



Healing Self-Injury

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WORDS FROM THE WISE: AN INTERVIEW WITH MARGARET WOOD

The topic of Self-Inflicted Violence (SIV) has long frightened, perplexed, and repulsed many people, including those who work as mental health professionals. Misunderstanding and judgment are prevalent. Therefore this interview is a joy to publish. Margaret Wood, LPCC, is one of the rare, wise, and compassionate clinicians who has dedicated great effort and energy to serving those who live with SIV, as well as educating current and future therapists on this topic.

Currently in private practice in Lyndhurst, Ohio, Margaret Wood has worked in both the private and public sectors, and has served as a teacher and mentor to many students in fields as diverse as psychiatry, social work, education, and alternative medicine. The following interview was first published in *The Cutting Edge* in the winter of 2001.

How do you view self-injury in the lives of the people you have worked with?

I see SIV as a self-soothing mechanism of last resort, accompanied by profound shame and secrecy. I believe most everyone who does this originally thought they invented it.

How do you go about asking clients about SIV?

At intake I ask a new client about cutting and other forms of SIV in the same tone as I ask about anything else. If they say that they live with SIV I ask how much and how often and if they know what it's about. I say that the reason I ask is because I am familiar and comfortable with it. Sometimes that acceptance will bring an admission of living with SIV. Then it can be addressed just as any other struggle. I may be asked when the cutting will stop. I reply: "You'll stop when you are ready."

How did you learn what you know?

I learned about SIV from my clients – the more clients, the more I learned. I also learned by reading *The Cutting Edge*. What helps people who live with SIV? In therapy, a good therapist is one who is willing to learn and to listen to what is beneath the scream in the gash – one who is willing to work in partnership with the client while maintaining healthy boundaries.

What hurts people who live with SIV?

What hurts people is for the therapist to overreact, or to see SIV as a suicidal gesture. Hospitalization or confinement of any kind is seen as punishment and only serves to shut the client down and destroy any trust that had been built.

Other therapists ask you how you get people to stop SIV – how do you respond?

I teach them that I don't "stop" SIV. I acknowledge the importance of SIV and its role. The more it is normalized as just another coping mechanism, the more it can be managed by the client; hence, the more she or he can be empowered.

What have you learned from people who live with SIV?

I've learned that stopping SIV is not necessarily the goal. I learned that the shame was, in many cases, as profound as the abuse. I learned I could not use reason or coaxing to get a client to stop cutting. I learned to be curious about a new client who would come in the summer wearing long sleeves. I still continue to learn...

What changes, hopeful and hurtful, have you seen in the system over the years of your practice and teaching? Are there places of safety and healing for people living with SIV in the traditional mental health service system?

There is more awareness of abuse as well as self-injury, which is positive. With more awareness comes more criticism. There are a few pockets of optimism and a few rays of light. Some highly publicized programs with questionable goals and methods seem to prosper. In traditional service systems the emphasis still seems to be on extinguishing the behavior; therefore, it will go underground again.

You've mentioned the importance of "sacred space." Please discuss this.

Sacred space can be a place or a moment when a small or large miracle of intimacy can happen, when something forbidden – a secret, a flashback – can find the light of day, and is witnessed by another person, perhaps a therapist, and is not judged – simply witnessed, allowed to be.

How do you help other therapists deal with their discomfort about SIV?

I reassure them that SIV is not about suicide – the cutting is usually done carefully so as not to be dangerous; it is not about bleeding to death, it's about getting comfort, and it's not meant to shock them.

How do you instill hope?

I tell people about the successes I have witnessed – the hard places people have been and the new places they are now.

How do you nurture yourself when working with people who are in so much pain?

I make sure to have a reliable support system, both personal and professional.

What guidance would you give a person who lives with SIV and has no access to therapy?

I let them know that they have more inner wisdom than they think they have. They have creatively solved many problems but failed to take credit for it. They should see every success as another step in self-empowerment.

What advice do you have for therapists who work with people who self-injure?

Trust your instincts and take very good care of yourself. Talk to a trusted colleague. If you find you are getting overwhelmed do something very normal, like washing the dishes.

Please speak to the changes in the relationships people have with themselves, including their bodies, as they heal from the need for SIV and the trauma that led to it. People healing from SIV begin to see themselves as continuously fluid beings rather than damaged isolated body parts – they can remember the abuse and talk about it without being triggered. They can have a loving relationship with another person. They can be proud of their bodies.

What do you see as the root cause of self-injury?

In my experience the root cause is trauma, almost always early childhood abuse, often sexual abuse. In my experience I cannot think of an exception.

Please compare working in a traditional agency setting with your private practice.

Community mental health did not want my kind of client – they didn't fit into the

severely mentally disabled category and they weren't crisis clients that can be treated in ten sessions or less. Fortunately I am not the sole support of my family and I can afford to be in private practice and set my own rules. Sessions can be more frequent and longer if necessary and I can have a sliding scale that is within everyone's reach.

How did you avoid having a punitive attitude towards those who self-injure?

I was a client myself, both as part of Gestalt training, where it was mandatory, and again when my own life was crippled by agoraphobia. The last thing that would have been helpful to me was anything punitive. I treat clients the way I would want to be treated – with compassion and as an equal who is going through a transitory phase. That keeps both of us hopeful.

What else would you like to add?

My theory of therapy reminds me of an old Milton Erickson story about a horse who wandered into a farmer's yard. The farmer, not knowing the horse, fed and watered it, then stood next to it. The horse started walking. The farmer walked with him, and the two walked together until the horse walked himself home. In much the same way, my belief is that the client knows more than I what they need, even when they are feeling lost and crazy. I can provide "food and water," and walk beside them metaphorically until they get comfortable in their own skin.



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