

Psychologist Therapeutic Communication in Handling Clients with Deliberate Self-Harm

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ABSTRACT

This research is a study of health communication which aims to determine the therapeutic communication of psychologists in dealing with clients with DSH in 3 research questions. Clients do DSH with different motives. Based on the background of the client doing DSH, the psychologist must also adjust the reaction to the client and determine how to communicate with the client. Combining the researcher's interest in 2 phenomena, namely the psychologist's therapeutic communication and the DSH phenomenon, there is a growing desire in the researcher to examine how psychologists communicate therapeutically with DSH clients. This phenomenon is interesting to study because it describes the experience of psychologists who carry out therapeutic communication processes in dealing with DSH patients. This study uses a qualitative approach with phenomenological methods. In collecting data, researchers used interview techniques to five informants who are psychologists who practice and live in Bandung. The results of this study show the meaning of DSH clients for a psychologist into three meanings, namely people who have irrational thoughts, people whose emotions are fragile, and people whose emotions are buried or are looking for attention. The psychologist's therapeutic communication experience with DSH clients is found in 4 major themes, namely techniques for building therapeutic relationships in dealing with clients, the key to understanding clients: active listening, being careful with non-verbal messages, feedback: reserved questions. The way psychologists deal with DSH clients with different motives is to handle them like a tailor made (adjusted to the client's personality and problems)

Keywords: Communication, Therapeutic, Psychologists, Deliberate Self-harm.

INTRODUCTION

Becoming a psychologist who handles clients with Deliberated Self Harm (DSH) requires an effort in the therapeutic communication process that must be done. This can be seen in one of the informants' quotes as follows, "We psychologists are trained to be neutral, trained to be objective, even this face can already win the image trophy... it's okay if people want to be psychologists but don't have the tendency to be caring, they won't want to be psychologist," said MR, a clinical psychologist who works at the Bureau of Psychological Services and Innovation (BPIP) Unpad Dago. MR has been a clinical psychologist since 2014, after carrying out his master's degree education at Padjadjaran University. MR grew up in a family paradigm that attaches great importance to sharing and caring for others. This is one of the strong reasons why MR decided to choose the profession of psychologist.

The profession of psychologist is an interesting thing to be investigated further, moreover clinical treatment by psychologists is still considered unusual. Trull stated that clinical psychologists have a role to be able to perform analysis, counseling, treatment for patients who have disabilities and mental disorders

that are carried out based on ethical principles (Trull, Timothy, Prinstein, 2013).

Reporting from Katadata.co.id, Jayani revealed that the comparison of the number of clinical psychologists with the population in Indonesia is also quite far, namely from 250 million people in Indonesia, there are only 1,563 clinical psychologists. This number still does not meet the minimum quota of mental health clinical personnel set by WHO (Jayani, 2019).

Unlike other clinical personnel, the healing process carried out by psychologists focuses on verbal and non-verbal communication. While other clinicians focus on healing through chemical medicine, psychologists must have a sharp analysis of patient behavior. In carrying out their duties, psychologists carry out a lot of communication activities, and the communication carried out here is not ordinary communication but therapeutic communication.

According to Peplau, therapeutic communication is a holistic and client-centered communication that involves physiological, psychological, and spiritual aspects that are considered by the client with the

aim of developing mutual understanding between individuals to develop relationships (Martin, Thompson Carolyn; Chanda, 2016). The profession of psychologist and therapeutic communication cannot be separated, because in carrying out their profession, psychologists must continue to communicate with clients in order to increase the self-realization of clients. The treatment process carried out by the psychologist profession will always involve more therapeutic communication processes than other clinical professions.

Deliberate Self-Harm (DSH) is an intentional behavior to injure oneself without any intention to commit suicide. Reporting from ourworldindata.org, in 2016 there were as many as 268 million people who experienced depression and there were 256 million people who suffered from anxiety disorders, where these two mental illnesses are the biggest factors for the emergence of Deliberate Self-Harm (DSH). DSH is very common in adolescents aged 16-24 years (Crouch, William; Wright, 2004).

