

# THE PAIN WITHIN

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**Rosalba Axiak**

TREATING SELF-HARM USING  
GESTALT PSYCHOTHERAPY

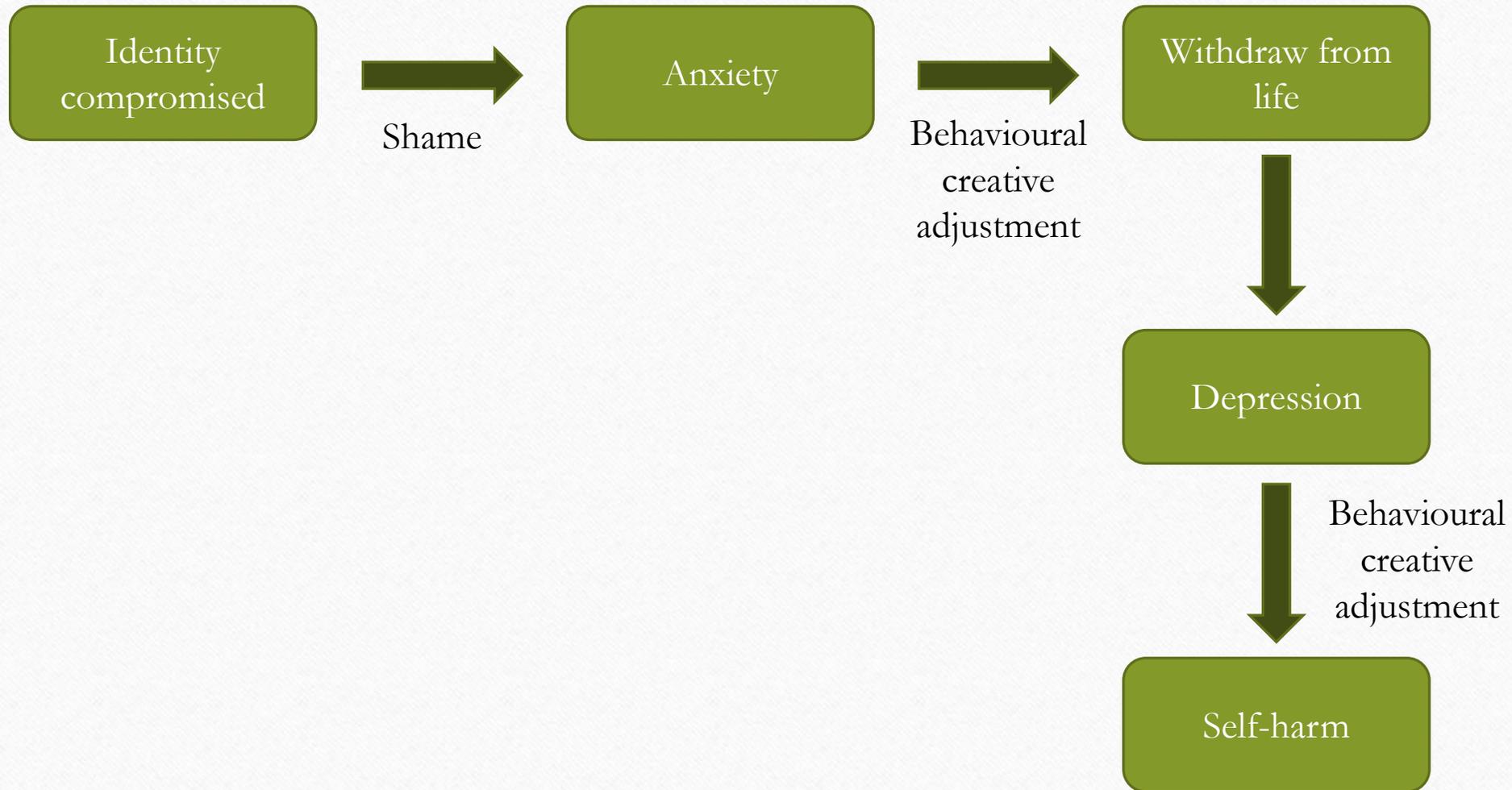
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# Aim

**To investigate whether Gestalt therapy is effective when dealing with adolescents engaging in NSSI.**

# Research Questions

- 1) Does NSSI decrease after the adolescents undergo thirty sessions of Gestalt psychotherapy?
- 2) Does the urge to self-injure experienced by the adolescents decrease after thirty sessions of Gestalt psychotherapy?
- 3) Does the anxiety decrease after the adolescents undergo thirty sessions of Gestalt psychotherapy?
- 4) Does the depression decrease after the adolescents undergo thirty sessions of Gestalt psychotherapy?



