Sometimes there are no simple answers

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SOMETIMES THERE ARE NO SIMPLE ANSWERS

A book about self-harming behaviour and eating disorders

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egoNOVA
an information project by SHEDO

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Foreword

Mental health issues, self-harming behaviour and eating disorders among children and young people have attracted ever increasing attention in Sweden in recent years, not least due to the many reports that have shown that such problems are both widespread and alarming. Mental health issues have also been reflected in our contacts with BRIS, the Swedish Children's Rights in Society Organisation, where there has been a significant rise in the number of discussions concerning children's experiences of this in the past few years.

In 2012, BRIS performed a study of Mental health issues among young people that was based on trying to describe the subject in relation to what the children themselves had explained and from their perspective, in an attempt to add more missing pieces to the puzzle to gain a better understanding of why children and young people are being affected.

This study presents a summary of what children and young people have written to BRIS via chats and email on the mental difficulties that they are experiencing. Many of them admit to being depressed, suffering from anxiety, stress, sleeping problems, eating disorders and far too many talk about how they self-harm in different ways, something that even the people interviewed in *Sometimes there are no simple answers* describe as a painful choice.

A common denominator for the children and young people that contact BRIS is the loneliness they feel. Many of them are burdened by big secrets and a great deal of agony that they keep to themselves as they find it difficult to trust the adult world. An alarmingly large number feel a tremendous helplessness and despair, which is why self-harming behaviour and thoughts of suicide are never far away.

Many of these young people also feel that they have sent signals to adults on repeated occasions that they do not feel well, but that they have not got any response, or that no one did anything about it.

And young people who are afraid to talk often hide their secrets out of a sense of shame and guilt and in the belief that something they are doing themselves is what is wrong. That they deviate from the norm and do not fit in.

When it comes to experiences of professional contacts, they often talk of short-termism and uncertainty. Rather than seeing the same social worker, school welfare officer or other supportive person, many young people who are struggling see many different people, something they feel does not give them any sense of security and is difficult. And yet we know that continuity, the security of being able to keep turning to the same person, and that this person is keeping an eye on them, is crucial in achieving good results.

In all this, looking at the big picture, the brutal facts about how children and young people feel, we must never forget the power that resides within them. There is clearly a strong determination to find solutions and ways out of these difficulties.

Giving children and young people a voice and allowing them to tell their own stories that discuss solutions is a crucial factor in opening our eyes to a situation that we can no longer turn a blind eye to. And last, but not least, we must not give up and become resigned to such problems. For as Anna, one of the many individuals interviewed in the book, and who self-harmed for many years, herself expresses it:

»My hope meant I trusted things would work out in the end.«

Kattis Ahlström
Secretary General BRIS

Introduction

This is a book about self-harming behaviour, eating disorders and mental health issues. This is a book for you if you are wondering what it feels like to live with an eating disorder or how people think when they self-harm. For you who encounter such phenomena in your work but perhaps do not really know how best to deal with them. For you who have recently learned that someone close to you is suffering from these kinds of problems and you do not know what you should now do. For you who wonder what treatments help. For you who have or have had problems yourself and would like to hear other people's stories. For you who are sceptical, curious or worried.

In *Sometimes there are no simple answers* fifteen individuals are given help and support to answer these and many other questions. In their different ways, they all possess knowledge on the subject. They were interviewed in 2012 and 2013. Conny has met six individuals who have themselves suffered from these types of Mental health problems and a further four next of kin. Anna has had discussions with five people who come in contact with these challenges in their professional lives.

As the title suggests, this book does not contain any absolute truths. Our hope is more that readers should be able to recognise themselves, or perhaps discover how the individuals felt when they went through their various similar experiences. That readers can discover new perspectives and solutions as they learn about the way other people have thought. We would also like more people to have the courage to talk about eating disorders during a coffee

break and that fewer people avert their eyes when they see someone with scars on their arms. Above all, we want more people to learn that neither eating disorders, self-harming nor other forms of mental health issues last forever. Someone who has once had troubles with such difficulties can become well again.

We have aimed to provide as broad a picture as possible of how people can reason about self-harming and eating disorders. The book can therefore be read as a whole or in part as individual stories.

To help people who work within education or psychiatry, a guide to the conversations in this book have been published at www.egonova.se/handledningar.

Lund, Sweden, summer 2013,
Conny Allaskog
Anna Åkesson

»Sometimes there are no simple answers" is part of a Swedish information project **Ego Nova – preventing self-harming behaviour, eating disorders and mental health issues** that is managed by **SHEDO**, a Swedish not-for-profit organisation. The project has been financed by Allmänna Arvsfonden with the aim of increasing understanding, countering prejudice and stigmatisation, and to spread hope.

Sometimes there are no simple answers

KAJSA, 21

I AM STARING at a pile of paper, rising like a miniature mountain in front of me. Thirty-five pages of interview material and numerous interviews with one and the same person. I let my eyes rest on the pile of paper. I have spent the last few weeks trying to find the common denominator in the interviews I have had with Kajsa. Something inside me, probably ingrained, tells me that there is always a common denominator, an explanatory model I can turn to that makes reality easier to understand. Suddenly it dawns on me, that everything I have taken for granted is ingrained, prejudices that I have elevated to truths.

I realise what has actually been obvious all the time, that sometimes there are no simple answers. That was what Kajsa's story wanted to teach me, and it is only now, that I am able to listen properly.

THE SIMPLE EXPLANATIONS

"I get so frustrated sometimes that I started to think: should I make up some story, that I had been raped and it was this that has affected me. I hadn't been, but sometimes I wished there had been some kind of explanation like that", says Kajsa.

It can sound like a tough, almost inhuman, attitude, especially when she aims it at herself. The despair lying behind such an attitude emerges after numerous meetings with carers that had all asked the same question, why? It also comes from an inability to be able to put into words how she felt.

"Many people have taken me seriously, they really have, but … I can see it has been difficult to help me, as what could they help me with? Frustrating for both me personally and probably for them, too", says Kajsa who explains about the meetings she had that began with the school welfare officer and then the welfare officer at the youth guidance centre, and then continued with several others.

Kajsa has not only been suffering from an eating disorder and depression, but also from self-harming behaviour. When I go through the interview material afterwards, I can see that I am also trying to find out why, that many of my questions are directed towards this. Something that can make my story easier to tell, something to cling firmly to. I also notice how both of us are trying to answer this question between us. But this is an afterthought, an attempt to manufacture an explanation, something that is done to simplify things, and perhaps not because that is the way things really were. Kajsa points out that it is important for her to explain that sometimes there are no simple answers.

"You look for some incident and then you think: how do we resolve this? You want some kind of triggering action, or a huge trauma. I feel that it is exactly this I want to share: that there wasn't any simple reason in my case. This can cause problems. If you see a doctor and can't give them an answer as to why, this makes the situation more complicated, you make it hard for the person to help you".

Instead of offering a few simple answers, I am therefore going to tell Kajsa's story, from the beginning.

YOUNG KAJSA

"I have probably always been a pretty social person, even though I was also a bit shy at the same time. Sort of shy to start with as it were, but then when I get to know people, the shyness disappears quite quickly. That is how I was as a young child, and am still the same now", Kajsa explains.

She also describes herself as being really 'clingy' when she was little and something of a 'clever girl'. Kajsa didn't like the idea of starting school as she did not know anyone. A feeling that soon passed as Kajsa made friends in class. Kajsa attended the same school from years one to nine, had many friends and was a high performer. Early on, she didn't have to work that hard at school and found school work pretty easy. As the years passed, she started to work harder and harder.

Kajsa grew up with her mother and stepfather Ulf.

"I had a fantastic upbringing and was probably a bit spoilt by the fact that I was an only child until I was 10, when my little brother Oskar was born. I also spent quite a lot of time with my gran and granddad as well, as mum had a full-time job. This meant that I often went to my grandparents after school for a couple of hours before mum picked me up on the way home from work. In the summer, I often went with them to their holiday cottage", Kajsa says. She also explains that her stepfather Ulf played a key role in her upbringing.

"He really spent a lot of time with me and was as good a dad as you could wish for. He never treated me any differently to Oskar".

At secondary school, Kajsa started to spend more time on her school work.

"I studied very hard, it hadn't taken that much effort before, but you were now getting grades etc., but I thought it was fun. I didn't feel as though I was under any pressure to get good grades, it was more that I liked studying. Then, you may think, looking from the outside, that I spent a bit too much time and energy on this. I was often told that I was too demanding on myself, but I don't know… it didn't feel that way to me."

IDENTITY CONFUSION

Kajsa starts talking about her time in secondary school and how she feels that this was the best period in her life.

"Especially when I was in year eight and went to confirmation class. Confirmation was not about religion for me, I wasn't religious then and am not now either, but I made new friends at confirmation class. Friends I still socialise with. Before then, my social circle was pretty much limited to people in my class at school, but when we went to confirmation class, this was with people from the other school in the neighbourhood, which expanded my social circle a bit as it were. I was very social and found it easy to make contact with new people", Kajsa explains.

"Plus, on a side note, I had started to think more and more about my appearance and was reacting to how my body was changing, but I didn't do anything about this, such as starting to diet, that came later", Kajsa says.

I ask if she can remember what she was thinking about, there and then. She ponders.

"Something I really did not like about myself were my thighs. I started to compare myself with other girls. But I am pretty sure that, in principle, all my friends had similar thoughts, even though we were all eating and so on. You were unsure about yourself."

However, these thoughts would come to develop in a negative direction.

"I don't really know how my thoughts started to change, but I think that I not only started to compare myself with my friends, but also with other people. I started to check out very slim people and somewhere, got the idea of wanting to become very slim. I don't really know why. Didn't like myself in a way, wanted to be thin. If truth be told, I was probably never overweight", says Kajsa. She has subsequently spent a great deal of time wondering why she wanted to become that thin.

"Perhaps in a way it was about losing sight of myself and not knowing who I was, or who I wanted to be. Identity confusion, but I think that many people probably feel like that, at that age, but who don't become ill. I don't know why food and a fixation on losing weight and becoming super slim became a kind of goal".

AN EATING DISORDER EMERGES

When Kajsa is going to talk about when her eating disorder began, she admits it is hard to say for certain.

"An eating disorder is something that gradually emerges and it is difficult to say: 'I became anorexic today'. Having said that, if I am still supposed to answer this question, I think it started properly one summer holiday between year nine and upper secondary school. Mum, Ulf and Oskar were at our holiday cottage and I was at home by myself. Suddenly, it was a chance for me to stop eating, to starve myself and eat nothing. I threw away food so they would think I had been eating, and when they returned home, I started to eat again. Then, they went away again, and it carried on like that", Kajsa explains.

But it was not just an eating disorder that Kajsa was battling with. She also started to become depressed at about that same time.

"I felt down, everything probably started with some very existential thoughts, something everyone probably has at that age. In some way, I came to the conclusion that I felt life was absolutely meaningless. I started to think more and more badly about myself, and on top of that, I thought I was fat … that gave me more anxiety as well. At first, this was largely related to food, but I gradually also started to have some anxiety attacks now and then for no specific reason.

BUILT AN OUTWARD FAÇADE

Kajsa built up an outward façade, and became skilled at hiding her depression, which meant other people did not react to this. She thought she would be able to break the vicious circle she had found herself in, something that proved to be difficult.

"I thought I would get better, which I did do, from time to time. But my depression returned like a slap in the face. It was as though I had built myself up, slowly but surely and felt well for a couple of weeks, but then when I least expected it, I became totally wiped out and depressed again. My friends didn't react in any special way, it was mostly business as usual when I socialised with them. During the times my family knew that I was feeling bad, they were naturally worried and wondered if something had happened, and kept asking me why I felt poorly. A question I was unable to answer, unfortunately."

Kajsa also explains that at times, she was able to persuade her family that she was feeling fine, but that this all came crashing down when her depression returned.

"That was when the worry came back and they felt powerless. They knew I felt ill, but the self-harming side was something they only learned about several years after I started to feel down. You could say that they knew I felt poorly, but not how I was reacting to this, and then the eating disorder, they knew I was starving myself, but I don't know how much of this they understood then. I don't even know how much of that they understand today, of how I was feeling then. It would have been easier for them to look for information, if they had known more, but much of what they learned about came much later", Kajsa says.

Kajsa also explains that she had a best friend to whom she confessed everything.

"We were very close to each other and when I felt down, she was the person I could turn to. We understood

each other, parents also understand, but you talk the same language with friends. Especially when it comes to these kinds of things. When you are that close to each other, you understand each other, you create a relationship."

WHEN HER EATING DISORDER AND DEPRESSION TOOK OVER

"My biggest focus was on losing weight. That was what my life revolved around. I lost a lot of the social aspects, including with my family as well. I just wanted to be left in peace so I didn't have to eat", Kajsa explains. At upper secondary school, her life was increasingly dominated by her depression and eating disorder.

"I starved myself on and off, and sometimes I then binge ate after my starvation periods … sometimes, I tried to vomit, but that usually did not work out that way I wanted it to. I also started to exercise like crazy at times, went to the gym and could do three sessions in a row. That continued for two years – while at the same time I was depressed and drained of any enjoyment in life", says Kajsa. During her final year in upper secondary school, Kajsa's eating disorder continued to worsen.

"I made sandwiches that I took to school that mum thought I ate, but in actual fact, I threw them in the waste bin as soon as I got to school. I ate very little during the day, then in the evening I had to eat something as the rest of my family were home. I remember going for long evening walks afterwards and feeling incredibly angst ridden …"

Kajsa also isolated herself more and more. She stopped going to the school canteen and no longer socialised with friends in her free time. Her eating disorder and depression had started to take over more and more of Kajsa's existence.

A FEELING OF CONTROL

At upper secondary school, Kajsa had also started seeking help, first with the school welfare officer, and then with

the welfare officer at the youth guidance centre. However, these proved to be difficult talks as Kajsa was unable to explain why she felt unwell. She started to feel worse, and became more and more depressed.

"I really didn't want to live anymore and felt that everything was meaningless. I felt no sense of joy in life, nor did I have the energy anymore to fight to feel better and I felt empty and apathetic about most things. That was when I began to harm myself", Kajsa explains.

I try to understand and ask Kajsa how this all fit together in her case. Her eating disorder, depression and starting to self-harm.

"It was mostly about control. Especially the eating disorder, perhaps. That I felt that I was in control of something in my life when everything else felt worthless, horrible and meaningless. That I was in control of something at least. And then harming myself also gave me some kind of sense of control. For me, it was never a way of seeking attention, or a way of punishing myself, or to die. I probably didn't really know myself why I did it, and I still don't really know, either. But I remember the actual feeling it gave me, a remarkable sense of relief, while feeling like a kind of failure at the same time, because I knew how wrong it was, and that it would not lead to anything good."

A BREAK FROM LIFE

Kajsa eased off the tempo in her final year in upper secondary school and despite how she was feeling, she did manage to gain her leaving certificate. During her upper secondary school years, she tried to talk with a procession of people, and after the school welfare officer, she went to the welfare officer at the youth guidance centre. She then found herself in a strange situation that can perhaps best be described as falling between two stools.

"Not long before my 18th birthday, I was referred to

Child and Youth Psychiatry, but there I was told that there was no point in starting as I would soon be 18 and then I should talk to the Adult Psychiatry Clinic. When we contacted them, they thought we would find a psychologist at the Health Centre. I did, but she didn't think she could help me and so sent me back to Adult Psychiatry."

Kajsa explains that it went from bad to worse and a few months later, she was sectioned and admitted to inpatient care, and that it was only when she was admitted that she was offered talking therapy. She was also prescribed medication during this period. Medication that initially made her feel worse.

"The whole idea of being sectioned in a locked ward is pretty dramatic. I, who had been living at home, was now going to be put in a ward, given a room and manage by myself. I had people around me to help, but in purely physical terms, I was locked in a room. It was pretty dramatic, but I don't think that is the way they see it. It is maybe a different matter if you have ever lived on your own before", Kajsa says. She bursts out laughing.

"When you think how long I was there, you could say that was the very first place of my own."

Even though the environment and situation were dramatic, Kajsa still describes being sectioned as a turning point for her.

"The time I was sectioned gave me a break from life, and I think I needed that. I had reached rock bottom and things couldn't get any worse. It wasn't the case that things started turning round in a single day, and that I had started to fight back. At the beginning when I was sectioned, everything felt hopeless. It felt as though there was no way back. As I've already said, I think I needed to be sectioned and to be put on sick leave. My situation was very stressful."

When we talk about Kajsa's time as an inpatient, she speaks warmly of the people she had contact with there.

"I was fortunate in having two good people I was in contact with on the ward. A psychiatric nurse and a nurse. They were very generous with their time," Kajsa explains.

When Kajsa thinks back, she believes she felt these contacts were good because the personal chemistry was right, and because she felt they treated her kindly. She also talks about the exact opposites: doctors that came and went, and that she felt were perfunctory and not good at listening.

When Kajsa explains about being sectioned, I feel curious and ask her to describe what it felt like to be there.

"Being sectioned in a locked ward feels a bit like life outside no longer exists. That is perhaps not how it is intended to be, but that is how you experience it. Plus, who the other inpatients are also has an effect. There was some kind of camaraderie, but sometimes it felt like hell. For me, this was very much due to what the other patients were like on the ward."

After some time as an inpatient in a locked ward, Kajsa was offered Dialectical Behaviour Therapy, DBT.

"I did a whole course of DBT treatment. It's hard to say if it was this that helped me, or other factors around me. Some people do say that DBT saved their life. It was not exactly like that in my case, but somehow, it felt as though they understood my problems", says Kajsa.

DBT, Dialectic Behaviour Therapy...
is a form of psychotherapy that includes individual talks, group talks and telephone conversations. The most important aim of this therapy is to teach the person seeking help new strategies to deal with their feelings and relationships. While seeking to help people change unhealthy patterns of behaviour, the therapy also emphasises the value of accepting what cannot be changed.

WHEN KAJSA LEFT THE LOCKED WARD

"The psychiatric ward mostly consisted of doctors that were two weeks here and two weeks there, and my discharge was a long story in its own right. I have probably abridged it a bit. There had been talk of discharging me for quite some time, and I had already been discharged once before, and had then harmed myself within two hours of being home, so it was simply a matter of being taken back there. It was a phase of my life that is a blur and I don't remember much of the incident."

When Kajsa was now due to be discharged, problems also arose. Her family had moved to the other side of town, and Kajsa then had to switch care team as the care teams were based on where you lived.

"I would have had to switch care team, which meant new contact persons, which I absolutely did not want, so I protested pretty fiercely. It felt unnecessary. I had been there a long time, and had built a good relationship and started DBT. It felt stupid to argue about that kind of thing, when I was moving in the right direction anyway, which I was at that time. So we contacted the unit manager and were able to arrange a meeting. However, his attitude was that these were the rules that applied, so the decision would stand. Ulf stood his ground and managed to stay calm all the time. Eventually, I said that I did not want to stay and that I was going to go home. I had come to the conclusion that I was not going to get any help there. It wasn't working. Even if everything went pear-shaped, I would rather be at home. I don't know how they interpreted it, but they said I was not allowed to go home. They also increased the level of security so I was not able to go outside myself. Before then, I had been granted leaves of absence, but they changed that. Not all the personnel were notified of this, however, and I had been able to go out by myself before. I took my stuff and then asked the personnel to open the door and I went

out. I was never officially discharged", says Kajsa.

Once Kajsa had left the psychiatric ward, she explains that she gave herself time to come back at her own pace.

"I get stressed and so on very easily. That is still the case and probably will be all my life, but I somehow allowed myself to let this take time. At first, I wanted things to go quickly, but maybe realised that I couldn't do it without DBT, so I continued with that. I also started studying at an adult education centre, and met my then boyfriend, Marcus."

It has been a long journey for Kajsa and the road back was by no means straightforward. She explains that on one occasion she had to go back in for a night about six months after leaving the psychiatric ward, but that this was actually more a drunken episode that got out of hand. Kajsa also says that she is convinced that she will never become ill again, but that she still tries to keep an eye on her behaviour, her feelings, and her thoughts.

"One example is stress. I know that I do not function under stress and I know that this then makes me feel poorly. But when I feel ill these days, I have an entirely different approach to this, and I know that it will pass. Everyone has bad days, as it were. I still struggle with food, tragic but true. I eat normally, but certain thoughts remain. At the same time, I know that no good will come of this, and I know how ill I felt when I ate badly, and I don't want to feel like that again. I would still like to emphasise that I am absolutely certain that you can completely recover, even in your mind. I will probably never engage in self-harming behaviour again, don't see the point of harming myself, and actually find it difficult to understand why I even did that in the first place", Kajsa says.

Kajsa explains that she has learned a huge amount, not only about herself, but also about others. She has also gained a different picture of people, and become more

conscious of prejudices. Both about her own and those of other people, and that she has fewer prejudices now.

"I have become a better person, if you can say that. I would never wish that kind of hell on anyone, even if you think that there must be a reason why I went through all that I did."

She also does voluntary work in areas related to mental health issues, especially self-harming behaviour and eating disorders.

She says she wants to be involved and have an influence. She has also gained a different view on life.

"I value life much more now. That can sound a bit of a cliché, but it's true. I don't put the same demands on myself anymore. I take life easier now and I know that most things will turn out all right in the end."

OPEN DOORS

Kajsa's long brown hair flutters in the breeze. We are sitting on a balcony in the south of Sweden and Kajsa explains that she has started studying to become a nurse. She has a conviction; she wants to help others. Maybe it's a calling, but with Kajsa's grades, she could have studied to become anything. All doors are open. I feel compelled to ask her if she has ever thought about becoming a doctor. She hesitates, smiles and says:

"Yes I have but have never dared to admit this to anyone."

Can affect anyone at all

ULF, 43, STEPFATHER

We greet each other with a handshake when I step off the train. It is autumn and in many places the leaves have already fallen from the trees. On the short car ride from the station to Ulf's home, I take the opportunity to ask about the local ice hockey team. I am in Gävle and cannot resist – he explains how big ice hockey is here, and how it overshadows all other sports. Ulf himself is involved in coaching children and young people in football and indoor bandy. After the short journey, we arrive at the house where Ulf and his wife live, the house Kajsa lived in before she moved away from home.

NATURAL PART OF KAJSA'S LIFE

I begin the interview by asking Ulf about his relationship with Kajsa.

"She was three and a half years old when I came into her life. Tarja and I had just met and it quickly felt natural to be part of Kajsa's life. We played in her room with a doll's house, dolls, cars and Lego sets. One recurring theme that Kajsa still remembers today is that we solved crossword puzzles together from when she was about 4 or 5 and she had started to learn the alphabet. We did the crosswords between us and she helped fill in the letters. We also built plenty of engineering Lego sets, we did so many that loads of the parts got broken and we had to throw them in the bin," says Ulf with a smile.

Ulf and Tarja moved in together when Kajsa was in primary school. During this period, Ulf was a big support in Kajsa's development.

"When I first met Kajsa, she spoke Finnish. Very largely just that. She met Swedish children, her cousins couldn't speak Finnish. I engaged with Kajsa in that I learned Finnish through her, she was the one who taught me words. Time passed, with homework and problem solving, at least up until secondary school."

CHANGE

When Kajsa entered her teens, Ulf noticed a change. Until then, he felt that he could calm her down when she was angry or upset.

"As she became older, she created a protective field around herself, and this became pretty big: 'don't come too close'… she blocked herself in and that affected things somewhat. At the time I wondered whether it was a teenage problem, and I tried to find some smart solution. At some point at that age, Kajsa changed her behaviour and became more standoffish."

I ask Ulf to explain more about how he came to the conclusion that Kajsa was unwell.

"I probably had no understanding of her having some problem as long as she was at primary school and secondary school, no sense of this at all. When Kajsa started upper secondary school, I think there was a kind of shift. Somehow we found out that she had approached the welfare officer at school. Having said that, I had taken something of a back seat during this period as most of the dialogue was between Kajsa and her mother."

OBLIVIOUS TO IT

I ask Ulf if he noticed anything.

"No, although I knew she had lost weight … she exercised a lot. With hindsight, I think it was a way of getting rid of what it was she had in her body. She trained herself to total exhaustion in her exercise sessions. It was difficult

to know then if she liked training, or if she had a problem. When we became aware that she had an eating disorder, this was an eye opener for us. When I think back, only once during this time, did I hear her being sick in the toilet. The experiences we had were so limited, it was the same thing with her self-harming. We were completely oblivious to it, we really had almost no idea what was happening. I had never even mentioned the words eating disorder in any conversation with Kajsa. I didn't connect her weight loss to an eating disorder. I linked it to dieting and exercise. I was therefore surprised when the doctor asked if she had been harming herself. Or if she had an eating disorder."

Ulf likens the situation to looking for a needle in a haystack.

"Kajsa didn't tell us anything, although there is one incident that I thought a great deal about afterwards. Here, we need to wind the tape back to the period between secondary school and upper secondary school. As I was worried, I checked her internet browser history at regular intervals, but she cleared this all the time. Suddenly, some links were still there, and they were links to various blog sites where there were discussions about suicide and depression."

Ulf showed the browser history to Tarja but did not confront Kajsa at the time.

"I interpreted it more as that she had been looking at dodgy sites and posted that she felt unwell, but looking back I've been thinking more and more about that, and whether it was a cry for help", says Ulf with circumspection.

DIFFICULT TO GET ANSWERS

Ulf explains that he finally had an opportunity to confront Kajsa.

"I felt her behaviour was odd, so I called Kajsa and said I

thought the two of us needed to have a chat. That she was keeping to herself, while at the same time she was taking a lot of space and only looking out for herself. I thought this was difficult, we were a family after all and must be able to talk to each other."

Ulf thinks this was an important conversation but that it was still difficult for Kajsa to open up.

"I have always felt as though Kajsa has found it difficult to explain, difficult to describe what had happened", Ulf claims.

This problem of getting answers continued even when Kajsa was in contact with psychiatric care.

