

THE REAL LIFE SCENARIO SURVIVAL HANDBOOK



HIDE A
STIFFY IN PUBLIC
FEND OFF A
MARKET RESEARCHER
FEIGN
INTEREST IN MODERN ART
FREE YOUR LEG FROM A RANDY DOG
and much more . . .

DEBBIE BARHAM

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Text by Debbie Barham

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PREFACE

A Word From The Author

'Never eat yellow snow'
Old Eskimo proverb

'Don't play with your woggle like that, it's not hygienic'
Boy Scout motto

The principle behind this Book is simple. Not being Dead is better than being Dead on almost every occasion.

You never know what Fate may have in store for you. There's simply no way of telling what's around the next corner. Except for buying yourself a periscope, or one of those fancy GPS navigation devices. Or asking somebody. But we British wouldn't dream of doing that even if it was a life-or-death situation.

Real Life is fraught with potential opportunities for loss of life, limbs, freedom, dignity, memory, credit cards, mobile phones, and stomach contents. The Author wants you to be prepared for every Real Life eventuality. To understand the importance of wearing the correct Survival Apparel, such as something other than an Arsenal shirt when in the immediate vicinity of Elland Road. To keep cool when threatened with the words 'Prepare to die!' by a merciless pension plan salesperson.

The Author is uniquely qualified to write a Book of this nature, on account of not yet having perished horribly in a freak using-the-wrong-fork-at-a-dinner-party incident, or gone Missing in Action after venturing into the labyrinthine voicemail system of Barclays telephone banking service.

Before writing this Book, the Author herself was not a professional Survivalist, but simply an ordinary everyday

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person like you with a morbid interest in potentially fatal accidents. She spent much of her childhood under canvas (on account of her parents being exceedingly rich and owning a large collection of valuable oil paintings), and has since slept under the stars on a number of occasions (the most memorable occasion being when she slept under a star from *Eastenders*, but she doesn't like to talk about that).

She now regularly guides teams of Young Conservatives, Advertising Account Directors and Fund Managers up the perilous slopes of Everest. And for the benefit of society at large, leaves them there to freeze to death.

So keep this Book handy at all times. It could save your life* and may also be employed to cover embarrassing genital arousal, squash an angry wasp, or deflect droplets of airborne spit from particularly ill-mannered blind dates. When spread with low-fat margarine, it will sustain the hungry explorer for several days and tastes infinitely better than a Blueberry Nutri-Grain bar.

Above all, do what the Boy Scouts do. Avoid being alone in a small tent with a bearded, middle-aged troop leader whom you're convinced you recognise from *Crimewatch Photocall*.

Because you just never know.

'Desperate' Debbie Barham

Royal London Hospital (Acute Spinal Injuries Ward)

*But most probably won't; a gun, a Sherpa tank or a satellite phone would be much more useful in almost every situation.

Disclaimer: the Author takes no responsibility for loss of life, money, credibility or much-loved pets arising from use of the techniques outlined in this Book.

CHAPTER ONE

Medical Emergencies

How To Treat Broken Wind



Locate the most likely source of the Flatulence.

Pivot your gaze from side to side, then stand on the spot and rotate your body to ensure you have fully assessed

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your surroundings. In windy conditions, the Fart may drift several hundred metres from its original emission point.

If your own rectal passage is the source of the Fart, look around anyway and continue doing so for a protracted period of time.

This will help to conceal your guilt. Now locate the second most likely source of the Flatulence.

Ascertain whether women or children are within the danger zone.

If so, you may be able to blame the Fart on them. Women will be too embarrassed to deny it; children will merely be proud of their wind-breaking capacity.

Shoot the 'culprit' an accusatory gaze.

Aim carefully. If your boss is in the immediate vicinity, do not give them the impression that you think he or she is the Farter (even if this is the blatantly obvious truth).

If you are in an enclosed space, such as a train carriage or office lift, alert people to the danger.

