**Teno hands**

**to**

**HEALING hands**

**Jenny Tollinton**

**Teno hands to HEALING hands**

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I express my sincere gratitude and deep appreciation for all the help and support I was given during my teno years from all who were with me throughout, and to this day.

**Dedication:**

To all who believe in the innate power of our soul to heal. May your own journey be blessed with unconditional loving support.

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**January 2023**

**New Editions:**

Author Preface

Afterword 2008 – 2022

About the Author

**Genre**

Autobiography

Self-help

Mental Health Awareness

The author is grateful for permission to include details about VoicePower and Shipley College, and for the kind permission of Professor Peter Buckle for the use of his research information.

**FOREWORD**

**(2008)**

I have run the Bradford Repetitive Strain Injury (RSI) Support Group for almost 20 years. The group was set up in response to RSI sufferers that I met in my role as a Primary Care Occupational Health Advisor.

During these years, I have met hundreds of sufferers. The thing that they all have in common is their work ethic. They are usually hard working and proud to be so, they are the ones that go the extra mile at work, which stay late, do extra and strive to do the best they can. When they develop a RSI, I think it is extra devastating for them because many of them lose their status as workers.

Most of our members over the years have been young women who work using computers, women who are at a point in their lives where they are planning to have a family, women who have to put their lives on hold because of the debilitating nature of RSI.

There has been much controversy over the years about computers causing RSI. I am pleased that at last there seems to be some recognition that computer over use might play a part in causing these injuries, even though there has been legislation for over ten years aimed at protecting workers that use computers. I think that there are still people around who think that office work is not real work, and this is unfortunate, any new technology can bring problems with it, though it takes a few years to recognise what those problems are.

Maybe the fact that women are most likely to work in low paid repetitive jobs has some bearing on the debate, along with the fact that it is still women who do many household tasks as well as working. The frustration that comes with not being able to do things for yourself when you have always been independent and capable often leads to a feeling of hopelessness and depression. What sufferers need is some understanding of their difficulties and some holistic care. That is what the Bradford RSI Support Group provides.

It is important that women like Jenny tell their stories so that a wider understanding of the condition can come about.

Carol Duerden

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**AUTHOR PREFACE**

Would that I’d never had to produce this latest edition of my story, wishing that prevention would be the norm in this modern era. Sadly, twenty-eight years since my diagnosis the information within my autobiography authored in 2008, is still relevant today.

The purpose behind penning my story all those years ago was to help prevent others from having to suffer in the same way as I had. Enlightening all with the knowledge that it doesn’t have to be this way.

So, I am saddened that we now hear of symptoms such as ‘tech neck,’ ‘texting thumb,’ and ‘cell phone elbow’ from mobile phone and tablet use. Let alone that diagnoses of tenosynovitis, and tendonitis are still being attributed to the workplace environment. Why is this? Why are companies who make, and employers who use these products still not understanding of the need for good ergonomically designed equipment for everyday use?

We all owe it to the children of today to make this world a safer, healthier place for them to grow and flourish, free from the restraints of preventable injuries through ignorance of their forebears understanding. As one of my consultants remarked way back in 1995, “these injuries ought not to be occurring as we approach the 21st century”. Yet here we are…

I know over past years, that in sharing my experiences many have been helped, lots of souls also healed. In sharing anew, it is my desire that readers find beyond the words something which will touch their soul in the most loving and positive way. A glimmer of hope which leads them along their own healing journey of recovery.

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**Teno hands to HEALING hands**

Typing away on the computer I launched into another chapter. Wow, released from my disability! No longer in pain, I know I deserve to be well. Now I know, as this power is inside each and every one of us that my body does know how to heal itself, if I will only stop and ‘listen’.

Coming from an active family life, as doors shut on that life, I am living proof that it can be possible to overcome ‘dis’-ease. Suddenly living becomes something I can do.

Filling up with petrol, screen wash, and checking the tyre pressures, I got my car ready for a trip down south. Vigorously brushing my teeth, fastening the tiny buttons of my fashionable blouse, and styling my hair with a hot brush I got ready to go out for a meal. As I sat chatting away with family, I began using my knife and fork. Turning off the tap in the ladies I caught sight of myself in the mirror and thought, wow is that really me…

Shopping for myself, I carried my own bags around the mall stopping occasionally to open the screw top on my bottle of water to take a drink. Travelling alone using planes, trains, and buses I pulled my suitcase along carrying my laptop computer in my other hand.

All excited and laughing away, I swung the Nintendo Wii Console remote to serve the tennis ball towards my nephew’s player on the screen. A few weeks earlier I had been at his birthday party, rollerblading…

**Introduction**

In the 1990’s on the go morning, noon, and night I was holding down five jobs totalling 32.5 hours a week: an administration role, support assistant, dinner supervisor, and a self-employed swimming teacher at my children’s primary school, alongside being a swimming teacher for the local swim scheme. I also helped as a volunteer for a local swimming club and was heavily involved in the local school’s friend’s association. With three children under teen age and a house and home to run too, my life was certainly a busy one and I loved it.

In the summer of 1993, more swimming teaching and administration hours meant giving up the support assistant and dinner supervisor jobs, though my working hours remained the same. Then in the New Year of 1995, whilst working 18 hours per week as an adult student co-ordinator, and around 14 hours per week as a swimming teacher I developed a work-related injury known as tenosynovitis (teno). The symptoms of teno took over all areas of my life with quite devastating effects. All I had ever done was work hard, yet due to health and safety regulations being ignored I found that my injury was due to the illegal set-up of my visual display unit (VDU) workstation and, unbelievably - it could have been prevented! So, when the effects of my injury intruded on my relationships with my husband at that time, our children, and my family and friends it really did feel quite catastrophic to me. I went on to stumble through massively excruciating times for many years following diagnosis which included struggling against the agonising mental anguish that goes along with this kind of injury.

Tenosynovitis affects manual dexterity, grip, and fine motor functions. It is one of a range of repetitive strain injuries known as RSI. A RSI is not necessarily found just in the upper limbs either, the feet or knees may also be affected. These injuries are caused when a task requires small, rapid, repeated movements, often whilst maintaining a static posture. Teno has three stages, mild, acute, and chronic or end-stage as I was advised mine was.

How had all that happened? I had wanted to be able to type since my teens so when I was 30, I thought it was about time I did something about it, never imagining that not long after I would not be able to type again, and I was only 36 – nowhere near ready for the scrap heap.

Initially, nobody in the medical profession ever put a timescale on when my injury would, if ever, get better. ‘It could be ten years’ they might say, ‘maybe never’... At that time nobody ever said, ‘it will go.’ The gravity of my diagnosis at that time did not sink into my mind at all.

Occasionally, over the following years I would think about a friend of mine who had been diagnosed with multiple sclerosis. A few years after their diagnosis I remember asking how they were coping, and I was told that it had gone. They no longer had multiple sclerosis. I was so pleased and often thought ‘wow, what did they do?’ I had read in books about people healing themselves of serious and even life-threatening illnesses however actually knowing of someone in person was quite another thing. Could I do really do that too?

**Diagnosis and treatment**

On February 6, 1995, I visited my doctor with the most profusely excruciating pain in my right wrist. Since January 18, 1995, I had been having trouble with searing pain which would shoot through my wrist when carrying out varying manipulative hand tasks. My fine pincer grip was affected in such a way that I was dropping money and pieces of paper, finding it impossible to use the office stapler or grip scissors. My writing became illegible if I could even manage to write at all. I had trouble gripping a knife and fork or a cup of hot tea and once dropped extremely hot chicken fat all over the kitchen floor, narrowly missing burning both my thighs. When getting hold of my seat belt to pull it across my body pain would sear through my wrist and up through my arm, the same as when pushing open doors, amongst many other things. I also had swelling around the wrist and the pain carried right on up through my arm and into my neck. I was diagnosed with right-side, tenosynovitis of the radial border and initially my doctor suggested three things: a futuro splint, painkillers, and sick leave.

So, this is what I did. I went straight to the chemist and was fitted with a futuro splint though I was never actually told how to use it correctly. Apparently, you wear these kinds of splint for a few hours at a time, rotating the wearing at various times throughout each day. Until happening upon this information I wore the splint constantly, likely causing a weakening of the muscles.

I did not want to take painkillers so accepted a pain-relieving gel initially. When only one week later I was pain free, I wondered how on earth this could be. Surely if this gel acted so quickly it must only be masking the problem and likely would cause me to exacerbate the condition doing untold damage. I stopped using the gel and sure enough the pain returned with a vengeance.

At that time I chose not to go on sick leave, so I continued working as a swimming teacher and managed to work the eighteen hours a week in my administration job, without using a computer.

By now I was relying on my left hand for almost everything and I worked a further four days before being on a week’s annual leave. By February 24, 1995, I was back at the doctors, now with pains in my left hand and arm, and up into my neck too. I explained that after working only a further eight days without touching any computer my symptoms and swelling were the same in both my upper limbs. I mentioned to my doctor why I was not using the pain-relieving gel and he respected my feelings. He also said he would refer me to an orthopaedic consultant. The enormity of my situation did not sink in at this stage. I thought I would be all ‘fixed’ and back at work in no time!

As both my upper limbs were now affected my diagnosis became bi-lateral tenosynovitis. At this stage I was forced to go on sick leave from my administration job. I had only ever been on sick leave for one week in my life when aged 19, and I went on to find this time in my life extremely difficult. Although I had to take sick leave from my co-ordinator role I could carry on as a swimming teacher though some aspects of that role became quite challenging.

Fortunately for me I had not only the support of a doctor, also an occupational health worker/counsellor at my surgery too, who both recognised the existence of workplace injuries. I was advised immediately that working with a computer in my administration job was causing my symptoms. I was also offered counselling sessions at this time which were to become one of the mainstays in my recuperation over the next five years.