"I still felt as though nobody was talking about what had happened. That nobody said 'your daughter has a problem. And she has had this problem for five years. These conversations became monotonous in a kind of way. We answered their questions, but I often felt as though I did not get any answers in return. I sometimes went away from there with more questions than I had had to begin with. I therefore tried to drop the question of the how and why when she was sectioned. I also felt the duty of patient confidentiality was also a problem. As a parent, you should look after your child, make sure they are feeling well, but it often felt to me as though you were not told anything. The feeling of have responsibilities but no rights", says Ulf.

Some contacts did feel positive, however.

"The first doctor I met when I was there said something sensible. 'Rather than trying to find out why the house went up in flames, we're going to do what we have to do to build a new house.' That was well said. Another positive contact was the family support we were offered after Kajsa had started DBT. We had a one hour session every other week. I personally gained an incredible amount from that", Ulf explains, and says those talks helped him understand the problem a bit better, although it still felt abstract.

"I got answers to various questions and a kind of explanation of the problem and how it worked."

COME HERE STRAIGHT AWAY

"The most powerful concrete experience during the whole of this period was one occasion when she was discharged against her own will. According to the personnel, she had been an inpatient for a long time and I think a great deal was hanging on the fact that she felt unsure about being able to manage by herself and therefore did not want to be discharged. That is just speculation on my part but to go back to the incident, we got home and she went to her room and closed the door. The light was switched off. I went upstairs and sat down with Oskar to play some TV game and got a text message: *Come here straight away.* It was from Kajsa. We had a walk-in wardrobe in what was Kajsa's room, and Kajsa had crept in and was sitting at the back of the wardrobe and had harmed herself. I told Tarja to look after Oskar while I took Kajsa into the bathroom to put a dressing on the injury as soon as possible. Then I drove her straight to A&E. That event was the first time she had harmed herself in front of us."

Ulf was very placid in his manner and I asked him how he was able to stay calm.

"That depends a bit on how you are as a person. I had no idea what to expect when I stood outside her door. Maybe it was also due to her little brother being at home as well, which meant I could take it so calmly. As humans, we defend those that are weaker than us. I wanted to protect my son, not lose my temper, not draw attention to us. By staying calm, I think Kajsa was also able to be a bit calmer."

CAN AFFECT ANYONE AT ALL

The continuing conversation looks at the insights Ulf acquired, and about how Kajsa finally left the locked ward,

and on paper was now well again, even though Ulf remained worried.

"The fact that the worry is there is, for me, a consequence of this. Of being a close relative. To go back again, I am still worried and find getting a text message unpleasant. If she calls, I can sometimes think: 'She's been sectioned again'. There's a worry still there and I don't know if this will ever go away.

Ulf says he breathes a sigh of relief when Kajsa shows genuine happiness, and that today, he helps Kajsa when she asks for help.

"The ball is back in Kajsa's court now. When she was ill, I had to be the driving force," says Ulf and adds that the role of close relative led to him gaining insights into issues that had previously been alien to him.

"If you had come and asked me five years ago, I would probably have thought people who do this to themselves want to kill themselves. That would probably have been my spontaneous reaction. That's what I think most people would think when they hear someone has harmed themselves," Ulf says and then adds:

"During the course of this journey I have had an incredible thirst for knowledge and read as much as I possibly could, and have even contacted people who are knowledgeable about these things. At some point, it has dawned on me, that if you have anxiety and need to manage this anxiety, that can be one reason to self-harm. I also think that I have matured in a way that has enabled me to understand that depression can affect anyone at all, but that it is possible to deal with this. From thinking that this was something very unusual... to the insight that more or less anyone can have their less good periods. Here, I have gone from being a complete novice to knowing quite a lot," Ulf claims, as he looks back on the journey he has made.

It's both a mystery and as clear as day

ANNA KÅVER, PSYCHOLOGIST, SPECIALIST IN CLINICAL PSYCHOLOGIST, PSYCHOTHERAPIST IN CBT THERAPY, SUPERVISOR AND AUTHOR

Anna Kåver has dedicated over 30 years of her professional life trying to understand and help people who suffer various kinds of mental disorders. She started as a psychologist within the correctional system. Since then, she has worked in areas such as eating and anxiety disorders, especially social phobia. In the mid 1990s, she began to take an interest in self-harming patients diagnosed with Emotionally Unstable Personality Disorders and via a major research project she contributed to introducing Dialectical Behaviour Therapy (DBT) to Sweden. She has also written a number of books, such as how to create a good relationship between the therapist and client.

BIOLOGY, EXPERIENCES AND DEALING WITH EMOTIONS

One key question when it comes to any mental disorder is the reasons for it. Why is this person affected rather than some other person? How come certain people can emerge unscathed from crises and stressful situations while others have to really battle to cope with everyday life? There are a whole host of theories and explanations and naturally, these look different depending on which type of mental disorder it concerns. Even so, I ask Anna what she sees as the reasons for mental disorders in general.

"I represent CBT, Cognitive Behavioural Therapy, where you look at human behaviour based on a biosocial model where one contributory factor in our behaviours and reactions is how we are biologically equipped, and the other is

our living environment and what experiences we have had. Plus, psychological pain is a common denominator running through all psychopathology, no matter which diagnosis it concerns. This is about intensive, negative feelings or experiences that you want to rid yourself of, because they are the direct opposite of what you think is a meaningful life. They are preventing you from this. None of us can avoid these, at some time in our life we all feel a strong sense of discomfort, sorrow, shame etc., but we have more or less of such negative feelings. Obviously, a person who has been exposed to violence, abuse or a difficult childhood has more painful feelings to deal with, such experiences naturally play a big role. But so does biology, we have different levels of vulnerability to developing anxiety and depression. Not so much that we inherit mum's anxiety or dad's depression in a direct descending line, but more that we inherit a tendency to develop this. Some of us are born in life with more resilience, while others are more sensitive."

CBT, Cognitive Behavioural Therapy...
is a type of psychotherapy where problems related to thoughts, feelings or behaviour are investigated and changed. The aim of this therapy can be to learn to put up with difficult feelings or to start thinking more realistically about yourself and your situation. The approach in the therapy can be to test new ways of acting or to reflect over your thoughts together with a therapist.

However, this is not to say that life automatically becomes impossible to live for a person with a more sensitive nature, negative experiences or difficult living circumstances. One

final, important variable in the mental health equation is namely our ability to deal with our feelings.

"It's possible for a person to be incredibly vulnerable and yet still able to function quite excellently in society. You can also carry with you difficult experiences and yet be able to successfully process these and live a good life. Some of us have had to learn how to deal with psychological pain with the help of good strategies, in a functional way. In unfortunate cases, we have developed the wrong strategies to manage our lives. This can be by chance or what you have happened to come in contact with that determines which bad strategy you choose. You read about self-harming on the internet or fall in with a gang of pals where many of the members have eating disorders, and so you try this. However, someone who has not yet learned functional strategies to manage their feelings has every chance of learning how to do this at a later stage."

WHY SELF-HARMING OR EATING DISORDERS?

Just like many other forms of mental health issues, Anna feels that self-harming and eating disorders can be seen in the light of an inability to deal with feelings. A person who injures themself or starves themself, often does this with the aim of managing difficult emotions of various kinds.

"In addition to being in a state of emotional chaos, a lack of self-esteem is also common. You don't think you're capable of managing life and what it has to offer. Depression is often common as well – maybe sadness about things you have not got in your life, of not being treated fairly when growing up, for example. Or a fear of becoming an adult, of managing responsibilities and adult life. When you take a closer look at all this very carefully, it concerns powerful, unpleasant feelings that affect you and that you cannot deal with other than by harming yourself. The combination of

being a sensitive person, experiencing difficult things and falling into the wrong company or being led astray into strategies that are destructive, this is where we find our patients. They are lost, dejected, angry with themselves and other people and are often ashamed of themselves and their lives."

SELF-HARMING – A MYSTERY

In the case of individuals that harm themselves, the above explanations provide a certain understanding. Even so, Anna believes that there is still a lack of in-depth, theoretical knowledge about what self-harming is about. Despite having met patients with this type of problem for many years, she feels this behaviour is still something of a mystery.

"It's both a mystery and as clear as day to me. I get it when patients say the purpose of self-harming: it calms and distracts them. Obviously. The vast majority of those who self-harm say it is effective at removing, lessening or controlling feelings. Just as some people get blind drunk, you do this. And yet it stills feels very odd, for those of us who are on the verge of anxiety, to harm ourselves."

Anna tends to share the view that self-harming is difficult for ordinary people to understand. Other destructive things people do to avoid difficult feelings such as excessive exercise or consumption, being engrossed in your job to the point of burnout or over eating are easier to relate to.

"Ordinary people like food, know what it means to eat too much, know the enjoyment of eating food. Binge eating is therefore easier to grasp. We know that things feel better for a while when we eat a good meal. We console ourselves with sweets, chocolates, cakes and pastries, they offer a kind of calm. Starving can also have that effect. Exercise and bodily control are something a great many people engage in. This is often associated with the thought that I am doing something that is good for me. You can think

'the more I exercise, the better things will be', without being aware of crossing the line into something self-destructive."

The difference between self-harming and these other destructive methods is above all that self-harming is not encouraged by the culture in which we live.

"Exercising or success at work can be something you are proud to talk about, it is culturally sanctioned behaviour. That is rarely the case with self-harming. But apart from that, these methods appear to be effective at controlling yourself inside, and it is this that they have in common."

MORE REASONS TO SELF-HARM

Someone who self-harms often has a number of different reasons to do this. It can be a way of distracting yourself and to relieve anxiety. It can give you a kind of calm that comes from the chemical reactions that arise in the body when it is exposed to injuries. Anna also explains that many people self-harm to punish themselves.

"You purge yourself by self-harming. A bit like going to confession. 'Look, this is what I deserve.' Self-harming is often also described as a cry for help. If you are not used to expressing your needs and feelings or to get help in some other way, you then do this, perhaps, even though the method you use is destructive. Clearly, if I shout loudly enough, that is to say, harm myself severely enough, someone will take care of me. You will then perhaps get what you need to a certain extent: love, respect, be listened to, finally be looked after. But in the long-term, this leads to people not being able to put up with you. They become afraid, angry, can no longer face dealing with you, become confused and don't know what they should do. Tragically enough, self-harming injuries communicate things that risk people distancing themselves from you. My way of countering this is to say; 'naturally, your need for inner peace and your cry

for help are totally valid. But I would like to teach you to ask for help in another way, such that you get your needs met'. I really do believe that for many people, this is a cry for help, but not for everyone. Not many do it in public. Plus, I think the communicative aspect of self-harming is often secondary, it is primarily a way of controlling your feelings – of reducing your anxiety and your shame."

EATING DISORDERS, CULTURE AND IDENTITY

"When it comes to eating disorders, there is another pressure that can be blamed on our surroundings and culture. Naturally here I am thinking about having the ideal appearance and being the ideal person, and that this creates a kind of stress. I started working with eating disorders in the late 1970s. Anorexia was very much in the media spotlight at that time. The more it was written about, the more common it seemed to be. That was incredibly unfortunate."

"Many celebrities explained that they had eating disorders and more women started viewing this as an ideal, a possible identity to cling to in their own sense of uncertainty. A kind of glorification of eating disorders was created in various media. However, it is not correct to say that newspapers, advertising and the internet are the villains when it comes to eating disorders and the drama around them. I don't think they are the driving force in this, but they can be a factor in keeping this in the public eye. The number of cases of anorexia has also remained relatively constant over the last 25-30 years. Anorexia has always existed, you can also see traces of this in ancient Greece, especially in women who were canonised. It is by no means a new phenomenon."

"Anorexia was followed by bulimia. And we know that this has also increased. The more it was talked about, the more accepted it became. Binge eating and vomiting was no longer as shameful. I don't think the media highlight-

ing these problems has been purely negative, it has also resulted in more people having the courage to seek help. It can be misinterpreted as though it is increasing. It is by no means certain it has done, perhaps it is simply the case that more people are seeking outpatient care and feeling brave enough to tell their doctor that they are suffering from bulimia. There has been a similar development in the case of other diagnoses. Panic disorder in the 1980s, neuropsychiatry and social phobia in the 1990s, and in more recent years, bipolar disorder. Cases of these diagnoses seem therefore to go in waves."

INVESTIGATION IMPORTANT

A person who has eating disorders or harms themself, often suffers so much from this that sooner or later, they will seek professional help for this. It can be difficult to know what type of treatment they need and what is effective. There is namely no single treatment that can help everyone. Anna explains what she thinks you should do to get the best possible help.

"Getting an expert to chart and describe your situation in a proper way is the A to Z. This applies to both eating disorders and self-harming. It is important to find out if there are any other problems that contribute to what you are doing. For example, self-harming is common in certain neuropsychiatric diagnoses and some types of psychoses. Depression and other kinds of anxiety issues are also common in the case of both self-harming and eating disorders. In such cases, help is also needed for these problems, in addition to the eating disorder or self-harming."

EFFECTIVE TREATMENTS

Generally speaking, Anna recommends two types of therapies that are both based on learning theory, Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) that is a form of CBT.

"Yes, you asked me, and that's my answer," says Anna with a laugh.

"In the first instance, I think of CBT. For both someone who harms themself and someone who has anorexia, bulimia or some other type of eating disorder. The key is to investigate what functions self-harming or eating disorders have, to break the self-destructive pattern and learn how to manage feelings in a better way."

ADEQUATE EMOTIONAL CONTROL

When it comes to managing your feelings and emotions, different patients need to practise different things.

"In the case of anorexia for example, the patient has gigantic emotional control. Here, the treatment means trying to help the patient have the courage to let go of this control. The aim is to work towards greater flexibility in your thoughts, feelings and behaviour patterns. Instead of thinking in such a rules-based way about weight and eating, the idea is to try to help the patient to stretch their boundaries a bit, to have the courage to revolve around their own axis somewhat."

For others, the problem is that they have too little control over their emotions. This is the case with patients that have a so-called emotionally unstable personality disorder (EUPD), for example, who often injure themselves. A specific kind of treatment called DBT has proved to be effective for this patient group.

"The method has tools that are fantastic at helping the person to stop self-harming and start to control their emotions in other ways. But DBT is not exclusively for a person with EUPD. You can very well allow yourself to be inspired by the method when treating someone who self-harms without this diagnosis. However, DBT is a comprehensive treatment method that can be far too comprehensive and time-consuming therapy to commit to for a patient that

self-harms and has a common and well-defined anxiety – such as panic disorder or social phobia. You therefore need to adapt the method to the individual you have in front of you. A variant of DBT is being developed for eating disorders, but this is not yet available to any great extent. It does not feel quite right to say that self-harming or eating disorders should always be treated with DBT, as there are so few DBT teams and most of these only accept patients diagnosed with emotionally unstable personality disorder. Faced with a shortage of DBT teams, I would therefore recommend finding a skilled therapist who works with CBT or DBT informed CBT."

EUPD, Emotionally Unstable Personality Disorder...
is a psychiatric diagnosis. An individual of adult age who satisfies a number of criteria can be said to have this diagnosis. These criteria can mean, for example, that the person has intense and rapidly fluctuating emotions, a pattern of unstable or shallow relationships and feels a lack of any stable identity.

FOCUS FOR THE THERAPY

Some people argue that eating disorder symptoms or self-harming disappear of their own accord if you can simply rid yourself of anxiety, depression or whichever fundamental problem you may now have. Others claim the opposite, that it is the actual eating disorder or self-harming that makes the patient depressed or anxious. I therefore ask Anna what she thinks is the most important thing to work with in therapy.

"I genuinely think it is a bit of both. It is not obvious

that self-harming behaviour decreases purely because you are getting help for your anxiety or your depression. And it is not obvious that you will feel better if the therapy only focuses on your eating disorder. I therefore think that you have to work with several problems in parallel. The patient needs tangible alternatives and effective tools to know what they should do in critical situations. It is just as important to talk about the trauma, indifference when growing up, panic disorder, depression or what else it now can be."

POWERLESSNESS AND INDIFFERENCE

Even though there are relatively effective treatment methods available today, eating disorders and self-harming can be difficult to deal with, both for next of kin and people who meet individuals with this type of problem in their profession.

"I think there are many reasons for this. One such is that it makes those of us in their immediate surroundings feel helpless and afraid. Afraid, because this challenge triggers vital issues: life and death, the meaning of life and how to live with psychological pain and anguish. We then become helpless, which is something we do not like being. We want to feel that our guidance is being received. When this isn't working, we naturally feel powerless. And frustrated. We become despairing and desperate if we see our children do things like this. Many people also find it alien. People providing professional treatment who are not used to encountering these challenges can also be sucked into the patient's desperation and become equally desperate themselves. Then you are no help at all. You can then be enticed into non-therapeutic behaviour: you lose your empathy, try to persuade instead of investigating. If you feel you can no longer have an effect, in the worst case, you can start to close down your emotions, become apathetic and distance

yourself while still pretending to maintain some kind of therapeutic contact. But the more you withdraw, the more difficult it becomes for the patient."

A FEW WORDS OF ADVICE TO PARENTS

"I myself have adult children and am a grandmother, so I can readily put myself in the shoes of a parent of a teenager. And as a parent, I think you should be a pain in the neck and show that you can see or suspect something is wrong. You should regularly ask how young people are feeling and what they are doing. Sometimes, you then need to take a step back, to give the young person a chance to come and talk about it themself. It is a really difficult balancing act: how much should I keep on and ask and beg to find out, and how much should I just stay cool and be there for them? Here, I think every parent should go by their intuition. What you always need to show is that you are there for them. Always signal you are available, love them, care about them and have no intention of abandoning them. You can always say 'I know that I am being a pain in the neck, but that's because I care. But what do you feel is the least annoying way for me to show that I care? Can we help each other out here?' And if you see that your daughter or son is harming themself or binge eating and vomiting, make it clear that you are noticing this."

"Why should you make yourself clear?"

"Because that can be what your teenager deep inside is longing to see: 'that you care about me'. There is no harm in making it clear if you are offering your help and support at the same time. Sometimes, you maybe suspect, but are not sure. In which case, you can still get closer to the truth by making yourself clear and at the same time showing you actually do not know for certain. You could say 'I am really worried that you are hardly eating anything. To be honest, I think I can see signs that you are doing this, that you are

harming yourself or that you are binge eating and making yourself sick. Are you? And I just want you to know that I care and I am worried about these signs. And if and when you are ready to talk about it, I will be ready as well'. You may then get the response: 'that's none of your business, I'm not doing anything like that'. In which case you can respond with 'OK, it is just that I think I can see signs. I am not with you all the time, I can't know exactly what you are doing'. In this way, you are making yourself clear and at the same time inviting a dialogue and showing that you are on their side and only want what is best for them. Young people often sense whether their parents are there for them or not, whether they can rely on them or not, when the storm clouds gather."

A FEW WORDS OF ADVICE TO FRIENDS

What should you do if you are a friend of someone who you think is suffering from an eating disorder or that is perhaps self-harming? Anna explains that she thinks you can say what you think you have noticed but that you can raise this as a question. Confrontation is rarely particularly effective. Listening with empathy on the other hand is.

"You could say: I think I can see what is happening, I may be wrong, do you want to tell me anything? If you want to talk about it, I am here for you. I care about you.

"Becoming an advisor or starting to moralise and preach is not recommended as a friend. If you talk about eating disorders together, it is better to do this with a sense of curiosity and interest and try to understand it from the other person's perspective.

"You can try get a better idea of what is making the person starve themself or binge eat. You could say 'things must be difficult for you. You can then show that you, if you feel like doing this, are open to talking about it on your friend's terms. That you show in all sorts of ways that you

are available to talk, if you actually are prepared to do this. As a friend, you can also be the person who stands for other important aspects of life than the actual eating disorder or self-harming. You can call and ask if they want to go for a walk or see that film. That you continue to suggest things to do together. It's quite simply about a normal friendship. You can also show that you appreciate other aspects than appearance, weight and how well they are performing in school: creativity, curiosity, engagement, humour, whatever. To my mind, this is important. To ask questions such as 'did you read that article in the paper?' or 'what do you think of this TV programme, concert, film?'. As a friend, you can bring out other aspects. A person is not just an eating disorder, a self-injury, or a panic disorder patient. They are so much more.

A FEW WORDS OF ADVICE ON ANXIETY RELIEF

"If, for example, you are a school welfare officer and meet someone with acute anxiety, what should you do?

"At this point, you should not try to address the individual's entire life. That is far too big an undertaking, at least if you do not work with psychotherapy. You should try to stick to the here and now. 'How can we make things better for you right now? In the next few hours? Would you like to talk about the thoughts and feelings you are having right now? Can I get us some coffee, should I open the window? Do you need to have a lie down for a bit? Is there anything I can do to help you right now?'. What many people do is to ask about the reasons for the anxiety. That becomes far too complicated. This is not where you should be looking in this situation. You should concentrate on the here and now. Anything more is perhaps not wise to take on. If it is a student having a panic attack, you can help with some controlled breathing, relaxation exercise or try to divert their attention by suggesting they look at a tree outside the win-

dow for example. Quite simply by focusing on something else. Nor do I think you should offer too much assurance that life will get better, that is not particularly helpful."

"Why not?"

"Partly because we know from research that assurances, contrary to what you may believe, only reinforce anxiety, and that the person will continue to think catastrophic thoughts and scenarios. Plus, we can rarely provide assurances here in life. I think it is much better to send a message that it is OK to feel bad and that in the main, this will pass. You can often do things that help you personally in different ways in such moments. If you have gained the experience, that anxiety can be managed, you will have learned the following: 'OK, when I feel bad, I can help myself by doing things to keep me in the here and now'. And then everyone who takes charge of students in this state needs to be able to confirm to themself – 'I am doing a good job, I am doing the best I can. I cannot resolve all of the students' problems in life, but I can take charge of students in the moment, that is good enough'. On a final note, it may be necessary to help the student find other professional help, perhaps psychiatry."

WHERE DO WE WANT TO GO AND HOW DO WE GET THERE?

That self-destructive behaviour is difficult to overcome, whether it concerns eating disorders, self-harming or drugs, is well known. Even though treatment methods and therapists are available, it is by no means certain that the person being treated will be responsive, in which case, change will not happen. Either way, it is up to the patient to cooperate. But what responsibility does the therapist have? Anna starts by affirming that psychotherapy is very difficult to work with without the cooperation of the patient.

"But. There's always a *but*." Anna gives me a knowing smile. "To use a metaphor: psychotherapy can be likened to

a train journey where the therapist and patient must decide on the destination or goal and the way there, together. You cannot jump on a southbound train if the patient is heading north. It is not even enough to have jumped on the same train, you need to sit in the same compartment for true cooperation. For example, stopping self-harming is initially not at all an obvious goal for some patients. However, before treatment gets started, there must be an agreement on where we want to go and how the two of you should get there.

"Plus, it is not enough that the patient and therapist sit down in the same carriage at the start. The alliance, goals and method must be continuously discussed and monitored in therapy. My starting point is that patients are very ambivalent: about the therapist, the therapy and to change. They both want and don't want to change their life. This is something I must be able to deal with as a therapist. It is terrifying for someone who has found a coping strategy, such as self-harming to control difficult emotions, to then have this strategy taken away from them. As a therapist, I step in and snatch the crutches away from the patient when I say that they should stop self-harming. The patient often experiences doubts and a fear of being able to cope without their longstanding, ingrained strategy. Before you understood that you are able to walk without crutches, it feels very frightening and wobbly."

AMBIVALENCE

What should you do if a patient doesn't know whether they want to reach the goal? They perhaps don't realise that you actually will feel good when the crutches have gone and they no longer need them."

"In this case, I would investigate this very thoroughly. What kind of a 'don't want' are we talking about? Is it that 'I am terrified', or is it 'I don't really want this, because I

like doing it'? I suspect a sense of fear and I want to bring this emotion to the surface. I could say to the patient 'I understand you are terrified of stopping harming yourself and I can see your ambivalence'. It is important to winkle out what lies behind this fear. And genuinely confirm that it is difficult. If I have been anorexic for ten years, I should jolly well think it is hard to start doing things in a different way, to start to eat. That is incredibly difficult."

"And then I think the therapist has a duty to convince, but not persuade, the patient of the value of reducing their self-destructive behaviour in order to live a meaningful life and feel better. I cannot imagine a scenario where we are working to help the patient feel better, without raising the subject of self-harming at any stage. Not having a goal of therapy to help the patient stop self-harming would go against my ethical principles. For me this is unconditional, as I know that this drags a person down in the long run. I try to be very clear about this right from the assessment and at the beginning of therapy."

THE MOTIVATED PATIENT

"We've been talking about ambivalent patients and how the therapist can deal with them. But what is it like with a motivated patient, is there anything the patient can do to help the therapy be successful?"

"CBT, that I work with, is genuinely based on the patient being active. So it is difficult for me to imagine that a patient would not be able to be active. It's about being open to trying new behaviour patterns in the therapy room, to practise, perform experiments and homework... And not just behaviour, it is also about attitudes, new ways of thinking. It is important not to passively dedicate yourself to simply talking, you also need to act."

"Is CBT the only kind of therapy where the patient has opportunities to do things?"

Psychodynamic therapy...
is a type of psychotherapy where the goal is self-awareness and insight. For example, together with a therapist, you can reflect over your relationships, feelings or childhood experiences. Why you avoid addressing certain things or how the relationship with the therapist develops can also be raised in therapy to enable the person seeking help to understand themself better.

"No, modern psychodynamic therapy also contains similar elements as far as I have understood. But CBT in particular emphasises activity.

Even if you do not have a therapist who expressly requests you to be active, you can offer your own thoughts and ideas.

"If you think you would feel better by trying a particular thing, you can naturally talk to your therapist about that, offer your own suggestions. However, as a rule, it is difficult to break your patterns of behaviour by yourself. On the other hand, many people with eating disorders regain their health by themselves and pleasingly enough, many young people stop self-harming more or less on their own. They quite simply get other interests and involvements that lead them in other directions. But the longer you have had a type of behaviour, the more 'cemented' it becomes, so it is a matter for individuals who have had problems for a long time. If you have had bad experiences of care and psychotherapy, and are unhappy and still stuck in your problems: think outside the box a bit, seek help from someone who is not an expert in eating disorders or self-harming. For example, some priests can talk about these and other life

issues in a competent way and help you along the way. Then there are patient associations that can offer help and support. You can read self-help books. And you should not give up. It is not simply about finding a recognised method or therapist. You must ask yourself: 'what do I want out of therapy and from a therapist?', and not blindly accept what everyone else says is good."

