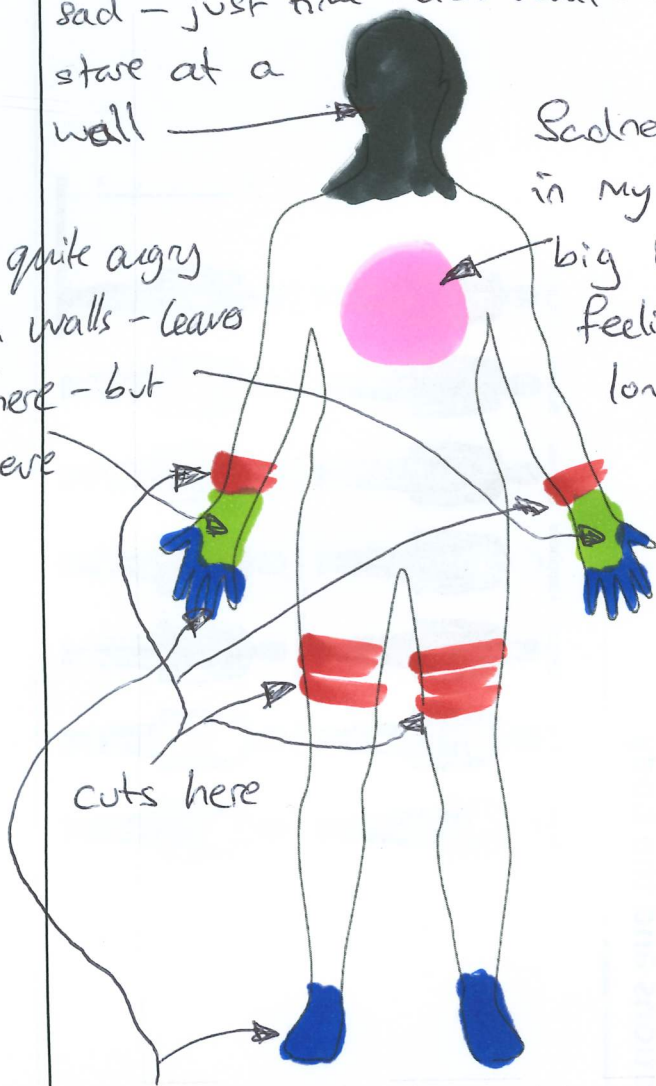
Head goes empty, not necessarily
sad - just time flies while I
stare at a
wall

Sadness felt
in my heart,
big BPD
feelings of
loneliness

can get quite angry
and punch walls - leaves
bruises here - but
helps relieve
anger