Numerous visits to people in the medical profession followed over the years. I saw a total of twelve different specialists to either be eligible for claiming benefits such as disability living allowance (DLA) and industrial injuries disablement benefit (IIDB), or as strongly advised, to pursue a legal case. I had never been on incapacity benefit.

I saw an orthopaedic consultant on March 27,1995. He initiated my treatment by sending me for physiotherapy. The treatment involved having sponge pads put on either side of my wrists and then electromagnetic pulses were sent through to stimulate the nerves. This was very painful and did nothing at all except aggravate my symptoms. I was signed off by the physiotherapist mid-May. Towards the end of June my doctor offered me a few sessions of acupuncture.

It was at this stage that I first heard from my counsellor of the governments Placing & Assessment Counselling Team (PACT), the old Access To Work scheme, and I self-referred. PACT is a government run scheme that helps people back into work after illness or injury by providing any specialist equipment that is required for use in the workplace, also access to some treatments.

On June 22, 1995, my orthopaedic consultant decided, to rest the wrists completely by putting both my arms in plaster casts for three weeks, though I declined to have them both done at the same time as was attempted to suggest. This did not improve my condition, so I was sent back for one last attempt at physiotherapy which did nothing at all except put my back out of line when during a treatment, they once put my neck in traction.

By the time, I saw the orthopaedic consultant again on October 26, 1995, they could offer me nothing more and I was signed off after just seven months. Left to my own devices at that time as far as any treatment from the National Health Service (NHS) consultants were concerned.

Once the NHS physiotherapy had ceased that October, I was able through the PACT to receive five sessions of physiotherapy. This technique is known as adverse neural tension (ANT), a subtle and gentle form of physiotherapy that through my research I had heard was the correct way to treat RSI. My doctor stopped my acupuncture sessions at this time as he felt that maybe we were over stimulating the nerves by running the two treatments simultaneously. The ANT therapy wasn’t painful like the other forms of physiotherapy that I had received and did appear to help though five sessions were nowhere near enough for any marked improvement of my condition to be noticed. As sessions were expensive and recommended twice weekly for an indefinite period, it was out of the question that we pay privately for any treatment at that time. We were unable to find that amount of money when we still had bills to pay and our children to feed and clothe.

I went on to receive a further five sessions of ANT physiotherapy from PACT in February, 1996, and this time there were small signs of increased flexibility in my muscles. Though again, five sessions were nowhere near enough to support any long-lasting improvement in my condition.

During the early years of my teno I would use heat or ice packs at varying times to help ease the pain and had reflexology and aromatherapy massage from friends.

On November 30, 1997, my employment from my administration job was terminated on the grounds of permanent ill health due to ‘having RSI in both upper limbs’. Two months after I’d had to take sick leave in February 1995, the pension scheme rules were changed allowing part-time workers to join the scheme. However, being a part-time worker prior to that date meant that I was not eligible for any retirement pension. As I continued to work a few hours a week swimming teaching this helped keep us afloat financially over the years.

Eventually four and a half years after my diagnosis, in the Autumn of 1999, I asked my doctor if he would refer me to a Professor in rheumatology that I had heard about at Leeds General Infirmary (LGI). When my appointment came through six months later, along came the beginning of the turning point in my awfully slow recovery. He gave me the hope my heart longed to hear in saying, ‘yes, I can heal though it could take 5-10 years’.

I could also now receive some more of the ANT physiotherapy too. With the little knowledge that I had so far about my condition I found that most of what I had been doing to treat my teno myself, through trial and error since my diagnosis, was in fact their procedure. I was told that the problem was in the thoracic part of my spine and that this needed building back up. Nobody had mentioned this before so along with the consultants encouraging words I started to feel and think that at last, maybe I could get better…

In 2000, I received around twelve sessions of ANT physiotherapy rather than the initial six that are the norm. I asked the physiotherapist if I could remain in the system until I felt confident that I could maintain and strengthen the improvement I had made. When that time came, I was advised by the physiotherapist that I could ring at any time if I felt the need to and simply by knowing that there was support at the end of the phone line made me stronger. From then on, I could incorporate my physiotherapy exercises into a toning table exercise routine, which I still do to this day, twice a week.

**Living with teno**

Living with teno 24/7 did not only involve living with constant pain. It also meant living with all the restrictions that the symptoms had on my everyday life. The choices I made for myself and my family, and not least the way other people perceived me.

It was extremely hard to explain to those who asked exactly what it was that I had, and why I had got it. People who worked full-time on VDU’s knowing that I worked part-time, made comments such as, ‘why haven’t I got it?’ All I wanted to do was to be back at work and all the medics were telling me that was not an option in the near future, so already feeling extreme frustration, those comments felt so cruel at the time.

Unbeknown to me, my teno symptoms were already present a year before my diagnosis. One of the many consultants I saw diagnosed the onset of my condition to have started early in 1994.

For four to five months before being diagnosed with teno a work colleague was bullying me. The stress this caused to my health showed up in irritable bowel syndrome, migraines, and panic and anxiety attacks that at times bordered on paranoia due to the mental anguish I was suffering from, along with the ongoing stress of my situation. As stress is often a contributory factor of RSI this was not helpful for me. Prior to my sick leave, I approached management about the bullying, sadly, to no avail. By the time I went on sick leave, management seemed to think that nothing more needed to be done about the bullying. It was important for my well-being to seek redress, so I pursued this through the grievance procedure which took two and a half years.

In the spring of 1995, whilst trying to cope with my own work and health difficulties, one of my children was being bullied both inside and outside of school. Depression set in and I had countless counselling sessions with my surgery’s occupational health worker. I remember, quite clearly, her saying early on that my life was like a bowl of spaghetti. That everything was in a tangle, and it was going to take some time to unravel. I needed to allow myself that time whilst still trying to exist and look after my family and home. In retrospect, with everything that was going on it was no wonder that my body had shut down.

By the summer of 1996, in addition to my swimming teaching hours, about once a week I could do between five to ten minutes of one of the less strenuous household jobs such as dusting or washing up or manage to make an extremely basic meal such as a ready-made quiche or pizza. Sadly, the family diet was not a healthy one in having to rely heavily on microwave cooking and convenience processed foods rather than freshly cooked nutritional meals.

Teetering on the edge there in those very dark days of my teno I spiralled into an incredibly deep, dark ‘black hole’ depression. On a couple of occasions when my doctor would have liked me to have taken antidepressants I declined. Ever respectful of my wishes, he kept a close eye on me monthly over those first three years. I felt that taking antidepressants to make life a bit easier would just add to my health problems. Everyone is a unique individual, with their own path to follow and so whilst I recognise this approach is not for everyone, it is the way I chose to handle my situation.

I also believe that if the pharmaceutical companies looked to more natural substances for use in their drug trials, then added complications from drug taking, particularly for pain, depression and anxiety would be greatly minimised.

Incredibly painful teno symptoms were by now part of my everyday life. Knowing that I had not banged, knocked, or injured myself in any way I was completely baffled by my excruciating pain. The best way I can describe the pain is for you to imagine the tendons running from all your fingertips into your hands, up through both your wrists, forearms, elbows, upper arms to your shoulders and then fusing together in your neck as if they are guitar strings. Next imagine these strings being twanged vigorously in this confined space as they sear and burn right into the very core of your limbs. Along with other symptoms this is what I lived with for many years.

During the first five years on waking, my hands and wrists would be heavy and stiff. My inner wrists would often be throbbing with pain. Often my right elbow and neck were affected too. These symptoms persisted throughout the day and ranged from the hot, burning twangs to shooting pains in the fingers, pains up the forearms as if a knitting needle were stuck in there, pins and needles or a numbing sensation accompanied with the opposite of being extremely cold. Even the slightest of cold weather aggravated my symptoms, and it would take hours for my body to warm right through whenever I got cold. Not being able to exercise, I gained two stones in weight. Sleeping became absolutely unbearable. There was a period of seven to ten months when I would wake up at least five times a night due to pain. This sleep pattern re-occurred a few months later and lasted for a further five months. Trying to get into a comfortable position was nigh on impossible and there were many times in those early years where I would gladly have let someone chop off both my hands and arms.

On reaching the sixth year after my diagnosis my teno had not gone, I had just learnt how to deal with it. About an hour or so after waking, showering, and dressing, my hands and wrists would, on most days, have loosened up. Sometimes there would be twinges of pain in the wrists and round the thumbs and fingers, sometimes on the back of my hands, sometimes swelling, pins and needles and/or tingling sensations. As I went through the day certain activities would trigger swelling around the base of the index and middle fingers and around the thumb area, some day’s bouts of shooting pains in my wrists. My fingers have also been known to ‘lock’ on me from time to time.

As the cold aggravated my symptoms, in the wintertime I was worse. It was extremely dangerous to walk out in icy weather because if I were to fall, I would not be able to put my hands out to protect myself, or in a heavy snowdrift I would be unable to dig my car out. This also meant it was difficult to travel to my swimming teaching job on occasions.

For thirteen years there were many things that I just did not attempt. We all take for granted many things… I stopped pushing the trolley around the supermarket, carrying heavy jars, bottles, and tins, loading the shopping in and out of the car, carrying the shopping bags from the car to the house. I stopped washing the car, filling it with petrol, lifting open the bonnet, using the air pressure gauge, changing a tyre, even opening the doors to petrol stations. I also stopped doing D.I.Y. jobs, using shears to trim back bushes in the garden, weeding and putting out the wheelie bin along with no more pegging out the washing on the line, chopping, and peeling vegetables, whisking, beating, mashing, draining hot liquids and baking. I even had to stop carrying an umbrella, as you need to sustain a grip and maintain the height at which your arm is raised when holding an umbrella.

