

*Section: PPT cases***POSITIVE PSYCHOTHERAPY FOR SELF-HARMING BEHAVIOR: A CASE REPORT****Ferhan Açıkgöz**

Lecturer Ph.D, Ph.D., Düzce University,
Faculty of Health Sciences, Nursing Department
Psychiatric Nursing (Düzce, Türkiye)

Email: ferhanacikgoz@duzce.edu.tr

ORCID: [0000-0001-6056-6039](https://orcid.org/0000-0001-6056-6039)

**Tuğba Sarı**

Associated Prof. Dr., Master Trainer of PPT, Akdeniz University,
Faculty of Education, Psychological Counseling and Guidance (Antalya, Türkiye)

Email: saritugba75@gmail.com; tugbasari@akdeniz.edu.tr

ORCID: [0000-0001-9301-5946](https://orcid.org/0000-0001-9301-5946)

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Abstract

Positive and Intercultural Psychotherapy approach and its effectiveness. The case was presented with problems in interpersonal relations, thoughts of self-harming, and deliberate self-harming behavior. Deliberate self-harming behavior means to deliberately cause harm to one's own body so as to cause non-fatal physical trauma and tissue damage, without conscious suicidal intent. Twenty-two sessions based on Positive Psychotherapy were held with the patient. The therapy was carried out under supervision during the therapist's Positive Psychotherapy specialization training. In this process, the patient solved the problem that she had brought to the therapy process, resolved the basic and key conflicts, realized her capacities, gained self-help skills and committed deliberate self-harm once during the process. As a result, it can be said that Positive Psychotherapy techniques made a positive contribution to the patient's life. However, if the patient's symptoms recur over time or new symptoms related to self-regulation emerge, it should be considered that trauma-focused therapy will be needed.

Keywords: Positive Psychotherapy, deliberate self-harm, 5-stage model, case study

Introduction

Positive and Transcultural Psychotherapy (PPT) is an approach developed by Prof. Nossrat Peseschkian. PPT is a humanistic, psychodynamic, resource and conflict resolution oriented, integrative and transcultural method. According to PPT, every human being has two basic capacities: love and knowledge. Primary caregivers develop the capacity for love, while

knowledge develops through experiences and secondary abilities are formed (Peseschkian, 2015). PPT focuses on the optimal use of these capabilities (Remmers and Peseschkian, 2020; Sarı., 2015).

This case report aims to share the therapy process and effectiveness based on the Positive Psychotherapy approach.

Case

All identifying information about the identity of the case has been changed or removed. A patient came for consultation with problems in social and romantic relationships, anger control and thoughts of self-harm, and deliberate self-harming behavior. The case was conducted by a specialized psychiatric nurse according to the PPT approach and lasted 22 sessions. The data obtained from the case were evaluated with supervision and formulated according to the PPT approach. Written informed consent was obtained from the patient for this publication.

Mental Status Examination: The patient, A, is a 22-year-old university student. When her appearance was evaluated, it was noteworthy that she was sitting on the edge of the seat with a timid posture. Her speech rate was calm, and she used sentences consistent with the subject. Her emotional state was observed to be dysphoric. It was observed that the content of her thoughts was filled with guilt, self-harm, and anger towards herself, her mother, and her boyfriend. She was conscious, cooperative, and orientated. Her ability to evaluate reality was intact.

5 Stage Treatment Approach

1. Observation and Distancing

In this step, the patient actively listened without making any comment. The therapist tried to identify the patient's problem and needs. This stage can last from one or two to four or five sessions (Remmers & Peseschkian, 2020; Sari, 2015).

The observation/distancing stage was carried out in 2 sessions (sessions 1 and 2). At this stage, the "Scenes" story was told so that A could evaluate the counseling process. At the same time, by telling the "Visitors and the Elephant Story," motivation was provided for the consultations by emphasizing that A needs to be understood and to provide her own care (Peseschkian, 2019). When A first consulted, she was introverted, embarrassed, and timid. At this point, A was listened to with unconditional acceptance and encouraged to express herself. At this stage, it was observed that A's obedience and politeness skills were very highly developed; there were voices in her thoughts constantly judging/blaming her, and she had difficulty saying no in her relationships. A stated that she had difficulty expressing her emotions and that

she committed deliberate self-harm when she was angry.