Wrinkle your nose and oscillate your hand in front of your nose in a fanning motion. Only utter the words 'PooooEEEEEE! Who trumped?' if you are under the age of six, or a medical student.

Do not call the police and request a sniffer dog.

However, if one arrives on the scene you may be able to blame the animal for the stink.

HOW TO TREAT BROKEN WIND

Breathe through your mouth, or through a handkerchief, until the hazardous gases have dispersed.

Do not crouch low on the ground where the air is clearer. This is EXTREMELY DANGEROUS as it will put your nose at buttock level and leave your nostrils vulnerable to subsequent attacks of Flatulence.

Vacate the scene of the Fart as quickly as possible.

When the doors of the lift or train carriage open, get out immediately, even if it isn't your floor or stop.

If you continue to experience Flatulence problems, consider changing your diet.

Do not scavenge for nuts, pulses and vegetables from the bean or legume family. These are high in protein and may exacerbate the problem. Instead, scavenge the shelves for unhealthy things like crisps and chocolate fudge cake.

Obtain a bottle of pine nut, walnut, or extra virgin olive oil.

A Mediterranean-style diet is believed to reduce Flatulent tendencies. More importantly, such oils are normally sold in corked bottles. Be alert for the early warning signs of Flatulence. When you get wind of an attack (or simply get wind), remove the cork from the bottle and insert it into the source of the potential Fart as a rudimentary bung or stopcock.

How To Treat A Broken Heart

Stem any external outpourings of grief by placing Kleenex over the eyes.

Immobilise the patient's arms and legs to prevent attempts at suicide or accidental bumping into hard, painful objects (e.g. their bastard/bitch of an Ex).

The patient may appear confused and disoriented.

It is quite natural for the patient to experience mild memory loss and failure to recognise their Ex as a right shitbag. The patient may also be under the impression that they have not, in fact, been dumped, but have actually carried out the dumping of their own volition.

If necessary, cut the patient free of their sexy apparel and/or Pulling Pants.

The patient is now single and can wear recuperative support garments, such as big, cosy jumpers and tracky bottoms.

Give the patient a shoulder to lean on whilst preventing him or her from wandering around and banging things.

The patient is in a vulnerable state and may bang someone really ugly in a drunken one-night stand which results in chronic embarrassment (or pregnancy).

HOW TO TREAT A BROKEN HEART

Do not undertake to kiss it all better, no matter how much you fancy the patient.

The patient is in the Rebound Position. It is not advisable to remove the patient's clothing and feel his or her body all over for signs of horniness.

Apply emergency band aid.

Immerse the patient in bands such as The Carpenters, Wet Wet Wet and The Smiths. It may also be useful to administer 10cc.

The patient may be incapable of normal speech.

This should improve over time as the patient recovers the ability to say things other than 'I thought she loved me!', 'BASTARD!' or 'How COULD he – with my best friend?'

Insert a digit into the patient's mouth to check that the airway is not obstructed by the entire contents of a box of chocolate chip cookies.

Comfort-eating is a common symptom of Post-Relationship Trauma. The patient should not be left alone with unguarded high-calorie foodstuffs until heartbreak begins to heal.

Ensure the patient does not have access to dangerous objects, such as:

Knives

Firearms

Their Ex

A phone

Alanis Morissette albums

Unattached members of the royal family.

If necessary, apply a tourniquet to the patient's forearms to prevent deliberate cutting of the wrists.

Or arms, or crotches of their Ex's designer clothes. This may result in an angry rash of legal action.

Assess whether the patient has been particularly badly hurt.

Have they, for instance, lost a significant amount of pride, jointly owned furniture, or Pink Floyd records?

Check that the patient has not suffered any serious loss of balance.

Has the break-up left a large hole in the patient's joint account? If so, it is important that you prevent the patient from deliberately O/D-ing (overdrafting).

Soothe wounded pride by liberal lubrication with flattering comments.

Concentrate these on the bum, breast and/or todger areas.

Excessive crying can lead to dehydration. Encourage the patient to drink a little fresh vodka or Jack Daniels.