Needing the physical support of another person took me by surprise as it is something I had not considered the need for when going out. Yet when travelling on public transport I needed somebody with me so that they could get up at the correct stop for me, and then when the vehicle had stopped I could stand-up and alight without having to hold on and have the jerk of braking jar through my wrists. On a couple of occasions, we had to travel around London, and I found using the tube was a nightmare! When going on long walks I could manage a bum bag, though it is also sensible to carry a snack, water and minor first aid kit. So, as even a backpack would add extra pressure across my shoulders, again help was needed from another to carry the bags, the same as when out shopping for gifts too, particularly during busy holiday times.

Turning keys in the locks to enter and leave the home was difficult and painful, the same as when using any doors outside of the home. I found it extremely frustrating that I would often be unable to open the heavy doors to shops and offices. Using both hands to prise open the door a couple of inches and then stick my knee into the door using force from my leg to open the door was one way of dealing with this situation. Just having to prise open a door a couple of inches would often make me wince with pain as it would jar on my wrists, not to mention what other damage was being caused to my body by contorting it in that way.

I would also forget on occasions when in supermarkets that I could only carry no more than two or three items and would end up with about five or six albeit light things in my hand, wishing I had never decided to pick up so many things. I would then also find myself fumbling with my change.

Not being able to exert the same pressure when cleaning my teeth meant I needed regular de-scaling treatment at the dentist. My long curly hair became increasingly difficult for me to manage. I was unable to use a hair dryer or tongs and extremely reluctantly I had my hair cut, and much shorter than I would have liked. Only in 2007, was I able to manage having long hair again.

My daily beauty routine of cleansing, toning, and moisturising only happened on the odd occasion when I felt I could manage it. I suppose not wearing make-up daily was a bonus at that time. The intricate movements required in putting on make-up caused me pain so I would use the bare minimum, when on the rare occasion I would go out. I chose clothes without fiddly buttons and that required minimum ironing. I bought slip on shoes or boots with a zip so as not to have to fiddle with laces and I bought coats with hoods for when I got caught out in the rain. I bought coats with pockets too to avoid carrying a handbag. On the odd occasion when I saw an item of clothing that I really liked and knew would be difficult for me to fasten, I would allow my ‘bloody mindedness’ to kick in and then have to ask for help from a family member when I wanted to wear the item. Most days, even the early hours of the long sweltering summer days, I wore gloves. Letting my hands get too cold would cause them to go numb and stop them functioning altogether.

Many people like to go out and meet up socially, perhaps for a drink in a busy pub. I would have to think about that. I would need to be near a table so I could put my drink down or ask whoever I was with to hold my drink for me. If out at an event I was not able to express my appreciation in a physical manner by clapping along with the rest of the audience as this would cause me pain. Turning taps or trying to flush a toilet was extremely difficult too.

Driving a manual car was painful, and the only thing I remained determined to do for as long as I was able. Though long journeys would leave me in pain for anything up to a week afterwards I continued to drive because it would have been a complete and utter loss to my independence, and my sanity, not to.

As an avid letter writer, I reverted to telephoning friends using a phone with a headset. Also, I had no option other than to stop all computer use.

This list is not exhaustive and if just reading all this is making you rather weary, imagine what this must feel like daily, year in year out, and add on top of that, a lack of sleep...

By the time, I was about ten years down the line I had reached a point where I knew what I could reasonably do, and I would push myself to the limit. If I were not careful on days when my mind was really active and I wanted my body to be the same, I would push myself so hard that I would get flare-ups that would last anything from an hour to weeks. Why did I do this? Well, there are days when you just do not want to be dependent upon other people all the time. And attempting jobs boosted my confidence which made me feel I was living a worthwhile existence. Often by this point in my life the mental feeling of accomplishment was well worth the pain of a flare-up.

A flare up would mean being back up in the high pain threshold and forced to rest. Over the next eighteen months I had about nine of these, the longest lasting for three weeks.

In November 2004, I found out about the government’s warm front scheme which provided free heating, insulation and draught proofing in your home provided certain criteria were met. This scheme had been out for five years and being in receipt of DLA meant that I was eligible to receive this. Cold being an aggravator to my symptoms meant that our home had to be kept warm. And, as I was at home more often at that time being on sick leave from one of my jobs this meant our heating bills increased exponentially. Had I known about this scheme earlier it would have had a great monetary impact in that it would have helped to reduce our heating bills over the previous five years, and also paid for the new gas water heater which we’d had to have replaced only six months earlier.

Despite my teno symptoms I could continue to work part-time as a swimming teacher passing additional swimming teaching qualifications along the way. In 1996, I also became treasurer for the Bradford Occupational Health Project (BOHP) remaining in that role for the next nine years. When an offshoot of the project, the Workers’ Health Advice Team (WHAT) first began in 1999, I became a volunteer worker for a couple of hours a week. In 2000, I then became a paid worker for a couple of hours a week as well as a volunteer.

Then at last came a time when I could type again! In April, 2002, the WHAT were able to offer me a few more hours paid work and I was able to resume computer work using Dragon NaturallySpeaking voice recognition software. The WHAT was only a small, independent voluntary organisation, yet through using the Access To Work Scheme at a nominal cost to them, they could acquire the voice recognition software for me. I went back to college too, where using voice recognition software I completed the European Computer Driving Licence (ECDL) certificate and passed the intermediate word processing exam that I had been entered for at the time of my diagnosis seven years earlier.

The tutors at Shipley College were wonderful and could not have been more helpful. This was the only college of three that I had approached who were willing to provide me with the Dragon software, which meant that I could take any of the keyboard skill courses that I wanted to without discrimination. The college staff also gave me full support with the examination board, who, after some discussion, accepted that I could sit their exams if I had my certificate endorsed saying that I had used voice recognition software instead of a keyboard.

No longer did I have to sit and dictate while someone else typed for me. What a wonderful feeling! And being able to use the voice-activated software enabled me to write my first ever book which with the support of the WHAT I was able to self-publish in February, 2004. I was then approached by a local radio station, Bradford Community Broadcasting, BCB 106.6 FM asking if I would like to recite ‘From Hand to Mouth’ on air. This reading was broadcast as their first dedicated stand-alone programme. On being asked at the end of recording by the interviewer, “What comes next?” I replied, “Who knows? Maybe even write another book…”

Having achieved all of this was a massive boost to my confidence and when our local newspaper published an article on my book, along with a photograph of myself, I had to tell myself, ‘yes, you are allowed to smile you know’ - for a long time I did not believe that I was.

Out of writing my first book arose the opportunity to speak about my experience at various events. These ranged from a communication workers’ union AGM to an MP’s education day down in London at the House of Commons and various other employer seminars and events. I would always have an employer’s angle in my talk to raise awareness of RSI prevention helping employers become aware of the devastating effects RSI has on its employees, not least on their family life.

I was greatly helped over the years by the dedicated, unwavering support and trust of my colleague at the WHAT. Carol whom I initially met when she was my occupational health worker/counsellor back in those early years of my teno supported and encouraged me all the way. It was through her that I became involved with the BOHP and started to work for the WHAT where I regained my self-esteem and confidence whilst gaining so much diverse and valuable knowledge.

Fortunately, there was a RSI support group in existence locally which became my vital lifeline for many years. Nobody questioned my diagnosis as the people there knew exactly what I was going through and offered a safe haven of support. During my years of recovery, the group gave me a focus, an outlet through which to vent my anger and frustrations. I chaired the group for many years until March, 2007, and on behalf of the group campaigned for the prevention of RSI’s in the workplace to be put on agendas. Still in 2008, new people, often in their early twenties came to the group with injuries that had been caused in their workplace and I am baffled as to why, we do not live in the prehistoric age.

In 2007, I resigned as a swimming teacher though remained at the WHAT a few hours a week. As part of my role at the WHAT I attended numerous local council building consultation meetings and disability events, the council being one of the City’s largest employers. I would tirelessly bring issues to their attention to promote the prevention of RSI’s in the workplace. I would also do my best to help get accessible doors, handles, keypad fobs and lever taps high on their design stage agenda.

Throughout my teno years I would see a tiny light go on in the head of RSI sceptics – hmm…stress, bullying, legal, compensation-‘itis,’ hmm… I know this because I had it all thrown at me – wrong in my case. As mentioned earlier, one of the many consultants I saw diagnosed the onset of my condition to have started early in 1994, which was a good six months or more before the bullying incidents even arose, and only a few months after my hours and workload had increased.

Back in 1995, the stress build up in my body from the bullying began to take its toll culminating in an added medical condition that also lasted for several years alongside my teno. This is a condition known as temporomandibular joint dysfunction syndrome (TMJ). This is a condition related to the jaw. Initially my jaw was locked for ten days during which time eating, drinking, talking, yawning, teeth cleaning, etc. were all extremely painful as my mouth could only open no more than an inch. Once my jaw unlocked these problems remained difficult and painful. My face also drooped to the right by a good half inch or so and remained drooped until being released only in recent years by my acupuncturist. During those first days prior to my diagnosis, I thought I’d had a stroke. This was another slow healing process.

In not taking the tablet route things may have taken a little longer though other than the TMJ concern at least I never added to my physical problems. By living through the pain and anger and working through the vast frustrations and mental challenges I became a much stronger, happier, more confident person, no longer allowing myself to be bullied in the workplace.

On the eve of Halloween in October, 2006, I went over on my left ankle on an unlit kerb. The excruciating pain that seared through my body was reminiscent of my early teno days. My husband and my eldest son had to help me into casualty where I waited for my ankle to be x-rayed. Fortunately, the ankle was not broken. The tendon right next to the ankle bone was severely sprained. The doctor wanted me to use crutches, yet how on earth could I do that. Twice I explained about my teno and the reasons why there was no way I could manage if I had to rest on crutches. When I went to see the consultant three days later, he said I had been advised to use crutches and said, “I see you are not, why.” At the best of times many people feel intimidated when going for hospital appointments and as medics will be aware there are many disabilities which are unseen so perhaps their words could be a little more carefully chosen. Maybe I could have been asked ‘have you a medical reason for not being able to use crutches?’ Being in one of my more positive moods that day, again I explained about my teno and politely replied with a smile “I see the reason has not been explained in my notes.”