Through a national survey that he conducted in the UK, Crouch also stated that women are more prone to DSH than men with a ratio of 3.8 percent (men) and 6.8 percent (women). Adolescent adults are already close to NSSI and DSH, even in America reaching 5.9% of the population have done self-harm in their lifetime (Muehlenkamp, Jennifer J, 2012). In

the study of Oldershaw, et al stated that there were as many as 17,000 adolescent children being treated for self-harm in the UK (Oldershaw, Anna, 2008).

In fact, researchers also found a recent literature in 2020 that raised the DSH phenomenon. There is one quote that describes DSH as follows:

"Kamu memiliki begitu banyak rasa sakit di dalam dirimu sehingga kamu mencoba dan melukai diri sendiri di luar karena kamu ingin bantuan." - Putri Diana

The above quote was expressed by Fernandes, SL, Safeekh, AT, Chandini, S., & Shetty, S. (2020) who also mentioned that intentional self-harm (DSH) can be defined as injuring one's body intentionally without suicidal intent. These actions are usually not fatal and are not meant to end life. DSH includes but is not limited to actions such as self-cutting, burning, ingesting substances or drugs in excess of their therapeutic/prescribed doses, ingesting recreational or illicit compounds in an attempt to self-harm, and consuming inedible compounds, battery self. Several other terms have been used to refer to these behaviors such as self-injury, para-suicide, and self-injury (Fernandes, S. L., Safeekh, A. T., Chandini, S., & Shetty, 2020).

DSH places a significant burden on today's healthcare systems. Therefore, further research is needed to better understand DSH which will further assist doctors in managing DSH more effectively. In addition, knowledge and awareness of the correlations and risk factors of DSH is important to better predict, understand and treat the behavior. Since most of the patients involved in DSH are found to have psychiatric disorders, appropriate psychiatric evaluation and psychosocial assessment should be included in the care after DSH patients, and wherever possible, therapeutic intervention should be initiated (Fernandes, SL, Safeekh, AT, Chandini, S. , & Shetty, 2020).

It has even been pointed out that differences in the type of DSH method are chosen: Self-cutting is considered the most common among women, whereas beating, burning, and banging are seen more frequently among men who perform DSH (Cipriano A, Cella S, 2017). People with psychotic disorders are often found self-mutilating in very strange ways – cutting off fingers, tongue, ears, and even genital mutilation. Most individuals involved in DSH often use more than one method (Cipriano A, Cella S, 2017).

Researchers also found other interesting data that strengthens this research. Many popular names and celebrities have also been known to have engaged in such behavior - some of them being

Megan Fox, Johnny Depp, Colin Farrell, Angelina Jolie, Lindsay Lohan, Drew Barrymore and Princess Diana. Historically, many famous artists and politicians have been known to be involved in DSH - the most famous Dutch painter Vincent van Gogh, who was named after Van Gogh syndrome. Van Gogh syndrome refers to an individual (often suffering from a mental illness) who performs self-mutilation similar to Van Gogh cutting off his ear after an argument with a fellow painter during a psychotic episode and then showing his lover the same thing as a sign of affection. In today's world, DSH in adolescents and young adults is an area of increasing concern. Reports from clinics and emergencies show an increasing incidence of DSH – in India and internationally (Singh OP., 2018).

In Indonesia itself, DSH is one of the cases that continues to increase every year. MR said that in 2018, the number of adolescent adults who came to BPIP Unpad Dago, Bandung, West Java with DSH cases reached 770 people, and in 2019 this number greatly increased and even reached 100%, namely 1500 people. This is only the number of young adults, not including teenagers, children and adults.