In particularly tragic cases, it may be necessary to administer two or three pints of tequila slammers. Ensure that the patient is well plastered.

HOW TO TREAT A BROKEN HEART

If the patient appears to have been hurt especially badly, a little pot may also be necessary.

Look for puffy joints (normally available from your local drug supplier). When the patient has smoked enough weed, he or she will no longer care about being given the old heave-ho.

Using a sharp scalpel, perform a Heartless Ex Bypass operation.

Carefully cut the Ex out of all photographic records of the recently severed relationship.

Explore the possibilities of fixing up the patient.

See if you have any single friends who can see the lovesick patient at short notice. If possible, book an appointment for a drink or trip to the cinema. The patient will probably need to see someone on a regular basis, two or three times a week. If you cannot find the patient a vacant bed immediately, get the patient onto the waiting list for a dating agency.

Pet Therapy is an alternative remedy recommended by many trauma counsellors. Interaction with domestic animals can greatly facilitate the healing process.

If the patient has recently split up with her boyfriend, she may miss having a companion in the house who scratches his bollocks and slobbers all over her friends. Getting a dog may fill this aching void.

Acupuncture may have beneficial effects for female (or homosexual) patients.

Point out that the patient's Ex only had a tiny prick anyway. Do not, however, insert a series of needles into the patient's skin. Getting a tattoo when under the influence of a broken heart is never advisable.

Seek expert guidance.

Consult your household copy of the latest Nick Hornby or Tony Parsons novel for the latest up-to-date advice on Broken Heart Aftercare.

How To Deliver A Baby

I. If You Are A Bloke

Prepare for the birth well in advance.

Make sure you are stocked up with vital equipment such as miniature Adidas Predator football boots, PlayStation games, copies of *Practical Parenting* magazine, Hornby train sets, Nick Hornby novels about Sensitive New Dads, and CDs of horrid whale music that sound like Bjork played backwards through a station Tannoy.

Rehearse the arrival of the Baby.

Do this by encouraging your partner to pour water all over the kitchen floor and shout hysterically at you, then panic because you can't find the car keys and phone your mum to ask what the hell you should do.

When the waters break, tell your partner to relax.

If this is a normal birth, she will respond by replying: 'RELAX? What do you mean, RELAX? I'm having a SODDING BABY!'

Pile the expectant mother into the car.

Drive to the nearest hospital. Try to resist the temptation to drive to the nearest petrol station for a bright yellow Baby on Board sign for the rear window.

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Be prepared to deliver the Baby in adverse conditions where no proper equipment or medical assistance is available.

Such as an NHS maternity ward.

Keeping your voice as calm and soothing as possible, gently encourage your partner to push.

Emit an embarrassed laugh when your partner points out that the door of the delivery room actually says 'Pull' on it.

Enter the delivery room and wait for the contractions to increase in frequency. Hold your partner's hand.

Help her to relax by making inane comments and offering to get some sandwiches or something.

When the demands for you to push off come at 2–3 minute intervals, retreat to a safe distance.

Pace around nervously.

Avoid dehydration by imbibing at least 28 cups of unidentifiable, tepid, greyish-coloured liquid from the hospital coffee machine.

HOW TO DELIVER A BABY

Enter the delivery room just in time to see your partner re-enact what appears to be the scene in Alien where a hideous, mucus-covered alien incubus bursts out of John Hurt's stomach. If everything is going according to plan, you will lose consciousness at this point and need to be revived by qualified medical professionals.

Wait for the midwife to slap you sharply with the palm of her hand until you open your mouth and start screaming.

Locate the umbilical cord.

Deliver a trite remark about your offspring being exceedingly well endowed before the midwife cuts it off.

Enthusiastically offer to change your first nappy.

Use a bucket of detergent and a J-cloth to clear up the vomit (yours, not the Baby's).

Disappear down the pub.

Bore all your mates by incessantly talking about your child.

Repeat the step above for 18 years, or until your child leaves home.