cuts here

I can get very cold when
depressed



~FLOWCHART~

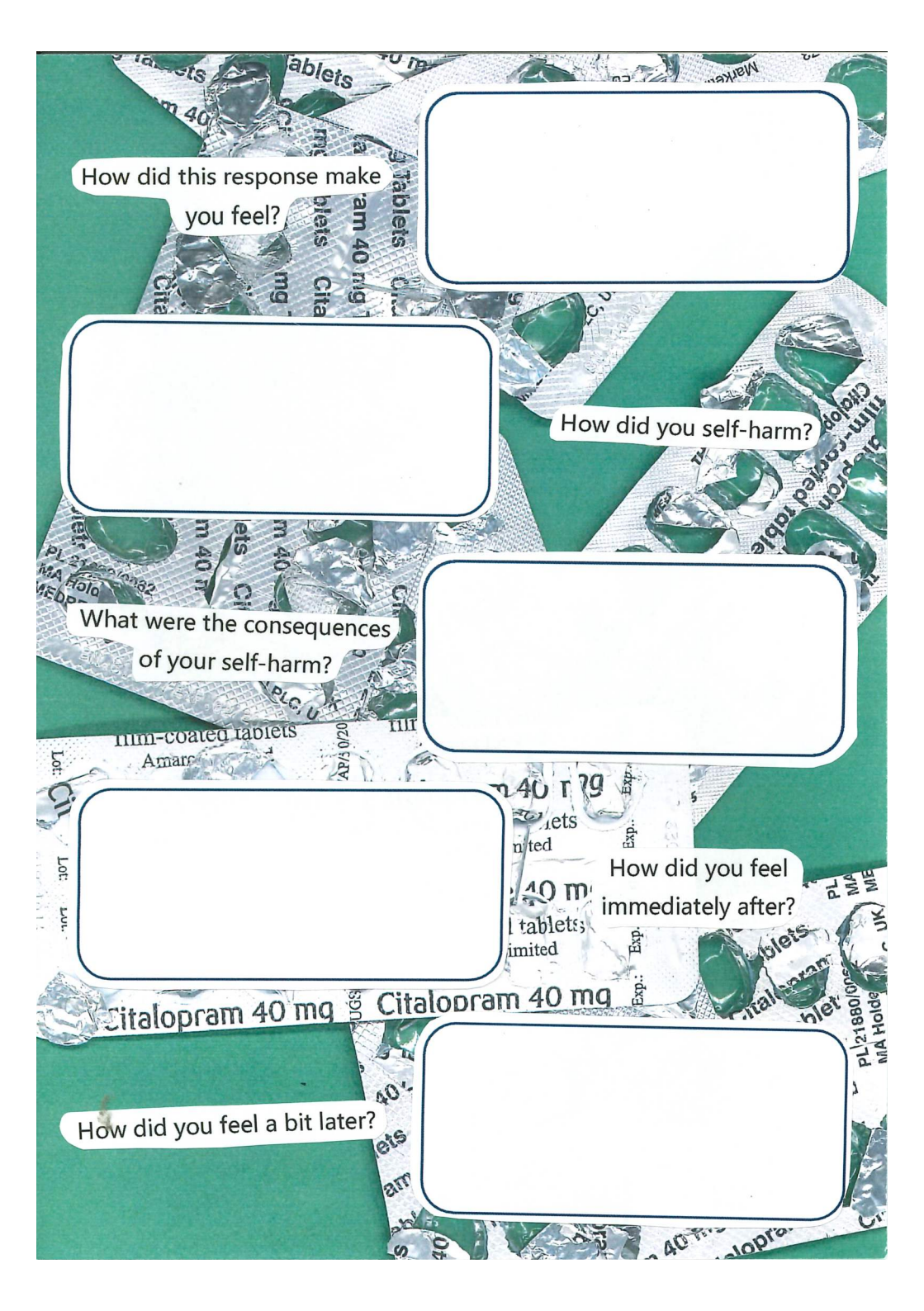
Another useful way we can map our self-harm is through a flow chat. Starting with the box labelled "How am I doing Generally" follow through the boxes and fill them in. Once done, this will give you a timeline for your self-harm and we can think about the different stressors, links, general life problems, and how to help during and afterwards!

You might find you have multiple different flow charts for different times you have self-harmed.

How am I doing generally?

What do you think was the trigger/start of your stress?

How did you respond to this stress?



How did this response make you feel?

How did you self-harm?

What were the consequences of your self-harm?

How did you feel immediately after?

How did you feel a bit later?

Caring For Yourself

Oxford Languages defines care as: "the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something"

In their book, *Matters of Care*, Maria Puig de la Bellacasa defines care as "everything that is done to maintain, continue, and repair the world so that all can live in it as well as possible"

We care for ourselves in many different ways. Sometimes this might through self-help guidance to exercise or stay the night in, other times it may be the opposite and we may force ourselves out the house when we just want to lie in bed.

Caring for ourselves might also look like venting online to get something we want to say out, looking after our self-harm wounds and tending to our health problems, or trying to find ways to pay rent and get through the process of reaching out to a doctor.

It may even include some more political work you do to fight for climate justice, build up and support your local community, or fight for peoples rights.