# Methodology

A **mixed-method approach** was chosen to answer the research question of whether Gestalt therapy is effective with adolescents engaging in NSSI.

# Methodology

## Research Design

Using a **small-sample quasi-experimental design**, I provided Gestalt therapy to seven adolescents engaging in self-harm. An assessment was carried out at baseline as well as after fifteen sessions of Gestalt psychotherapy and again after a total of thirty sessions.

A **narrative** of the adolescents' background as well as their therapeutic journey was used as a way of helping to interpret and explain results and made up the qualitative part of this mixed-methods research

# Methodology

## Research Design

Linking the initial data with follow-up data from the same adolescents through therapy gave me an advantage through contextualising what was said during the sessions and also a deepening of the understanding of their responses from the assessments and the therapy sessions.

# The Participants

Adolescents attending Catholic Secondary Schools aged **between twelve and fourteen years** who were practicing NSSI were chosen on the basis of referral for psychotherapy. Each adolescent then chose a pseudonym instead of their real name to protect their anonymity. There were **7 participants** in all.

# Methodology

## The tools

**The Inventory of Statements about Self-Injury  
(ISAS)**

**The Alexian Brothers Urge to Self-Harm  
Inventory (ABUSI)**

**The Generalised Anxiety Disorder Assessment  
(GAD-7)**

**The Kutcher Adolescent Depression Scale  
(KADS-11)**

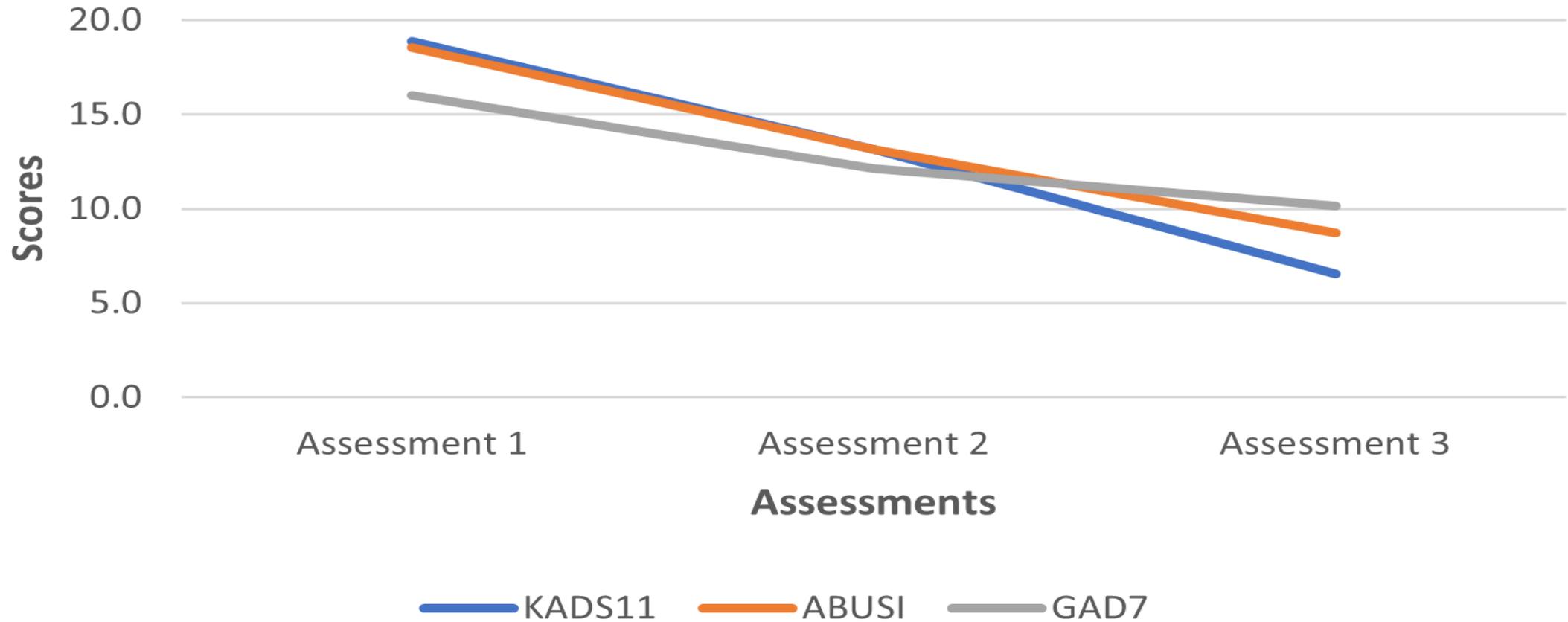
# Methodology

## Results and Data Analysis

- **Visual graphic approach – graphs and tables**
- **Assessing changes in level, trend and variability**
- **Descriptive Statistics using SPSS**

<b>Client</b>	<b>Lack of perceived peer support</b>	<b>Peer victimisation</b>	<b>Other losses</b>	<b>Violence in the family</b>	<b>Deaths in the family</b>	<b>Separated parents</b>
<b>Lyra</b>	Yes	Yes	No	No	Yes	Yes
<b>Shanice</b>	Yes	Yes	No	No	No	No
<b>Michael</b>	No	No	Yes	No	Yes	Yes
<b>Jake</b>	Yes	No	Yes	No	No	Yes
<b>Matteo</b>	Yes	Yes	Yes	No	Yes	No
<b>Nicole</b>	Yes	No	Yes	Yes	No	No
<b>Ana</b>	Yes	No	Yes	No	Yes	No

## Average Scores of All Clients by Assessment Scale



	N	Minimum	Maximum	Mean
ABUSI Assessment 1	7	12.00	25.00	18.57
ABUSI Assessment 2	7	8.00	24.00	13.14
ABUSI Assessment 3	7	5.00	13.00	8.71