How important the focus of research on DSH patients can be seen from various previous studies. Duarte, TA, Paulino, S., Almeida, C., Gomes, HS, Santos, N., & Gouveia-

Pereira, M. (2020) also revealed that there are studies that analyze predictive risk factors for self-harm in adolescents with and without desire. suicide. There were 600 adolescents answered a questionnaire about self-harm and suicidal behavior. Logistic regression analysis was performed. More than half of individuals with self-injury (DSH) exhibit a significant risk of suicide. There is a direct relationship between DSH and suicide attempts, with nearly the totality of adolescents with suicide attempts also reporting DSH. According to the predictive model, suicidal ideation and DSH behavioral diversity were significant predictors of suicide attempts, with an augmentation in DSH behavioral diversity and suicidal ideation predicting suicide attempts. Depression and anxiety also emerged as significant predictors of suicide attempts in adolescents who self-harm. Considering that the majority of the sample was not from a clinical setting, a worrying finding was that one third of the total sample was at risk of suicide. These results place DSH as a key variable for early intervention (Duarte, T. A., Paulino, S., Almeida, C., Gomes, H. S., Santos, N., & Gouveia-Pereira, 2020).

Clients do DSH with different motives. Based on the background of the client doing DSH, the psychologist must also adjust the reaction to the client and determine how to communicate with the client. Combining the researcher's

interest in 2 phenomena, namely psychologist's therapeutic communication and DSH phenomenon, there is a growing desire in researchers to examine how psychologists communicate therapeutically with DSH clients.

This phenomenon is interesting to study because it describes the experience of psychologists who carry out the therapeutic communication process in dealing with these DSH patients.

RESEARCH METHODS

This research is part of a health communication study that seeks to explore therapeutic communication carried out by psychologists to their clients who carry out deliberate self-harm.

Researchers want to get a psychologist's view of reality about this phenomenon. Therefore, this study uses a qualitative research method with a phenomenological approach. The phenomenological approach describes what is in common or common among all participants when they experience the phenomenon (in the context of this study the psychologist's therapeutic communication with DSH clients) (Creswell, 2015). In this case, the aim of phenomenology is to reduce the individual's experience of the phenomenon into a description of

the universal essence or a more general picture.

This research was conducted for 5 months from January to May 2020 in Bandung, West Java. The participants of this research were obtained by using snowball sampling technique. Researchers got 5 informants namely MR, Gimmy, BA, EF, and RS. Data was collected using semi-structured interview technique for 45-60 minutes with a frequency of 2 times for each informant. After the data is obtained, the data will be analyzed. The researcher used Creswell's data analysis principle. Creswell divides qualitative data analysis into 3 general stages, namely, preparing and organizing data, reducing the data to themes through the process of coding and summarizing the code, and finally presenting the data in the form of charts, tables, or discussions (Creswell, 2015).

The data that has been analyzed will be tested for the validity of the data using member checking techniques. Researchers contacted 5 informants again and verified the data that had been obtained. So the data will be more accurate.

RESULTS AND DISCUSSION

The urgency of research that raises the phenomenon of DSH clients continues to this day. The latest research conducted by Biernesser (2020) reveals that even this phenomenon of DSH

clients can be seen from the use of social media in the communication process. This too has been expressed by Biernesser. Biernesser, Sewall, Brent, Bear, Mair, & Trauth (2020) explain that the influence of social media on adolescent suicide risk or risk reduction is a new and rapidly evolving research topic that requires the attention of various mental health care professionals. They provided an updated review of the social media-related risks and protective factors against self-harm (DSH) in adolescents to guide mental health professionals in offering care and support to adolescents prone to suicide (Biernesser, C., Sewall, C.J, Brent, D., Bear, T., Mair, C., & Trauth, 2020).

Unlike the case with this study, the researcher also found that there is a process of psychological therapeutic communication in dealing with DSH clients which will be described in this section. If seen

Based on the results of the analysis of the interview data that has been obtained, the researcher then groups the research data into three aspects according to the research questions, namely: (1) the meaning of DSH clients for psychologists, (2) psychologists' therapeutic communication experience in dealing with DSH clients, and (3) the way psychologists handle DSH clients.

For the first question, informants Gimmy, EF, and RS stated that DSH clients are individuals who do not have the ability, skills or are confused in managing their emotions or releasing their emotions and clients who do DSH have no longer found ways, containers or solutions to channel their emotions. . EF stated that "On average people with self-harm want to shift the pain here (pointing to the chest) and in the head to the physical, so they do self-harm... If the pain in the heart is not visible, so they self-harm".