The ways you care for yourself are open for you to define, they are often the things that we wish others would do but find ourselves having to do to support us and others instead.

Citalopram tablets

What Does 'Care' Mean To You?

How do you care for yourself?

Look back at your flowchart while you do this task, do any of these ways of caring for yourself help respond to different triggers/stressors/feelings?

How do you wish others would show care for you?

Are you able to find support with any of these things you wish others would show, or are they out of your control? Reflect hard on this, sometimes things can be within our control to change even though it feels like a hard task to go about changing.

Are there any times certain forms of care would be annoying, or unhelpful?

Citalopram 40 mg

coated tablets for
as directed by
Please read the enclosed
leaflet before use.

Citalopram
film-coated table

Contains lactose monohydrate
See leaflet for further
information

Oral use.
Read the package leaflet
before use.

Keep out of the sight and
reach of children.

DRUGS/AP/50/2009

Each tablet contains Citalopram 40 mg
(as the hydrobromide).
Also contains mannitol.

28 Tablets Calendar Pack

Citalopram

40

film-coated tablets

Each film-coated tablet contains
40 mg citalopram (as citalopram hydrobromide).

Citalopram
film-coated tablets
28 film-coated tablets

Citalopram
film-coated tablets

9445/0105

POM

Citalopram

Citalopram
Tablets

40
mg



Tom's Example:

When I self-harm, I tend to cut my wrists rather than any other method. One of the ways I care for myself is to think about why I did it, and how to share what I have done with others in a way I think helps me.

When I cut, I often do it to make others see that I am in pain when I feel like they aren't noticing me. As a result, I can be quite open about showing people the wounds, however, when reflecting afterwards, I think the ways I show the wounds can often drive people away and reinforce to myself that I am not being noticed.

Making sure to navigate this – to share with friends who have offered to support and have had discussions with them over their boundaries – is important for me to feel like I am getting the care I need.

When I am cutting, if someone tells me to use mindfulness skills to get over it, I can also get really annoyed, though at other times breathing exercises can help. Making sure my friends know what is helpful and when can be useful.

What kinds of care do you need? And how can you make sure you get the support you want?

Finding Support

Sometimes the things that can trigger us to spiral are stressors from our material circumstances – housing or job precarity, drug use, inability to access the doctors, a lack of access to medication, or much more.

Mental distress is often a valid response to a fucked up world!

Whilst these issues are not totally under our control, support services do exist even if the help available is often limited. We have listed a few services that could be relevant if you live in the UK. The list by no means covers everything, only a few services we have engaged with.

Make a list of tasks and issues you need support with in your life, and try to find if any advice is available, or if there is a service that can support you:

Medical Self-Advocacy:

Self-advocacy is about speaking up for ourselves when we have to engage with a medical service that is not designed for us. When going to the GP or hospital you may feel not listened to, not get the care you desired, or feel someone has caused you harm when you were looking for support.

Most things online to do with medical self-advocacy come from lawyers looking for customers, however another zine a bit like this one, called Pocket Guide to Medical Self-Advocacy from @mickliketype on Instagram, covers the topic well.

Food Banks:

If you are struggling to afford food, the Citizens Advice website has information, as well as support services, available on how to gain access to food banks.

Food banks, most of the time, need you to get a referral before you can use them – though some, i.e ones run by churches, do not. You can get a referral from Citizens Advice or from your GP, social worker, or, sometimes, your school.

Food bank services are by no means perfect and a lot have a limited number of times you can use them, however, sometimes they are necessary.