Valid N (listwise)	7			

	N	Minimum	Maximum	Mean
GADS Assessment 1	7	12.00	18.00	16.00
GADS Assessment 2	7	10.00	15.00	12.14
GADS Assessment 3	7	9.00	12.00	10.14
Valid N (listwise)	7			

	N	Minimum	Maximum	Mean
KADS Assessment 1	7	14	23	18.86
KADS Assessment 2	7	4.00	19.00	13.14
KADS Assessment 3	7	2.00	9.00	6.57
Valid N (listwise)	7			

# Ethical Considerations

- I did not feel that it was ethically correct to refuse treatment to certain adolescents or stop treatment mid-way for the sake of research. For this reason, I chose a particular experimental design that avoids doing that.
- **Informed consent** from the parents and participants was obtained both for the therapy and also for participation in this research.
- Consent from all the relevant **School Authorities and Ethical Boards** was obtained as well.
- **Confidentiality** within the therapeutic sessions was maintained.

# Ethical Considerations

- The **notes** taken during or after therapy and any **recordings** done were kept in a safe space which could not be accessed by anyone other than myself.
- The participants and their parents were also informed that for **validity** reasons, a second therapist would read some of the notes but that their identity would be protected at all times.
- I was also aware that some of the participants might require **more sessions**, so I was ready to offer another ten sessions free of charge to help them along their journey.

# Ethical Considerations

Throughout the research and the therapy offered, I followed the **Ethical Principles of Psychologists and Code of Conduct** described by the APA(2018). I thought deeply and discussed with my supervisors the ethical implications when mental health professionals, such as myself, use data from their clients' assessments and therapy for research purposes. The ethical premise, focused on the **dual role** of the clinician-researcher. This included the need for me to remain cognizant of the strengths and limitations associated with the use of assessments and therapeutic information in both clinical and research settings and ensure that the research produced is guided by ethical standards. To be even more certain that I was offering an ethical service, I involved the services of another Gestalt psychotherapist who not only checked ethical standards but also confirmed that the researcher was in fact using Gestalt therapy during the sessions.