Whilst having to cope with my own health and well-being, life still went on, and all around me were other family issues for me, my children, and friends. Yet one positive effect to come out of all those years was that I had found the courage to battle on through in adversity. And all the strength and knowledge that I gained during those turbulent times helped me immensely particularly when my Mum became seriously ill.

As we found out to my Mum’s cost it is never wise to sell your home to pay for care costs without first seeking legal advice. The government has a scheme known as Continuing NHS Healthcare whereby all the care costs of an individual are paid for by the government if a person’s primary need is health related. In March, 2007, after a long struggle to have this awarded for Mum, though sadly retrospectively, it was successful. It was also distressing for all the family as realisation dawned that had Mum been assessed initially, under Continuing NHS Healthcare, she would have been able to have provision in place to be cared for in her own home, never having to go into a nursing home. When that realisation along with the enormity of what had been achieved hit home, I kept bursting into tears. Along with the sadness, not only was this a huge accomplishment I was able to use all the knowledge learned and had Continuing NHS Healthcare awarded once more for another relative towards the end of 2007.

In 2007, I had one flare-up which lasted for two to three weeks, again work stress induced. After a refurbishment in my place of work I was left unable to access the building. Even though, via a consultation process prior to that refurbishment I had communicated essential information in relation to my condition and equipment, still non-communication at the design stage of building refurbishment had occurred. Having already been through this and worse, twelve years earlier I never expected to be put in a similar position again, and by the same employer. Though I can appreciate how hard it was for staff to understand where I was coming from. They were not the ones living with this condition on a day-to-day basis and so could not possibly comprehend the pain and mental turmoil, humiliation, and frustration that I was going through. Disability awareness is not about waiting for a need to occur rather it is about anticipating needs before they arise and one way of doing this is by having preventative measures in place. So now, here I was, struggling yet again for justice, this time regarding a situation that had been identified to my employer over a year earlier.

Happily, being a lot more clued up now after years in the voluntary sector and having the Disability Discrimination Act (DDA) to fall back on I was able to get my issues dealt with this time in order to not have to go through another grievance process, though it was touch and go there for a while.

**Family life**

In March, 1999, my husband was asked to describe how my injury affected our lives. Here is part of that text - “Since Jenny was diagnosed as suffering from tenosynovitis, I have had to play a large part in helping her cope with her disability, both in terms of emotional support and also assisting her with many tasks she can no longer do on her own, if at all.

During the six weeks Jenny’s arms were in plaster casts I had to help her wash, wash her hair, and help her get dressed. I also had to make her meals and cut up her food. She still needs help with some aspects of personal care even today. For example, I frequently help her to wash her hair in order to give her scalp a good massage. She still often needs food cutting up as she cannot put enough pressure on her knife to do this herself. This can also happen whilst we are dining out.

Jenny used to carry out routine maintenance on her car, yet she is now unable to even lift the bonnet of the car. She finds it impossible to open filler caps for the oil and water etc. and difficult to operate an air pump to inflate the tyres. In addition, she cannot operate a petrol pump because of the sustained grip that is required, and she is also unable to open the door in order to go and pay for the petrol.

Jenny finds it difficult to carry things and can only manage to carry one or two small items in her arms yet is unable to carry anything of appreciable weight in her hands. If she attempted to lift a bagful of shopping this would cause a great deal of pain, therefore Jenny is unable to go shopping alone and needs to be accompanied by another person.

Prior to Jenny’s diagnosis we shared the household tasks, yet since the onset of her condition, I have had to take on the lion’s share of the domestic chores. As Jenny tried to do more around the house she did so with the assistance of aids. For example, she used a rubber gripper in order to help her unscrew bottle tops though she still has difficulty opening new bottles and often needs help with this.

I have also given Jenny support at medical appointments by accompanying her on all but a few appointments in order to offer moral support, opening doors, carrying any documents she needs with her and, if necessary, to take notes.

Jenny relies on me for help with scribing and typing as since becoming ill she has had to send many letters and produce many documents in relation to her condition. Most of the burden of typing has fallen to me, with our children helping out wherever they can. Jenny was provided with a scribe during a recent exam in order for her to update her swimming qualifications and the large logbook which had to be filled in was done by myself, as per Jenny’s instructions. I also had to input her swimming record sheets on a very regular basis.

My wife has always been a fiercely independent person and finds it difficult to be so reliant upon others. Jenny has adapted bravely and imaginatively to living with her disability yet still finds it very hurtful to stand and watch whilst others carry things out for her or has to ask someone to cut up her food.

Jenny’s life has changed dramatically since getting tenosynovitis, as have those of her family. Friends too, have had to be very patient and understanding. At times, the enormity of her situation has caused Jenny a great deal of anguish, particularly in the early days, when she learned that her tenosynovitis wasn’t simply going to ‘go away.’ I have had to watch Jenny swing by turns from anger to depression and back again, making the best of the calm time in between.”

It was not only me who was suffering greatly because of my disabling injury.

Although I continued to work as a swimming teacher throughout the year’s I had teno, I was not able to increase my swimming teaching hours as I needed regular periods of rest. Financially things were not easy, especially with three young children. My need for regular periods of rest also meant that lost earnings could never be recouped as working full time was no longer a choice at that time. As I had been guided to pursue a compensation claim, not only had I lost a monthly income there were crippling legal aid payments to be made. And, as my children went into their teenage years, family treats also became exceedingly rare which would otherwise have not been the case.

Over five years after my diagnosis I did receive an out of court settlement from my employer and though it can never compensate for all the distress suffered it did feel like an acknowledgement on their part. My settlement was a quarter of my full loss of earnings up until I am 66. Never claiming incapacity benefit because I was still managing to work a few hours a week as a swimming teacher means my state pension is affected because the national insurance contributions made over the years that I had teno, fall short of the governments requirements for eligibility for that period. Lack of recognition of my teno condition meant I could not be exempt for that period either. The fact that I had been receiving DLA and IIDB during the time in question did not have any bearing on the situation. I did take this up with the Department of Work and Pensions (DWP), though to no avail.

After receiving the compensation, I was able to buy a car with an automatic gear box which really did help to make my life a whole lot easier. Though the compensation I received could never replace the lost years with my children. By now they were young adolescents and not into ‘family’ things. Adolescence is a hard-enough time for any child without the added pressure of seeing their Mum become incapacitated and all that goes along with that too.

Trying to keep the family home clean was impossible in the first stages of my teno. Things such as making beds, hoovering, dusting, cleaning windows, shampooing carpets, they all need the use of the gripping action, ironing school uniforms too.

It was an extremely hard and upsetting time during those years, and I had no choice other than to relax my perfectionism. The tears I shed, many a day sat staring at the dust wondering when if ever, I was ever going to get better. My husband still had to go out to work and the children still needed to be cared for, go to school, and live their lives. I really feel for my children. They had not done anything wrong so why did they have to suffer too. Missing out on treats because we did not have the money was not their fault. And just because my life seemed to have ceased somewhat that did not mean that theirs had to too.

Activities with my three children, such as going bowling, cycling, ice-skating, ball games and whatever else you can think of all became spectator sports for me, except when on our annual holiday to Scarborough where my ‘bloody mindedness’ kicked in again and I would join my children in just one game of crazy golf before going home at the end of our holiday.

At that time, my children were still relatively young being aged 13, 12 and 10 and it was difficult for them to understand the magnitude of what was going on. What was happening to their Mum? Their Mum who was always on the go and full of life, laughing and joining in their games, now suddenly she was crumbling in front of their little eyes in heartrendingly painful sobs. In recent years, I spoke to my children about what it was like for them at that time. My daughter, Wendy told me she had felt sad that I could not play tennis with her anymore…and yes, that hurt!

When my sister and her husband’s children were born, I really wanted to help them out by sharing their childcare with them in some way whilst they went out to work. Throughout those teno years I had to become creative and inventive to find ways around doing things. One thing I would do was to use my feet and toes instead of my hands and fingers to carry out tasks such as switching on plugs. So, I was able to look after my niece and nephew, one day a week, by working out a routine which included me having duplicate baby items to save me having any weight to carry, though I could never take them out in a pushchair. Children bring me so much laughter and happiness, and fun along the way, not to mention the times that I spent with my niece and nephew helping me immensely emotionally. It meant a lot to me to be able to share in those precious times.

In May, 2001, my Mum became extremely ill and spent many months in a community hospital before moving into care. That was a tough time for all the family as Mum became wheelchair-bound and for me it was especially hard, as because of my teno I could not push her. It was hard seeing some of the looks I got, not to mention how that made me feel inside though I did on occasions resort to helping her out by pushing her wheelchair with my stomach.

Since my early teens, I have been involved in differing types of voluntary work so in 2002, when the Matron of the community hospital asked me if I would be a voluntary patient representative for the essence of care benchmarking in care for the elderly I happily accepted. This was a government initiative by the Department of Health, and it gave me the opportunity to get my teeth into something, using valuable knowledge and skills that I have without any adverse effect on my health. In February, 2003, I attended a conference with two other colleagues where we gave a tabletop PowerPoint presentation on nutrition. I thoroughly enjoyed this role for three and a half years.

Mum spent her later years in a nursing home and sadly passed away on December 22, 2005, though her legacy remained, as being a voluntary patient representative lead on to me becoming a member of the Consumer Council for the local Primary Care Trust (PCT) until the amalgamation of the PCTs in October, 2006. For eighteen months around that time, I was also a voluntary quality visitor for social services in the City’s local care homes which involved me carrying out a monthly regulatory inspection and drafting a report for the Commission for Social Care Inspections (CSCI).