In the end, this became an irrational thought that closed the possibility for DSH clients to be able to find other alternatives in shedding their unbearable emotions. This is in accordance with Crouch's findings in his journal *Deliberate Self-Harm at an Adolescent Unit: A Qualitative Investigation*, in which the results stated that the thing that causes an adult adolescent to do DSH is when they feel anger, anxiety, and ignorance of what they are feeling (Crouch, William; Wright, 2004).

Psychologists also see the DSH clients they treat look like ordinary people who don't have problems, but in fact while listening to the client's stories, they see that it turns out that these DSH clients have fragile emotions. They do look normal in physical, but emotionally very fragile. BA and MR state that they have a client who looks fine,

but has a very heart-wrenching story.

RS reveals that every DSH client is unique and that's the case, each case has its own story. BA, MR, and RS have DSH clients that do DSH to seek attention. The other 2 informants, Gimmy and EF, found that more DSH clients did DSH because of their pent-up emotions. This is the meaning of DSH clients for these psychologists, DSH clients are considered as people who are looking for attention or people who have pent-up emotions.

Based on the interview data, it can be said that there are three themes of the meaning of DSH clients for psychologists, namely people who have irrational thoughts, people whose emotions are fragile, and people whose emotions are buried or are seeking attention.

The experience of psychologist therapeutic communication in dealing with DSH clients occurs because of the repeated counseling activities. There are 4 major themes obtained from the interview data. First of all in doing counseling, building a therapeutic relationship with the client is very important. 5 informants simultaneously mentioned the same technique of building a therapeutic relationship with a DSH client.

Building report cards (building closeness), building trust

(building trust), and mirroring (adjusting yourself). RS and MR usually check the client's curriculum vitae to start building a good report card, they will greet clients as clients are usually greeted. GM mentions that he gives informed consent to clients for building trust. Informed consent will make the client feel comfortable and trust to tell the problem to the psychologist. The BA informant said that he would use phrases that are often used by the client in order to adapt to the client. BA tells an experience where he changed the use of the subject I-You to We, and this managed to make the client feel close to BA and finally want to talk.

Townsend in his book *Psychiatric Mental Health Nursing* states that the nurse-client relationship (in this study psychologist and client) is the foundation for psychiatric nursing to stand (Walker, 2014) stating that the therapeutic relationship between nurse and client (in this study psychologist and client) includes connection between the person who needs help and the person who will provide assistance, together the psychologist and the client will explore the client's feelings, and understand the client without any judgment (Walker, 2014). This statement mentions how important the therapeutic relationship between the psychologist and the DSH client is. The techniques mentioned by 5

informants greatly determine this therapeutic relationship.

DSH clients will talk comfortably to a psychologist after a good therapeutic relationship is established. The client will tell stories, the psychologist will listen. However, listening here is not just listening to respond but listening to understand. This activity is important in counseling and the 5 informants called this activity active listening. This is the second theme.

Patrick Adigawe and Ephraim Okoro's 2016 study entitled *Human Communication and Effective Interpersonal Relationships: An Analysis of Client and Emotional Stability*, stated that the relationship between client and counselor is determined by "silence". "Silence" is meant here is active silence. They also state that the more "silent" the counselor does in counseling dealing with clients, the more effective the communication in the counseling will be (Adigawe, Patrick and Okoro, 2016).

The silence mentioned in the study is the same as active listening meant by the 5 informants. Listening is the key to understanding the client. According to MR, not listening well is a very sensitive thing for clients and this is one of the things that psychologists should not do to DSH clients. Hospitals even prepare themselves psychologically to

listen to clients before the counseling session begins.

One thing that was avoided by 5 informants in communicating with their DSH clients was excessive non-verbal messages, especially physical touch. Gimmy only made eye contact, shook hands, and patted the client's shoulder when leaving the room. EF stated that he never wanted to have physical contact with clients, while MR and RS had physical contact only to the extent of clapping on the back of the hand. BA will make physical contact if necessary. MR also stated that one must be very careful with non-verbal messages because they are limited to professional ethics, gender, therapeutic relationships, and can lead to client dependence on psychologists.