To help others

BJÖRN, 24

”During secondary school I became depressed and felt full of frustration and anxiety. I started to harm myself and became trapped in my own bubble.”

The packed school assembly hall has fallen silent. Over the course of an hour, Björn has been talking about his life, why he self-harmed, and how he managed to escape from his self-destructive behaviour. He also talks about what helped him, and why the adult world must be prepared to listen. After his talk, he answers questions, and when the assembly hall empties, we sit down and start our interview.

BLAME

“They were very destructive feelings and anxiety. I was about 15 when I began to self-harm. I was bullied and felt there was nobody there that listened to me. It was a very difficult situation.”

Björn internalised this bullying, blaming himself for it.

“Then I started to hate myself, because everyone else hated me. The things the bullies said, I started to think myself.”

Björn had a good relationship with his mum, but he never talked with her about many of the thoughts he had.

“I tried not to talk that much about it, I didn’t want to be a burden to my family. At my darkest times, I never said anything, either about what had happened or what I was thinking. I locked myself in my room and kept myself to myself. I was incredibly frustrated and angry about everything around me. My family thought it was ‘teenager thoughts’, so they didn’t react that much to this.”

He describes the situation as though it became a shell that nobody could break into and enter.

SEEK HELP

Björn concealed much of his unhappiness.

"I wore long sleeves and didn't want to talk about it," he remembers. But bottling all this inside, made Björn feel even worse. He therefore contacted Child and Youth Psychiatry on his own initiative.

"I felt that this was the last straw, I felt I needed something to survive. I contacted them when I decided things had gone too far, I got no help at school and did not dare talk about it with my family. Building up the courage to contact them was a big step for me and it was the start of my way out of it all."

Björn talks about his first meeting with Child and Youth Psychiatry;

"A social worker met me. I was lucky because the social worker was young, which I think meant she would find it easier to relate to my world. We developed a trust that made it easier to talk, so I think I got really good help there."

WORKING WITH SELF-ESTEEM

His talks at Child and Youth Psychiatry very much revolved around Björn's feelings of loneliness and the anxiety attacks he suffered. That Björn sought help also became the start of building up his self-esteem and working towards a life without self-harming behaviour.

"We talked a great deal about how it was not my fault that I was victimised and that I was worth just as much as all the others, which I did not believe at the time. Over the two years we were in contact, I got some homework to do almost every time to build up my self-confidence and self-esteem."

I ask Björn if he can provide some examples.

"One thing I remember is that I had to write a list of things I thought I was good at. These were positive points, things you perhaps didn't see when you were in the depths of despair. I was then asked to pin the list by my bed so I was reminded every day, of these things, things that I was actually good at. Another task was that I was to say 'hello' to five people during the course of a day to dare to make contact, and have the courage to grow myself."

THE PROCESS OF STOPPING SELF-HARMING

We talk about Björn's self-harming behaviour and he explains that stopping harming himself was also a process. A process that the social worker helped him with.

"I was given the task of slowly reducing my self-harming. The first step was that I should hide the things that I harmed myself with, which were usually disposable razors, in a box. Then I was supposed to put them somewhere, other than in my room, all to give me more time to think about it. The final step was to throw out the razors," Björn says, who feels it helped to do this in stages, rather than trying to stop in one go.

Björn was also asked to write down the event that triggered self-harming at the time, what thoughts and emotions he felt just before he harmed himself.

"This gave me a picture of what caused my self-harming behaviour. Eventually, I did not have as much need to harm myself and I could become free from it."

WRITING

In addition to visits to Child and Youth Psychiatry, Björn says that as a teenager he started to write, mostly poetry.

"At first, my poems were about me wanting to die and my feelings of anxiety. Then, they were about my self-hatred and finally, the poems were about loneliness. In other

words, you can see the difference in how I was feeling from when I started creating poems to the last poems I wrote."

For Björn, the poems were something that took over more and more. It became a way of alleviating his anxiety and his destructive thoughts.

HELPING OTHERS

At upper secondary school, Björn started thinking about moving from the town he had grown up in, to Stockholm.

"In my third year of upper secondary school I applied for many places to live to find somewhere. I wanted to move there when I had gained my leaving certificate. It was a big step but also the best thing I could do to change and improve myself," Björn explains, who managed to find an apartment in Stockholm and moved there.

It was after moving to Stockholm that he actively started his work with lectures. For him, it became yet another way of working with himself.

"I felt that I needed to make something positive out of my negative background. When I started with this, I began a website and started answering mail and chatting about these issues and bullying. I then began to give lectures at schools and have been doing this for four years, now. Last spring, I took the next step and went on a course about how you can talk with young people about these subjects and am now a qualified youth coach. It is very much about how you can support and listen to young people. Plus, I have had a great deal of contact with organisations that work with these types of issues, so there is a lot of networking."

Björn says that individuals always come up to him after his lectures to talk about their background and would like support and help.

"My focus is that you should be able to offer support when you are there and so I advise them to email me. So-

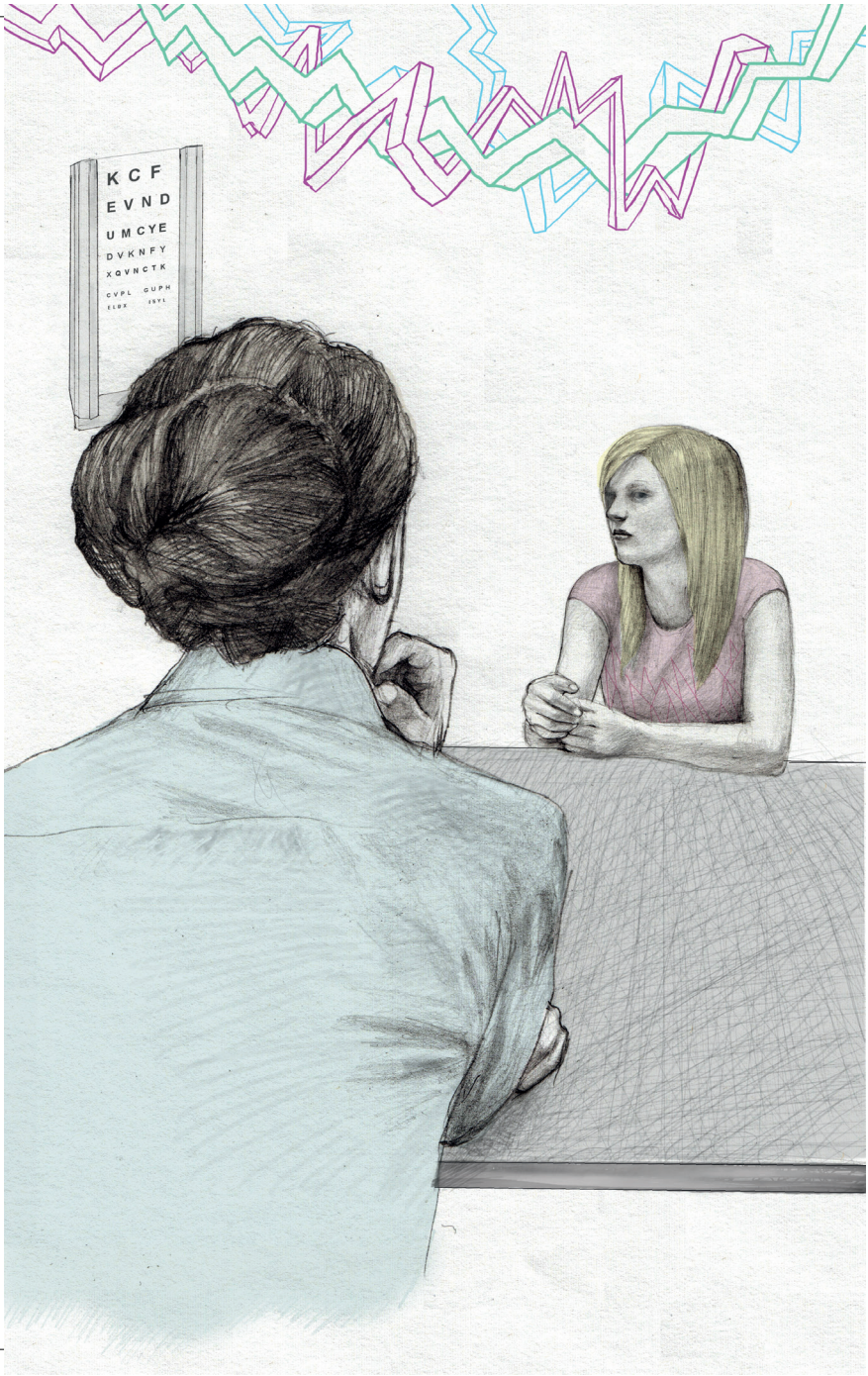
metimes it is easier for them to write than talk face to face."

We sit in silence for a few moments and reflect. I break the silence by asking Björn how he deals with a boy or girl who is self-harming, what does he say to them?

"I make use of many kinds of advice, that there are other solutions. Go for a walk, write, draw, talk to someone you feel you can trust. Help is out there. You should dare to take the plunge and ask for help. That harming yourself is not a good solution. It is only a short-term solution that does not help. I also suggest self-help books about self-esteem that you can make use of. I also offer advice on strategies, such as gradually cutting down rather than stopping directly. Maybe lock things away. These are a few of the different kinds of advice and help I try to give, but above all, to build up the courage to talk about your problem."

Björn gives lectures in many parts of Sweden today and has seen that students show a big interest in this type of lecture. Björn also feels that there is a need for teachers to learn more about these issues. That there is a need for this type of lecture seems clear but I am curious as to what this means for Björn personally.

"I now feel that I am making a difference. That I have made something good out of the whole affair, of turning something negative into something positive. To see solutions, how you can look at it in the future, how you can find your way forward. I also feel that the work I am doing gives me strength."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Talking is the first step

MARIA, SCHOOL NURSE AT AN UPPER SECONDARY SCHOOL

Maria opens the door to a classic nurse's room with an eye test chart and other wall charts about allergies and drugs. We take a seat to talk about the role of school nurses in working with young people with eating disorders and self-harming behaviour. The school has several school nurses and over 1,700 students. Maria has oriented herself towards mental disorders and preventing suicides.

"Other nurses are good at honour-related violence, bullying and reading and writing difficulties. This is one of the advantages of working at such a large school, everyone can concentrate on what they are best at."

MEET ALL STUDENTS

The role of the school nurse is above all, to spot those children that in some way or other, are not in good shape.

"We meet all students at least once during the course of their schooling and have a health talk. This is an important tool for us in school healthcare. There, we go through several aspects of a student's health: from height and weight to relationships and self-esteem. If I pick up signals from a student that something is not right, no matter what this relates to, my job is to assess how to proceed: when is it time to contact the parents, should I refer them to specialist care or can the student deal with it themself with support from me? If I discover that a student is self-harming or has eating disorders, I often refer them to another body: such as a child and youth psychiatry clinic or adult psychiatry. In certain cases, it is sufficient to refer the student to the school welfare officer, but in most cases, we need to do more than this."

A PIECE OF THE PUZZLE

School healthcare has plenty of opportunities to detect mental health issues in students. However, Maria stresses that she is only one part of the lives of young people. Many other people are also involved in the everyday lives of students. Parents, teachers, classmates, caretakers, school dinner personnel, all actually make an impact.

"Generally speaking, I think the more people that see a young person, the better. While the school can't do everything, it can do a lot. We can help prevent problems, by equal treatment plans, gender perspectives, a warm and affectionate approach, encouragement, making young people feel acknowledged and accepted, creating a sense of curiosity about life, giving them new knowledge … It is important that each young person gets a good start in life, and I as a school nurse, am part of enabling this."

THINGS THAT AFFECT EVERYONE

The school nurse normally meets the students individually, but also discusses subjects that affect all of them at assembly. The upper secondary school organises theme days on subjects such as relationships, sex and coexistence. These kinds of information and discussion occasions are not the sole preserve of the school nurse. A PE teacher will talk about eating disorders under the subject of sports and health. And if there is a need, specific discussions on other matters can be held in classes such as use of language and gender thinking.

"I'm a real gender warrior."

Maria smiles but you can see she takes the subject seriously.

"I think these are incredibly important things to talk about. For example that you should not assume everyone is heterosexual, it is better to ask the student if they have a partner rather than a boyfriend or girlfriend. These kinds of things can mean a great deal."

FORCED TO COME CLOSE TO WHAT YOU ARE AFRAID OF

In addition to mental disorders, Maria also works to prevent suicide in the local authority area. She says it is a subject she is keen to talk about. Suicide attempts are not entirely uncommon in association with eating disorders and self-harming. A small number also take their own life. A common reaction to a suicide attempt among the person's surroundings is fear and fury. Maria explains why.

"This often concerns a fear of death. When someone seriously injures themself or takes their own life, people near them are often confronted with their own fear. You are forced to come close to something many people are very afraid of. Seeing someone else with huge anxiety can also arouse fear. This fear can make you avoid talking about suicide, anxiety or whatever the problem is, to the extent that you pretend as though these problems do not exist. Or you become angry with the person who has caused this fear, namely the young person."

Fear and anger are exact opposites and strong fear can become so intense that you make an emotional about turn and become angry instead. Every parent who at some time has been worried about a teenager that has not come home at the agreed time for example, knows how angry you can become when the worry evaporates when the teenager finally comes through the door.

"What advice can you offer to someone who thinks self-harming, attempted suicide and eating disorders are horrible but that are still forced to encounter them in their professional life?"

"I think you need to talk to colleagues and other people about your fear, or take some training course to learn more about this. That can be one way. But if you absolutely do not want to work with these matters, I don't think you should be forced to. In which case, you can do other things, people are good in different areas. If you are afraid, you will not be able to provide good support."

THE FIRST PERSON TO KNOW

One of the best things about school healthcare is accessibility.

"For a 15-year old, the school nurse should be within easy reach, all you have to do is knock on our door. It should not be a big deal to come here. When a student comes here, it is often the first time they have ever spoken to an adult about their problem. It is therefore important that they do not feel they are given a negative reception, as they would perhaps then not feel confident enough to open up and talk to you. Some of them will have talked to their friends, but they will almost never have spoken with their parents before they come here. That's the way it is when you are on your way to becoming an adult, their contemporaries become more important and they want to stand on their own two feet. But it also depends on what kind of relationship they have with their parents. Some young people do not want to bother their parents who are perhaps totally preoccupied with their own concerns or always working."

WHEN THE SCHOOL NURSE GETS TO KNOW

Maria explains that self-harming and eating disorders are not things the students come and see the school nurse to talk about. At least not in a direct way. They use less emotionally charged physical problems as an excuse to visit, such as a headache or a minor injury, for example.

"Here, I start by asking if there is anything that does not feel quite right in their body that can have caused this. I then notice that there is something else they want to talk about. In many cases, it subsequently emerges that they have self-harmed, some roll up their sleeves a bit, I am not even sure that they themselves are even aware that they are doing this. Then I quite simply ask 'have you harmed yourself? Would you like to tell me about your situation?'.

The vast majority want to do so. My job is then to listen and think about what the next step with this particular student should be. I then tell the student that it was very brave of them to dare to talk about it. It takes courage to address your problems and a sign of strength. I say, 'it is you that have had the courage to address this, you are the one who have had the strength and the courage to do so'. I want to give them a feeling of having taken the initiative and having the self-confidence."

TALKING IS THE FIRST STEP

Maria also explains that she encourages the student to continue to talk, with her and with other people.

"We map out the young person's network together. What relationships they have, who can they possibly talk to? This is to make them aware of their relationships so they can make use of them. When they come back a week later, they can have told the PE teacher that they don't feel well. What they take away from this experience is often that it was not that bad and the student then knows that the PE teacher sees and knows what they have done. Some students are helped by this."

To tell someone, to talk and put things into words are important things, Maria feels. Because if you can describe in words something that is difficult and someone else has listened, you are already a step on the way.

"When you start putting things into words, something happens. You have then already changed something inside yourself. But I must show respect and create a feeling of trust that enables young people to dare to open up. Young people need to feel secure in themselves. That is true for everyone really. So many positive things happen when people feel secure."

HOW DO YOU PUT A PLASTER ON SELF-HARM INJURIES?

When it comes to wound care, how the wound has arisen makes no difference to Maria.

"It needs to be dealt with in an adequate way, based on how it looks. I do what needs to be done and explain to the student how the wound is to be cared for until it has healed. You don't need to mollycoddle them or be especially negative. What I think when I see a young person that has self-harmed, is still that the person is not feeling well. Wounds are a strong signal of this, and this is what I work with above all. Dealing with wounds is a very small part of my job as a school nurse."

OPPORTUNITIES AND RISKS FOR YOUNG PEOPLE

There are numerous theories as to why certain people suffer mental health problems but not others. Maria provides her picture:

"I believe all people have a vulnerability to suffer problems, and that anyone at all can be affected under the wrong circumstances. But we also have different levels of vulnerability at different times of our lives. A negative event can have different consequences depending on which part of our life cycle we find ourselves in. Our earlier years are generally sensitive. At the same time, young people are curious and have a great deal ahead of them. They will have new experiences, they are the ones that are going to think all the new thoughts, have new ideas."

OF BELONGING AND BEING ABLE TO BE YOURSELF

"If you are young and in the process of getting to know yourself, it is difficult to relate to spoken and unspoken demands, stress and expectations. Looks and comments penetrate deeply. 'Hi, do you really think a would-be future top athlete would eat that kind of stuff... ?'. This kind of remark can create a feeling that you are not good enough."

Young people need instead to be told they are unique, valuable, and that they do fit in with the whole picture.

"There is only one of you," is what I usually say. "We are all part of a whole picture and that includes you. There is only one of you in the whole world. But then there is always someone who objects 'what about twins then?'. But even single egg twins are not exactly alike. Everyone has a place in the world. Being able to show who you are, being able to express all your feelings and being accepted, that is positive for the development of a child and young person. A young person who has heard this from a very young age, that naturally, they are loved for who they are, has more resilience when they become older and find all these demands and expectations raining down on them like arrows."

Being part of a whole context is also important, Maria explains.

"You need to belong to something, even if this is only a couple of people. It is by mirroring yourself in others that you become a whole person. If, on the other hand, you are excluded and feel like an outsider, this affects your self-esteem. Being bullied is an example of the kind of thing that can create a sense of outsidership. But it doesn't have to be that clear, simply the experience of not being included is enough for this to have negative consequences."

OTHER REASONS

Acts of cruelty and family conflicts are other reasons Maria names as possible causes of self-harming.

"Younger children can blame themselves for adult conflicts, they shoulder the guilt themselves. Children believe that their parents are arguing because of something they have done, and so they start to punish themselves. Acts of cruelty often generate a feeling of shame in the person who has been the victim. This triggers anxiety, and

self-harming can be a way of processing this: to experience the pain again. That's how people process most things – by going through what has happened, again and again, until they are clear in their own mind."

THE LIFELINE

As mentioned, there are several risk factors that we know can lead to mental health issues. Even so, how life is going to develop for each individual is difficult to predict.

"Young people who have had a good upbringing and gone to a good school can also be affected by these problems. There are no guarantees.

"Even if you have had things easy up to now, problems can arise. You can also overcome difficulties, but this can be hard to understand when you are young. If life has been difficult so far, it is easy to expect more of the same in the future. But it does not have to be like that.

"I usually say life is like a line. Right now you are feeling bad. But you have all this length of line in front of you."

Maria points to the long part of the lifeline when the young person is perhaps not going to feel bad.

"Just because you don't feel well right now, doesn't mean your life will always be like this."

Balancing on a knife edge

MONICA, 49, MOTHER

I am on my way to interview Monica, we are going to meet at her office in the city centre. I enter through the glass doors and immediately notice stressed men in suits hurrying past, there's a massive spiral staircase in front of me, but I choose the lift instead. When I step out on the seventh floor, I explain what I am here for and sit down and wait a few minutes. Monica greets me with a smile and once we have introduced ourselves, we go into a smaller room and she starts telling me her story.

THE NEWS

"My daughter had moved into student accommodation so we no longer had that daily contact. I knew she wasn't happy with her studies, but thought she had not found the right course for her. It was therefore a real shock when I got the news. A doctor from Student Healthcare called me and explained that my daughter had been there and what he was now doing was something he did not do often, at most once every four years: breaking patient confidentiality. He explained that he had sectioned my daughter under the Mental Care Act, on account of both self-harming behaviour, an eating disorder and depression, and that he was now afraid she would try to take her own life."

Monica had previously suspected anorexia, but a doctor had dismissed her fears, and Jenny had not been given a diagnosis. Monica's picture of her daughter as tall and slim, along with the words of the doctor, had placated Monica, a calmness that had now been transformed into an abrupt awakening.

Anorexia...
is an eating disorder that manifests itself via extreme dieting and self-starvation. The person affected quite often has a distorted image of their own body, and can think they are fat even though they are perhaps the opposite, underweight instead. Often, the person affected is afraid of gaining weight and obsesses about what they should and should not eat. While anorexia is more common among teenage girls and young women, boys and adult males can also become anorexic.

Her reaction was physical.

"My whole body was shaking, I realised I need to get hold of Anders, Jenny's dad. It took me a few minutes until I was able to dial the number. When I got hold of him, we went to get her together."

That was the first time Monica had come in contact with self-harming behaviour. The fact that her daughter also suffered from an eating disorder and depression came as an enormous shock to Monica.

When Monica and Anders arrived at Student Healthcare they found Jenny was very unsure of herself.

"She didn't want to go, she was afraid, she had been hiding it for a long time. She was very puny, sitting there shaking."

Monica thinks that Jenny had wanted to talk earlier, but had not been able to do so.

"I remember a train journey when we were coming home from Linköping and I just wanted to read my book. Jenny wanted to chat, and with hindsight, I have wondered whether she wanted to tell me something. Another similar memory is that, before she was sectioned, she had looked after her little sister Linda when I was off travelling for work, and afterwards there was some spots of blood on the

sheet. Was she trying to signal something then as well?"

Perhaps this is being wise after the event, but it became clear during the interview that Monica had spent a great deal of time pondering over these issues.

A HAND GRENADE WITH THE PIN PULLED OUT

Due to the suicide risk, Jenny was sectioned for one week. The student healthcare doctor had written a referral to the eating disorders unit but there would be a long wait for an evaluation. Anders had made the doctor on the ward promise not to discharge Jenny before ringing him. A promise he did not keep, so Monica did not get any notification until one day Jenny called and said she had been discharged and wanted to be collected.

"I went to get her. She seemed 'hyper' and wanted to go to the shopping centre. I asked if she really wanted to go there, but she insisted. Having her in the seat next to me felt like sitting with a hand grenade with the pin pulled out. She wanted us to go via her student room, but we had agreed that she would stay with me, so I asked why she wanted to go there, but she said she and her sister Clara were going to stay there over the Christmas holidays. Clara was studying in another town, but was going to be home over Christmas. When we arrived at her student room, I was not allowed to go in with her, I imagine because it was where she had been self-harming a lot before she was sectioned, and she probably didn't want me to see this, maybe there were some blood stained clothes, sheets … I didn't know what she was up to inside the room. It was a horrible situation. Then when we were almost at the shopping centre, she asked if it would be too much trouble if we didn't go shopping. By then, her 'hyperactivity' had subsided and we drove home."

Monica pauses, ponders and says:

"Just sitting there in the car. It was awful, I didn't know

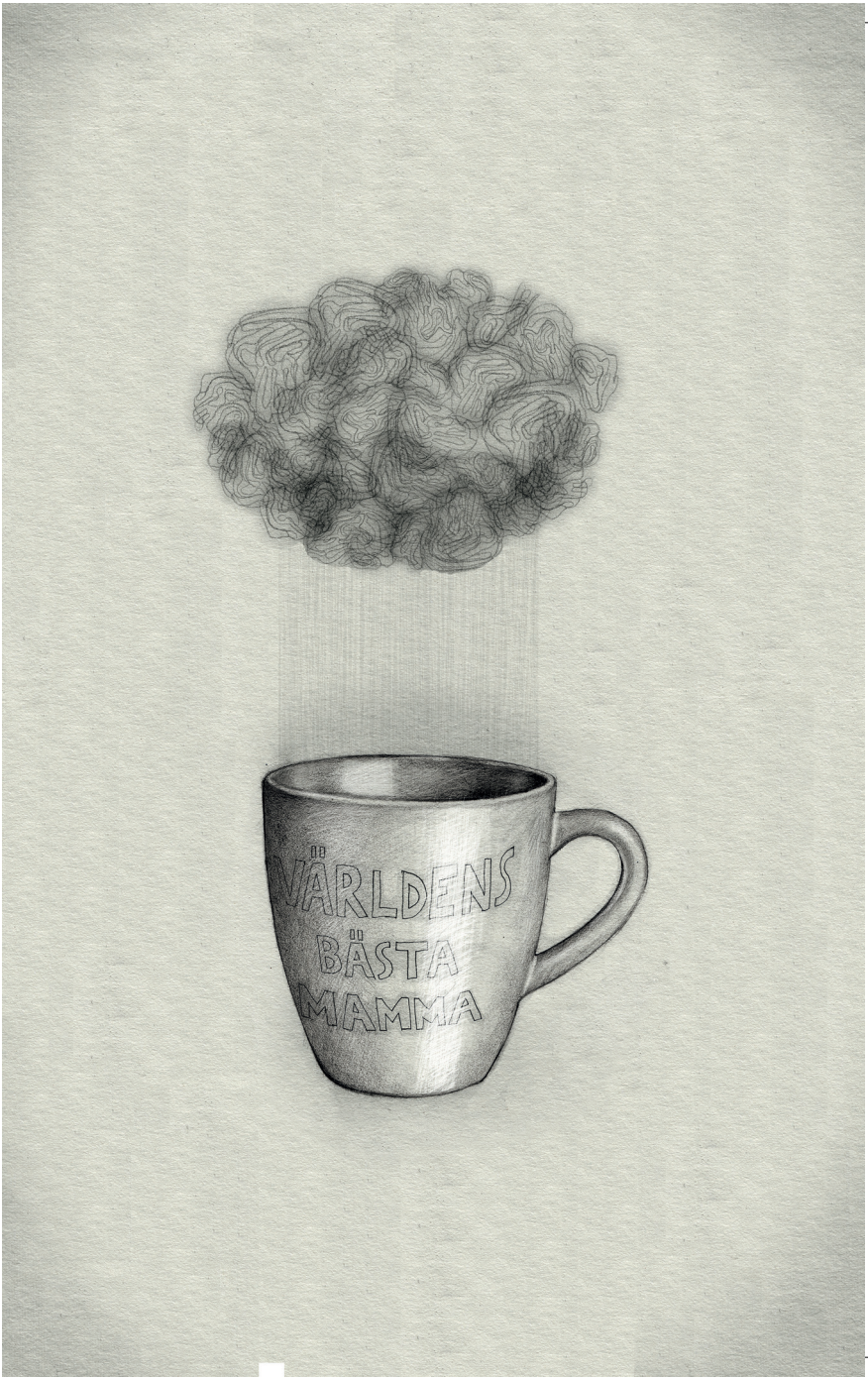
what was going to happen and my fantasy ran away with me. Imagine if she takes her own life, imagine if she harms herself, imagine if she starves to death. Should I just do everything she asks, should I dare to say no? When am I being supportive and when am I making things worse? It triggers worry and anxiety, you feel almost paralysed. And a very strong sense of fear. That was when I first got hold of Anders, when I was sat in the car waiting. After Jenny was discharged she alternated between living with me and with Anders. She had also been given an appointment at the eating disorders unit, and Clara was going to go with her to this meeting. Clara was home for a few days and then went back to the town where she was studying and lived. When Anders, a few days after the discharge, collected Jenny from my place, and the man I was in a relationship with at the time and I were alone in the apartment, I had an anxiety attack myself. Because I was no longer in control, that I wasn't there with her."