# Conclusions

- 1) The aim of Gestalt therapy is for the clients to be free to be themselves in a safe environment, while accepting responsibility for their choices and actions. As the participants became more comfortable with experiencing their feelings and emotions, they stopped trying to rationalise them or escape from them. By understanding their dysfunctional patterns of behaviour, they recognised how their choices were detrimental to their well-being and thus therapy helped them move towards their full potential and reach full contact.

# Conclusions

- 2) The participants did not all improve to the same degree, nor did they improve at the same rate. This is after all what was expected. For the purpose of this research, 30 sessions were chosen as the end point but in real life therapeutic situations, the number of sessions is negotiated individually.
- 3) The results of this research clearly show that all seven participants have improved by reaching full contact and stopping NSSI. They also experienced a drastic decrease in their urge to self-harm as well as a disappearance of most of their anxiety and depression symptoms. So, it can be said that Gestalt therapy was significantly effective with adolescents engaging in NSSI. This therefore proves all the **hypotheses tested within this research as positive.**

**To further be able to assess whether the therapy was effective long-term, I added a follow up session eight months after the end of therapy.**

When working with these adolescents, it was very important for them to become aware of how they repress their emotions by dissociating, projecting or retroreflecting. Since these adolescents were mostly overwhelmed by their emotions and then desensitised, a lot of work was done on becoming aware of their **bodily sensations**.

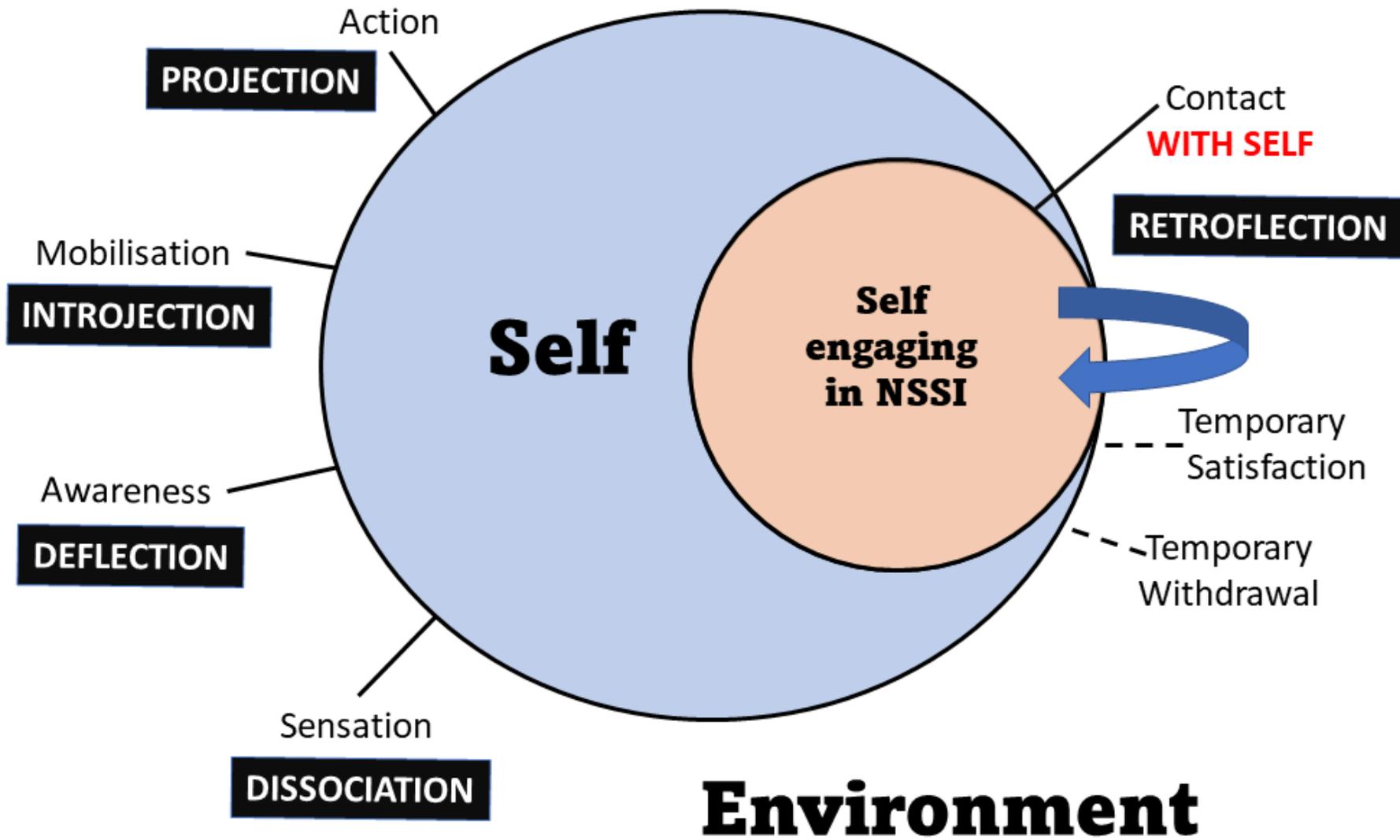
They learnt to identify muscular tensions as well as the way they breathed, in order to **block their emotional experiences**. Feelings are the physical sensations that allow the individual to recognise and express the emotions felt. Since these adolescents were repressing their emotions, there was a tension and numbness that did not allow them to reach contact.