2. Inventory/Information Collection

The inventory/information-gathering stage was conducted in four sessions (3rd, 4th, 5th, and 6th). At this stage, PPT tools (balance model, WIPPF, DAI, life events, and projective tests) were used to obtain detailed information about the patient. In this step, the patient's problems and traumatic life events are examined, and hypotheses about the actual conflict, core conflict, and key conflict are formed. This step takes one to two sessions in short-term therapies and four to five sessions in long-term therapies (Sari, 2015; Demirbağ & Sari, 2023).

In the inventory stage, the balance model was evaluated with A, data about life events were collected, and the Wiesbaden Positive Psychotherapy Inventory (WIPPF) was applied. The data obtained were presented in this section.

Balance Model

The dimension of body: She pays attention to her body size, physical appearance, and self-care. Her sleep pattern was disturbed; she said she slept less than before, and her appetite decreased.

The dimension of achievement: For A, being successful is an important element, and she stated that she had an interest in classes, but recently, her academic success had decreased. She works in businesses doing things such as washing dishes and distributing food during the evening hours.

The dimension of relationship: A's father and one of her brothers live abroad, and her mother and other brother live in another province in Turkey. She communicates with family members, visits her mother occasionally, and talks with her father by phone. She stated that she was reluctant to communicate much with her friends in the dormitory and school environment, that she generally remained silent among her friends, and that she had difficulty expressing herself verbally when faced with a problem.

The dimension of meaning/future: There are thoughts in A's mind that she makes mistakes and is boring and unsuccessful. She wants to graduate from the university successfully and be successful in her profession in the future.

The consultation demonstrated that she spent most of her energy in the balance model

area of meaning. She made an explanation about the balance model and how she could distribute her energy into four dimensions.

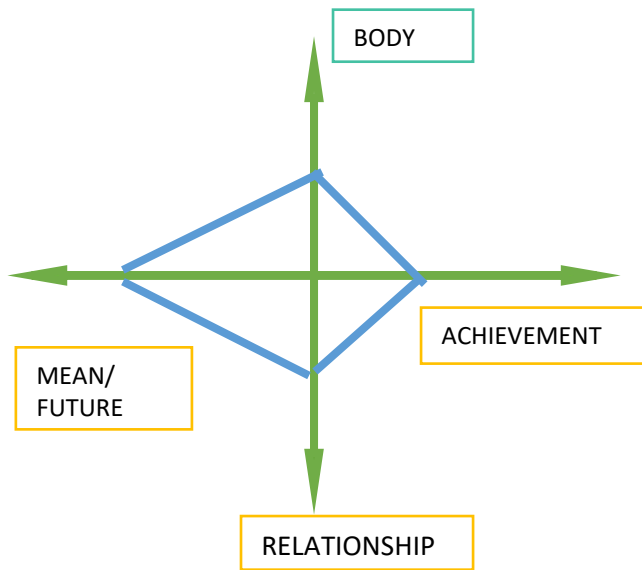


Figure 1.
Balance Model of A

Life Events

During A's high school period, her parents divorced. Sometime after the divorce, her mother came to Turkey and A lived abroad with her father. When A looks back on her childhood, she remembers that her father drank alcohol, her mother was dominant and critical, there were constant arguments and physical violence between parents, and she was a quiet child. She stated that she had a step-sister who was a sex worker and that she was under pressure and restricted by her mother and elder brothers. She stated that she had a history of domestic incest that lasted more than a year in the first years of primary school. She stated that she was unhappy during high school; her friends made fun of her with names, such as fat and ugly, and she described those years as "I was the quiet girl in the corner." During these years, she described herself as an outcast, an ugly individual with low self-confidence. She explained the reason for this as her economic inadequacy and not liking her physical appearance due to being overweight. A started working to contribute to the home economy in high school. A said she came to Turkey to stay with her mother for a while and then moved to another city for a university education.

She stated that she started a romantic relationship through social media in her first semester of the university, that they had sexual intimacy on the first day they met, and then their relationship ended. She expressed this situation with the words, "I felt like a sexual object." A, who was angry at both herself and her partner, wanted to reduce her emotional pain through self-harming behaviors. Her self-harming behaviors started in her high school years by cutting her hair and continued with scratching and piercing her arms or legs with a cutting/piercing tool. A started therapy because of this problem.