Monica explains that the first few months after the conversation with the student doctor were very stressful. The feeling of not have the tools to deal with the situation. Monica once again likens Jenny to a 'hand grenade with the pin pulled out, of not knowing what can cause it to explode, became very stressful'.

Monica started suffering from anxiety and had difficulty sleeping, which would further develop and become more pronounced over time. This also affected her relationship with Jenny.

"I became afraid, I started treating her with kid gloves. She was very closed off, but not angry. You could not reach her as it were. I was constantly terrified that I would drive her over the edge. It was like balancing on a knife edge."

Two months later, Jenny was admitted to the eating disorders unit. By that time, Monica was absolutely exhausted.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Eventually, she sought medical help and was signed off sick for two weeks.

MONICA'S WORRY WAS WELL-FOUNDED

After a few months as an inpatient in the eating disorders unit, Jenny was allowed home for her first leave. Before the visit, Monica went through Jenny's moving boxes to check that there wasn't anything that Jenny could harm herself with.

"I didn't know what was in the boxes and when I opened them, I found things like pants stained with thick, congealed blood. I can't really stand the sight of blood. I felt I was almost fainting with fear, scared of what could have happened. That was the first time I saw it. It gave me a shock, I was in a real state of despair. I thought: what was my girl feeling when she did this. All alone in her student room. How bad she must have felt to have done this to herself," Monica says, noticeably moved. Monica now knew that the worry she felt was well-founded.

She also found diary like notes where Jenny had described her situation.

"That was the next shock, as it were. When I saw all this blood I understood that things were bad. Based on what she had written, I also understood. All I wanted to do was to have her close to me, to hug her. To take away the pain. At the same time, I knew that this was beyond me. I could not make her well, that was outside my power. The powerlessness I felt at that point is virtually impossible to describe. And at that moment I would happily have done whatever it took to be able to take upon me how she felt and her difficulties. Something I have thought many times since then."

OF BEING NEXT OF KIN

When we do this interview, it is late summer and Jenny is back at the eating disorders unit. This is her third stay and Monica has played the next of kin role for almost three years. Over the course of these three years, Jenny has undergone shorter DBT-inspired therapy during day care treatment, and mixed this with stays in different wards and living at home. Monica has been involved throughout this journey and has swung between hope and despair.

Monica explains how angry she has been about the care, and the huge amounts of energy this has consumed.

"I get annoyed when I think back, but I try not to waste my energy on this anymore. You don't gain anything, it just consumes energy. Nobody can change what has happened, you have to look at how it can become better. Being on the offensive is not the best way, you need to work together. When you look at individual doctors and care personnel, I understand it is difficult. They try, but don't have the knowledge. There are fantastic individuals and then there are those who are not well suited to their job, just like everywhere else," Monica says.

I ask Monica to give me a more detailed picture of what it means to be next of kin.

"Being the next of kin of a person with an eating disorder and self-harming behaviour has changed me as a person, my entire existence, the whole of my life in fact. It is constantly with you in every breath you take, every day, every week, every month and every year. Primarily in the form of a greater sensitivity, vulnerability, worry and at times fear. Being next of kin has also made me more prone to stress – I find it harder to deal with stress and daily life remains stressful for me. I need more time to recover – time that unfortunately is rarely available. Being next of kin has also affected my relationships with other people. Having said that, I would like to emphasise, no matter how absurd

it may sound, that it has also enriched my life and improved certain relationships. I am thankful for things that I used to take for granted. I am closer to my children – even though there are sometimes barriers between Jenny and me. It has also become easier to give less priority to things that are not important."

EFFECT ON RELATIONSHIPS WITH OTHER PEOPLE

As next of kin, Monica has faced the question of whether or not to tell people about her daughter's self-harming behaviour and eating disorder. Monica explains that Jenny had said from the start that she understood that Monica needed to talk about it and that this was OK.

"In the middle of all her chaos, she understood my need. So I have done this, I have spoken a great deal and been very open with people around me, while at the same time respecting Jenny's integrity."

Reactions have varied.

"Some people become afraid and evasive, others have been a fantastic support. Then there are those that start to 'interview', digging for sensationalist dirt to an extent. You have to tell the latter to back off, that it is not an interrogation. Sometimes you also have to provide support for the people you are talking with, it is so difficult to take in. There are also those that want to offer good advice, 'this is what you should do'. One of my female friends said: 'go and buy some nutritional drinks, they have them at chemists'. She then thinks that is enough, she doesn't understand that I must get her to drink them as well. You must understand the complexity. I cannot do anything about the situation. I cannot influence Jenny, but I can be there for her. At the same time, I have formed deeper relationships with certain friends. I have also built new relationships with people in similar situations – other next of kin that are now friends for life."

OF BEING NEXT OF KIN, MUM TO SEVERAL CHILDREN AND HAVING A DEMANDING JOB

The next of kin role is demanding and Monica sometimes feels it is impossible to live up to all the demands that are placed on her, both as a mother and in her working life.

"I feel I am inadequate as a mother. A great deal of energy goes on Jenny, and managing what is happening with her. Jenny's twin sister can sometimes be invisible in the midst of all this. She gets on with her life and does what she does without attracting that much attention. I also try to set aside time for her by talking with her about her day and university. We also go out for a meal now and again. My youngest daughter Linda is very much the teenager at the moment, and I try to be there for her in a good way – which is not always easy. She has never wanted to talk about what is happening with Jenny. For a long time, she hid from her friends that Jenny was ill. From time to time, Linda gets stressed out, has difficulty sleeping, is careless about eating, and puts high demands on herself – I find it hard to know what approach I should take about this."

Monica explains that this sometimes leads to conflict, and that she does not have enough energy to deal with it.

"It's been difficult having both Jenny and Linda at home at the same time. Jenny gets anxious when Linda acts all teenagery and difficult and we argue. And Linda gets upset when Jenny feels bad. I find this difficult to balance as a mother, I just want all of us to be at home in peace and quiet – but that's not the way it is in reality."

Monica explains that she has a demanding job. She is required to sell-in assignments to clients, grow the market and this often entails a lot of business travel.

"As my private life drains me of so much energy, it is important that I can recharge my batteries in some other way. As such, it is important to have a stimulating job that is fun. Unfortunately, these kinds of job are not always that easy

and there are numerous challenges to achieving the right work-life balance. After sleepless nights and a high level of mental stress and strain, it can feel almost impossible to get out of bed early in the morning to take a flight to a client in another location and discuss business strategies. When you live with psychological stress, worry and fear for a long time, you become drained of all your power. You simply don't have enough energy and it then becomes important to set aside regular periods for rest and recovery. But as I said, my job is important from several aspects and as a single parent, I must have an income."

THE COFFEE MUG

Monica has thought a great deal about whether she did anything wrong during Jenny's upbringing. This is perhaps unavoidable as a mother in a situation like Monica's. She describes several memories from Jenny's childhood that, according to Monica, with the benefit of hindsight, could have been dealt with differently.

"You know you look back on your whole life … Jenny has tried to put a lid on it, I rarely raise it when she is around, but she has still said that I take a bit too much personal responsibility for things I have no control over. I've felt guilt and shame, not quite as powerfully now, but I will probably never be able to be entirely free of this."

As we continue talking about guilt and shame, Monica describes something that has stayed with me.

"I've got a mug in my kitchen cabinet that has *World's Best Mum* printed on it. For a time, I couldn't drink out of that mug because I didn't think I was worthy of it. That was not how I thought, but I simply could not bring myself to use that mug. What's interesting is that before then I had never reflected over the fact that the mug was there, I never drank out of it. It was just there, one mug amongst other mugs. All of a sudden I saw it every time I opened

the cabinet, but could not bring myself to pick it. I didn't think as to why not, but I understood later that it was because I didn't think I was worthy of using it. Later, when things had become calmer, and I could reflect, I picked the mug one day and drank out of it. Today, it is just like any other mug. I don't notice it any more, I simply could not care less about it any longer. My feelings of guilt were probably strongest during that period, and that is why I could not drink out of the mug. It was as though my guilt had been transferred to a mug."

LESS AFRAID NOW

During the interview, Monica says that she now knows more about self-harming behaviour and that she is no longer as afraid.

"I was terrified at the start and my imagination ran wild. It took me a long time to find out how, and by how much, she had harmed herself. She concealed her wounds under clothes. I was really afraid that either accidentally or deliberately, she would take her own life. I subsequently understood that it was a survival strategy for Jenny to harm herself. That she did it to lessen her anxiety.

The doctor at the eating disorders unit helped to dedramatise Jenny's self-harming behaviour by explaining to me how it all hung together. When he explained, I was able to take it on board and understand. These days, when Jenny harms herself, I feel sad, but am no longer terrified."

Monica also says that today, she is more afraid about Jenny's eating disorder and depression when this flares up – afraid that her daughter will get stuck in a state of depression and not see any sign of improvement. The harming has also decreased over the past six months and Jenny's relationship with Monica is more open.

"These days, I can talk to Jenny about her self-injuries. She no longer hides old scars, they are a natural part of our lives in a pretty undramatic way."

WRITING A WORRY DIARY

A CBT-oriented psychologist advised Monica to start writing a worry diary. The method meant that with the aid of a 50-minute egg timer each day, Monica should spend this time concentrating on her worry.

"If I was thinking of something else I was to focus on my worry again, think about everything that worried me and write this down and take the thought to the extreme. What was the worst thing that could happen? Well, for me, this was that Jenny would die. And then I was to repeat this every day, focusing on everything that worried me during my daily 'worry time'. If I was worried at other times I had to say to myself 'worry time is over – and I was to focus on something else. I told the guy I was seeing at the time that if I started discussing my worry at some other time, he was to ask me if we were in my worry hour. In so doing, I was helped by the people around me to orient myself to worrying during that hour, and to let it go at all other times. This meant that my worry gradually decreased, I was processing it. Little by little, my worry time also shrank. This was super effective."

Monica adds that this psychologist in particular was good because he acknowledged her worry, and took it seriously.

"He said: 'your worry is well-founded. Young people do take their own lives. Your daughter has a self-harming habit and is depressed, and it is absolutely natural that you are worried'. We then talked about how to deal with it. Friends like to say: 'it doesn't have to be like this, don't always assume the worst', but he said instead: 'write down the worst thing that can happen'. Having to put it in words, put it down on paper, process it, has been a huge help to me," Monica says.

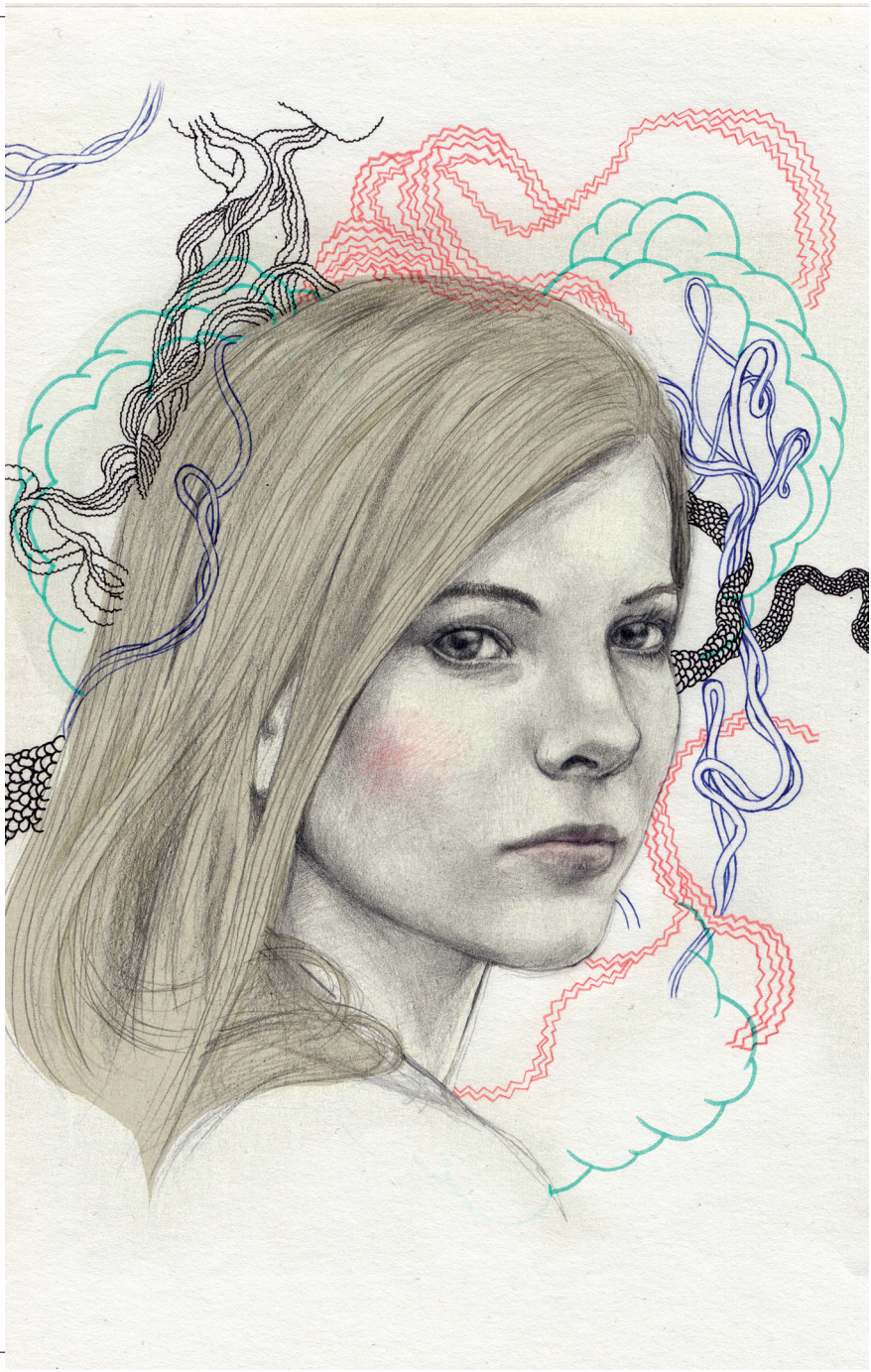
OF SEEING THE POSITIVES

Monica has a positive view of life. This keeps recurring in the interview and she explains that she is driven by challenges and also works as a volunteer for various not-for-profit organisations.

"I am involved in things I strongly believe in and that are based on my values. Even in my job, sometimes it can be a dilemma, because I cannot separate myself from my work, so I can become hugely engaged. The common denominator is that it is always something I believe in, something I am passionate about. A meeting and what happens in the meeting with other people, always energises me. I want to be involved and contribute, influence and direct. If it is something I believe in, I want to be involved and direct things, to ensure everything goes in the direction I want them to go. One advantage of this is that I am not afraid of obstacles, I don't view obstacles as something that stops me, temporarily at most, and I will find my way forward, find another way. I have this drive within me no matter what it concerns."

Monica has acquired a dog that she and Jenny care for together.

"Many of our lighter moments are connected with our dog, Chivas. I got him to bring light, hope and happiness into our lives. He is contributing to the healing process in our family. Jenny loves animals, and has always wanted a dog. She is the one who is training Chivas, and has taught him all the tricks he knows. She knows everything about dogs, and is like an encyclopaedia when it comes to dog problems. I have smuggled Chivas into the unit many times, and I don't know which of them is the most pleased … Jenny or the dog. Chivas is the only being who bounds into the hospital with happiness."



It is possible to recover

HANNAH, 32

I WANT TO spread hope. There are many stories about girls who self-harm, about boys who feel ill, and about how mental health issues in society are becoming a bigger and bigger problem. I want to spread hope; it is possible to recover. These stories are often not told. The focus is often on people that are still in poor health. I know it can be difficult, almost impossible to believe when you are ill yourself, but look at me now, I am well. I have a normal life. The only visible signs are more hairiness and scars on my arms and legs. You can recover and live a normal life."

These words come from Hannah who suffered from an eating disorder and self-harming behaviour for over 20 years. To understand her story, we need to start from the beginning.

WHEN A DISORDER BECAME AN IDENTITY

Hannah's eating disorder first emerged in association with a health check in primary school.

"Everyone was going to be weighed and measured in year one. Someone in the class weighed half a kilo less than me. We were the same height, but I did not weigh the least, only second least. It started as a fixation but eventually developed into an identity, the littlest person that can sit on the shoulders of others, the one that can be given a lift on the handlebars, or on someone's knee.

The eating disorder and its connection to her identity would turn into a battle lasting years and years. To continue to have this identity, to be the smallest, was demanding.

"I wanted to be the thinnest. When you are good at something, you want this to continue. You get direct feed-

back, often unfortunately positive comments from your environment. You get a kick out of it, quite simply."

Hannah experienced a sense of outsidership from an early age. Even though she had friends, she felt lonely. Hannah remembers how she felt down as a child. She pondered over the meaning of life and had a death wish.

"Now when you look back, you can say that I felt very unwell as a child, and I think I was born with this."

At an early age, Hannah also developed a self-hatred and a feeling of being worthless.

"I remember that in my diary, I wrote a negative word for every letter in my name. I felt lonely and out-of-place. It was also at primary school where I harmed myself for the first time. They say opportunity makes a thief, and in my case, it was a pair of scissors that were lying there."

At secondary school, Hannah's self-hatred was combined with a determination to live up to the role of smallest in the class that she was awarded as a child and stuck fiercely to.

"Psychologically I dumped on myself very hard by telling myself that I didn't deserve to live, that I ought to die, and what not. I had more or less given up on food at different periods. I don't think I had anxiety about how my body looked at that time, but I was incredibly fixated on other girls' bodies and made sure I was always the thinnest. On the other hand, occasions where it was proven that other people thought I was the thinnest gave me pleasure. For example, when the lightest student was chosen to do a certain task or similar."

INTERNAL INSIGHT, EXTERNAL DENIAL

At the end of secondary school, Hannah and her family moved from the town she grew up in, to a small village in the north of Sweden. The move entailed a change of environment and new people.

"Certain people made my life difficult in secondary school, but I had a best friend in the parallel class and a new gang of friends. We were pretty close, which meant a huge amount to me. I would not have coped as well with that time of my life without them."

Even with these new friends, the change proved difficult to manage, and Hannah's self-harming and her eating disorder escalated during this time. Her eating disorder in particular became worse.

"I knew there was such a thing called anorexia and that this is what I had. I worked incredibly hard on my exterior, went jogging as strenuously as possible. In winter, skiing instead. 10K before breakfast. To the outside world, I pretended that I was naturally thin and denied having a problem."

After secondary school, Hannah spent a year in the USA as an exchange student.

"It was hard to make friends in the US, I gained many acquaintances, as we say in Sweden, but still felt lonely. It took until spring before I had any close friends."

Her eating disorder also changed form and switched from anorexia to bulimia.

Bulimia...
is an eating disorder that means you eat large amounts of food over a short time and then compensate for this by dieting, fasting, vomiting or exercising extremely vigorously. It often becomes a vicious circle that is difficult to break. The person suffering it often has a negative perception of themself and their body.

DIFFICULT BREAK UP, BACK TO ANOREXIA

When Hannah came home from the USA, she met a boy and fell head over heels in love with him. A relationship that unfortunately led to a difficult break up. Her anorexia struck once again.

"I started to become really awkward with food, and eventually almost stopped eating altogether. And that continued for the rest of upper secondary school. I was a bit calmer with the harming however, the fact that I could control my eating meant I didn't feel the same need for this."

Hannah also discovered that a great deal had changed during her year as an exchange student.

"My best friend had got to know loads of new people in her first year at upper secondary school when I was away. I had to start from the beginning again to an extent. I got to know a girl in my class, but the classes were changed between years one and two, and she was then in another class, but she became incredibly important to me."

However, Hannah's poor state of health would come to affect her relationships.

"I have lost touch with most of my friends due to my long periods of absence dealing with my problems. Unfortunately, when you are in poor health, this affects all the relationships you have, and I behaved a bit strangely perhaps, not in any conscious way, but still. I also fell out with a male friend who was one of my very best friends. Both disappeared around the same time and I think I said something that was probably clumsy and egotistical. I really, really miss them and regret what it was I then said, and how I perhaps had acted."

Towards the end of upper secondary school, Hannah met a boy who lived over a thousand kilometres away. They met up during every holiday and moved in together when they were both going to start university in the same city.

THE FIRST CONTACT WITH PSYCHIATRY

Hannah's depression got worse at university. She sought help for her sleeping difficulties.

"I was prescribed something that did not help at the dose I was supposed to take, so I overdosed instead to be able to sleep. As a consequence I felt groggy the day after and university became difficult to manage."

Her eating improved in association with moving in together with her then boyfriend. A calm that would prove to be short-lived, however.

"There was a great deal happening around me, and then I stopped eating again, and started to have big problems getting out of the house and to university. I began to doubt whether I had chosen the right course, had doubts as to whether I had the will to live."

This also led to Hannah developing a social phobia.

"For a while I thought about just studying at home, but I then gradually started to increasingly isolate myself. I began to have thoughts of suicide and I harmed myself more regularly. It was also during this period that I contacted the psychiatric unit for the first time."

A NEW AND TERRIFYING WORLD

The first encounter with psychiatry came after Hannah had talked about her problems with two of her closest friends. Up until that point, she had kept everything to herself, in an attempt to look strong and problem free on the outside.

"I can imagine I was probably not as successful at this as I thought. I broke down in front of two friends, and one of them happened to have contact with a psychiatric unit. I simply explained how down I was and about my social phobia. I was immediately admitted to an emergency psychiatric ward and pumped full of anti-depressants as I was assessed as a suicide risk."

When Hannah starts talking about psychiatry, the picture she paints is of a terrifying world.

"The entire stay felt absurd. It was such a different environment, being treated as though I was no longer a person. No private life and a difficult environment with pale grey walls and harsh strip lighting that was on 24 hours a day. And many of the other patients were psychotic."

These memories are permanently etched in Hannah's mind. She stops, thinks for a few moments and says:

"I still struggle with strip lighting".

HER YEARS WITHIN PSYCHIATRY

When Hannah was discharged, she was given medication and the name of a psychologist to contact. However, the psychology contact did not work at all. He was not able to reach Hannah.

"He never divulged a thing about himself, just sat and waited for me to talk. It didn't work at all and simply created even more anxiety in me."

What then followed was a series of visits to emergency care, psychiatric wards, eating disorder units, treatment centres and various kinds of medication.

"There were several turns in the emergency psychiatric ward, and also a long period on an ordinary general psychiatric ward. It was there my anorexia was first discovered as I was extremely underweight at the time and had problems eating. Eventually, I was sent to an eating disorders unit."

Hannah talks fondly of the eating disorders unit that she subsequently felt provided good care.

"The eating disorders unit was located in a pleasant residential area and had its own garden and gym. It was furnished with sofas, had a homely feel with cosy curtains, colour on the walls and flowers in the windows. It was staffed 24/7. I made progress during that period. They had a rule that you were not allowed to self-harm while you

were there. That helped somewhat as I wanted to stay there, unlike other hospital environments. There were also plenty of activities to take your mind off things, such as art and movement groups and conversation groups."

After the eating disorders unit, Hannah was offered day care. The day care centre also had a ban on self-harming rule. However, day care meant that Hannah was on her own with her anxiety on evenings, nights and weekends. Hannah was far less happy at the day care centre.

"Nothing like the same rest and relaxation, nothing like as cosy, even though it was in the same building. It was also a smaller space, just one large room for everyone. I did a lot of self-harming there. The evenings in particular were more difficult when I was by myself after a day that had created severe anxiety because I had eaten breakfast, lunch and dinner. I remember that I often went out for a walk. Often from 5.30 in the afternoon until 11.30 at night in order to get rid of what I had eaten during the day. All that anxiety and stress, and then the tiredness, meant that I often harmed myself in the morning, and then had to go and get the wound stitched. They found out about it and gave me a warning, but it did not seem serious in a way. They still took care of me. I harmed myself more and more seriously and started to turn this into a routine. They let me keep doing this until I made a suicide attempt. Then I was no longer welcome back and the only thing I had left was a doctor contact."