When the adolescents' repressed emotions were released, and retroreflection undone, a certain freeness could be felt. They realised that their pain was bearable and that they could achieve closure within their personal traumas.

By learning to stay with and listen to their bodies, they also increased their **tolerance of distressing emotions**. Such awareness helped them make **the choice of when, where, and how to express themselves**. By increasing their awareness, they could take responsibility for their choices.

**Therapy helped them work through their issues, improve their communication skills, taught them how to manage stress and develop positive coping mechanisms. As a result, they did not feel the need to harm themselves any longer.**

**When looking at the Cycle of Experience for each of the participants, several similarities could be seen, so I proposed a Gestalt cycle for NSSI to help future therapists who work with this population.**



## The NSSI Cycle of Experience

# Strengths

- This research covered a **gap of knowledge** that existed in the study of NSSI and in Gestalt therapy.
- The quantitative methodology allowed for the research to be considered scientific and generalisable as it collected empirical data, while the qualitative methodology allowed the collection of information that was detailed enough to be important in understanding the participants' experience.

# Strengths

- To assure **treatment fidelity**, a second Gestalt therapist read the notes from the sessions and watched the recorded sessions to ascertain that the researcher was indeed using Gestalt therapy.
- As a result of this study, this researcher has developed the **NSSI Gestalt Cycle of Experience** which would help therapists working with this population and future researchers investigating NSSI.

## Weaknesses

The sample was a **convenience sample** and was not necessarily representative of all Maltese adolescents since it was based on the referrals received.

Due to the research being a doctoral study, there were certain **time and funding limitations**. In an ideal situation, a larger number of participants could have been chosen and a **follow up assessment** after a year could have been measured.

## Weaknesses

In a real therapeutic scenario, more work could have been done with the **family**. Sessions with the parents and adolescents together would have further consolidated the improvement measured. In this case this would have created another variable which would have changed the reliability of the results, so I opted not to do this.

Recommendations  
for further  
research

- The same research can be carried out with a larger sample using different Gestalt therapists and over a longer period of time.
- The same kind of research can also be done with pre-teens since a couple of the participants had started engaging in NSSI before early adolescence and even with older adolescents.

Recommendations  
for further  
research

- **Experimental design research** can also be done with control groups keeping in mind the ethical issues involved.
- The role of **pharmacotherapy** can also be further investigated.
- Graphic NSSI imagery in particular may be a trigger for at-risk populations, so the phenomenon of **Digital self-harm** is a problem that demands additional scholarly attention.

## Recommendations for further research

- Further research could be done to see if there is any kind of relationship between the **attachment style** between the primary caregiver and the child, and the child engaging in self-harm.
- Additional studies could also be done to see whether interventions with the family would result in a different outcome.

Recommendations  
for further  
research

- Further clinical research also needs to be done to see if other therapists find any validity in the **NSSI Gestalt Cycle of Experience** created from this study.
- The development of **primary prevention programs** that reduce adolescents' and preteens' likelihood of engaging in NSSI also needs to be explored.

*Thank You!*