According to Suryani in his book, there are 4 goals of therapeutic communication, namely: (1) self-realization, self-acceptance, and increased self-respect, (2) the ability to build interpersonal relationships that are not superficial and interdependent with others, (3) increase in function and ability to satisfy needs and achieve realistic goals, (4) increase identity and self-integrity (Suryani, 2014). Therefore, if the client already has a dependency on his psychologist, the 4 goals above cannot be achieved and this becomes the 3rd theme.

Furthermore, the theme that emerged in the psychologist's therapeutic communication experience in dealing with DSH clients is Feedback: Reserved Question. MR stated that Reserved questions are used so that DSH clients can be trained to think systematically and more rationally in seeing their problems, so that in the end the final goal (clients are independent to solve their problems) can be achieved. The hospital stated that he also uses this technique to clarify stories and complaints owned by clients, it is also useful to awaken clients who have carried out counseling several times to remain responsible and committed to counseling until it is finished. In addition, GM, BA, and MR stated that this technique is also used for clients who are difficult to handle or clients who are referred (come to a psychologist not because of their own desires).

Based on the results of the study, there are 4 major themes of psychologist therapeutic communication experiences in dealing with DSH clients, namely: (1) techniques for building therapeutic relationships with clients, (2) keys to understanding clients: active listening, (3) being careful with non-verbal messages, (4) feedback: reserved question.

Table 1

Psychologist's Therapeutic Communication Experience in Handling DSH Clients

Temuan	Informan
Techniques for building a therapeutic relationship with clients	GM, BA, MR, EF, RS (all informants)
The key to understanding the client/active listening	GM, BA, MR, EF, RS (all informants)
Be careful with non-verbal messages	GM, BA, MR, EF, RS (all informants)
There is a feedback in the form of reserved questions	GM, BA, MR (three informants)

(Source: Research Results, 2020)

The third research question is how psychologists treat DSH clients. From the results of the interview, there was only 1 theme that emerged, namely psychologists handling their DSH clients in a tailor-made way. Tailormade means that they handle their DSH clients according to the client's personality and the characteristics of the problems faced by the client, just like a tailor (tailor) who makes clothes according to the client's size and wishes. Interventions and assessments will be carried out

according to the client's needs. The purpose of counseling will also be made based on agreement with the client.

Townsend states that both nurses (in this study psychologists) and clients must recognize each other that they are unique and important individuals in the perspective of being human (Walker, 2014).

This principle also exists in therapeutic communication which is stated by Suryani that nurses (in this study psychologists) who carry out therapeutic communication must respect the uniqueness of clients, every individual is different, even men and women have different ways of solving solutions (Suryani, 2014). This principle is very much felt in the handling of DSH clients by these five psychologists. Every client is different, the way to build a therapeutic relationship, the communication that is carried out, the intervention and assessment given will definitely adjust the characteristics that exist in the client.

CONCLUSION

Based on this phenomenological research, researchers got 3 themes for the meaning of DSH clients for psychologists, namely people who have irrational thoughts, people whose emotions are fragile, and people whose emotions are buried

or are looking for attention. Furthermore, the psychologist's therapeutic communication experience in dealing with DSH clients gets 4 themes, namely techniques for building therapeutic relationships with clients, keys to understanding clients: active listening, being careful with non-verbal messages, feedback: reserved questions. Then the results of the final research question, namely how psychologists handle DSH clients appear in 1 theme, namely tailormade (adjusted to the client's personality and problems).

The results obtained in this study are basically in line with the concept of therapeutic communication proposed by Suryani, Twonsend, and Sandra Walker in their respective books with the theme of therapeutic communication. Although therapeutic communication is closer to the nursing profession, its relevance is so close to the psychologist profession. One difference that researchers can find in the concept of therapeutic communication carried out by psychologists is that they have a very large contribution to go hand in hand with clients towards the goals to be achieved. They can confront, test, and evaluate what has been done with the client from each counseling meeting. While the concept of therapeutic communication in nursing is a complementary technique to being a good nurse, the concept of

therapeutic communication for psychologists is the foundation of this profession in dealing with clients.