This eventually led to Hannah moving back in with her mother who played a crucial role in the continuing process.

"Mum really looked after me and she searched for a place where they could deal with both my eating disorder and self-harming behaviour. After a bit of a struggle, she got me a place at a treatment centre. They did not offer treatment for eating disorders but offered DBT for self-harming. I didn't think it helped, and during my stay, especially the first

years, there was plenty of self-harming and suicide attempts. They left me in peace, they kept me alive."

During the time Hannah was at the treatment centre, she met a boy, and also got a job. She moved into a halfway house apartment and was subsequently fully discharged from the treatment centre.

"I still did not feel great, but still felt I would be able to manage things myself. I had made contact with a psychiatrist at the psychiatric ward who monitored my health, that again took a turn for the worse as I didn't like my job. He then more or less forced me to quit my job and got me readmitted."

THE TURNING POINT

When she was first admitted after leaving her job, Hannah was tried on various different medications, without results, which led to her being admitted again where Hannah was given ECT. Unfortunately, this was also unsuccessful. Hannah was discharged again and in association with arriving back at home, tried to take her own life. What happened from then on, could be called a turning point.

"After my failed suicide attempt, I lay in bed and vomited for several days. I was therefore not able to take any

ECT...
stands for Electroconvulsive therapy, a treatment that is sometimes given in more severe cases of depression and where medication has no – or not enough – effect. ECT causes epileptic activity in the brain via electrical stimulation.

medication. I noticed that my thoughts were working faster. I could see colours again. Without medication, I moved more quickly. I then thought, if things can be like this without medication, maybe I ought to stop taking them. I had been on medication for many years. This was a first step, to saying goodbye to medication. Having said that, it was not that I felt well mentally, it was more the insight that things could feel different. Time passed and I still felt poorly. A few months later, I made up my mind. I was going to end it all, this became my last suicide attempt."

In association with this suicide attempt, Hannah's mother, who is a psychologist, persuaded her to try a new drug.

"I gave it a go, I felt sad about my situation in life, something had to change. I was almost 30 and couldn't go on like this. It is a bit hard to say what was what after that, the medication, something biological or my attitude, but that was when I started on the genuine road to recovery. I remember that I had harmed myself and needed help. A&E had closed and I would have had to go to another town. I decided to go to the healthcare centre the next day instead. The wound had become infected, I was given antibiotics and had to go to the healthcare centre every day to clean and dress the wound again. This made it even clearer to me that I could not live like this. That was the last time I self-harmed. A few months later, I started thinking about my eating disorder. Started to think that I could perhaps get well and then I also read a book about diet and the body. I thought I knew everything about the body, just like every other person with an eating disorder, until I read the book and the author went through the effects of starting to eat again. That you first go up in weight before then going down again when the body understands that it is not being starved, this was a new insight for me."

Hannah was 30 when she made up her mind.

"I was going to conquer my eating disorder. My way of doing it was to decide that I was not allowed to exercise. I made sure that I had everything I wanted to eat at home. It was a scary thought at first, but gradually it became more natural as time passed. It felt like a miracle, the urge to eat all these things disappeared. When I had my eating disorder I thought I would not be able to stop eating if I let myself. Now, all of a sudden I could buy whatever I wanted. However, I discovered that after five or six sweets I didn't want to have any more, for example. I was amazed that it worked like this. I became motivated to want to become well. Sometime around then, I stopped thinking about food and things I fancied. Obviously, getting a new body wasn't easy, of quite suddenly gaining a female shape, and that meant quite a rethink. Especially in my head, as I had always viewed thinness as the ideal body shape. I gave up that ideal for something healthier. On my road back and even now when I feel well, I can sometimes get thoughts of losing weight. Sometimes also when I see someone thinner, but then I tell myself of course I could have a body like that, but I also know how unhealthy I would feel and unhappy I would be. That does the trick. When I started eating again and giving my body what it needed, I became happier, felt better and became more resistant to stress. Quite simply, I started to feel well."

INSIGHTS

It has now been a few years since Hannah regained her health and started to feel better. I ask her what her life looks like today.

"I have a normal life, I am proud to say. I have got a job that I actually enjoy. I am back in society. I don't go home to be sick, I am not in and out of wards. I don't take loads of tranquillising drugs that mean I can barely function. Instead, I live my life in a 'normal' context among other

'normal' people. Not all days are upbeat, but that's the same for most people, isn't it?"

She says the greatest benefit of being well is freedom.

"The freedom to be able to go out and eat exactly what I want. Of not needing to restrict myself to eating at certain special times, or certain special things. Quite simply, not being controlled by food in various ways. Plus, also not being 'zonked' by medication. Of being able to think clearly, see colours and experience the world as it actually is. Of not seeing through a kind of tunnel vision, dark glasses that make everything dull and boring."

Hannah keeps talking, on the importance of fighting against prejudices, of the disappointment of seeing people distancing themselves when they see her arms, and on her hope that the world will gradually become a more tolerant place as more people have the courage to tell their story. She points out that while this is something that can affect anyone at all, you can turn your situation around.

"Many people think someone else should help. A doctor, a therapist, medicine or whatever this can be. I learnt that you can help yourself. It is also important to know that life can be good, that it can be worth living, and that you actually can feel well."

It is the two of us against the eating disorder

ANNIKA JONASSON, PSYCHIATRIC CARE NURSE AND DBT/CPT THERAPIST AT AN EATING DISORDERS CLINIC

HI EVERYONE, I am looking for a case worker to interview for our book. Someone with experience of eating disorders/self-harming treatment, and who is that special kind, a heart of gold person, you know what I mean. Someone with that little bit extra. Thanks for the tip. /Anna.

I wrote the above in the Ego Nova work group on Facebook. The first name that appeared was Annika.

We meet at the centre where Annika works. The first thing that strikes me when we start talking about treatment for eating disorders is her thoughtfulness. Every answer I get is thought through but not for that sake non-negotiable or unequivocal. The opposite in fact: we reason our way to conclusions together. Interviewing Annika is more of a conversation than a question and answer session.

EATING DISORDERS TREATMENT IN DEVELOPMENT

Annika has been working as a psychiatric care nurse since she left school, and with eating disorders since 1996. She has gained tremendous experience in this time and has seen how treatment methods have changed. When Annika started working with patients with eating disorders in the mid 1990s, there was not much in the way of specialist care for this group in her county.

"Eating disorders interested me and when I saw the patients on the ward, I felt that they were perhaps not really getting the help they needed. There was not much time

for them, they spent most of their time in their rooms and with various different diagnoses on the general psychiatric wards, the system worked badly. When I think back on the way we worked, I don't think the system was working."

Many people felt the same, so Annika and her colleagues were invited to try something new. They were given free rein, and travelled round the south of Sweden to see how people worked in other places. That became the start of the current system.

"The ward was less like a hospital and more like a home. We offered food support and day care, patients came there in the morning and went home in the evening. But after a while I felt I had got a bit stuck, I felt I needed more knowledge. A colleague and I then went on a course in cognitive processing psychotherapy (CPT). That was when we started working more with talking therapies.

CPT, Cognitive Processing Therapy...
is a form of treatment where the patient and therapist investigate and try to change the patient's patterns of unhelpful beliefs, together. The therapy is a specific type of cognitive behavioural therapy, but puts less emphasis on behavioural changes.

A TREATMENT THE THERAPIST LIKES

Annika has subsequently taken a course in DBT, Dialectical Behaviour Therapy.

"I felt I learnt a great deal from both psychotherapy courses. The DBT course also gave me several tools that I make use of in sessions with patients that do not undergo

such treatment. What's more, I think DBT is fantastic fun. This form suits me as a case worker very well. Plus I have the benefit of my time as a care nurse in the ward, it gave me a reason to meet the patients every day, even if we did not have the best tools to help them there and then.

Every experience and course seems to have given her something. Even so, she doesn't feel she is the finished article. Maybe you become unassuming when you have seen treatment methods change, theories come and go, and see less good care become better? Why would today's methods in particular be perfect, when history is full of advances?"

"You can always improve the way you work. It is all about continuously seeking new knowledge. I don't believe anyone can sit down and think 'we've cracked it, we now have all the answers."

THE PERSONNEL MUST HAVE A VERY GOOD UNDERSTANDING

Since starting to work within psychiatry, Annika has increasingly oriented herself towards eating disorders. This has been no accident, as it is very much in line with her interests. Not everyone who works with eating disorder treatment, has chosen this themselves in the main, however. And just as it is difficult to become well again from an eating disorder if you do not want to, it is difficult to work with something if your heart is not really in it. Annika talks about negative attitudes among former personnel groups. I ask her if she has any idea what that was based on.

"I think it can be related to requiring a little bit extra from the personnel. You need to have a very good understanding with each other to be able to give the patients a sense of security. When you serve food for example, you can't be subjective, all the personnel must do it the same way. The patients must feel secure in the knowledge that they will be served the same amount of food no matter

who happens to be working that day. This can feel a bit irritating I think, a bit over the top. But this is something we have been working on a great deal in our personnel group and I don't think we have any attitude problems here any longer. Those of us who work here are interested in treating eating disorders and we have made our own decision to work here. And thanks to this, we have become better at helping the patients."

THE CONSTANT ISSUE OF MOTIVATION

The patient's motivation, or more likely lack of, is a constantly recurring theme when it comes to eating disorders. Few groups are assumed to be as unwilling to do anything about their problems as eating disorder patients. Do you have to be motivated to be helped? What responsibility does the case worker have in creating motivation? I can tell it is not the first time Annika has heard this question.

"Firstly, I would say that you absolutely cannot help someone to recover from an eating disorder if the person does not want to. But that is not unique to eating disorders in particular or mental problems, you cannot treat someone who does not want help in A&E for somatic problems either. There is nothing strange about that. But I do think there is a difference between wanting to get help and being motivated. Wanting to get help is about experiencing suffering and suffering is very much about a person thinking along the lines of 'I really cannot carry on like this'. And not everyone with an eating disorder does that."

SUFFERING AND THE DETERMINATION TO OVERCOME YOUR PROBLEMS

I ask Annika how it can be that certain people with eating disorders do not feel they have a problem. Should it not be obvious? Is it down to poor self-awareness?

"No, I wouldn't say that. Eating disorders vary in inten-

sity and the extent to which they create problems for the individual. Those of them that become ill in their teens and come here when they are 25 say that they have not been as ill the whole time. At times, they have thought 'I'm a bit better now, I can manage this'. But then something happens and the eating disorder gets worse in connection with this. And then they think 'I must get help'. It goes up and down a bit. They rarely call us when they are finding things a bit easier. But when the eating disorder starts to encroach on other areas that mean their quality of life goes down – you can't be with your friends, you can't go to school – that is when many people realise they have a problem."

"Do you have to feel you have a problem yourself before you can resolve it?"

"Yes, and it can take a shorter or longer time before the eating disorder encroaches on your life in a disruptive way. If you seek treatment before this point, it is not as easy for the case worker. Then it is easy to label the patient as unmotivated, but I would rather say that the person is not here for their own sake. Maybe their parents or someone else has pushed them to go there."

MOTIVATION AND FEAR

Annika explains that a lack of motivation can be due to several reasons, fear for example.

"If you encounter resistance to the treatment, this can be due to fear. Then, it's not a question of leaning back and saying, 'you see, they weren't motivated'."

Uncertainty ahead of the treatment, uncertainty about a future without an eating disorder and fear of the difficult early days with regular eating, are some of the common reasons named by Annika as to why a patient loses their motivation.

"That they feel some uncertainty ahead of the treatment is not at all strange, the patient doesn't know me and doesn't

know what going into treatment will entail. When we at the centre get a referral, we usually try to match the case worker with the patient, as it is important that the personal chemistry works. I then think it is up to me as the therapist to raise which emotions it can be a case of, that it is OK that it does not feel 100 percent from the very start. It is also my job to create trust and the feeling that we are working together. It is the two of us against the eating disorder."

A NEW IDENTITY

Fear of what it means to overcome your mental health problems is not uncommon if you have been trying to cope with them for a long time. Plus, you often feel very much alone in this feeling as you are expected to have purely positive emotions ahead of becoming well. Annika explains that it is common for patients to wonder about their identity and who they should become instead of 'the person with the eating disorders'.

"As a rule, a person who started facing these difficulties as a teenager, and has been struggling with them for several years, will have lost a great deal: friends have moved away, they will have missed parts of their schooling and so on. When you become well, there is no direct replacement for this eating disorder, nothing to go back to. You therefore need to find new things to do and find out who you are without your eating disorder. Some revert to being a bit of a teenager again when they are on the road to recovery."

THE HARDEST PERIOD

Fear of being admitted for eating disorder treatment and starting to eat regularly can also be extremely well-founded. Annika describes the start of the treatment as a very emotional time, without any noticeable improvement for the patient and less support from their surroundings.

"The toughest time is not when you are starving your-

self but when you start to break this pattern, when you start to normalise eating and people around you start to breathe out. That is the hardest period, both physically and emotionally. You feel more tired, thoughts and feelings that you have shut off for a long time start to spin around in your head, self-harming tends to increase. When your entire emotional system gets started, you need to find words for this with someone else. But then your weight and things other people see have become normalised. In the midst of all this chaos, many patients feel very lonely: 'everyone has lost interest in me, nobody understands how hard I am finding all this'. And so you stand there feeling incredibly hesitant and incredibly afraid. Patients that have gone through the treatment previously often experience this."

PREPARING FOR CHANGE

To make this period less difficult, it is best to prepare for it as much as possible.

"You can't shove someone into the deep end and say, 'learn to swim, it's fantastic'. You must prepare for what happens when you do enter the water. How the first swimming strokes feel, what I, the case worker, will do and what obstacles can arise along the way. We talk a great deal about this before the start. So the patient is not totally unprepared when all the changes happen. The patient is then scared to death. It is important at this stage to know that you will not be on your own in this. That is when we need to increase the number of sessions and meet more often. Knowing the case worker is there for you throughout the process can provide a sense of security. If you have not been prepared as to what is going to happen when you start eating, you will naturally be disappointed: 'I am doing the best I can but I still simply feel worse and worse'. If you are aware of this beforehand, you can be a bit calmer, 'yes, we did talk about this beforehand'."

Preparing for an initially difficult period to reduce the risk of dropping out of the treatment prematurely can seem contradictory. But Annika explains that it is about taking a long-term view and as the case worker, for the treatment to work, you need to be honest.

"My role is to represent hope but at the same time not to lie and say that everything will be better, so much better when you eat regularly. It will be in the long term, obviously, but not to start with. And I know what I am talking about as I have treated so many patients. For me it feels important to be grounded in what I work with, to feel that I believe in what I do and say."

THE KEY TO GOOD TREATMENT

Other external factors also increase the chances of the treatment being successful.

"It is good to create a favourable life situation in general: with school, home environment, work. Stress in combination with treatment for an eating disorder makes things difficult. If you are going to enter treatment and dedicate yourself to this, it is better if the treatment is not competing with something else in terms of priority. Having to choose between treatment and your job for example. Or upper secondary school students who want to celebrate completing their course together with their friends, who would not want to do that? It is difficult for an eating disorder treatment programme to compete with such situations. And if you cannot find some way to resolve this, you drop out."

The outcome is also affected by the healthcare resources available.

"Ideally, you would quickly arrange help as soon as the person has picked up the phone and called. Deciding to do this is a big step for many people. I wish we could offer an appointment the very next day, otherwise the person

might change their mind. Unfortunately, that is not the way things always look like in reality."

FAMILY MEMBERS

"What do you think family members of someone with eating problems should do?"

"I firmly believe that a parent, friend or colleague should speak up about what they see. Some of the people who enter treatment say, 'nobody said anything, so what was I supposed to think?'. It can have been that people around them have not dared to do so. As a friend, you can be afraid they will become surly or angry. You take that risk. Having said that, it is not easy to see what is happening close-up. Many subsequently also think that speaking up is valuable. They can say 'my world came crashing down when she said that, but at the same time, I could see there was something in what she said'. You can offer suggestions as to who the person can turn to, offer to go with them etc. Otherwise friends often take a step back and the person then feels very lonely."

"Are there other things you can do as a family member?"

"You can do plenty of things. Read and learn more about what the person in your family is suffering from. Be straight and honest, and talk about what you can see, which you can do in different ways. It is often a case of keeping on at them and not dropping the subject simply because you get a sulky reaction. This does not mean you should not have raised the subject. If they break down or become unhappy, this means you have touched a nerve somewhere. Because if the person doesn't have these problems, they won't need to defend themself, in which case they would simply say 'is that what you think?'. You can then discuss it. But if you have touched a nerve somewhere, you will get a reaction to this."

TALKING WEIGHT, BODY AND WELLNESS

Annika continues to ponder over when you have the right to comment on other people's physical appearance. It is much easier to observe that someone has lost weight than someone who has gained weight.

"To say: 'I think you have become really fat', is almost taboo'. But someone who is gaining weight all the time can feel just as bad as someone who is getting thinner and thinner. We have patients with anorexia who ask why everyone seems to think it is OK to comment on their body purely because they are thin, and there is something in that. It is genuinely not easy to know what to say to a person who has either lost or gained a lot of weight. Some people in the early stages of an eating disorder can be spurred on by hearing comments about their weight loss. On the other hand, saying nothing can lead to the person thinking nobody has noticed or cares. You don't know who will feel good about which kind of attitude."

The safest thing to do is ignore the weight issue and show care and consideration by asking how the person is doing.

"As a person who works with eating disorders, this focus on talking about external appearances can be tiresome to me. Questions like 'how are you feeling?', or 'how have things been for you recently?', are underestimated. Such questions don't make anybody feel bad."

RECOVERING

Some people recover quickly from an eating disorder. You perhaps realise that this thing about starving yourself or binge eating, does not make you feel better. Or maybe something in your surroundings is able to help you feel better. You start communicating better with your family, find your place in a social context or meet the great love of your life. However, some people need professional treat-

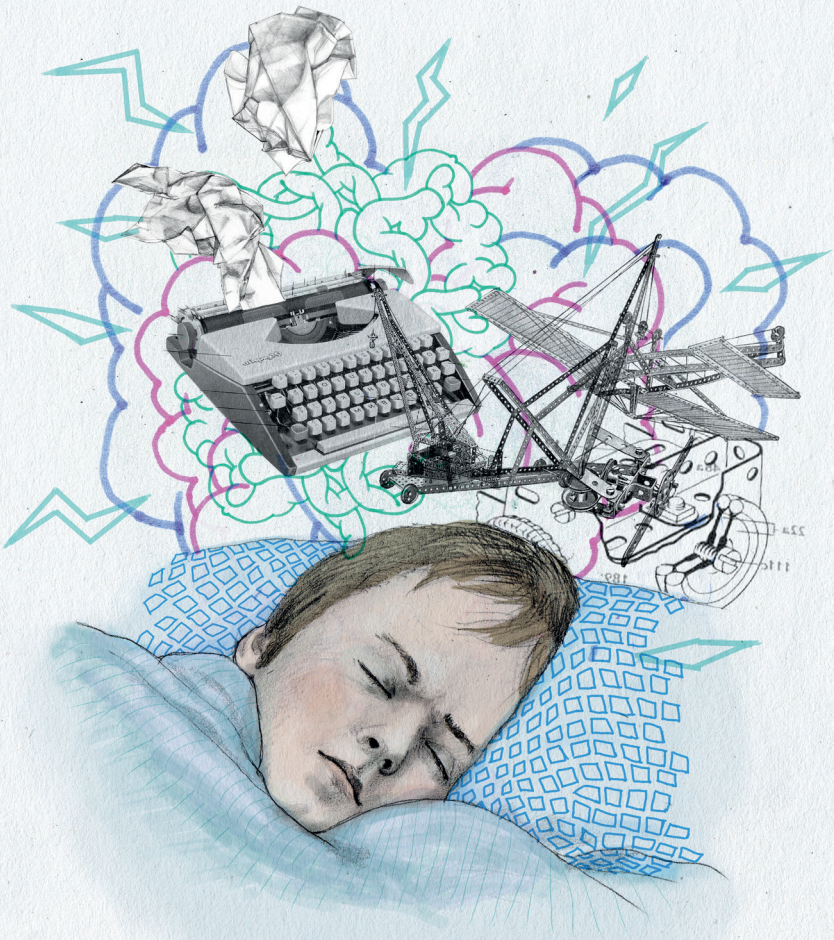
ment and also receive this. It takes some people longer to find the right way for them, trying several treatments without success and maybe start to almost give up on becoming well again. Things are not helped by the enduring myth that eating disorders cannot be cured. That you may well be able to regain a normal weight but that you will always have those difficult thoughts in your mind. The ultimate horror for a person with an eating disorder is clearly to be a normal weight without your eating disorder as your identity, but with your head full of unpleasant, overbearing thoughts and with no chance of getting help. A pretty demotivating thought."

Annika is familiar with the thinking that eating disorders are incurable.

"As a case worker I have to fight even harder when a patient has been told that you cannot get well again, 'everyone says this'. I then try to stand my ground, 'that is how you feel now, it is reasonable to feel like that, but you may not always feel like that'. I am absolutely convinced that a person can become well again. Most people are able to do this. Plus, I think that you need to differentiate between tough, demanding eating disorder thoughts that are based on fear and that set rules for what you mustn't eat, and normal thoughts that concern what you want to eat and what you need to eat. Everyone needs to have these kinds of thoughts – you need to look after the only body you have. However, you can expect these eating disorder thoughts to gradually decrease as you feel better and better."

Finally, in the health and body fixated culture we live in, what does it mean to eat normally?

"You tell me. Normally is obviously a difficult word. But I think it is about how you want things to be, what you need and above all, to listen to your own body."



The gifted child

OLA, 43

"I WAS ALWAYS a bit insecure in the company of other children. It seemed to me that they acted in a random way, boisterously and a bit mad. I developed a capacity for careful and rational thinking, as I did with language, at far too early an age."

Ola's childhood can be described as contradictory. He was a gifted child, but also a tentative child, who did not really find his place in life. Ola was extremely early in his language development and spoke multi word sentences to the amazement of the Child Healthcare Centre, and had a rich vocabulary. But he found it hard to fit in with other children.

"I felt I was incredibly superior to my contemporaries, while at the same time I felt an outsider and inferior. I also think this inability to feel comfortable in groups of children triggered all my thoughts."

Thoughts that accelerated and led to Ola falling into a pattern of self-destructive behaviour.

"When I harmed myself, these thoughts went away."

THE IDEALISED ADULT WORLD

At primary school Ola found it hard to concentrate and finished the workbooks quickly.

"I found school boring. But was precise, as my mum says, very stoic. I had understood in some way that I was cleverer than the others, had read that intelligent children are expected to like school and to do well."

When I ask Ola to give me an idea of what he means when he says he was stoic, he explains that he never admitted to having any desires or needs. He was terrified of

being made fun of or dependent on others and despised himself because he could not meet his needs himself.

"This meant that I trained myself instead to put up with the experience of not getting my needs met. This is similar to the stoicism that other neglected children develop, but in my case, it actually depended on me neglecting myself. I was surrounded by well-meaning adults who had reacted directly. My stoicism acted as a shield against them, a child that does not make their needs known is very difficult to have an adult-child relationship with. I hated adults that tried to have an adult-child relationship with me."

Ola felt closer to the adult world than childhood. He idealised the adult world that for him stood for something calmer, more rational, a world where actions were deliberate. He found it difficult to identify with other children. He was not a total outsider however, he did have a few close friends. He often sought the company of intelligent and old before their time children, but the feeling of outsidership was still there.

"As I was aware that I could not hold my own in groups, and as I took it incredibly badly when others laughed at me, which they probably didn't do more than at anyone else, a more directed self-hate began to take shape."

He continues:

"Somewhere about then, I started to put on weight as well, started to become a sugar junkie. I was physically fat and clumsy."

Ola's self-hate and sugar rushes often meant he could not sleep at night.

"I was kept awake by the thoughts, ideas and painful images spinning around in my head. If I forced myself to think about a Meccano project, or a book I wanted to write, or a comic book I wanted to draw, I could keep my thoughts in check."

COMPLICATED SELF-IMAGE

Ola had a complicated self-image, and at secondary school, he started to methodically go through all his social failures, and tried to see himself from the outside. He looked down on himself from an overhead perspective and found, in his eyes, an unsuccessful person who do not match the ideal.

"It was active sabotage of my self-esteem. This opposing self-image: Ubermensch and sub-human was so difficult to bear, I killed the Ubermensch. It was the Ubermensch that thought he had something to offer, that led to the social failures among his contemporaries."

It eventually became impossible to balance his self-image between these extremes. Ola feels he had a propensity for either/or thinking. Top or bottom. And that he needed some kind of input from outside.

"I had needed help to sort all this out then, to get a realistic image of my abilities and obstacles. But that was probably not available then in the same way as today, and I was very keen to maintain my stoic calm in all situations, and the self-image of me as a rational person. I had not yet then discovered the liberating feeling being open and honest brings."

His self-harming behaviour continued as Ola was growing up, with stormier periods interspersed with calmer times.

NEW CONTEXTS

In his teens, Ola found new contexts. Contexts where his talents that had not previously been appreciated now came into their own.

"Partly because I came in contact with older people in role-playing and conflict resolution games when I was twelve and started playing *Dungeons & Dragons*, and where nerdy interests, well-developed language skills and an analytical capacity were valued rather than being a road to

social failure. And then the scouts. There I also faced positive challenges in the art of maintaining order, planning, working in groups, and getting some exercise. It was an inclusive atmosphere and not oriented to competitiveness. It was also in the scouts where I opened up and found the courage to greet people with a smile. And when I was fourteen, I had a growth spurt so my excess weight disappeared. I started to sing in a band at the same time, I have always been musical and had a good singing voice."