Through my voluntary work with the Consumer Council, I heard about the Expert Patient Programme (EPP), a course for anyone living with a long-term chronic health condition that teaches ways in which to manage your condition on all levels. This was a free 15-hour course spread over a period of six weeks. I self-referred, attending a course in October, 2005, the best I had ever been on. A lot of the techniques taught on the EPP were similar to my own as I had already learnt new ways of managing my long-term chronic health condition on a day-to-day basis. Nonetheless I gained so much, as their techniques richly enhanced my own. The skills I learnt enabled me to prioritise how I planned my life. It took my confidence level up yet another notch, and I came out of those sessions ‘walking on air.’ It was immensely empowering.

One beauty of the course for me was that it was not disease specific. So instead of getting ‘bogged’ down in your own condition, it concentrated on the core problems experienced by everyone so that both the participants and the tutors gained huge benefit. The realisation that the core problems of my condition, i.e., fatigue, stress, shortness of breath, pain, itching, anger, depression, and sleep problems were common to other chronic health conditions was astonishing – it was so obvious, though I had not thought of it like that before. This realisation in turn opened my mind to an entire range of other areas and ideas that would help me. It made me think outside the box, there is no box.

Even years after my diagnosis, scepticism still prevailed around my condition. The EPP made me finally accept that my chronic health condition was as relevant as anyone else’s. I realised how far I had come when everything I had learnt for myself was backed up by the course. I gained great emotional positivity and was in good shape mentally. It put a whole new perspective on everything in a way that I never imagined it could. I was fortunate in having an incredibly good support network of family and friends, and the EPP strengthened these relationships. There was lots of fun and laughter too, an essential in anyone’s healing process. I had accomplished so much from attending the EPP, a positively powerful course which was available to anyone living with a long-term chronic health condition. In helping others who live with any condition become aware of the EPP gives others the opportunity not to have to learn the hard way, as I did.

At the same time as attending the EPP and after about five years of deliberating whether I would be able to manage it or not we joined a Salsa class. For the first six months or so until my strength and stamina was regained it would leave me feeling so tired with achy arms and hands, and throbbing fingers. Though as dancing also releases those ‘feel good’ endorphins the effects were shorter lived. Although we had to change the hand holds, particularly for spin turns I greatly enjoyed the classes. I had lots of fun and what a great feeling it was to have some excitement in my life again.

By the end of 2005, my humour had returned – and more!

**Recovery**

The turning point in my awfully slow recovery began five years after my diagnosis in 2000, when help and support from the Professor in rheumatology was initiated. Knowing that I had instinctively been doing the right things myself through trial and error during those years was also a big boost to my morale.

I choseto use a more natural route back to health and found many of the complementary therapies to be of major help. Again, it was trial and error. Always on the lookout for anything that I thought might help to release me of my teno symptoms I would go to complementary medicine festivals and mind, body, spirit events around Yorkshire. I found these wonderful places to visit to get a good look at what therapies were around and maybe sample one or two especially as many practitioners would offer short taster sessions. Whatever I feel drawn to try is usually the right thing for me at that time. Feeling comfortable with the practitioner and feeling a benefit from a therapy is my gauge on how effective it is. This also depends on where I am emotionally in that moment.

Towards the end of 2003, a friend recommended a fantastic Japanese acupuncturist and although the method used felt quite harrowing for me, it works! As it was quite expensive for me at that time, I could not go too often though it was not long before I knew that if I could keep going as many times as I needed whether that be 10, 100 or 1000 times I would see an improvement. Although my doctor also offered acupuncture on the NHS unfortunately PCT funding did not allow him to give unconditional amounts of treatment. As a client, I feel this is one of the ways in which I was sadly let down by the NHS. Having the correct treatment on the NHS via access to ANT physiotherapy and unconditional acupuncture sessions, amongst others forms of treatment in the beginning would have prevented many of my years of suffering.

Having had those few sessions of acupuncture with my doctor initially and spurred on by the effects of the EPP I returned to my doctor at the end of 2005, with a request for more acupuncture sessions as backup alongside the sessions I was paying for. I was able to have a few more sessions and the difference those started to make became clear when the sessions stopped. To me it proved that I was doing the right thing. Something the EPP taught me was - who’s the Expert Patient? You are. Who lives daily with your condition, who knows your condition best? You do. So, unless you can have the correct amount of treatment, until you either recover or reach your best possible outcome it becomes nonsense, neither is it cost effective.

During 2006, I took part in a six-month period of research on Enabling or Disabling Governance which was jointly funded by the Economic and Social Research Council and the Office of the Deputy Prime Minister. A 20,000-word report was to be produced on this. After all the researcher’s extremely arduous work I hope that the government response to the findings of this research is appropriate in its policy and practice.

The research involved me taping a daily diary on cassette, then every fortnight I would receive a phone call from the researcher to discuss any issues, questions, or problems either of us might have. They would also check that I was coping ok with the process.

This daily diary was a fabulous way of offloading and regularly dealing with issues as they arose. I remember saying at the beginning of the research that it may even help me along in my healing process. Indeed, it did. I am proud to have been part of that research project about disability issues and knowing I had an obligation to someone else meant I was committed to staying the course, it was a good feeling and well worth doing.

Still searching for anything that I thought might help to release me of my teno symptoms it was during the time of this research that I found biomechanics. It was during Wimbledon in the summer of 2006, that I began to think…how were athletes able to go back to work within a matter of weeks after sustaining severe strain injuries like mine? One tennis player was talking about having had tendonitis and yet two months later here they were playing again. I wondered how that worked, regular sessions of intensive forms of physiotherapy perhaps.

I began to wonder why I had never thought to look at sporting injury treatments before and guessed it was probably because of where I was at mentally, emotionally, and financially. Timely though, within a matter of days of hearing about the tennis player that same friend of mine who had mentioned acupuncture told me about a chap who does biomechanics. What was that? I looked it up on the internet and it appeared to be a treatment people with sporting injuries would use. On thinking about it for a moment, sports people are back up and with the programme within a truly short space of time so how come after more than eleven years I was not…

Biomechanics is a form of manipulation that works with your muscles and soft muscle tissue via the central nervous system which is where I had always felt the core damage was initially done. I wondered why biomechanics had not been suggested to me by anyone I had seen in the medical profession. Did the NHS not provide such a service - I later found out that yes, they do. Yet as is often the case within the NHS people do not know the service exists, and not everybody can access it.

I had just one treatment of biomechanics at the end of July, 2006, and six months later the effects were still apparent. My circulation was vastly improved and whilst I still needed to wear my gloves my hands would not get as cold as they previously had. Other symptoms I had suffered with throughout, like migraines and vertigo all ceased after that first session too and a headache is now a non-occurrence. Even my doctor asked me for the chap’s number as he wanted to recommend him to a patient or two.

During the following ten months, I proceeded to have various holistic treatments alongside the acupuncture.

In recent years I became aware that my body did know how to heal itself. I started to listen and slowly, surely, I learnt how to act accordingly to my body’s needs particularly when it wanted to rest. I learnt how to distinguish ‘pain’ pain from ‘fatigue’ pain.

By September, 2006, I was physically able to take on a few more swimming teaching hours which meant that as I had a little more money coming in, I was able to seek out more holistic treatments. At the end of January, 2007, I started seeing a naturopath to help me with my weight. I was surprised to find that the nutritional diet advice given would also help my teno swelling and inflammation too as there are certain foods that aggravate these symptoms. And that in eliminating these from my diet my body would benefit greatly. I was also administered a herbal mix for my teno symptoms which meant that along with everything else I was doing I was now beginning to treat my body from a more holistic (whole) perspective. Over the following year, I managed to lose more than two stones in weight with the bonus of feeling much healthier, and in far less pain.

I had tried Reiki healing in the past and felt I had got nothing from it. However, at the end of April, 2007, I came across Seichem Reiki with Quantum touch and had a mega two-hour session. This was powerful stuff! I happened to be already booked in for a second session of biomechanics the following week too.

At that second bio-mechanics session when speaking about the rehabilitation process that I had been going through I was told to carry on as I was doing as I was showing quite a marked improvement since my first visit a year earlier. It was suggested that I could now start trying to use stress balls to exercise my hands too. We spoke about work and how I loved my teaching. I especially love seeing the little children’s faces when they finally swim on their own unaided, it’s priceless. Now, whilst swimming teaching was also incredibly good for my morale during my teno years, I was told that in fact the hot humid, atmospheric environment would have worsened my condition.

A week laterI had another mega two-hour session of the Seichem Reiki with Quantum touch, and I decided that I would like to do the Seichem Reiki level I course myself. I did this at the beginning of July, 2007, and a week later I was amazed by the improvement in my condition. Also, how good I was feeling. And nobody was more shocked than me.

I suddenly realised that my right forefinger which had been hooked since my diagnosis could now move freely. I could push it back with no pain or aftereffects. I could get my fingers round my wrists, and I seemed to have my grip back too…

I never said anything to anyone, hardly daring to believe it until a week later when it was still the same, I told my husband. Three weeks later I told my acupuncturist and they said, ‘you are not dreaming’! Although I still had right elbow, bicep, and shoulder pain troubles this was an amazing improvement in my condition, so I went to see my doctor. Whilst pleased he was also wary that I take things very slowly. Though I was still not trying lots of tasks, I now knew that in time I would. As we went into the colder months I did not reach for the gloves until mid-November and then I did not need them constantly. It was at this stage that I knew I was on the road to recovery - I CAN DO IT! And after all, that’s what I always say to all my swimmers, whatever their age...

In October, 2007, after giving another talk on RSI, where incidentally I was pleased to have produced my first ever PowerPoint presentation too, I suddenly realised that I had more than likely been living with a twisted spine since the day my neck had been put in traction way back at that physiotherapy session in 1995. And that the bio-mechanics spinal MOT in July, 2006, had put that back to rights.

No longer having a disability I contacted the DWP to cancel my DLA. Wow, what a statement!