Housing Support:

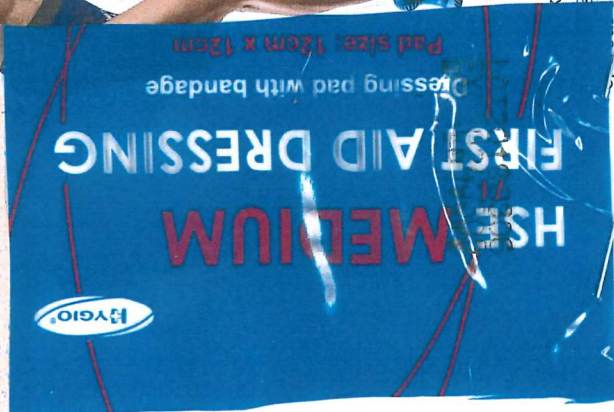
Shelter (<https://england.shelter.org.uk/>), and if you are queer, Stonewall Housing (<https://stonewallhousing.org/>), both provide housing advice and support services to those going through troubles.

They are both VERY understaffed and over contacted because of the state of the UK, but I have always been told to them when I have had issues, and they have occasionally been helpful.

There is also the Advisory Service for Squatters (<https://network23.org/ass/>) if that is an avenue you wish to look at.

the lower half of the rep
Push through your heels
Squat deep

knees inline with your toes
th your heels
chest high





Responding to Stressors

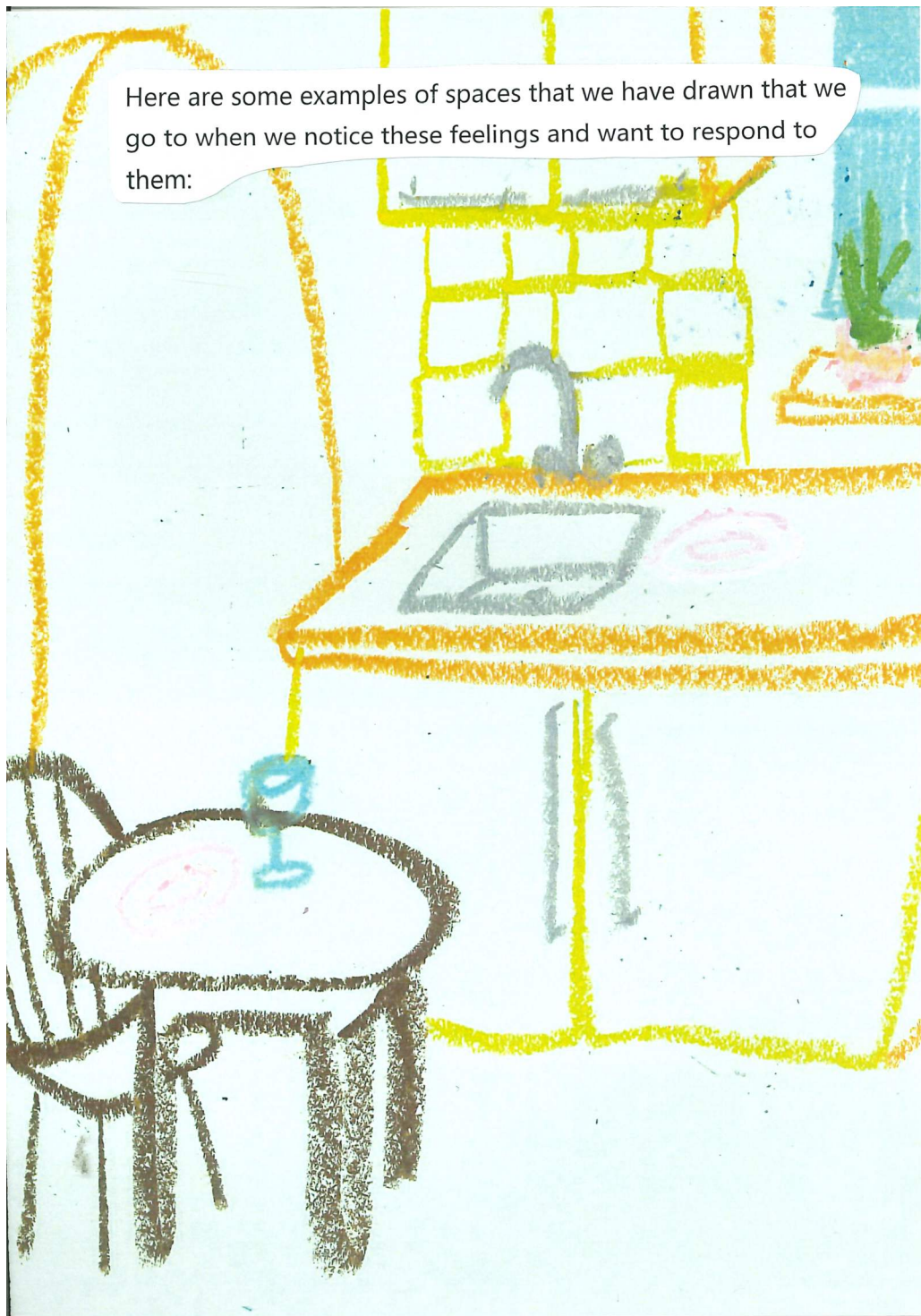
Looking at the flowchart from earlier, what stress occurs that can lead to feeling worse? It is important to notice when these start so we can respond to them as soon as possible.