THE FIRST CHOICE

For many students, upper secondary school is the first time they make a real choice. Not only does your choice determine which study programme or career direction you will have, but also who you will spend time with over the next three years. Ola chose to study Natural Sciences.

"As I grew closer to people socially, and people grew closer to me mentally, things became really bearable. There were plenty of students on the natural sciences programme with interests and experiences not entirely dissimilar to mine. Those of us who programmed our own mini calculators, in other words. I even became, especially at scouts, a more open, spontaneous and humorous person. Became a bit of a leader figure, and a person who brought people together. And this continued, I socialised with all sorts of people: musicians, hobby programmers, role-play nerds, anarchists in a left wing collective. My social life was going fantastically well, I gained friends with intellectual interests, where words, what was expressed, were always the most important."

Ola had friends of both sexes, but always had unrequited crushes on several of the girls. What is sometimes called the 'just friends trap'. Many years later, Ola got the answer why in therapy. He had been incredible bad at reading non-verbal signals.

"Several of these girls were probably interested even in

me, but as I could neither hear nor see when they tried to show this, nothing came of it. And that confirmed my earlier self-image, which was a sadness."

Once again, Ola was stuck in the just friends category and the guy who listened. The one the girls confided in.

"I could put emotions into words, an innate talent."

Ola laughs out loud.

"In the 18th Century, the French upper class flirted by giving each other elegantly worded handwritten billets doux. That would have suited me."

He also draws a comparison with young people today that 'flirt and chat up each other via Twitter, text messages and comments on Facebook', something that could not be done when he was that age. And perhaps it is the case, perhaps the internet does open doors.

Our conversation returns to talking about Ola's time at upper secondary school. He talks about how he listened to Joy Division and The Cure. How he devoutly read *Zen and the Art of Motorcycle Maintenance*. Via literature and music, he understood that feelings were general, but grasped the fact that he still had a very slight and light anxiety issue compared to all those tortured and genuine artists.

"I even understood that during my struggle with anxiety. I saw myself as a failure and not for real. Now, especially after therapy, I understand I was in a really bad way and had needed outside help much earlier."

We discuss how society has changed in the years that have passed since Ola was at upper secondary school and how knowledge has increased, and that there is a different focus now.

"The people you knew who had turned to psychiatry rarely received good help. The gut feeling that nobody understood, there was probably some truth in that. So incredibly much has happened, even though I really already needed help back then," says Ola.

CALM START TO ADULT LIFE

Ola had a calm start to his adult life and moved in with a friend who had taken over his parents' apartment. He worked for the home care service and studied different courses at university that interested him. His anxiety attacks and self-harming were not constant, but emerged in periods, and in this phase of his life, Ola had put his anxiety and self-harming on hold.

Despite tending towards atheism, Ola started reading the Bible out of curiosity.

"After the Books of Moses, I wondered whether it was reasonable to believe in a fertile planet in an otherwise sterile universe if there wasn't a God behind everything. After Isaiah, I was convinced that there was such a God, and that he was good, but that the world was out of order. After Mark the Evangelist, where Jesus appears to be exactly this God, I was a Christian."

Ola also got married in this period and a few years later, became a father.

"It was a peaceful and harmonious life. A bit of studying, work, and looking after each other and the apartment. Having the baby wasn't hard work either. I studied to become a programmer and then also started working in computing. We were used to living simply with not much money, and my programmer salary felt like a real luxury."

A TURN FOR THE WORSE

When Ola became a dad for the second time, he had taken out a mortgage and bought a house. Around this time there was a downturn in the IT market and Ola's problems started to return.

"The responsibility was too much and I was forced to chase clients on my own account when the company I worked for went bust."

Ola then accepted a low paid job as an IT technician. A job he found he did not enjoy at all.

"It was a company with a very unhealthy culture. There were bossy types and little Hitlers and I fell back into my secondary school role again. Submissive, small and pitiful. My self-harming took off again."

Ola's mother had come in contact with CBT and suggested he see a therapist and offered to pay for this.

The people around Ola were supportive and he decided to give it a chance. However, he did not explain about his self-harming in therapy, only how he felt and his feelings of inferiority. He was too ashamed.

REAL EYE-OPENER

Choosing to accept help and undergo therapy, was a real eye-opening experience for Ola.

"The therapist explained how feelings are processed in the brain. These feelings first arise in a certain area, and are then activated in a different area where you can process them consciously. This was totally new to me as I had previously thought your conscious interpretation was the most important."

This insight made it easier for Ola to be receptive to help and he was also given exercises in sitting and feeling and purely observing his feelings without reacting to them. This also whetted his interest in the brain.

"I have spent so much time thinking about reason and feeling, being, I've read interesting old but totally unfounded psychological theories. I now had a tool to deal with anxiety, along with certain insights."

The insight into how he worked psychologically in particular, has been important in Ola's road to recovery. Via this, he has realised that an erratic gifted individual has both strengths and weaknesses, and that these can conspire towards self-destructiveness. He has now gained a different explanation for his earlier experiences.

"My experiences of outsidership are probably due to my

specific talents and specific weaknesses. I used to draw the wrong conclusion that I was not worth as much as other people because of the way I was."

He also thinks that starting to see himself in a different light has been crucial to his recovery.

"My self-image has started to swing towards me probably being a person who did not deserve the horrible treatment I have inflicted on myself. That I am a perfectly adequate person."

He also says that motivation has been important, that his determination to become liberated has been decisive.

He says that he now has a different view of his self-harming. "I have stopped blaming myself and judging myself. Based on the circumstances that prevailed and the knowledge I had then, I think that my past with self-harming and low self-esteem is plausible."

He explains about his job where he is no longer a programmer, and is now a team leader for other programmers. How he wears a suit and explains to senior managers how they ought to manage their IT orders. He says that he tries to get people to work well together, and that he is training himself to establish boundaries to protect both himself and others.

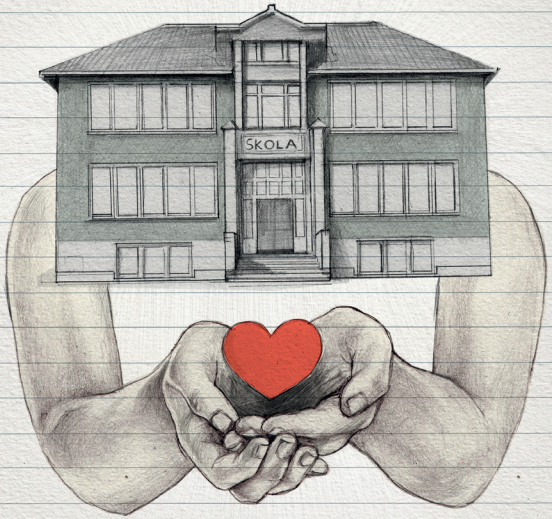
"Something that is harder for me is to learn how to establish boundaries in my private life as well. To be brave enough to engage in conflict. That is more difficult than trying to be a bit more self-assertive at work."

It is hard to change ingrained patterns of behaviour, and former roles often make themselves felt, but you can see Ola has done plenty of reflecting.

Before we part, I ask Ola how he would counteract prejudices and stereotypes about self-harming behaviour. He thinks for a few moments and then guardedly says:

"Show the range of such behaviour. Self-harming is a strategy to manage being in a state of anxiety. A state of

anxiety can arise for numerous different reasons. In other words, it is reasonable to assume that there is a very wide variety of people that self-harm and who are very different to each other."


SKOLA

Demands and Love

SIV KLAMBORN, UPPER SECONDARY SCHOOL TEACHER

I MEET SIV one sunny afternoon in September. Siv has been a teacher for many years and is a treasure trove of experiences and stories. We make our way to a café to sit and talk about her relationship to self-harming and eating disorders in young people. Even before we get there, Siv has already started talking about former students who managed to successfully complete school despite difficulties and about why it is such incredible fun being a teacher. I turn on my voice recorder as soon as we sit down, in order not to miss a word she says.

"School is an incredibly important area. Kids spend an incredible amount of time in school and we who work there have a massive chance to make a difference. We are part of the everyday environment of students, we see them every day. This means we can do totally different things than a therapist who meets the individual for 45 minutes a time once a week can do. As a teacher, you see the student on a daily basis in a way few other adults do. Our job is to see the students, to acknowledge them. To say, 'Hi Anna, how are you doing?'."

Siv smiles from ear to ear and I think how lucky those who have Siv as a teacher are.

When it comes to self-harming, eating disorders and mental health issues, Siv's stance is crystal clear. Teachers can make a big difference.

"We're talking about the little things in the midst of everyday life. There is a great deal of talk about resources in the form of money and time in school. But there is plenty that can be done in other ways. Even though this challenge is multifaceted it doesn't always need loads of training and

money. Many people need neither medication nor therapists to feel better. And if you actually do go down this route, it still won't work unless you have support in your everyday environment at the same time, either from parents or teachers. Then it will be very difficult, even if you have a super smart psychologist.

FUNDAMENTAL PHILOSOPHY

Siv explains that her philosophy is based on the three (or was it four) things she swears by in her work: Showing love, being demanding and maintaining consistency.

"Plus communication, straight communication. Relationships and straight communication. More humour as well. That paves the way for distance and reflection. No nonsense of the type 'hi, sweetie, how are things with you today?'."

Siv cocks her head to one side and gives me a sympathetic look that says: "No, that kind of approach doesn't work."

Siv explains that a school is not only there to provide knowledge and education. The psychological side is also important.

"You are educating them for life, not just to learn. I think this is incredibly important.

"What do you mean by that?"

"My aim is for all students to feel special and acknowledged. If they do, I have succeeded. And I want all students, when they complete upper secondary school, to have learnt that they are valuable, important and that they know something."

DEMANDS COMPLETE ATTENDENCE

Taking the register is a good opportunity to give students a feeling that each of them is important.

"You can take the register in so many ways. You can do

it quickly and easily by simply going into the classroom yourself and checking who is there. That's one way. My way is to shout out all the students by name instead. Simply by someone calling out their name every day, this kind of thing is valuable. That's a little thing that people maybe don't think about. And I demand a complete attendance record.

'Your own funeral is the only valid excuse for absence', is what I usually say."

Siv puts on a serious face, without losing the twinkle in her eye.

"If a student is not in school I call and ask where they are. They need to know that there is someone who cares and notices if they are in school or not. Imposing demands is also about caring."

"Another thing you can do is to give the students a good ending to the school week. Weekends can feel very long for those students who have problems at home. So I usually give my students a hug every Friday before they go home. I think it is easier to cope with life at home if you are happy at school."

PARENTS FROM A SCIENTIFIC PERSPECTIVE

Siv thinks she has noticed that more parents than ever before spend too little time with their children.

"Some students have a bad relationship with their parents. This is something we talk about in my psychology classes. We discuss what happens when parents get divorced or when children move away from home. I try to encourage my students to view their parents from a more scientific perspective. What is it actually like to be a parent? The older you are, the more you can understand your parents even though it can be difficult to do this when you are young and in the middle of a chaotic family situation."

A FAIL ON YOUR FOREHEAD

For some upper secondary students, grades can put them under tremendous pressure that stresses rather than motivates them in a positive way. Other students have felt from primary school that they are not good enough and this can prevent them from even trying in upper secondary school. Some give up and stop trying while others work even harder, sometimes too hard.

"As a teacher, you have tremendous power to influence students via your expectations of them. How well you perform at school depends more on what other people say to you than what you can or cannot do. What you have in your locker and what is around you right now both have an impact. Certain students already tell themselves when they come to upper secondary school that 'I am a person who can't do this'. I say to these students, 'is that a Fail you have on your forehead, who put that there? We need to wash that off". I also use myself as proof that you can do it. My path through school was far from straight and I only had seven years of schooling. When I tell my students that, they sit there with a big question mark on their faces. 'Seven years, what can she teach us?'. 'I was 13 when I left home and I started work when I was 14. I later did school years seven, eight and nine in one year before I studied to become a teacher. In year three, I was told I would never amount to anything. So when a student says that he or she is not clever enough, I then say, 'don't come with that talk here'. Someone may have drilled into you that you're not good enough. But it is not true, everyone is good at something'. Because that's the way it is."

ONE GRADE IS MORE IMPORTANT THAN ALL THE OTHERS

Siv explains that her priority is for all students to achieve at least a pass grade. She also points out that if you do get a fail, you can usually take a re-sit later. On the other hand,

there is one grade that is absolutely necessary and that is more important than all the others.

"It is what you have *here* …"

Siv holds her hand over her breast.

"Here, you should have a great big A! That's the most important. Because if you have reasonable self-confidence and think you are good enough for something, pretty much everything else usually takes care of itself. That is a grade I want all my students to have when they leave upper secondary school."

RELATIONSHIP CAPITAL

There are many opportunities to create relationships between teachers and students in everyday school life. Siv believes it is her own attitude towards students that determines whether or not she sees these opportunities.

"When I walk along the corridor, I sometimes see kids sitting with their feet up on the table, for example. I could think 'bloody kids'. Or I can also think: it is comfortable for them – and it's a chance for me to create a relationship. As I walk past, I say, with a glint in my eye: 'what's all this, where should we put our feet?' They know that when Auntie Siv comes along, they should put their feet down."

She chuckles with laughter. There is absolutely no doubt that she loves her job.

Siv comes back to how important the relationship between teacher and student is. It affects both school performances and the teacher's chance to spot students who have problems.

"You can't step in when there is a crisis and think that the kids will then suddenly open up. You must have a relationship in place before then. The teacher must know their students."

And the students must know their teacher. Siv explains that as an adult, you have to give something of yourself to

gain the trust of the students.

"They must know who I am and I therefore explain a bit about myself and my background to my students. Otherwise, the kids might think 'what does that old biddy know about what it's like to be young today? What does she know about my life?'. I cannot expect my students to want to talk to me just because I happen to be their teacher, I have to open up a bit, me too. Then there are students that create relationships with other types of teacher. You can be a teacher in many different ways, which is good. The main thing is that there is someone who really sees each student. We adults are role models for the students, 'this is how it can be when you become an adult', 'this is how you can deal with difficult situations'. As students are all different, you also need different adults that they can identify with."

NO TRUST, NO CHANGE

We talk more about other professional groups where personal relationships are important and where things such as personal chemistry and trust are big factors. Siv explains about students that have had sessions with psychologists, without gaining any confidence in them. In such a relationship, there will be no change, no adaptation, and you won't learn new ways to manage your life.

"Without a relationship, it doesn't matter how skilled you are at what you do. For example, I had a lad who saw a psychologist who he really did not like. 'I was there for 45 minutes and only spoke two sentences', he said. You can just imagine how good that kind of conversation was. It is such a pity when you continue in such a situation, because there is some rule that you cannot change psychologist. It is a waste of both his and the psychologist's time. And in the worst case scenario, such a bad experience can result in the young person never seeking help ever again. If you do

not have confidence in the person you are talking with, it won't work. That's just the way it is. We adults must understand this, and act accordingly."

TALKING ABOUT SENSITIVE SUBJECTS IN THE CLASSROOM

Self-harming behaviour is something that occurs in more or less every class. Even so, or maybe because of this, many teachers think it is difficult to talk about. They are afraid of raising the subject in the wrong way and therefore do not mention it at all. Many of them have heard that a person who is actually in the risk zone can be negatively affected by information on self-harming behaviour and eating disorders. Maybe it is purely a lecture on the topic that sows the first seed for the thought that you can manage your life via injuries or food. I ask Siv what she usually does.

"Sometimes they say let sleeping dogs lie, and I have also thought along those lines. But now I think I have found a way to talk about this. Under the subject of life skills and health, we talk about topics such as self-harming, eating disorders, drugs, sex and living together, alcohol and smoking. We also work with other topical matters in the neighbourhood where the young people live. I want my students to start reflecting about things: 'how do I feel about this?', 'what would happen if you … ?'. We discuss plenty of things and I try to avoid lecturing them. I talk a lot about relationships and feelings with my students. What happens when someone breaks up with you, for example? Not so much the why, but more: 'what can you do, what do you think, why would you want to do that, how do you feel about…?'"

Discussing self-harming in a class can be difficult as it is highly likely that there is someone in the class who is self-harming. If negative attitudes arise during the discussions, someone might take this badly. For example, the negative attitude towards attention seeking and self-harming

behaviour. How do you deal with the situation if a student expresses these kinds of opinions?

"I try to get students to imagine themselves in the self-harming person's situation. 'Are you seeking attention?' is my first question. 'Hmm... doesn't everyone', is the answer I usually get. 'Imagine that you never get any attention as you are growing up, is it so strange that you would then employ all kinds of methods to get this? Is it then wrong to want this? And is it not terrible that you need to go as far as harming yourself to get it?'. Most young people understand that kind of reasoning."

SHOULD TEACHERS KNOW AND DO EVERYTHING?

Sometimes you get the impression that teachers should know and do everything. You should be good at teaching, know your subject, be a technician, administrator and ideally a welfare officer, conflict advisor and parent all in one and the same person. I ask Siv where she thinks you should draw the line between a teacher's responsibility for teaching and the well-being of the students respectively.

"This is an area where we teachers have different views on the matter and I think you must respect this. Certain teachers only want to do their actual teaching. But I think that you can work more actively with the relationship with the students and the socio-emotional environment. By working more with this during teacher training, I think that teachers can become better and more assured in this. I really believe this. But then even I don't have enough time for everything so I prioritise. If I don't have enough time to cover every part of a course, it's not the end of the world. But if I allow a bit more time for a meeting, I think this young person will learn much more from it. If I put a bit more effort into the relationship, this spills over into the teaching."

THEREFORE IT IS WORTH IT

Siv certainly seems to love her job and when I talk to her, I don't see any signs that she feels she demands too much of herself as a teacher. And yet I am still curious as to whether it isn't incredibly demanding, both time wise and emotionally, to work the way she does.

"What is it that enables you to work with such engagement?" Siv smiles.

"You don't see it in your salary, but you see it in your soul. Seeing students that have had a tough time, flourish is also a fantastic thing that makes the job worth the effort."

"I have got so many heart-warming stories I could tell you. I had a girl who was having a really tough time, for example. Now, she has worked hard to improve her grades, started work, got married and had a child. She has put in a huge amount of effort and now has her upper secondary school certificate."

Siv smiles proudly.

"Seeing a student who has fought so hard, gain her certificate and knowing how much work has gone into achieving it, that is so heart-warming to me. The other day, I was walking across the square when I suddenly heard a 'Hi Siv'. It was a boy I had had in the Individual Programme who has just gained his leaving certificate. Those kinds of things are brilliant."

"Particularly in their teenage years when young people are trying to find their identity, the school and we teachers can be there for them, see and acknowledge them, and act as role models. Especially for those kids that have not been given the attention they need at home. Those of us who work in schools very definitely have a unique position when it comes to influencing the lives of young people for the better."

Things will get better, you have to let time pass, that's all

KRISTIAN, 23

When I meet Kristian, he has recently overcome an earlier self-harming behaviour pattern and cannabis abuse. He has found his way out of the darkness. He is free. I ask Kristian to talk about his life, chronologically, and about the events that he feels have been important along the way.

INVOLUNTARY BREAKUPS

"I grew up in an area with many families with children before I started school. I had loads of friends there but when my parents got divorced when I was 6-7 years old, I then lived mostly with my mum. A year or so after the divorce, we sold the house and moved out into the countryside."

Kristian explains that the move was a big change in his life.

"We had no neighbours for miles around, and there was nobody my age there, nobody to play with etc."

It was a big upheaval, from living in an area with loads of kids, to an area where, in principle, there were no kids at all. Kristian began to feel lonely, but in year three, this changed when Kristian got to know Niklas.

"I gained a best friend in him, We were always together. Played badminton and NHL 99. Having him gave me a sense of security."

A few years later, Niklas and his parents moved to Gothenburg, which led to Kristian once again feeling lonely.

"We were still living in the middle of nowhere then, I

had no friends other than him, and when he moved I had nobody left. The sense of being an outsider that I felt continued in secondary school, and I think it was made worse because I had unusual interests." Kristian explains that he started horse riding during primary school. An interest that lasted all the way through primary and secondary school.

"I became hooked on it straight away. I really liked animals, and it became somewhere where the social side worked. It was also through riding that I met Alexandra. Her father's farm was where I summer grazed my horse. We were together for about six months and it was absolutely the best time I had during secondary school. I had a person who listened to what I had to say."

"My relationship with Alexandra also meant a path out of my loneliness. Meeting someone who wanted to be with me boosted my self-confidence, and it meant that I worked harder. It was therefore hard for me when we broke up, I think I had been a bit too intense as it were. The time after we broke up and until I finished secondary school I was very down. School wasn't going well as I didn't care about the future or anything else at that time."

Kristian describes his upbringing as containing several involuntary breakups.

"It was a bit like when Niklas moved, my sanctuary where I could be myself and have someone who cared about me vanished when my relationship with Alexandra ended. When she left me, my feeling was: what do I do now? A feeling of despair. I looked no further than that secondary school would soon be finished. I felt as though I would never feel well again."

Kristian explains that it was after his relationship with Alexandra ended that his feeling bad escalated.

"I hadn't been feeling good for a while at secondary school, but it was now that things went from bad to much, much worse. I felt terrible. Not long after we broke up, I

started to self-harm. I was incredibly dejected and thought the end was nigh. Self-loathing in a way, that I was worthless. That was my self-image."

"I AM NOT CRAZY"

"The first time we had PE and my injuries were visible, people asked me what I had done to my arms. I said I had fallen off my skateboard. They didn't believe me at first so I said: do you think I am dumb in the head and am harming myself, I'm not crazy. They then also backed down, and since then I have harmed myself in places that are easy to conceal and have always worn long sleeves."

Eventually his mother found out that Kristian was feeling bad and persuaded him to go to the Child and Youth Psychiatry Clinic.

"My family knew that I was going there, but not what I talked about. It was mostly only mum that knew."

Kristian says that he actually does not know if he was helped by the Child and Youth Psychiatry Clinic and that this had a lot to do with a lack of interest from his side.

"Mum wanted me to go, and I promised her I would and that I would stop harming myself. But that was not directly my choice and it was more that I was forced to pack it in even though I still felt poorly," Kristian explains, then says:

"If you don't want it yourself, it is hard to get help."

FIVE YEARS WITHOUT SELF-HARMING

Kristian's self-harming behaviour continued in his first year in upper secondary school, however, Kristian still describes his time at upper secondary school as good years.

"I got away from the dump I had grown up in. I self-harmed quite a lot, don't really know why, but upper secondary school was still good."

Kristian recalls something that has become important for him.

"There was a café in town where many upper secondary school kids used to go. I remember the first time I was there and bumped into a friend from my class. I stayed there all evening, from four to nine.

When they closed, they almost had to throw us out. It felt wonderful to me as it was early days at upper secondary school and when I left the café I had got to know so many people. There must have been about 20 students there. That gave me a boost, simply that people wanted to socialise with me. That was such a massive thing right there and then. A new world that had opened up for me," Kristian says with passion and continues to talk about upper secondary school.

"I made friends and met people I am still good friends with. I met people I liked, I felt I was appreciated. Had not felt that before, that people wanted to be with me. This was totally new, and it was good."

Before completing upper secondary school, he met Susanne. They moved in together after they finished school and Kristian had got a job at a sports centre.

"I did all sorts there. I laid out the floor before hockey matches and then took it away again afterwards, built stages and worked with security during events. I was also involved in a performance venue where a few friends and I organised concerts via our non-profit music society. That was a good time, I met several people during that time that I consider to be my closest friends today."

Kristian then started studying at an adult education centre and his studies included philosophy that he had started to become interested in. After that, he got a job in IT support.

"That became the start of me beginning to feel poorly again. When I was working in IT support, I was incredibly stressed. We had a massive amount of calls every day and we worked at a really high tempo. When I was there peo-

ple were being replaced all the time, often because they couldn't keep up and handed in their notice. I couldn't quit, I needed the money," Kristian says and explains that in addition to the stress, the working climate was negative.

"There was also this sexist jargon and now and again, a very macho atmosphere."

DARK PERIODS

Kristian explains that he has been depressed at various times in his life and when I ask him to explain more, he says:

"I get what I call dark periods. Then I get problems with my self-esteem, and I become a bit mean to myself. I put myself down, and as a result, my self-confidence hits the floor. I think it is difficult to analyse this in more depth than this, it is more that I think in a different way than how I normally do, and I find it hard to see the positives in either myself or my life."

His job in IT support became one of Kristian's 'dark periods', and one of his fears, that he will get stuck in something negative came back into his mind.

"I didn't like my job and my situation and was afraid that I would stay there, a prisoner until I was 65 and feel the way I felt then. Often, when I have felt bad, I have thought that I will always feel like this."

This feeling led Kristian from being a cannabis user to cannabis abuse.

"I hit the rocks. Before then, I had probably smoked a joint once or twice a month, but this went out of control when I felt I couldn't cope at work. There were a lot of other things as well, apart from work. My girlfriend's older brother was struggling with mental health issues during the time we were together. He felt really bad and it was hard not to be affected. My girlfriend needed to give her brother a lot of help and I felt poorly as well. But I had nobody

to turn to, I didn't feel I could take someone else's place. I kept how bad I was feeling to myself, had no outlet for this. Eventually I spoke to my boss and was signed off sick. At some point during my sick leave I realised that it was not going to work, so I handed in my notice."

Kristian had also started to self-harm again by then.

DISTANCING YOURSELF

I ask Kristian about how he views the situation, about his self-harming behaviour and how his drug abuse began.

"I wanted to let go of everything around me. I wanted to relax in some way and had not yet discovered that there are much better forms of relaxation."

The situation was also made worse by Kristian trying to keep it a secret, his attempt to keep it all to himself made him feel increasingly isolated.

"I want to keep as much as possible about my situation and me hidden. I couldn't talk to my girlfriend, a few friends knew, but none of my family or relatives. It was hard not having someone to talk to. If you feel something, it is always great to be able to talk to someone. Even if this other person isn't able to understand. But I could never dare to be really open."

After a serious self-harming injury that his then girlfriend found out about, Kristian promised her he would stop.

"That promise became important and we are still best friends even though we are no longer together."