So the bulk of my recovery process happened through my own tenacity of spirit in choosing to follow the holistic route in using a combination of complementary treatments. Apart from my doctor and counsellor, the Professor at LGI and the EPP course I had extraordinarily little actual tangible support from the NHS. There was no centre of excellence for the treatment of RSI in the UK. So, my road back to health was successful despite lack of help from ‘health.’ Although my doctor was extremely good and capable, he was not backed up with resources from the PCT to enable him to give me the full all-round support that I had needed to aid my recovery. It is such a pity that we are not allowed the opportunity, even though we mandatory pay into the system via national insurance contributions, to heal holistically on the NHS.

Initially, nobody in the medical profession ever putting a timescale on when my injury would, if ever get better meant that mentally accepting those things that I could no longer do was one of the hardest things for me to have to endure during all those teno years. Asking for help was a massive blow to my independence and at times when that help could not be forthcoming for whatever reason, I had no choice other than to accept that fact. Now, though knowledge and the mind are powerful things, when people say things are all in the mind in one sense, I feel this can be said to be true. Though we must never forget that excruciating pain is agonisingly real remembering too that pain brings with it a ‘heads up’ that there is something amiss in our life.

Having initially never being told, ‘it will go,’ I had in my mindset that I was disabled and never going to get better. Yet once I changed that mindset using Louise Hay’s teachings to one of a positive nature about my condition then things really started to shift. Hearing too those kind caring words of hope, that I can get better, from the Professor at LGI I believe are what made all the difference in my unwavering determination to heal my body.

Now, whilst sad to have left the WHAT I am also happy to be moving onto a new phase in my life. I am taking a much-needed sabbatical, after which as a practitioner in Seichem Reiki healing myself now, I will use this healing for others wherever my path in life leads me.

And this time around it is a good feeling knowing that my book has been written using a mixture of voice recognition software and keyboard use. All the countless and varied new skills I have learnt during my time at the WHAT along with many fond memories will always stay with me. I have met many wonderful people along the way in the voluntary sector, many who share my enthusiasm and passion for a cause, not least the members of the Disabled Peoples Forum (DPF). A group run by, and for disabled people who raise awareness of disability issues through a collective ‘Stronger Voice.’

**Healing**

My dear friend Christine recommended a book to me around the time of my diagnosis, ‘You Can Heal Your Life’ by Louise L Hay. A couple of years later I eventually went out and bought this amazing book. To me Louise is the Master of All in the self-help field. Her story and continued success are an inspiration for us all. For many years, her book was my companion, always near my side yet it was taking me an awful long time to break out of my spaghetti tangle. Slowly and surely as I started to ‘see’ she became my inspiration for the writing of ‘From Hand To Mouth’. I sent Louise a copy of my book after self-publishing and feel so thrilled to have received a reply from her. I will always treasure her letter.

I had known for around twenty years that I was supposed to be working in some sort of healing career helping others. Yet how I could ever do that when I needed such great healing for myself. How could my hands be channelled to become healing hands when they were in so much constant pain, surely that would not help others. When in April, 2007, I so wanted to be able to support my family and friends through their own healing journeys if they wished, I finally found the right help and went on to take the Seichem Reiki courses myself. From then on everything turned around at a fast pace and in helping others I have in turn been able to help myself to continually heal along my own journey.

It is my belief that our bodies do know how to heal themselves. And as I accepted that I deserved to be well my life became free from depression and pain. Although the slightest thing could set me back, I persevered in finding a way through my ‘dis’-ease.

People ask me what I think brought about my healing. It was not any one thing in particular rather it has been a combination of everything i.e.; holistic - whole body, mind, spirit, and soul healing in recognising that we cannot leave any aspect of our being out of the healing process. So it was everything, from my early counselling sessions and my referral to the Professor in rheumatology; using Louise L Hay’s self-help books and tapes; to finding and using the complementary therapies of reflexology, acupuncture, bio-mechanics, naturopathy, Seichem Reiki with Quantum touch; to using toning table exercises adapted to suit my needs; to attending the EPP, and being involved in the research project both of which played a large part towards my mental recovery; onto the Seichem Reiki levels I-II to the ThetaHealing DNA 1-4 practitioner qualifications that I now have.

The silent help too from a friend as for many years after my diagnosis I would on occasions think about how having been diagnosed with multiple sclerosis they no longer had the ‘dis’-ease. I would often ask myself, ‘wow what did they do?’ I felt that if they could do that, so could I. Reading in books about people healing themselves of serious and even life-threatening illnesses is one thing however actually knowing of someone in person is quite another. It was always there floating around in my head, if they could rid themself of multiple sclerosis then I could surely be rid of my teno. I know they used various holistic treatments however I often wondered how they had cured themself. Now I know…

**Workplace**

The added stress of bullying was certainly an aggravating factor that undoubtedly did not help my RSI condition, which was caused purely by the unbelievably bad ergonomic set-up of my workstation. Everything was amiss from the heating, to lighting, space, furniture, lack of certain items of equipment, oh and minimal training.

A Workplace Foundation report published in the autumn of 2007, seemed to advocate that people need to get back to into work as soon as possible after illness or injury, ‘work is good for you’ they say. Whilst I would agree that keeping your mind active and staying mentally alert can be a good thing and it could be argued that possibly there might be a case for certain types of employees to be in work, employers do need to be incredibly careful about the actual situation that they will be placing an already injured employee back in to, as the following photographs show.







The office that I worked in had intimate space that was used by up to four people at any one time and there were several untold Health & Safety hazards in there. Though these photographs only show my workstation after my diagnosis when the cupboard and desk had been switched around, they do show the height at which I had been working with a mouse. As you can see there is no support there for the elbow, so with my arm in suspension, the height at which I had been working with a mouse was the probable cause of my hooked right forefinger.

The office window had a one-inch gap between it and the outside wall which meant that I continually worked in a draught with frozen hands and fingers additionally with my jacket wrapped around my knees for extra warmth. With everything in the office still as cramped as before, all that switching the cupboard and desk around would have done for me, would have been to take me out of the draught. There was no mention of fixing the problem with the window. I was later told by my last consultant that working in these cold and draughty conditions meant that there would have been no blood circulating through to my wrists, hands, and fingers so it was no wonder no end of untold damage could occur.

Why did I work in these conditions - I had only just learnt to type, what did I know about computers? So, I worked in these conditions because I was never given any health & safety training regarding the use of computer equipment, ergonomics, breaks or a variation of tasks. Without this extremely basic training I could not possibly know any different at that time.

I hope the memory of those photographs stay with you, and that if you are an employer, it will make you stop and think for just one minute when staff come to you with concerns relating to their work, equipment or the slightest of aches or pains about what you might say and do for them. There is no need to let others suffer. RSI starts very simply with tiny things like dropsy or simply saying my hands hurt, though the pain is agonisingly real, and prevention **is** the only answer!

**Teno hands**







**After Teno**





**RSI in the workplace IS preventable**

Nowadays, people are a little more accepting of RSI’s in that at least they may have heard of these conditions. When I was diagnosed in 1995, nobody really knew what RSI was, even though for many years within the factory and manual labour force it is well known.

The crazy, scary part for me on finding out that I had a RSI caused by computer use was that nobody needs even develop these injuries through their work. Whilst I know things have improved since 1995, there is still an awful long way to go. And as one of my consultants remarked, back in 1995, “these injuries ought not to be occurring as we approach the 21st century”.

So, I am amazed, and I still find it hard to comprehend that even now after all these years there are still many employers out there who just ‘do not get it.’ I like to tell it how it is, and it does not have to be like this. Everything I write about how my disabling teno affected not only me, my entire family and support network, need never to have happened. It is time employers stopped blaming the work force and ‘got with the programme.’

Employers have a duty of care, so it is vitally important that they ensure that their employees feel at ease in their place of work. That they feel safe to speak their minds when discussing work related issues without any pressures of feeling intimidated, bullied, guilty or ‘sent to Coventry’. And yes, being sent to Coventry still goes on in the workplace as we knew only too well from our experience at the WHAT. Disturbingly in October, 2007, an HM Revenue & Customs staff survey said that only one in five employees feel it safe to speak their minds at work. In 2008, I took a call from someone who had worked for one of the country’s largest employers for five years, the second person from that same company with RSI to ring within two months, who didn’t know anything about Access to Work nor did they even know what an accident book was.

With all the technology there is today there are no excuses. Instead of blaming the workforce it is far better to treat the workplace as ‘sick,’ rather than the worker. There are several different systems and equipment which can be better used in today's workplaces. Ergo Sentry for instance, which physically stops you from using the computer for a set period, and even gives you exercises to do in the interim. These days’ voice recognition software is far more usable, accurate and compatible with more office applications, making this a fantastic option. As voice software is quite specialised it is well worth investing in training from a specialist company to ensure that all the correct systems are put in place. There are also great improvements to hardware such as ergonomic keyboards and mice. Technology is advancing all the time and there is no reason why manufacturers could not make every single piece of equipment ergonomic as standard. Doing this will also minimise the risk to the future working generation, our children.

In today’s world, children are heavy users of VDU equipment and risk permanent painful injury many using computers that are set up for adults. A lot of teachers and parents still seem unaware of the dangers in schools and homes with relation to the ergonomic set up of their children’s workstations. RSI’s are a particular risk to children as their muscles and bones are still developing.

In my earlier book, I spoke of Professor Peter Buckle of the Robens Centre for Health Ergonomics at the University of Surrey who says whilst there are some measures put in place to minimise adult risk, little attention is paid to students and schoolchildren. He says field research involving more than 2,000 youngsters show 36% of 11–14-year-olds are suffering serious ongoing back pain and that children who suffer back pain at school are more likely to suffer in adult working life, therefore the current picture of children working in systems that appear to affect current and future health is a disturbing one. I personally would add that constant texting and mobile phone use pose a risk too not to mention today’s game boys, Nintendo DS and Wii Consoles, fun as they are.