When you notice these stresses occurring, can you bring yourself somewhere before you act in a way you do not want to because of them? Think about this in relation to physical space – is the stress a person you need to walk away from, or is there a room you feel calmer in?

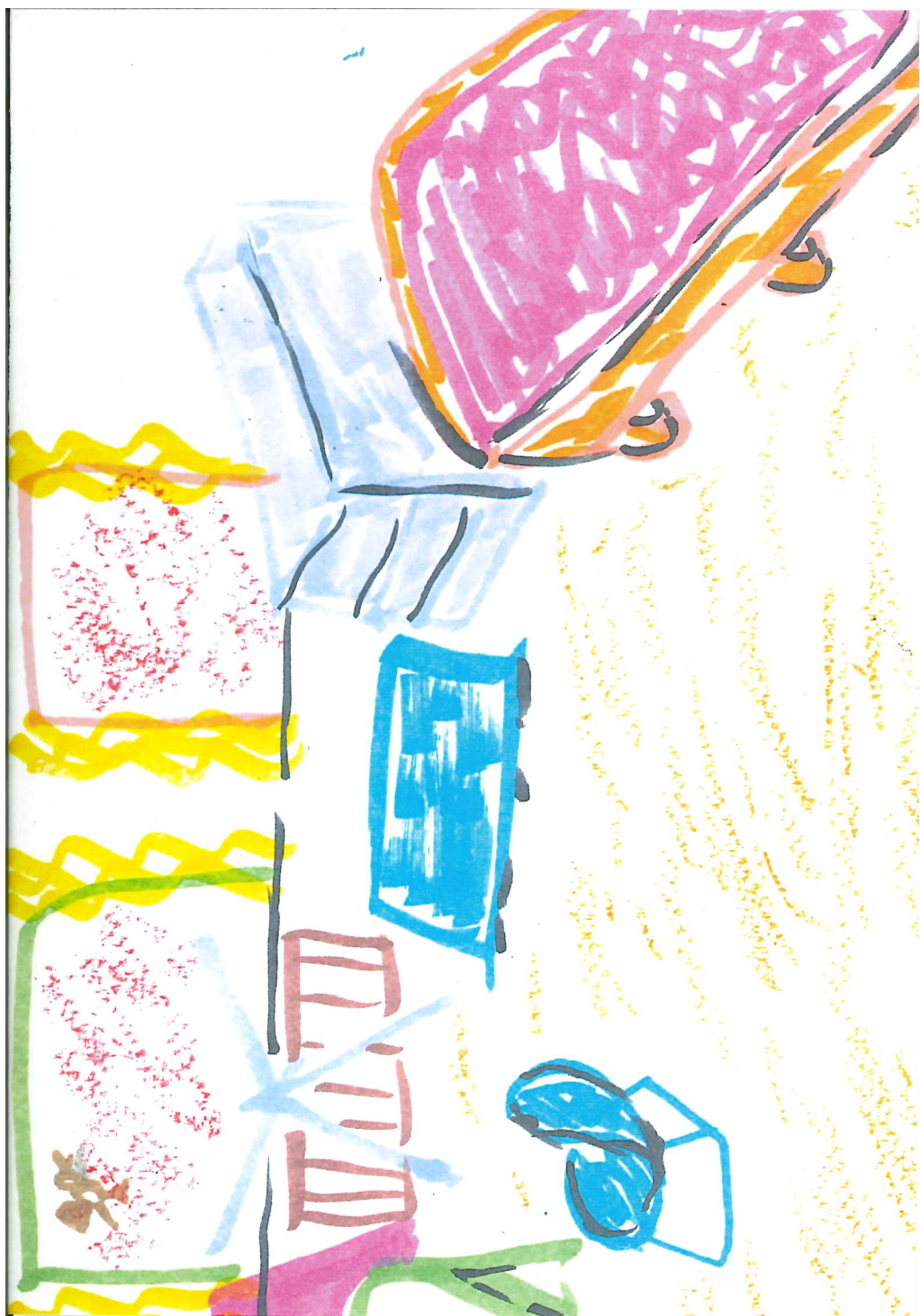
Also think about this emotionally, is there a task you can do that takes your mind off the stress? Does going to bed, or going to see friends help?