In addition to the promise he had given his girlfriend, a close friend committed suicide. A suicide that would have a very big impact on Kristian.

"We had socialised a great deal with Cecilia and her suicide really affected me, without a doubt. I have never seen someone as sad as her brother was. It was tough, seeing someone being left as he was, without any answers. I had

also had thoughts of killing myself, but seeing her brother looking so sad, made me think again."

Kristian had stopped self-harming, but still had his cannabis addiction to deal with.

"I had stopped harming myself, but I was smoking a lot. I still felt down, and this simply manifested itself in another way."

A LIFE OUTSIDE THE DARKNESS

Kristian explains that his own determination to quit was crucial.

"I had tried to stop several times because other people wanted me to, but this time I wanted to myself. That I wanted to escape from it, and to see life outside the darkness. I know myself that I feel better as a person when I don't smoke. But getting there has been hard. It has been tough, but I have found other paths."

He has also found his way back to his former interests, and he has been studying philosophy at university in the last few terms. A subject he previously studied at adult education and has always been interested in.

"I really like philosophy, and that ideas people thought about thousands of years ago are still relevant," Kristian says, before adding;

"That says a great deal about people in general, it is an uplifting thought."

Kristian has also started exercising again, another re-awoken interest.

"I used to go training when I was younger and I have now started again. Training gives me moments of total calm. If I feel stressed or down, I go to the gym," Kristian says and explains that he could happily become a masseur and personal trainer in the future and be able to continue working with things that interest him.

He also says that affirmations have been a way forward.

He describes this as a self-help method that has meant a lot to him.

"It is about seeing yourself in a positive light. I usually practise by thinking: Kristian is worth being loved, or Kristian is good, it has helped me," he says.

I ask him if he would like to add anything.

"That things will get better, you have to let time pass."

"Why does your mum have so many scars on her arms?

RONJA, 20, DAUGHTER

"When people ask me about my childhood I often struggle to remember. My mum was very popular with my friends, outwardly, she was happy and fun, even when she was unwell. I think I was about seven when I first started to understand that something wasn't right. You know when you start going to friends' houses and have something to compare with. Before then, you are sort of blind as to how things should be at home, how you should behave, what is normal," says Ronja while I switch on the Dictaphone.

She sits in silence for a few seconds and then starts to explain, the words come rattling out like a machine gun, which is characteristic for Ronja.

"Mum had loads of scars. One time she came home with her arm bandaged. She said she'd been in an accident. I also remember that we were at a swimming pool with friends of the family and their son. He was a few years older than me, about 12 or 13, and he asked why my mum had so many scars on her arms. I said she'd been in an accident. So then he said, 'are you stupid, can't you see she has been harming herself'. I didn't know what that meant. Mum wanted to protect me and she only explained when I was older," Ronja says.

ADAPTING

Ronja describes how, as a child, she spent a great deal of time adapting to her mother's moods, and that she hid most of this from her friends.

"Those times mum was sad, I didn't bring friends home

because I didn't want to expose mum to stress.

That she would have to talk to them and be friendly. I didn't ask for help with homework because I didn't think mum would have the energy."

Of coming to the insight as a close relative that someone is self-harming is a process. For Ronja, the process gradually emerged as she was growing up.

"After a while, I started to think about the incident at the swimming pool. Mum had massive mood swings and I understood that something was not right. And then you hear about other people that have self-harmed, read about it in books and see it in films... it was probably then that I realised that this was perhaps what she had done. I thought that she had maybe done it when she was younger. Then I realised that she was still doing it."

CONFRONTATION

When Ronja was about to start year two, she moved with her mother and her step dad to Stockholm.

"There were some really bad vibes at home just then. Mum was also feeling bad during that period and there were a lot of rows at home related to me being difficult at school, but nobody ever asked why I was fighting and arguing. Why I was being difficult. A normal nine year old only does that if something is wrong."

After a few years in Stockholm, the family moved back to their home town.

"Once we were back in Skåne, the problems continued at school," says Ronja and explains that everything started to get out of control in upper primary school.

"For me, my friends became my family, as I felt I did not belong in the family I was living with. I never wanted to go home, I stayed out, got drunk and smoked on the quiet. Mum was probably falling apart, she couldn't cope with this when she couldn't even manage her own life."

Finally, the situation led to Ronja confronting her mother.

"I was 11, perhaps 12. She had been lying in bed for two weeks. I went into her bedroom and asked her when she intended to be a proper mum and that maybe she should think about that. She became so angry with me. I was thinking more that she should find out why I was angry. I needed attention and I was not getting any. I thought she was just being lazy staying in bed. I lost my temper and said: 'I am standing here and falling apart. Going to be kicked out of school and don't know what I should do with my life. I need you'."

After this confrontation Ronja's mother continued to feel unwell and was subsequently admitted to hospital.

"Nobody told me where mum was and I just wanted to live with her. It was only then that mum explained she was in hospital, and that she was depressed. I had figured that out, though didn't know the word for it. I understood that she was unhappy. That was the first time she opened up, the first time she said that there was something wrong."

BREAKUP

Ronja had entered puberty when her mother was in hospital. She explains that she had an identity crisis during this period and often changed style.

"I just wanted to fit in somewhere. Mum wasn't there to keep an eye on me.

Ronja also suffered something that can be called a crisis of conscience.

"I felt I just wanted to be normal, but ultimately, I was ashamed of how things were at home, and thought things can't go on like this. At the same time, I had a guilty conscience because mum was sick. Part of me wanted her to either be home and then 'behave herself', or to stay in hospital."

Ronja's mother stayed in hospital for three months.

Ronja's mother and step dad had separated before Ronja's mother was admitted to hospital.

"I lived by myself at first, but then had to move in with my step dad. It was better than being at home alone, but I still didn't want to be there. I wanted mum to come home. I felt very lonely and school was a nightmare. I bunked off and went shoplifting, I wanted what my friends had, and eventually social services became involved. Mum was very sick and needed help but my step dad couldn't cope anymore by the end. Social services had started an investigation by then, and soon I was relocated to Skövde, which was a long way away. The first few years after I moved were terrible as mum was really sick and I was furious and disappointed with her. I felt she had abandoned me, and I didn't want to talk to her. I had been forced to move 400 km away and felt abandoned."

Ronja says she thinks that she has always wanted to have a sense of security, but has never been given this. That she has done things that were wrong, but that this was very largely due to her not having someone to tell her what is right or wrong, and what is going to happen. After several years in Skövde, Ronja started to get new friends. She describes it as though she had finally landed.

"I was tired of being labelled a problem child. I also started to study more and changed school. I managed in some way to fix my grades so I could enter upper secondary school. I did my first year in Skövde and then moved back to Skåne."

UNDERSTANDING

"I only first really gained an understanding of mum and her situation after she had written her autobiography. I had no idea she had written it, she sent it to me. I received it when I was living in Skövde and she wanted me to read it and see it from her perspective. I remember that I read

it and how it covered everything that had happened to her when she was little and what had happened to her after that. It also addressed how she felt when I was little. It confirmed to me that she had felt unwell and felt like a worthless parent. In some way it felt great that she had written it because I had probably not heard about any of this before," says Ronja who continues:

"You must be able to forgive, and in some way it was great to get this confirmation, and that she still wished that the situation had looked different. It was enough, in a way."

The book made it easier for Ronja to begin to understand her mother.

"Before I read it, I had been afraid that mum would give me away in order to feel better. But it was a case of her thinking that I deserved something better, to be with someone who was able to take responsibility for me. I began to see the situation in a totally new light. I began to think she actually had been strong in managing to come through so much. When I had read the book, I was also grateful that she had still tried. That also gave me confirmation that she hadn't hated me, that I hadn't done anything wrong."

RECOGNITION

When Ronja returned to her home town after those years in Skövde, she moved in with a foster mother.

"Mum was still having problems. Both she and I pretty much felt that now when we had gained a better relationship and can see each other as mother and daughter and have fun and can talk about important things, we shouldn't ruin this by me coming home with all my teenage anxiety. Mum and I therefore made a joint decision that I should live with a foster mother. After a year or so with her, I moved into my own flat."

I ask Ronja if she had anyone to talk to when she was growing up.

"That was what I didn't have and this sabotaged a great deal for me. Nobody checked how I was, how things were for me at home. I never got that help, which is sad. You feel so alone with these feelings, especially when all your friends have normal parents. I really didn't know if I was simply unlucky, or if my mother treated me badly. And I couldn't ask her either. That was how it was as I was growing up, I didn't know anything different. Plus, there was a lot of shame. It is hard to explain to your friends that they can't come home with you because your mum has harmed herself. You can't say that. You become very isolated," says Ronja who adds:

"I eventually found a group when I was 18, for children and young people who have parents with mental health problems. When I met these people and got to hear their stories and recognise myself in their anxiety and how they could recognise themselves in mine... I wish there had been more things like that when I was 12-13. I had acted out a role in school, but was able to be myself in that group, without feeling ashamed. I lied a lot to my friends and they have subsequently said that they understood that, but that they also understood why I lied."

MEETING A VULNERABLE CHILD

Ronja explains that her dream is to become a teacher. That as a teacher you can change things.

"If I had been able to go up to me as an 11-12 year old, I would have said that things won't always be like this. You are not worthless. You are someone, you can make something of your life," Ronja says with conviction. She means that adults have great power, and that it is important that they are prepared to listen and persevere.

"You cannot go up to a child and ask a question and expect to get a jolly or friendly answer from a child that has been let down by everyone. That person expects to be

let down again. You must then as an adult show that you are there for a reason and not simply to make a routine check. You must be attentive as well. If you are, you will often see if some child has a problem at home. In which case, you must act and be there for them. The sooner you address the problem, the better. Then you can create hope." School is key:

"You need someone who tells you what you can and cannot do. If you don't have a person like that at home, you will also be more dependent on school. It is important to get that boost from somewhere. Children also need to be told that they are good. You need people that see what you are good at, and what you maybe need to change. When an 11-year old kid is causing trouble, there is a reason why, and it is important that adults try to discover that reason."

Changing does not always have to be difficult according to Ronja.

"In many cases, all you need is a person that cares a bit more, shows a bit more warmth, to change the situation, and change a future. That someone notices what you are good at. Giving a compliment can get the ball rolling. Get them to believe in themselves."

The difference between people who harm themselves and those that don't, is not that big

JONAS BJÄREHED, PSYCHOLOGIST, PHD IN PSYCHOLOGY AND ASSOCIATE PROFESSOR AT LUND UNIVERSITY

What do you think when you hear the words self-harming behaviour? When I tell people I work in an organisation which deals with exactly this, and eating disorders, I get different reactions. Most often negative. Isn't it tough? Isn't it really difficult? Why have you chosen to work with that, can't you find something more fun to do?

Jonas Bjärehed, who has researched into self-harming behaviour among young people, has a different attitude.

"Naturally, the subject is tough in a way. But that is not how I experience it when I am working with it. To meet young people and talk about these things is really interesting. Young people are interesting. I am driven by a desire to understand and research things I don't know about."

I meet Jonas in his workroom at Lund University where he lectures in the psychology programme. He has previously worked with psychiatric outpatient care but in the past few years he has dedicated himself to research and teaching. He has just completed his doctoral thesis on the subject of young people who self-harm. On his desk are big piles of his newly printed thesis. I think you would be hard pressed to get fresher knowledge that this.

"Many people think self-harming behaviour is strange and difficult to understand. I began to take an interest in

the subject partly because I really could not understand how you could think this. For me, it was easy to relate to the phenomenon. Most people who ask themselves if they have done something that could be classed as self-harming behaviour, realise that they have done. They may have played bloody knuckles in school, or smashed something to bits when drunk. When you have a deeper think about what self-harming behaviour is, I think its mystique disappears. You realise that there is not that big a difference between someone who has got stuck in self-harming behaviour and someone who hasn't."

WHAT IS SELF-HARMING BEHAVIOUR?

"What do we actually mean when we talk about self-harming behaviour?"

"That depends on who you ask. Most people probably mean things a person does deliberately, to harm their body on the outside. You can also say that self-harming behaviour is a kind of self-destructive behaviour and this, in turn, is all the possible things people do, even though they know, that they are not good for them."

In other words, smoking, eating junk food, kicking the wall when you are angry or working more than you know is good for you, could actually be considered to be self-destructive. Quite simply because it is behaviour that leads us to feel unwell. On the other hand, these things also make us feel good on a different level: you feel a bit better once you have kicked out in anger, junk food tastes great and by working long hours, you avoid dirty looks from your boss, for example. It is exactly the same with self-harming behaviour. It makes you feel bad in the long run, but it often feels good at the time you are doing it.

Jonas explains that many young people harm themselves as a test the odd time and then never do it again. Nor is it especially surprising: young people are curious and want

to know how things are. You wonder who you are and what you like and to find this out, you may well try things. Others who harm themselves feel very bad and do not know what they should do when they feel down, angry or disappointed. That is when they harm themselves and think it makes things feel better at that moment.

"I have sometimes thought it would be good if we in schools for example, were to teach young people how to manage difficult thoughts and feelings. Maybe that would lead to fewer teenagers self-harming?"

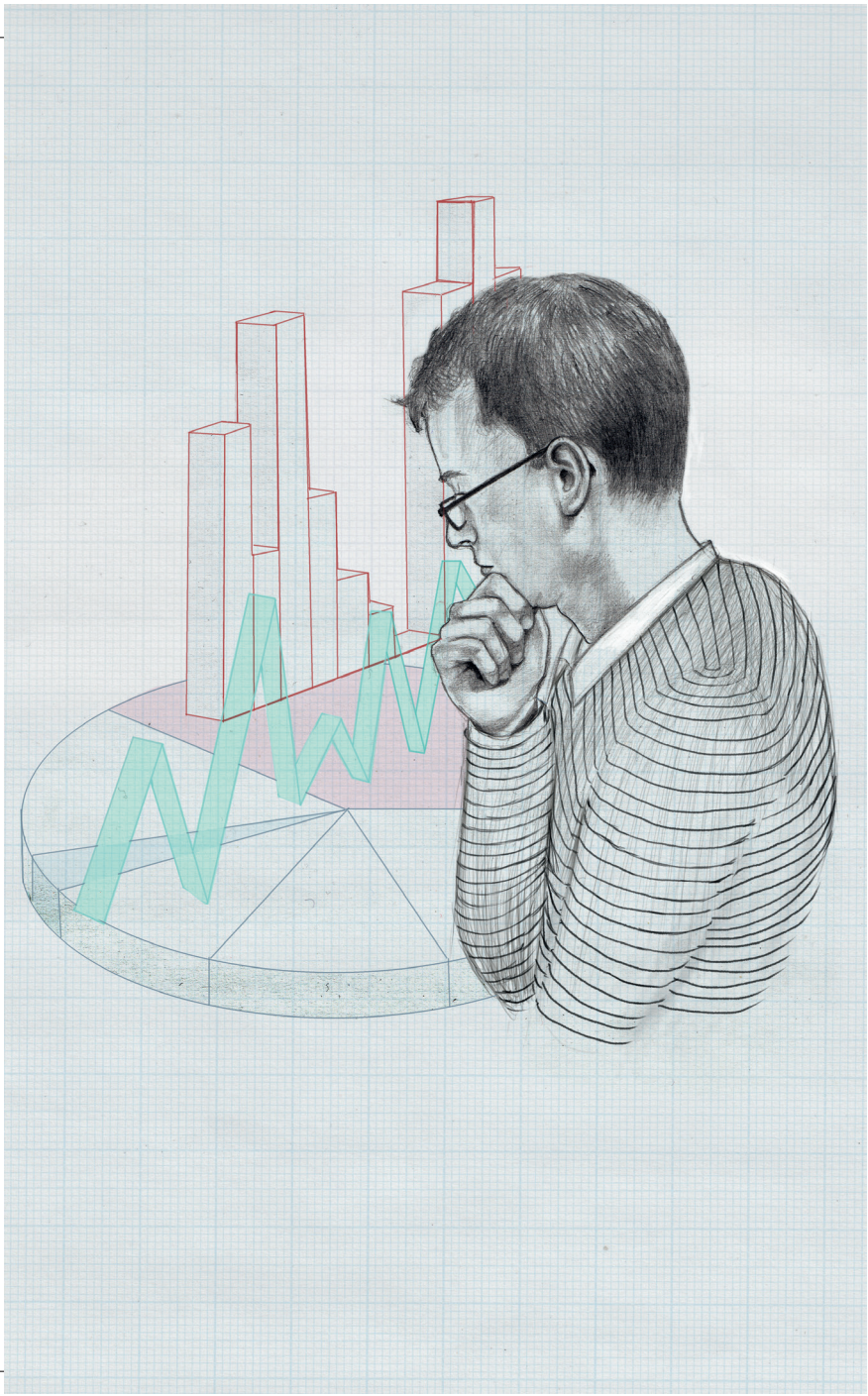
A MORE NUANCED PICTURE

Over the last 10-15 years, knowledge about self-harming has grown. Researchers and care professionals have started to have their eyes opened to the problem. Before then, only individuals who were receiving psychiatric care were studied and the conclusion drawn was that self-harming behaviour was always a sign of a difficult psychiatric challenge.

"The picture has become more nuanced today and we now know that this does not have to be the case. We are learning more and more all the time. We now know that many people who harm themselves do not feel that bad, and that boys also self-harm."

Something else that has started to be realised in the last few years, is that self-harming behaviour and suicide attempts should not be lumped together.

"The vast majority of people who self-harm have not even thought of suicide. Lumping these concepts together is therefore totally wrong. I have even met young people who have not wanted to say that they have self-harmed because they have been afraid that other people would blow this out of proportion and interpret it as a suicide attempt."



SELF-HARMING INJURIES OFTEN AROUSE STRONG FEELINGS

Jonas argues that the most common mistakes people around them make is that they either overdramatise or downplay a self-harming injury.

"Injuring yourself a couple of times does not have to mean that you have or will suffer massive problems and it is therefore wrong for people around them to launch into a big call for psychological intervention, medication and all that. It is not always that which is needed. Having said that, you should not be dismissive, that will naturally create negative reactions in the person that is being given short shrift." Some people become angry when someone injures themself and think the best thing to do is to ignore such self-harming behaviour, but that is rarely a good idea."

"Something that is even more important than determining how serious an injury is, is the thoughts and feelings the young person has. In my experience, young people themselves are more interested in talking about how they feel than about their wounds. How seriously they have harmed themselves should not determine whether or not they are given help, it is their state of mind that is important."

TO TALK OR NOT TALK WITH AN ADULT?

Young people are often advised to talk to some adult if they have problems. Advice that is not always that easy to follow, especially if you do not have anyone in your immediate environment you would want to talk to. In the best of all worlds, all young people would have an adult to confide in, but that is not really how things are.

"It is good advice, but I usually tone it down a bit as it is not realistic to be able to talk to an adult about everything. Even so, it is often worth trying. If you don't find the right person straight away, there is usually someone else you can try with. You should not give up after your first attempt."

Some young people that have very bad experiences of

adults, stop trying to get help from other people.

"When you are young, the thought that there is something positive in being independent and always being able to manage by yourself can be appealing. But at least by the time we become adults, we realise that we need other people in different ways, even when we feel fine. Humans are social beings and if you don't have a social network with people you respect and have confidence in, you will find things difficult."

You can also turn this round and ask what adults can do for young people. Jonas explains that being seen and given attention makes everyone feel good. This also applies to teenagers who do not have specific problems.

"I think that adults in general ought to involve themselves in the lives of young people, even if you do not happen to be their parent or teacher. But in our society there is a kind of division between adults and younger people as though they were two different categories that live in parallel but not together. This is typical for our society in some way: it is divided, you have few close personal contacts and feel less responsible for people around you. One very key thing about being human is these close relationships, so it is a pity things are like this. But it doesn't have to be this way."

LIFE DOES NOT HAVE TO STOP

If you are a friend of someone who is self-harming, what should you do?

"You don't need to do anything specific just because a friend is self-harming. But if your friend is also down, you can try to be kind to them. The golden rule still applies: think how you would want to be treated when you feel down, and be like this with your friend. If this is hard, you can at least act like normal with the person."

We talk more about what you actually can do as a friend. Jonas ponders for some time before he finally says:

"Perhaps the best thing you can do as a friend is to continue to be their friend. Keep doing the same things you were doing before. You can help by keeping an eye on handing in assignments, continue to play football together or whatever it is you usually do. No psychologist, teacher or parent can do better than a friend being a really good friend. The person who is feeling down also has the same need as everyone else to do fun things and socialise with friends. Life doesn't have to stop because you feel bad. People who work with helping individuals that feel bad focus on the difficult things and it is therefore even more important that you don't lose sight of the fun things in life. Because we know that the big risk of having a mental health issue is that you miss out on everything else, the social, different leisure activities, interests and school work that you should be part of."

HOW DO I WANT TO LIVE MY LIFE?

"If you are thinking about harming yourself, but perhaps don't really want to, is there anything you can do to bolster yourself instead of starting to harm yourself?"

"One way can be to think about what you want to do with your life and what you can do to get there. To ask yourself the question 'what is a good life for me?', 'what makes me feel good?', even from a long-term perspective. This can concern who you socialise with, what you like doing, or other things. It is a way of building up your strength. If you know what makes you feel good and what you want, it can then be easier to resist things that make you feel bad.

"It is also about having the courage to say no, even when society or the people around you tell you that you ought to say yes. For example, if you are the only person who likes a certain type of fashion, it can be hard to have the courage to wear this. But it can be bolstering and lead to you feel-

ing better if you actually do wear what you like wearing. Or it is also comforting to wear the same as everyone else, here you have to work out what makes you feel best wearing. There are no rules here, most things we do can be both good and bad. And this is not just something 14 year olds need to think about, this is something we do all our lives. Being young is difficult and it can also be hard to be an adult. On the other hand, you have more say in your own life as an adult,"

I raise the objection that you have a greater opportunity to choose who you want to socialise with and what context you are comfortable in.

"Well yes, that is true in itself. Many young people that feel bad have not created the situation themselves and it can therefore be difficult to change it. You have found yourself in a situation that you have not chosen yourself and then got stuck there. But as you get older, you can have more and more influence over your situation. Above all, it is about taking the opportunity to think about how you want things to be yourself and to actively direct your own life."

PROFESSIONAL TREATMENT FOR SELF-HARMING

You do plenty of things to boost yourself, but this is not always enough and sometimes you need help from outside. What kind of help you need can vary, but this is often about finding a person that you think can help you, and then giving it some time. Whether this is a teacher, a school welfare officer or someone else, is of less importance. For many people, especially if you self-harm because you feel down, it can be enough to get help with the underlying problems that then makes your desire to harm yourself disappear. For someone else, it is a case of deciding, together with their teacher, to tackle the issue of school or something totally different. Self-harming behaviour can become

a big and serious problem for some people and, in which case, you may have to focus on that in particular. You can receive help with this at a child and youth psychiatry clinic or in adult psychiatry, depending on how old you are. Jonas explains that you can need to search in different places before finding a treatment that suits you in particular.

DIFFICULTIES IN DEALING WITH SELF-HARMING INJURIES

Seeking help at a psychiatric clinic or hospital can also feel like a big step to take. 'Do I really need psychiatric help?' you may ask yourself. Or you may have heard that care for self-harming behaviour is poor. I ask Jonas how come many people are dissatisfied with the care they received.

"I think that when it comes to mental health issues, it is difficult to deal with these in a good way. However, this seems to be particularly articulated with this group. In the case of other types of mental health issues people without a great deal of expert knowledge can help out, but this seems to be more difficult when it comes to self-harming individuals. Many people are more dismissive or disparaging than they would have been if it had concerned other types of problems, and this does not bode well for successful treatment. Some people can be traumatised if they get the feeling they are being badly treated. This is probably due to this being a pretty complicated problem about which there was not previously much knowledge and too many prejudices about. Those of us who work with this have simply not been sympathetic enough."

Even though we have come a pretty long way, Jonas still thinks that there is more development potential in the area.

"This mostly concerns turning the knowledge that is available into practice in the work being done in psychiatry and schools, for example. We know quite a lot about self-harming behaviour, and that it is relatively common. The task now is above all to enable people who meet

young people to convert this knowledge into action plans and routines."

In other words, treatment of these problems is something that is still being developed and will become better and better as the level of knowledge increases. If you have had poor care experiences in the past, you can therefore hope to be given better help in future.

HOW THE PATIENT CAN CONTRIBUTE TO THEIR TREATMENT

"Is there anything you can do yourself to increase the chances of treatment being successful?"

"Treatment is not something you passively receive, it is based on you yourself being active in different ways. If I were to offer three pieces of advice, these would be to make an effort, give the treatment time and think about and say what it is you personally think you need."

The most effective treatment by far is when the therapist and the patient who feels bad work together. If you are not happy with your treatment, it is better to say so."

"Both young people and parents ought to say what they think they need, to a greater extent.

In which case, you can hopefully avoid situations where you get help you do not want, are treated in an uncomfortable way or are prescribed medication that you do not want. If a treatment is not working, it can also be worth trying a different treatment. Sometimes you need to go by trial and error and meet several people before you find someone that is a good match for you and has sufficient knowledge. Plus, all treatment takes time and you should not give up just because you do not feel any effects at once."

SEVERAL WAYS TO FEEL BETTER

Nor is it always medication or a special psychological treatment that makes a person stop self-harming.

"Many people that have self-harmed for a long time and felt very bad say that what was genuinely significant in their recovery was a new interest, that they had acquired a pet, a friend who was prepared to stick with them or a therapist who went the extra mile for them. There are as many different ways to feel better as there are people."

On a final note, I want to know how things usually go for someone who has self-harmed at a young age.

"That despite everything, you can communicate a hopeful picture. The vast majority of individuals that self-harm when they are young, do not do so when they are adults. This also applies to those who harm themselves extensively. Some find their own path to a better life and we know that many get good professional help."

Daring to feel

ANNA, 21

Hi, I recently visited your website and saw that you were looking for people to interview. It is incredibly important for me to spread information on self-harming behaviour even though I am perhaps not 'misery memoir material'. Please contact me for more information and if you would like to know more about me.