Examination of Abilities with the Wiesbaden Positive Psychotherapy Inventory (WIPPF)

Data regarding abilities were examined by applying WIPPF, one of the PPT tools. It was seen that A had developed primary abilities such as *patience, time, hope, and love*, and her secondary abilities of *politeness, justice, loyalty, and honesty* also improved. In addition, it was observed that while the active part of the *obedience* ability, one of the secondary abilities, was very developed, the expectation of obedience from others was too low. Similarly, it was determined that the active part of *trust and relationship* ability, which were primary abilities, was developed, and she had low expectations from others.

At the same time, A's conflict reactions, model dimensions, social behaviors, and emotional relational abilities were evaluated with the WIPPF. When conflict reactions were evaluated within the framework of the balance model, it was seen that there was an escape to body, success, and meaning/future. When her social behaviors were examined with the WIPPF, it was seen that she had more active behaviors. When we examined her emotional relational abilities, it was seen that her belief in herself and her ideals/concepts were high.

Four model dimensions

When past and present four model dimensions of A were analyzed, it was observed that obedience and politeness skills were at the forefront. In the "Me" dimension, A stated that her mother had high expectations of obedience and that A continued her relationship with her mother when she obeyed. In the "You"

dimension, it was learned that there was a relationship between her mother and father that involved violent arguments constantly. She stated that her mother was also dominant as a spouse and in a manner that blamed her husband constantly, while her father was constructive even though he drank alcohol. In the "we" dimension, A stated that her mother maintained similar attitudes in her relationship with others (Figure 3A-B).

The present model dimensions were examined in terms of the individual's relationship with herself, her partner, her social environment, and meaning/future. When A came to therapy, her mood was depressed, and her self-confidence was low. Her critical voice, such as "You are a failure, you are inadequate, you are a shameful person," was quite loud. She wanted to silence the voices that accused and judged her. In her relationship with her partner, the fact that they did not see each other after sexual intimacy affected A negatively. After this incident, her critical inner voice increased. When the relationships with her social environment were examined, she stated that she was generally easygoing, hesitated to voice her

thoughts, and remained silent. She stated that she had difficulty saying "no" in her relationships. When her relationship with meaning/future was evaluated, she expressed her desire for a successful career to make her family proud. In A's key conflict, politeness was higher than honesty. In the basic conflict, the hypothesis "if I obey, my relationship will continue" was presented (Figure 2).