Crippling our children of the future need not happen. By applying the principles of ergonomics at the design stage of new technological equipment for use in the classroom it will minimise the risk to children. At the bare minimum, basic typing skills and health and safety regulations on the use of computers and computer equipment ought to be taught as mandatory on the school curriculum. The government put minimal legislation in place to tackle the RSI issue and could do a whole lot more by enforcing activity under the Display Screen Equipment (DSE) regulations. Our children have a right to work in a safe and healthy environment.

Employers will have a happy, healthy, stress-free workforce in their company or organisation when they put preventative ergonomic measures in place for all their employees in the first instance. It will make a difference. As will giving employees the opportunity to voice their opinions openly and honestly. Following through with proper feedback and the correct backing if somebody asks for certain types of equipment or training or asks for a specific issue to be resolved will save not only time and money also wear and tear on employees health. As an employee taking the correct breaks and having a variation of tasks within your job will help towards making you feel more comfortable in the workplace. The use of qualified risk assessors is especially important too. There is absolutely no point in an employee carrying out their own risk assessment if they do not know what they are looking for, and especially if they are home working. In following the European directives by keeping working hours in the week short it will enable employers to get more out of their workers resulting in a more productive workforce.

It is the workers on the shop floor who do the work and work with the equipment, so it is extremely important for the worker not to be bypassed. Workers do need to be included in any kind of surveys or planning meetings that happen when employers are looking at revamping or opening completely new sectors of business. Consultation is a two-way process – not a means for the employer to tell the employee what they have done.

One hard lesson I had to learn, when there was little money coming in, is one I am sure employers can learn from too and that is ‘at the end of the day it is not the cost, it is health that matters first.’ Money over health does not equate. My payment was a drop in the ocean to my employer and though many people fall by the wayside which lets many companies off the hook, even today firms are still paying out on RSI claims. If preventative measures in the workplace are adopted, then compensation claims will become outdated saving millions of pounds. Believe me, though it is their right, nobody relishes the thought of having to pursue these emotionally difficult and traumatic, long-winded claims. As for me it was never about the money. If it were, I would have given up long before, not relentlessly strived throughout my teno years in pursuing for best practice and RSI prevention to occur in the highest and best good of both employees and employers across the country.

Instead of looking in the short term financially I would love to see employers, educationalists, the NHS, and the government looking to the long-term. By spending more initially on getting things right it will then be financially viable in the long-term, not to mention the dramatic effect that it will have on the health of the nation’s workforce. The government would also see a massive reduction in sickness absence statistics, seems simple common sense to me…

**What is RSI?**

RSI stands for Repetitive Strain Injury. It is a term used to describe a range of painful conditions which affect the musculo-skeletal system, i.e., the muscles, tendons, tendon sheaths, joints, and nerves. Many researchers now suggest that RSI is a misleading term for these conditions as repetitive movements may not be the most important risk factor. There is also a lot of controversy about the term arising from some well-publicised statements that RSI does not exist. The term Work Related Upper Limb Disorders (WRULDs) is often used as an alternative. However, this is not an ideal term either as the lower limbs may also be affected. Our group used the term RSI as we believed that people are more familiar with this name.

RSI covers several different conditions affecting the musculo-skeletal system although there is disagreement amongst the medical profession about what ought to be included under this general definition. However, it is now generally accepted that RSI falls into two broad categories, although these may overlap. These are;

* localised conditions
* diffuse conditions

Some of the most common localised conditions are;

* Tenosynovitis
* Tendonitis
* Bursitis
* Carpal tunnel syndrome

Localised conditions have a specific medical name, are better understood, and can be diagnosed relatively easily. They are usually confined to one part of the body and the symptoms are experienced in that area only. Inflammation may be present. The conditions can be grouped as follows: those involving inflammation of the muscles, muscle-tendon junctions, or associated tissue e.g., tenosynovitis; those involving inflammation of the tissues of the hand, elbow, or knee e.g., bursitis; those involving compression of the nerve e.g., carpal tunnel syndrome; and those involving fatigue of muscles because of excessive load or awkward posture.

Diffuse conditions are less localised and may spread through several areas of the body. They are much less well understood and may be hard to diagnose. They are often associated with intensive keyboard work. They are characterised by pain, muscle discomfort, burning and tingling sensations. Because the symptoms are diffuse it may be difficult to identify the site of the problem. There may be no clearly visible injury.

Diagram

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**How do I know if I have symptoms of RSI?**

Symptoms of RSI include:

* pain
* numbness
* swelling
* muscle weakness, e.g., inability to grip objects firmly
* crackling in the joints (crepitus)
* tenderness
* pins and needles
* loss of or restricted movement

RSI involves progressive, long-term conditions characterised by three stages although the symptoms experienced by everyone do not necessarily fit exactly the pattern outlined here:

**Stage I** Mildpain; aching and tiredness of the wrists, arms, shoulders, or neck during work, which improves overnight. This stage may last weeks or months though is reversible (threatened overuse injury).

**Stage 2** Moderate,recurrent pain; aching and tiredness occur earlier in the working day. Persist at night and may disturb sleep. Physical signs may be visible, such as swelling of tendon areas. This stage may last several months.

**Stage 3** Severe pain; aching, weakness, and fatigue are experienced even when resting completely. Sleep is often disturbed. Sufferers may be unable to carry out even light tasks at home or work. This stage may last for months or years. Sometimes irreversible with full use of the affected part never regained (established overuse injury).

**What can I do if I suffer from RSI?**

Because it is the soft muscle tissue that is affected with RSI’s, having seen consultants both in orthopaedics and rheumatology my personal opinion and advice about where to get the right help if suffering from a RSI, is to get a referral through the rheumatology route in the first instance. Ask lots of questions and seek out the correct treatment for your diagnosed condition as early as possible.

If you feel the holistic approach is your preferred choice of healing route, then if you are able seek out biomechanics and sports therapists along with holistic healing practitioners. Choose those that you resonate with and feel drawn to connect with.

Try to find out how health and safety is organised in your workplace and what the arrangements are for raising health and safety issues. If your place of work has a union safety representative speak to them making sure that your injury is recorded in the accident book.

Your employer has a duty to consult employees about health and safety matters*.* There are different regulations according to whether there is a recognised trade union in your workplace or not. Where there is a recognised trade union members have a right to elect union safety representatives. These representatives have wide ranging legal rights under the Safety Representatives and Safety Committees Regulations, including the right to be consulted on health and safety matters which affect their members. If there is no union the employer must still consult employees under the Health and Safety, ‘Consultation with Employees’ Regulations. This may be done directly or through representatives elected by staff.

Make sure you know who your representative is and that you liaise with them. If there is no representative, try to ensure that one is elected. They don’t have to be a technical expert. You want someone who is enthusiastic and who employees will trust. You can have an input into the process and be able to raise health and safety issues which concern you. If you do have a trade union safety representative, you are in a stronger position because they have legal rights to take matters up on your behalf. Union safety representatives have legal rights under the Safety Representatives and Safety Committees Regulations:

* to be consulted about any health and safety matter including any proposed changes in the workplace and the health and safety training of employees
* to investigate potential hazards in the workplace
* to investigate complaints by employees about health and safety
* to make representations to the employer
* to inspect the workplace at least every three months
* to inspect health and safety documents held by the employer
* to inspect accidents in the workplace
* to represent members in consultations with HSE inspectors
* to receive information from inspectors
* to attend meetings of the safety committee
* to paid time off to perform functions
* to paid time off for health and safety training
* to use employer facilities to perform functions

Find out if there is an occupational health department and whether your employer offers a fast-track physiotherapy service. Find out what adjustments could be made in your place of work to better able you to continue in your role, involving the Access To Work scheme who you can contact via your local job centre.

Diagram

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**Exercises to prevent health problems from VDU use**

Sitting at a VDU workstation all day can be hard on a body however simple exercises can prevent stiffness and help to maintain good circulation. The exercises shown below are best carried out regularly throughout the day to prevent the onset of fatigue and aches and pains.

**1) Warm Up**

Just before starting work flex the fingers and wrists. Rub your hands together to warm up the muscles.

**2) Lateral Neck Rotation**

Face straight ahead; *slowly and keeping control*, turn the head to the left, holding there for a count of five. Slowly turn the head to the right and hold there for the count of five. Slowly return to the central position and drop the chin to the chest, holding there for a count of five. Raise the head and repeat the process.

**3) Shoulder Shrugs**

*Slowly and keeping control*, raise and lower the shoulders, trying not to compress the neck.

**4) Seated Calf Raises**

Raise both heels whilst seated, holding for a count of five. Relax and repeat.

**5) Arms**

Reach the arms up straight over the head and stretch. Repeat.

**6) Back**

Move slightly forward on the chair, then straighten up raising your chest upwards and out. Hold for a few seconds and then relax. Repeat.

**7) Wrists and Hands**

Flex and rotate the wrists, spreading the fingers wide. Repeat.

**8) Eyes**

Make sure that you do not forget to blink whilst staring at the screen otherwise the eyes will become dry. To exercise your eye muscles and prevent eye strain, frequently look away from the screen and focus on an object in the far distance which is either at the extremes of the workplace or outside if possible.

**Conclusion**

Before my RSI diagnosis I was a strong, extremely independent, self-confident, and out-going person, on the go morning, noon, and night. Until healing I found coming to terms with the gravity of my condition a daily struggle. In years to come the devastating effects of living with my RSI condition affected all areas of my life. Physically I experienced constant debilitating pain which limited the choices I could make in my life. The severity of my condition created a need for dependency on others which restricted my independence. The emotional and mental anguish which accompanies a RSI affected my relationships with family and friends and made it hard for me to cope with everyday life. The practicalities of running a family home became difficult and financially life was a struggle. All I had ever done was work hard. Yet had health and safety regulations been adhered to in my place of work my RSI could have been prevented.