Does just noticing the stress help deal with it? Or is the stress something that you want to sit with and funnel the rage into something you think will help?

Here are some examples of spaces that we have drawn that we go to when we notice these feelings and want to respond to them:







Minimising Harm

Harm minimisation before we self-harm might look like noticing our stressors, and thinking about our self-harm continuum. However, by the time we are acting, these questions may no longer be relevant.

Instead, knowing basic first aid can be useful to help us think about how to harm in a safer manner, and how to care for our body and our wounds afterwards.

We have no first aid training so will link other resources we have learnt from:

National Self-Harm Network have an incredible summary document online, made with British Red Cross, and available here: <https://www.nshn.co.uk/downloads/BasicFirstAid.pdf>

This goes through what to do if you have cuts, severe bleeding, shock, burns, overdosed, sprains, or broken bones.

For more a more in depth first aid manual see the 'Cutting the Risk' manual, easily found by Googling the title. This was made a while ago and slightly outdated, but very in depth and potentially helpful.

~Self-Harm Continuum~

When we self-harm we can do so in a variety of ways.

Sometimes we may cut or burn ourselves more than others, sometimes we may self-harm to stop ourselves doing things that can hurt us more.

One way we can minimise harm is to think of self-harm on a spectrum. There are ways we do it that can cause less damage or more – each of these can be important, and can be necessary at times. Thinking about them can help us do the actions we need to do, rather than ones that cause us more distress than before.

Very Unsafe Actions

Unsafe Actions

Safer Actions

Think about when you end up self-harming in ways you regret afterwards, is there anything you can do to move to an action that is safer?

Minimising harm after we have self-harmed can come in a variety of manners. It can be useful to look at these ways on a timeline:

Just After the Injury:

Are you able to look after the wound yourself? If not, get the care you need – take someone with you if necessary.

A Day After the Injury:

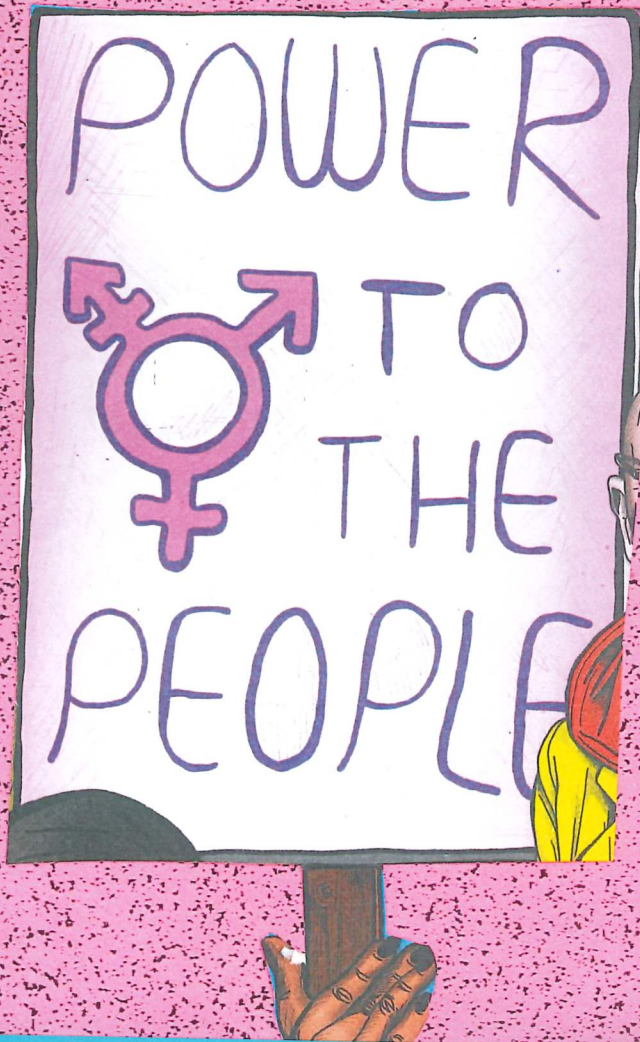
Does the wound need medical care? Please look at the first aid resources listed and on the NHS website for information on what might require external assistance.

Are you getting the care you need? Look back at the forms of care listed earlier, and think about this beyond just medical care. Are you seeing people or hiding so no one sees the wound? Have you told anyone?

What would help you get the care you need?

A Few Days After the Injury:

If the wound has begun to heal, how do you feel about this? Sometimes we can feel sad because the wound showed the world we were in pain, other times we might feel happy as we no longer have to hide it.



When you feel the wound has healed:

Did you face any difficult consequences as a result of harming yourself? How did you respond to these issues?

Afterword

This zine was produced as part of Thomas' PhD, with Delia, Diana, Ray, Maya, and Ruth being participants – though these are pseudonyms as they each wanted to retain anonymity.


Each of us had something to say about the need for harm reduction, Ray mentioned that simplistic advice to snap an elastic band on their wrist was useless, Delia mentioned needing to engage with the full experience of self-harm where the more graphic elements were often left unspoken, and Thomas found mindfulness exercises sometimes useful but sometimes really aggravating.

It is out of these discussions, as well as the political context of the UK and history of mental health activism, that the advice and questions here are placed.

Many zines were discussed during our conversations too. Some larger activist ones like *Asylum* came up a lot. Other, smaller and more forgotten about ones were mentioned too. Louise Pembroke, an author writing mostly in the 1990s, edited a number of zines, and the influence of those can be seen throughout.

This zine is not doing something new – many of the questions are from therapy workbooks and psychiatric survivor texts. It is, however, updating past zines, and attempting to re-politicise many of the skills from therapy workbooks by noting that many of the questions we need to ask ourselves are tied up with our relationships to others and the way the state treats us.

We need to, and can, ask things of these others too, not just change ourselves.



If you wish to speak to someone here are some
helplines where people are available.

Not all of these are 24/7 (and are subject to change)
so if you do not get through on one, please try
another:

Samaritans (24/7): 116 123

For anyone who wishes to chat for whatever reason

Self-Injury Support: 0808 800 8088

Information and support for women and girls

The Mix: 0808 808 4994

Support and advice for under 25s

Mind: 0300 123 3393

Support for mental health, as well as information on
treatment and advocacy options, and welfare
benefits advice

Contact: Thomas at twads001@gold.ac.uk