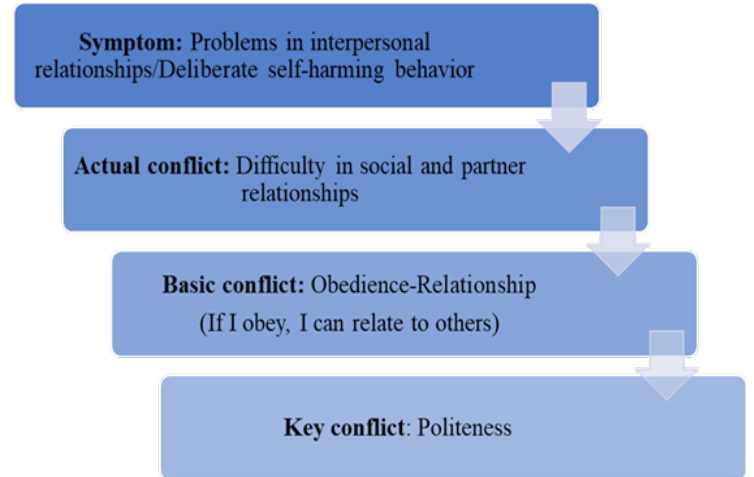


Figure 2. Case Formulation

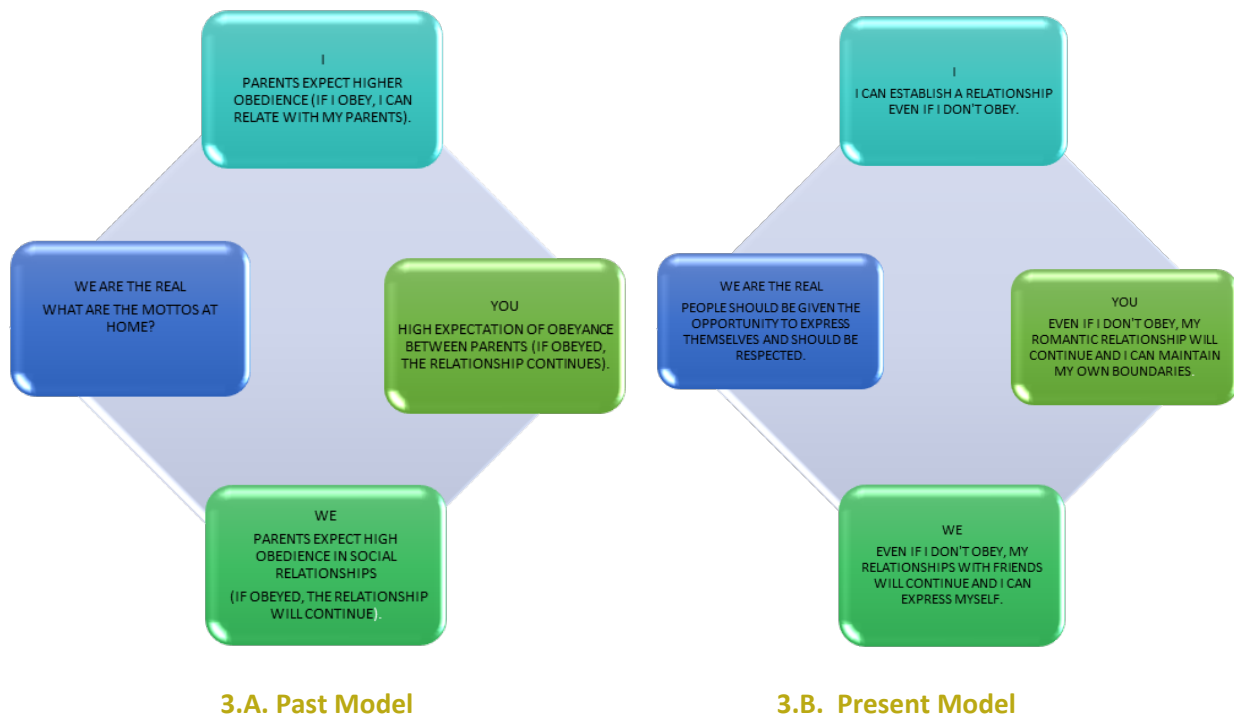


Figure 3. Four model dimensions related to capabilities involved in core conflict

3. Situational Encouragement

This step was carried out in two sessions (7th and 8th sessions). A was ensured to work in the evenings, attend classes during the day, be

successful in her lessons under intense working conditions, and see her capacity for success in the field together with her future plans. She was given feedback that taking care of her physical

appearance and choice of clothes gave her an idea about beauty. It was pointed out that A had a high emotional capacity and was sensitive in interpersonal relationships. Her difficulty in expressing herself was reflected in an effort to avoid appearing boring and prevent rejection and a desire to maintain better relationships. The deliberate self-harming was found to be a tool to regulate the anger caused by her critical self. Therefore, it was stated that she was trying to reduce the intense emotional pain she experienced by making contact with the body. By developing awareness that she tried to meet her needs by using her ability to obey in the past, her perspective on situations was expanded. In this step, self-compassion practices were recommended to A, and it was aimed at developing self-acceptance and distance from critical voices.

4. Verbalization

The verbalization step was carried out in 13 sessions in total (Sessions 9-21). In the first session of the consultation, an agreement was made to set limits on self-harming. Impulse control was put on the agenda again with A, who engaged in self-harm once during the process. It raised awareness about the relationship between these behaviors and anger. At this point, psychoeducation about anger and ways to express anger in a healthy way were discussed.

At this stage, A's conflicts, which were determined as hypotheses in the inventory step, were discussed and studied. A raised awareness of her need to be obedient in relationship and ways to meet her needs were discussed. A, who had a high development in politeness, was shown that there should be a balance between politeness and honesty. At this stage, "I"-language, effective communication methods, saying no, assertiveness, and problem-solving skills were included and repeated with examples in the sessions. A stated that as her communication skills improved, she expressed herself more easily and her relationships improved. A, whose assertiveness and problem-solving skills improved, started to solve problems in her friendships in a constructive way.

Individuals exposed to trauma are at risk of re-traumatization and it is important to avoid re-traumatization when working with victims of sexual abuse (Zayfert 2012; Cowan et al., 2020). It should be taken into consideration that A's traumatic sexual experience with her partner may be related to childhood sexual abuse and

this may mean re-traumatization. Emotions after sexual abuse can be ambiguous, complex and intense. Therefore, an empathic and non-judgmental approach can help the patient express feelings (Cowan et al., 2020). At this point, A was encouraged to express her feelings about her traumatic sexual experiences. She was encouraged to distance herself from irrational thoughts that labeled and blamed her and to replace them with rational thoughts. At this stage, the story of "The Man Freed from His Burdens" was utilized (Peseschkian, 2019). Self-compassion practices were used to develop the capacity to offer self-acceptance. She worked with irrational thoughts about herself. Cognitive behavioral therapy techniques were used to distance thoughts by emphasizing that thoughts are not always reality. The relationship between posture and self-confidence was explained, and the aim was to develop awareness of posture during the consultations.