I became crushed inside and was really lost for a while during the thirteen years I had RSI. Nonetheless, I found the courage to battle on through in adversity focusing on my recovery and raising awareness nationally of RSI’s. Despite tireless campaigning over the years however, RSI’s do remain prevalent in the workplace today.

People asked me what I thought brought about my recovery. It was not any one thing rather using a holistic - whole body, mind, spirit, and soul approach. Physically I learnt to listen to my body and act upon my body’s needs. Mentally, I changed my mindset from thinking I was disabled and never going to get better, to believing that I am well. Practically my recovery was down to perseverance and my own instigation as I stumbled, through trial and error, in finding various treatments that aided my recovery. Spiritually, I remembered to feel. In feeling through all the pain and the mental and emotional anguish I found the answers within myself. This is what gave me the strength to keep going. So consequently, my road back to health was successful because I believed. I believed I could get well. And **I** did!

**Epilogue**

By early 2008, I was filling my own petrol tank again, trivial I know, yet massively exciting for me. I even cut back the bushes in my garden using the garden shears and did some D.I.Y. - painted my front door. I can fasten buttons again and I am able to wear anything that I like so even my femininity is back! At last, I have my hair long again which really makes me feel good. Now people I meet comment on how great I look. I feel great, ten feet tall.

Before my teno, my life was full of sporty, energetic activities and though it was a long time in coming it is now fantastic to have my hands back. I now live free from persistent pain and instead have tears of joy and laughter as my whole body has come back to life. I no longer just exist. And now I have my exciting, thrilling, exhilarating life back I want to live it. Recently I passed the PADI scuba diver course, and I am currently on the verge of completing the open water diver course and all that this has entailed, not to mention the boost it has given to my inner confidence - you just cannot imagine how good that feels; maybe a skiing course next, self-publish another book… who knows? And recently travelling alone meant I had to negotiate mini-buses, airports, and planes, all managing a suitcase and laptop on my own. ‘I DID IT!’

Throughout all the turbulent times back there I am fortunate that I was still able to share my love with my children, Paul, Wendy, and Nick. I am so immensely proud that they all came through this period in their lives to become the wonderful adults that they are today. Over the years when they were an early age, particularly during their early teens I, and they, missed out on so much by my not being able to participate in all the fun activities and games they played. Imagine my delight, when in November of 2007, I was able to join in fully at my niece and nephew’s birthday parties. I was so ‘chuffed’ with myself for rollerblading. And **the absolute best of all**, as we glided round the floor. Holding the hand of my daughter Wendy!

**AFTERWORD**

**2008 – 2022**

**Healing Body, Mind, Spirit, and Soul**

I self-published my first autobiography, ‘From Hand To Mouth’ in February, 2004. This tells of the beginning and middle of my healing journey through teno, and my desire to educate others that what I was going through need not even happen. My inspiration to write came from Louise L Hay and her positive messages of hope and healing. On sending Louise a copy of my book I was so thrilled to receive her reply, inspiring me on to further heal my life in all areas.

The first edition of ‘Teno hands to HEALING hands’ as authored above includes my healing journey through to 2008. Both are factual self-help books of prevention and healing. I am both the author and self-publisher. Still forever learning, I have learnt so much along the way.

Out of writing my first book arose the opportunity to speak about my experience at various events always raising awareness of RSI prevention. Helping employers become aware of the devastating effects RSI has on their employees, not least on their family life.

Unbelievably, twenty-eight years on since that diagnosis I am astounded that RSI’s caused in the workplace continue to be diagnosed. Employers have a duty of care to their employees and after all the knowledge that we have, preventative measures are still eluding many workplaces. Made worse I feel sure now by millions of employees working from home, many without the correct ergonomic equipment and health and safety assessments in place. And as technology has advanced so fast since penning in 2008, there is now a mass of information on ergonomic technological equipment available. Including specifically designed equipment for children who all deserve to learn in a safe and healthy environment.

I also feel saddened that even after all these years we are still not given the opportunity, or choice, to heal holistically through the NHS. My experiences throughout my teno year’s, and those of recent years’ challenges not being addressed by the NHS and government bodies/services shows an even greater need than ever for a whole, person-centered approach to well-being being adopted. It is my desire that you may find enlightenment shining beyond the words, bringing an understanding that it doesn’t have to be the way that it was for me. Help is out there, in abundance. Imagine if you will, medical and natural healing practitioners all working together in unison for the greater good of the mental health and well-being of the client. Wow now wouldn’t that be something!

Professionally, in January, 2009, I qualified as a Seichem Reiki level III teaching master. For a few years I went on to become a volunteer and director on the board of Redcar ROC and Shopmobility as well as being a volunteer mentor for the Nacro SWITCH project. As part of my own professional development I continue to attend various mental health, emotional well-being, and energy healing events and seminars.

On my own personal healing journey, I have gone from strength to strength. In 2010, I was able to ‘goffer,’ ‘gaffer,’ and labour on my new home renovation, and I loved it! My first time ever in this field brought out untapped interior design creativity; a mass of new DIY skills gained; helped provide paid work for 6 young people; and gave me the satisfaction of knowing that I have well and truly healed the teno.

In 2011, I remarried, relocating to the northeast coast.

I continue my own personal healing whether it be layers of the physical from toe to back pain or more likely the underlying core root layers of hidden emotions wanting to heal. Now facing all ‘fears’, false evidence appearing real head on. Allowing more layers to reveal themselves so that they too can heal. And whilst the pain is excruciatingly real, when I ‘listen’ it always brings a message from my soul that something else in my life has surfaced for me to work through and heal. I know that we are only ever given that which we can handle in any one moment so if something is surfacing then I am ready to feel so that I can heal and move on. Choosing to heal and leave the past behind leaves room for new experiences to come in. And boy, have they!

Experiencing further dark nights of the soul, many challenging experiences have ensued. Naming only a few here that took me through from homelessness to debt and back, a whiplash injury to further continued healing of my body, mind, spirit, and soul.

As I read back over my story from 2008, to pen my afterword, I realise just how much the mental health aspect was so apparent in my life all those years ago. No wonder mental health awareness and our bodies natural ability to know how to heal have become such important areas of focus for me now. And not just from my own experiences, from those of others too through my varying Carer role’s over the years.

On World Mental Health Day, October 10, 2021, I self-published ‘LOVE unconditional *a short journey in time through the eyes of mental health’*. This is an autobiographical continuation of learning, growing, care giving and receiving, and continued healing.

Here Elizabeth J. Sabet PCC, ACSLC, CBC President at ACISTE gives her praise. “LOVE unconditional is more than a book of collected poetry and art. It is a confrontational piece of artistry that demands you be present and witness what happens to unloved and abused children. It is a catalyst to open your heart to bear the pain of an unloved, abused child who had to bear it alone. It is a catalyst to understanding what the torture of a child feels like from inside the child's mind. And it is a catalyst to bring you to a place of hope. To know what true unconditional love and presence can do for a tortured soul, read this book. You will be left amazed at the ability of the human spirit to find light, even in the darkest hole.”

Since April, 2022, I am now thoroughly enjoying early morning sea dip/swims with a most amazing group of awesome ladies. This is so liberating, enlivening, and so good for my mental health and well-being. Gaining new friendships too. We always have lots of fun out there in the vast ocean, being tantalised by the waves and swells along with the cold freshness of the sea, simply loosing ourselves in that moment we are in.

Now living my long ago dream of residing by the sea it’s hard to imagine all those years of pain and cold causing my hands to go numb and stop functioning altogether, as I frolic in the cold of the northeast sea!

**About the Author**

A picture containing tree, outdoor, person, wood

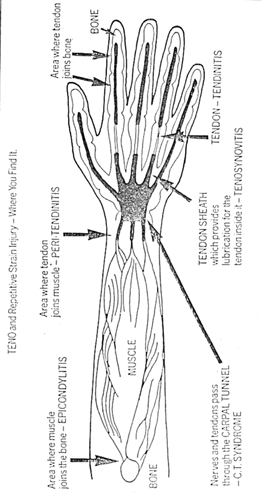
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As a Spiritual Coach, and Holistic Therapist Jenny Tollinton has been offering her well-being services to clients throughout the United Kingdom, and worldwide for over fifteen years. Her unique ability to listen deeply and support clients throughout their personal journey gains much admiration and respect.

Underlying Jenny’s Spiritual Coaching is 30 plus years of professional experience. In 1990, Jenny qualified as a swimming teacher – a role she loved. Yet, through Jenny’s teaching abilities, her natural intuitive gift for sensing how to help others shines through. Driven by her belief that all deserve equal access, Jenny is an advocate who works tirelessly at instigating positive change throughout mental health and well-being services in her community and across the globe. And what better way to do that than lead by example.

As a self-published author and freelance contributor, Jenny does this through her writings on mental health, spiritual growth, education, home birth, and other subjects close to her heart.

Jenny is also the creator, and reader of ‘SoulStar Positivity Cards‘**–**created from Source for the awakening soul.

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[ACISTE – American Center for the Integration of Spiritually Transformative Experiences](https://aciste.org/)

[Louise Hay - Official Website of Author Louise Hay](https://www.louisehay.com/)

[BCB Radio 106.6FM | Tuned in to Bradford](https://www.bcbradio.co.uk/)

[Disabled People’s Forum in Bradford – The View from Where I Sit (theviewfromwheresit.blog)](https://theviewfromwheresit.blog/2022/04/01/disabled-peoples-forum-in-bradford/)

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[HSE: Information about health and safety at work](https://www.hse.gov.uk/)

[Greater Manchester Hazards Centre (gmhazards.org.uk)](https://gmhazards.org.uk/)

[The Workers Union - A Union for UK Workers](https://www.theworkersunion.com/)