Kind regards Anna

A few emails back and forward later, we meet in a café. After exchanging pleasantries where I learn that Anna has found love, moved in with someone, and now lives, as Anna describes it: 'in the middle of the forest in a really cute house we are renovating'. Anna explains that she is grateful for how life looks now.

"Hampus and I are doing well. I am happy that he exists and wants to be with me. I have two dogs and a cat. Drive an old lady's car, a Nissan Almera, when people overtake, they look out for an old lady behind the wheel," says Anna with a smile.

"I meet friends, sing in a choir, things I never had the energy for before, when I felt bad."

The follow-up question comes almost automatically: When did you start to feel bad?

ANXIOUS CHILD

"As far back as I can remember, I was an anxious child. I suffered from separation anxiety when I was about 6 or 7 and supposed to go to school. School itself was no problem, just the making your way there. Once I was there, I liked it. I was never popular, but I wasn't bullied, a bit of an in-between child. I had my friends and that was good enough for me."

Anna says that she has compressed a lot, but that she has always been anxious.

"As soon as we were going to go somewhere, I could be anxious for several days, the separation anxiety I have already mentioned."

Anna's parents argued a lot and eventually got divorced. Something Anna feels affected her during her upbringing.

"I was worried when I went to bed at night. That they would be arguing and wake me up, or that I would wake up to more arguing in the morning. I don't know why they argued, only that they did. Now, looking back, you may well think they were incredibly childish and ridiculous. But as a six year old... it was the end of the world every time they argued. Often I worried that the conflicts at home would be bigger than they ever actually were.

"That you never knew when an argument could arise. That you were just sitting and waiting, the lull before the storm. But it was most often anticipatory anxiety. Fearing the worst in my mind before the event."

DIFFICULT TO MANAGE ALL EMOTIONS

Anna's self-harming behaviour had occurred from time to time and started seriously when she was about 13-14. Remembering who you were as a teenager becomes more difficult looking back as time passes. However, Anna has a clear picture. I ask her if she can explain what her world looked like when she was 13-14 years old. For Anna, school became something that felt more negative back then.

"There was so much that I was not interested in. I've always found it difficult to bother with things I'm not interested in. Many of the teachers in the secondary school in the little dump I come from were part of the furniture in a way. There were exceptions, such as my Swedish teacher, who was absolutely wonderful. But many of the others were going through the motions as it were. That in itself,

contributed to me not finding any reason why I should care. If the teacher doesn't care, why should I? When you are at that age you maybe don't have that drive. It was probably not until year nine, that you took things seriously. It is difficult when the teachers say in year seven, that you need to knuckle down, because upper secondary school comes next. Three years is a whole lifetime away. It doesn't exist…"

When talking about her teenage years, we come onto the feeling of emptiness in everyday life. An emptiness that Anna felt was becoming increasingly discernible.

"It became routine in the space of a week. The lessons I remember best, were when we had a temporary teacher, or when we got to do something fun. I remember we were allowed to go outside for a smoke with our social studies teacher, in the middle of lessons, but I can't really remember much about what she taught us. It was the usual teenage angst, that you don't really know who you are, or what you want to be. That, and that I was already anxious. A lot of thoughts about my identity. It was probably also a lot to do with emotions. I struggled to deal with all these emotions in puberty. It was around about then that I started to harm myself seriously."

Anna had made a few trial attempts at self-harming previously, but this became more frequent when she was around 13-14 years old.

However, things changed again, and Anna started to feel better towards the end of secondary school.

"There was a lot going on in my life just then. I had met my first boyfriend and lost my virginity. I was part of a group of friends, the four of us were inseparable. That was the way we were in school and then after school we partied and drank cheap white wine. We went to concerts and life was amazing fun. Maybe because you blocked out everything that wasn't fun. I lived in my own little bubble, with music, giggling and wine."

MILD SELF-HARMING BEHAVIOUR

"The media often choose to focus on the most serious cases. Individuals who have been sectioned and swallow antidepressants like sweets. Such as all the misery memoirs written by people who were heavily medicated," Anna says.

It is important to Anna to explain that she engaged in a milder form of self-harming behaviour, and that this is a group that must be given more attention.

"The spotlight must also be shone on us. We are a bit more common, those of us who don't have the really heavy duty challenges. You often feel that you are not unwell enough. So you maybe don't seek help. That was my big *fear*. That it would not be worth it. I am not that unwell... maybe I don't even have anything wrong with me. I didn't view self-harming behaviour as a problem either, it is just a type of behaviour," Anna insists.

Anna explains that she, and many people she has known, have had a milder challenge, and that this is not often talked about. She means that it is common in secondary school and upper secondary school, and that it has been difficult for her and people she has known, to self-identify with people that have had a more serious self-harming pattern, who have attracted coverage in the media.

"They have often been diagnosed and prescribed medication. There are many others out there in schools that certainly feel that it is not that serious, and that this more heavy duty challenge is not something they can self-identify with. Even if you know that you have problems. When you are 14, you also often hear that it is a phase. That it will pass, but sometimes of course, it doesn't."

A CONTROLLING BOYFRIEND

When Anna started upper secondary school, she did this in a different town. It was something of a fresh start for her.

"It was an open school, everyone was allowed to be who

they wanted to be. Many interesting subjects, and a good mix of people. There was a wonderful atmosphere in the school, quite simply."

However, this would change when Anna got together with a boy in her class. He pretty quickly proved to be extremely jealous and controlling.

"He would read though everything on my phone. For example, he would go absolutely berserk and slam doors if I had sent a text message to a friend he didn't want me to be in contact with. After we had been together for a few months, he hit me for the first time."

When this happened, Anna made up excuses for his behaviour.

"It probably wasn't that serious, he actually only gave me a slap … but this was deceitful. He could sit on the bus and squeeze different parts of me so there were no visible signs. He did it when nobody was looking."

Anna's self-confidence was systematically broken down, and she started to feel poorly again.

"He was good at turning everything around and saying it was my fault. Everything that happened. I had behaved badly and he had therefore become angry and upset. When you are in that kind of relationship, you believe it to be true. So I kind of accepted the blame and started to think it was my fault. This frustration of not being able to regulate oneself. That I wasn't able to control myself and by doing so making him very angry. And that I could not control my emotions, which led me to harming myself again. Being with a person like that became a real self-confidence killer. He was very much a stereotype of a woman abuser from a film or something."

Finally, Anna's boyfriend was caught in the act.

"He had shoved me to the floor when another classmate came in and asked him what he was up to. I remember that I sprained my wrist. I kept a bandage on for several

weeks just to show this, and that was also when I started to understand that what I was doing was absolutely stupid. That I was in a relationship with a person who had hurt me in this way. The news quickly spread around our class. I think that was when I explained what kind of a person he was. We had broken up and got back together loads of times. It was only when he was kicked out of the school that contact between us was definitely broken. By then he had assaulted me yet again, and a security officer had seen him and reported it.

The headteacher decided that he was to be expelled from school."

We talk about how this has affected Anna, and she says that she had not reflected on it that much before, but that he has had a big impact on her life.

"When he left our class, this became a new turning point. I saw life in a different way. That life continued without him also had an effect. I met new people and new boys. I felt that I was worth something again, and that I wasn't just a piece of dirt. Started to think that maybe I was pretty despite everything, my self-confidence grew. That he disappeared meant a huge amount."

BECOMING AN ADULT

After refilling her cup, Anna explains that she got a job straight after completing upper secondary school.

"It was at the airport outside Malmö. I really enjoyed working there, the job itself was boring, I was working with wonderful people. Just before my 20th birthday, I took over my brother's flat. Mum and I got on well together, the two of us, but I still wanted to have the flat, so I moved there," Anna says.

The move for her meant she started to feel bad again.

"I think it was separation anxiety. I was probably not ready to move away from home. But the choice was be-

tween moving or losing this apartment my brother had had, and where I had always wanted to live."

Anna describes it as though she had been thrown into adult life. Something that eventually resulted in Anna starting to self-harm again.

"Everything fell apart and I started to drink every day and injure myself every day. But I was still able to manage my job. Even if I did harm myself, nobody noticed. I was offered permanent employment in April that year. In August, I was made redundant due to a shortage of work. It made me feel even more that my whole life was falling apart. It would mean I would lose my apartment, and have to move back in with mum again."

In parallel with these events, Anna had met a new guy who would come to play a big part in the continuing chain of events.

"Hampus was nine years older than me. It felt good that he was older than me, it felt as though he had more experience of life," says Anna.

ULTIMATUM

"I don't think he noticed my problems as clearly when we were living apart. He knew that I had harmed myself, but he had not witnessed this. Nor did he maybe ask that much either. He probably thought it was up to me if I wanted to talk about it. He didn't want to pressure me. Then autumn came, and I was given my notice due to a shortage of work. I then became really tired of everything. I was put on sick leave, and it was then that he saw how bad things were," Anna explains.

We take a break in the interview and while Anna goes outside to smoke, I jot down a few follow-up questions. When Anna comes back she continues her story.

"A lot happened that autumn, and my mum found out how I was feeling, she said that I should stop living in the

flat. Come home instead, and live with her. She then took me to a treatment centre for people with addiction problems. I told her she was out of her mind if she thought I was going to stay there. The manipulative addict inside me fooled her into thinking that it wasn't alcohol that was the problem. I said everything felt much better and that I just needed to take things easy. I then went home to Hampus again. We were not living together at that point, but his house had come to be the place where I retreated to when I felt bad. So I went there, poured myself a glass of wine, and then I don't remember anything else until I woke up the following morning and had seriously injured myself. Hampus was absolutely furious, and said: 'I never want to see you again, I don't want to have anything more to do with you'. He drove me home to mum's, explained about the situation and said: 'I can't take it anymore, you need to choose now, between this life with booze and razorblades, or me'. That was the biggest turning point for me. I hadn't just hurt myself, I had also hurt him. I realised things couldn't continue like this."

Hampus' ultimatum was the springboard for the road back. Anna sought help at a Dependency Centre where she was given Antabuse. The ultimatum also led to Anna finally understanding that she was in the process of destroying what she and Hampus had built up. She sent a text message to Hampus, and explained what was happening. That she had been to a Dependency Centre and been given Antabuse, and had started to address her self-harming behaviour. Shortly afterwards, Anna and Hampus moved in together.

DARING TO FEEL

My follow-up questions had stacked up in my notebook. But how do you escape these destructive patterns? How do you deal with life without harming yourself?

Antabuse ...
is a medical product used to treat alcohol dependency. If you take Antabuse but continue to drink alcohol, the side effects are often very unpleasant, which has a deterrent effect. Antabuse is sometimes combined with other treatment.

Anna thinks for a moment, looks up from beneath her blonde fringe and says:

"I now had something I thought was too valuable to lose. I wanted to keep what Hampus and I had. The support from him was vital. It is also important to dare to get in touch with your feelings. I think I am in a different kind of contact with my feelings now. If I'm happy, I laugh, if I'm sad I cry. I sort of try not to deaden them by injuring myself any longer. They are only feelings. But things like going out in the forest help. Of just being, as it were."

Anna points out that you have to find other ways. That this is incredibly difficult, but that you must talk about it, and dare to open up. That you should not be afraid of seeking help.

"If you feel so bad that you harm yourself, that is enough for you to seek help. Whether you've only harmed yourself once, or many times," Anna says with real meaning.

WHEN YOUR SCARS GO WHITE

During the interview, it becomes clear that Hampus has played a key role in Anna's recovery. I ask Anna if she can give me an idea of what he has meant to her, so I can understand.

"He was the one who made me realise how fragile everything is. That I could not continue like this. I think everyone needs someone to break the negative pattern you have entered into. You don't understand this yourself. You can't see yourself. And then a very wonderful thing. He proposed to me on Saint Valentine's Day, and I asked him when we should get married. He then said: 'When your scars have gone white so they don't take the focus away from your dress'. I thought that was so sweet. I have never harmed myself even once since that day," Anna says and falls silent.

Anna has changed her life in more ways than one, and has move away from her home town to live with her boyfriend.

"You must have the courage to break patterns, you must have the courage to do things that are good for you. Of not remaining in some pattern simply because it is comfortable. When I moved in, it was the best thing I had ever done. I've been able to start again here. The peace, of being able to go out in our garden, let the dogs out, and just be. That is therapy for the soul. You must put yourself first. It was only when I realised that, that I had the feeling that I have really become well again. Today, in a society where there are so many demands, it is probably easy to forget about yourself. I think that is how many people feel."

You've got to keep hoping

HAMPUS, 30, BOYFRIEND

Self-harming behaviour harms everyone around you. It is incredibly difficult to be the person close to them, it is hard simply talking about it now. I am normally not the kind of person who is incredibly emotional and such like … but when I look back … it was really tough," Hampus says, noticeably touched.

Already within five minutes of talking to Hampus I can tell he is a very grounded person. Concrete and practical.

"I've always liked electronics and building things myself. I have always thought construction kits, circuitboards and repairing, soldering and understanding components were great fun ever since I was little. I used to take apart everything I got to understand how it worked. Simply to understand how things are constructed and how all the pieces go together. I just had to unscrew everything," Hampus explains.

I ask him if he makes use of his practical side in other contexts.

"Yes, now you say it, you can almost spell it in capital letters, and I think it has also helped me to tackle these problems. Being practical and tactical, and that I rarely give up, and am persevering."

THE FIRST ENCOUNTER WITH SELF-HARMING BEHAVIOUR

Before Hampus met Anna, he says that he had virtually no idea about mental health issues as he had never come across them before.

"I had never seen them, never even thought about them, nor had any relative that felt that way, or even talked to anyone about them."

With a background like that, his first encounter with self-harming behaviour was all the more dramatic.

"We had drunk wine and eaten food and been having a good time when Anna got up from the sofa and said something. From a situation that had been entirely warm and cosy, she got up and mumbled something, a bit unclear and then went into the bathroom, and I remained sitting there wondering if I had said something inappropriate. After about fifteen, twenty minutes, I knocked on the door, but there was no answer so I thought I had better go in."

He came face to face with a shocking sight in the bathroom.

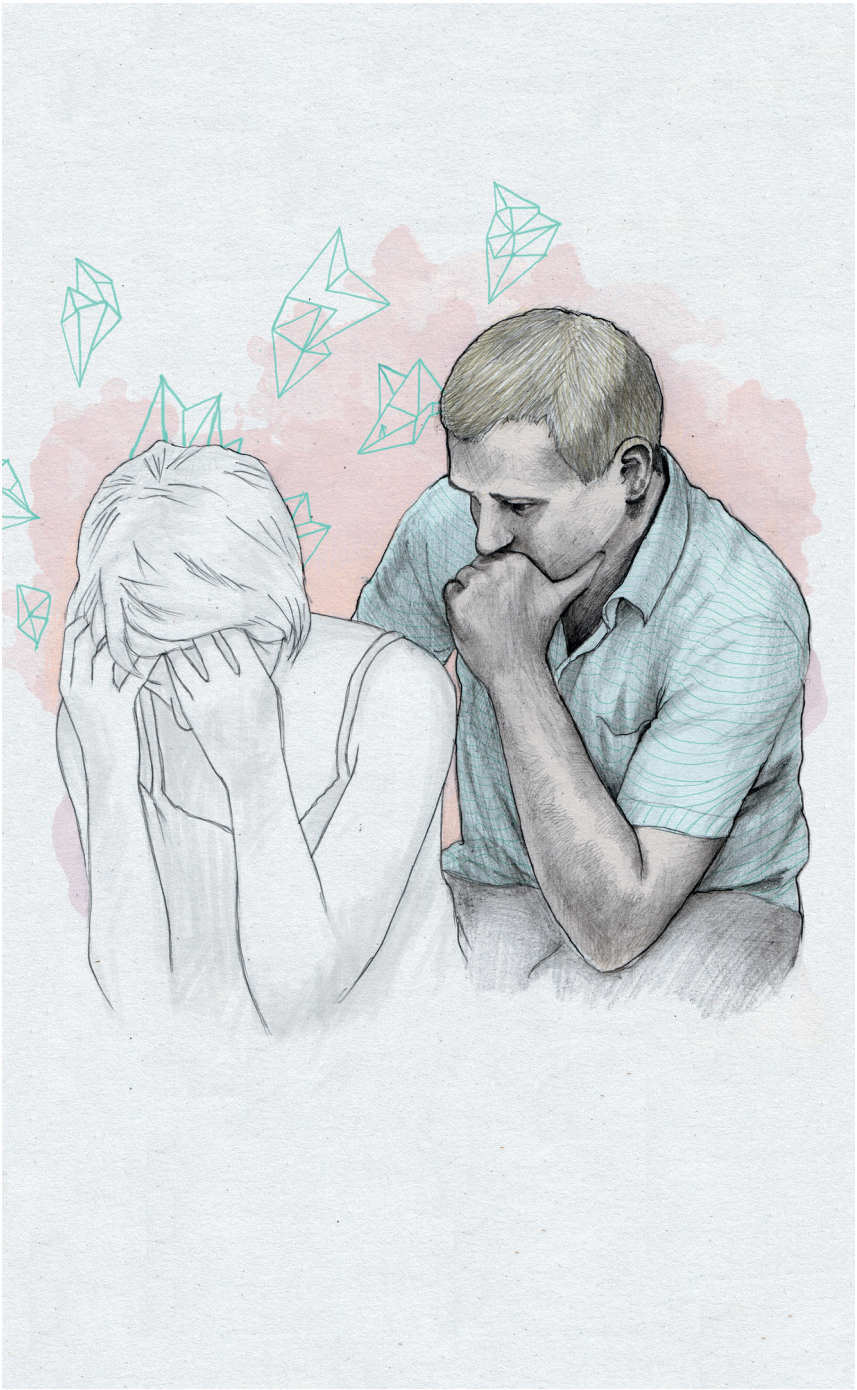
"The image is permanently etched in my mind. I didn't understand what had happened, it was impossible to talk to her. She was listless. I asked myself: *what should I do?* I needed to bandage the wounds and clean up here and there and try to wake her and find out what had happened. So that is what I did, bandaged the wounds and cleaned up. I then tried to talk to her. This was an entirely new experience for me, to say the least. Absolutely awful, something I had never experienced before, and I became almost apathetic myself."

Hampus describes it as a traumatic event.

"I could not understand what had happened. The question why was there all the time, too. Was it something I had done? Was it due to alcohol? We hadn't known each other that long then. So I wondered if this was something she had been involved with for a long time, or if I had triggered it in some way."

UNDERSTANDING ITS FUNCTION

Hampus' first reaction after the event was that he wanted to forget what had happened. He hoped it was a one-off aberration. However, Anna's self-harming behaviour continued and when we talk about the incidents, Hampus talks



about his worries and fears.

"I was worried pretty much all the time. But at the same time, I hoped that it would pass, that things would go back to normal. That thought was with me all the time."

Hampus was afraid it would happen again and that he did not understand why.

"I was nervous all the time, it was a continuous fear. And I was trying to analyse it all the time. I could never really relax. At first, I didn't understand the purpose it served, why she had injured herself," Hampus says and explains that he started to ask more and more questions when he could see that this was not a one-off event.

"It was only when Anna explained that I started to understand. That she didn't do it to die, but to relieve her anxiety and the negative feelings that had built up in her. Before then, I was of the impression that when people self-harm in the way Anna did, they were trying to kill themselves. I have since understood that this was not the case, even though that fear did run through me the first time I discovered that Anna had injured herself."

NOT A SUBJECT TO RAISE OVER COFFEE

"It is incredibly hard to be there on your own without an answer. Even so, it is a problem you have to deal with," Hampus says when I ask him how he was affected by being in a relationship with someone who felt ill. The social side also suffered.

"Sometimes I would get to work after a difficult, sleepless night, and feel exhausted. I would then sit there and process what had happened, if it was something that could be resolved. More often than not, I came to the conclusion that it couldn't be resolved. At times like that, it is easy to become tired and antisocial."

I ask him if he thinks people could see this, whether anyone asked him how he was feeling.

"I think you could see it in my face. Some people probably thought I was just having a bad day. It was not something I talked about with people I didn't know that well, not exactly a subject you would raise during a coffee break. I felt one of the worst things about it was that it was so hard to get people to understand."

Hampus also felt he had become more introspective.

"I spent less time with friends, the circle of friends I socialised with got smaller... when things were at their worst, I didn't want to leave Anna as on similar occasions I had got a call saying something had happened. So, I sometimes stayed at home out of fear. And obviously also because I did not feel that happy about the situation."

THE FREEDOM TO EXPLAIN

"At first, I kept quiet about it, but gradually I started talking about things. I also told my parents about it. This was something new to them. It may well be that I had perhaps not explained it well enough for them to fully understand it, but it still felt good to talk. Sometime later, a work colleague came round to us, and Anna talked openly about her problems, and my colleague was accepting. If a person really likes you, nothing will scare them away."

At first, Hampus was afraid of talking about it.

"I have heard what other people think about self-harming behaviour. That people injury themselves to get attention, and that it is stupid and dumb. Fortunately, not everyone thinks that. Some people are willing to get involved and find the root cause. There are many different aspects as to why someone does it," Hampus says and feels that he himself has now gained a different understanding.

"Now that I have learned more about it, when I hear someone who is prejudiced, I feel more able to account for this behaviour. I can at least explain what it was about in Anna's case. I usually try to explain that it is not as easy as

simply being a cry for help, or attention seeking. But obviously, everyone can have prejudices. You have to take things for what they are."

Hampus describes it as though it were tremendously liberating to explain.

"Incredibly liberating … from this fear that people would not be accepting, their reaction, I didn't know how they would take it when I started to explain, so it felt like a huge weight off my shoulders."

DEALING WITH THE IMPOSSIBLE

"Before we started living together, Anna injured herself now and again, and I would find out by text message or phone call. I felt at a loss, I wanted to intervene but at the same time to avoid the situation. I was very ambivalent in that even though it was tough not being there when Anna was harming herself, I thought that when we first lived together and she had relapses and harmed herself, this was tough, too. I didn't know how I should deal with it, and in a way, I wanted to run away. It is so hard... of course it is the wrong thing to do … but when I didn't know what I should do or how to stop it … it was like trying to deal with the impossible."

I ask Hampus if he ever considered giving up.

"There were times when I wanted to give up, to be specific, in situations when it happened. Then I processed it and I felt hope returning again. You bandage the wounds and try to think objectively: 'I am going to bandage your arm, let's forget about what you've done and try to make sure it doesn't happen again'. So even if it felt as though I'm now giving up, this is the most awful thing I have been involved in, I still thought it was worth battling on."

Hampus also describes how he started to develop strategies to deal with the situation.

"I learned via Anna that it helped to hug her and talk

to her. I could see that she wanted to disappear and harm herself, but I tried to discuss it and persuade her to not do it and the first time I succeeded with this, it felt like a big step forward."

Step by step, Hampus learned to manage the close relative role.

"It began with me getting an understanding of what was happening, and the purpose behind Anna injuring herself. It was a big step to be able to process that. But obviously, that didn't make it any less difficult when it happened, but I started to get an understanding of the why."

Hampus also felt a big need to know more.

"When I realised it wasn't a one-off thing, I started to search for information. But it was difficult finding anything good. Google is usually your friend, but not in this case. I didn't find anything that directly helped me. I understood that it was diffuse and differed from person to person as it were. I read about it and got some information on what could trigger it and various reasons for this, so it was some help I suppose, but no solution," says Hampus, who would also have liked to meet or read about someone with similar experiences.

"It is hard to find someone else with similar experiences as there is a big taboo around this. It is therefore so important to publicise it. And that you can talk about it. This is the most horrible thing I have been involved in. If I had found some channel I could contact, I would have done so. I needed someone to talk to, to hear from other people that had been involved in similar things that it passes, that things can get better. Something that offers hope. I think this is important, hearing other people's stories. That it got resolved, to stick with it, quite simply. I think many other people would have given up if they had been in my shoes and that is the time when this is important, to be given hope."

EYE OPENER

It has now been a year since Anna stopped self-harming and Hampus says that what he has gone through has been a real eye opener.

"It was not something I was aware of from the beginning. I have started to become interested in why things happen like this. However, as a person, I am still the same even though all this worry has changed me. I have become more … it's hard to say, but this shock... it means I will always be a bit worried that it will happen again," says Hampus before adding;

"The worry is there even if it is not something that I can feel all the time. One way of dealing with worry can be to think about something else. You have to kid yourself there. Focus away the worry."

Hampus also explains that he never lost hope.

"I have always had faith that things would work out. I have thought positively, that this is probably just a phase. Something you can break. That we will get through it together. It is about sticking it out."

After I had switched off my recorder, Hampus tells me about the dreams of the future he and Anna have, and that they are happy with life and have found their place in life together.

"We have a beech tree slope outside the house, also with just the right gap between each tree, and when they come into leaf in the spring it is magical," Hampus says as he disappears into his own thoughts.

The guide to the conversations in this book are available at:
www.egonova.se/handledningar

CONNY ALLASKOG, born 1981, is a trained social worker. He is also chair of SHEDO and lectures in the area of self-harming behaviour and eating disorders.

ANNA ÅKESSON, born 1989, psychology student. She was a founder member of SHEDO in 2008 and has played an active role in the organisation since then.

SHEDO (A Self-harming behaviour and eating disorders organisation) is a politically and religiously independent non-profit organisation whose mission is to spread knowledge about eating disorders and self-harming behaviour, provide support to people suffering such problems and their close relatives, and to campaign for better care for these patient groups. In simple terms, the organisation has three branches; support, knowledge and opinion shaping work. More information is available at www.shedo.se.

THE INFORMATION PROJECT EGO NOVA – to prevent self-harming behaviour, eating disorders and mental health issues, is managed by SHEDO with financial support from Allmänna Arvsfonden. Ego Nova aims to increase knowledge in these areas and to counter prejudices and stigmatisation. The project also has a salutogenic orientation by presenting case studies that show it is possible to become well again. The Ego Nova information project is the broadest initiative that has been done in this area to date covering the whole of Sweden.
Website: www.egonova.se

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