Psychoeducation about sexual health was given for the development of the capacity of sensuality. A started a new romantic relationship during this process and stated that she was able to protect her physical boundaries in the partnership by being aware of her own wishes.

5. Expansion of goals

Finally, the stage of expanding goals was started (session 22). At this stage, A learned self-compassion practices as self-help. She strengthened her interpersonal relationships by gaining problem-solving and self-expression skills. Two sessions were held with A as follow-up consultations. She stated that this process had strengthened her and increased her problem-solving capacity in relationships. She stated that the consultations had made positive contributions to her life and expressed her satisfaction.

Discussion

Deliberate self-harming behavior is an important health problem that is increasing in prevalence. Deliberate self-harming is a deliberate behavior aimed at repeatedly damaging certain parts of the body and body tissues without conscious suicidal intent. Cutting and pulling hair, hitting one's head, injuring oneself with a cutting tool, burning, and beating can be listed as examples. Studies have shown that self-harming is associated with some psychiatric disorders, abuse and neglect during

childhood, parental psychopathology, substance abuse, poverty, difficulties in regulating emotions, and dysfunctional family structure (Yargıç et al., 2012; Okumuş et al., 2016; Çelik & Helvacıoğlu, 2017; Singtakaew et al., 2021; Liang et al., 2022). When the life events of the case are evaluated, it can be shown that traumatic experiences, such as dysfunctional family structure, physical/sexual abuse, and neglect have an impact on self-harming behavior. At the same time, it was thought that A's difficulty in expressing herself and saying no was effective in self-harming behavior. From this point of view, A's self-harming was considered to be an opportunity to stop anger and a sense of control over unbearable emotions. The therapist explained to A that her high development of politeness was "turning her emotional pain back to her body" by directing her anger, that she could not express to others, back to herself. At the same time, it was observed that A was full of guilt and anger towards her family, partner, and herself, and it was thought that these behaviors could be a method of self-punishment. In the PPT approach, the problem brought by the patient is reinterpreted from a new perspective, and the process continues until the basic conflict is resolved (Demirbağ & Sarı, 2023; Kovanda, 2021; Sarı & Eryılmaz, 2020). At the same time, self-harming behavior was interpreted as the need to be in contact with the body and to alleviate emotional pain, and A was encouraged to express her feelings. In the process, A started to express herself verbally instead of self-harming, with the acceptance of anger and assertiveness skills.

PPT emphasizes the importance of individuals' abilities and their functional use (Eryılmaz & Batum, 2023). The basic conflict "If I obey, I can have a relationship" was resolved during the therapy process, and the belief: "I do not have to obey for my relationship needs to be satisfied" was developed. Family members and social and romantic relationships were strengthened in a healthy way.

During the therapy process, A realized that she needed trust and compassion. She developed her ability to trust and learned to trust herself and others. Her self-confidence strengthened as she realized her capacities and strengths during the therapy. As self-confidence improved, she gained the ability to say no. She developed awareness of her critical inner voices and was able to offer compassion to herself.

A gained balanced life skills. She established sleep and nutrition patterns, her academic performance increased (in the field of achievement), and she could draw boundaries in relationships and distance her thoughts. Thus, she gained self-confidence and developed the capacity for hope.

She realized her true abilities (sensuality, trust, kindness, and obedience) and learned to meet her needs. She was able to find resources and solutions in the face of actual problems that helped her develop awareness of her capacities.

Conclusions

This case report discussed a 22-session therapy process with a Positive Psychotherapy approach for a female patient with self-harming behaviors and difficulty in expressing herself in interpersonal relationships. As A realized her capacities and strengths in the process, her self-confidence strengthened. With the acceptance of anger and assertiveness skills, she started to express herself verbally, and her self-harming behaviors decreased. Family members and social and romantic relationships were strengthened in a healthy way. As a result, it can be said that Positive Psychotherapy techniques contributed positively to A's life.

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