This research still has many shortcomings and limitations in collecting and analyzing data. This research was conducted with the Covid-19 condition sweeping the world, so this research cannot be observed. So that there are results that according to researchers have not been explored to the fullest, such as the meaning of DSH clients for psychologists and the way psychologists handle DSH clients, where this may be further explored by direct observation.

BIBLIOGRAPHY

- Adigawe, Patrick and Okoro, E. (2016). Human Communciation and Effective Interpersonal Relationship: Analysis of Client Counseling and Emotional Stability. *International Journal of Econmics and Management Sciences*, 5, 2-4.
- Biernesser, C., Sewall, C. J., Brent, D., Bear, T., Mair, C., & Trauth, J. (2020). Social Media Use and Deliberate Self-Harm Among Youth: A Systematized Narrative Review. *Children and Youth Services Review*, 105054.

- Cipriano A, Cella S, C. P. (2017). *Nonsuicidal self-injury: A systematic review. Front Psychol* 2017;8:1946. Back to cited text no. 20.
- Creswell, J. W. (2015). *Penelitian Kualitatif & Desain Riset*. Yogyakarta: Pustaka Belajar.
- Crouch, William; Wright, J. (2004). Deliberate Self-Harm at an Adolescent Unit: A Qualitative Investigation. *Clinical Child Psychology And Psychiatry*, 9, 185-204.
- Djauhari, M. (2017). Penerapan Komunikasi Terapeutik dalam Pelayanan Pasien (Application of Therapeutic Communication As Service To Patient). *Prosiding: The Advancement of Media and Communication Technologies and its Impact On Economy, Politics and Social Cultural Practices*, 1-17.
- Djauhari, M. (2017). Konsepsi Psikologi Komunikasi Dalam Hubungan Interpersonal. *Jurnal Spektrum Komunikasi*, 5(2), 48-57.
- Duarte, T. A., Paulino, S., Almeida, C., Gomes, H. S., Santos, N., & Gouveia-Pereira, M. (2020). Self-harm as a predisposition for suicide attempts: A study of adolescents' deliberate self-harm, suicidal ideation, and suicide attempts. *Psychiatry Research*, 287, 112553.
- Fernandes, S. L., Safeekh, A. T., Chandini, S., & Shetty, S. (2020). Deliberate self-harm: A perspective. *Archives of Medicine and Health Sciences*, 8(1), 75.
- Jayani, D. H. (2019). *Problematika Kesehatan Jiwa di Indonesia*. <https://katadata.co.id/ariayudhistira/infografik/5e9a4e607abb2/problematika-kesehatan-jiwa-di-indonesia>.
- Martin, Thompson Carolyn; Chanda, N. (2016). Mental Health Clinical Simulation: Therapeutic Communication. *Clinical Simulation in Nursing*, 12, 209-214.
- Muehlenkamp, Jennifer J, E. (2012). International prevalence of adolescent non-suicidal self-injury and deliberate self-harm. *Child and Adolescent Psychiatry and Mental Health*, 6, 10-19.
- Oldershaw, Anna, et al. (2008). Parents' perspectives on adolescent self-harm: qualitative study. *The British Journal of Psychiatry*, 193, 140-144.
- Singh OP. (2018). Nonsuicidal self-injury: Implications for research and management. *Indian J Psychiatry*: 259-60.
- Suryani. (2014). *Komunikasi Terapeutik Teori & Praktek Edisi 2*. Buku Kedokteran EGC.
- Trull, Timothy, Prinstein, M. J. (2013). *Clinical Psychology*: eight Edition. USA: Wadsworth.
- Walker, S. (2014). *Engagement and Therapeutic Communication in Mental Health Nursing*. Learning Matter.
- Oldershaw, Anna, et al. (2008). Parents' perspectives on

- adolescent self-harm:
qualitative study. *The British Journal of Psychiatry*, 193, 140-144.
- Singh OP. (2018). Nonsuicidal self-injury: Implications for research and management. *Indian J Psychiatry* : 259-60.
- Suryani. (2014). *Komunikasi Terapeutik Teori & Praktek Edisi 2*. Buku Kedokteran EGC.
- Trull, Timothy, Prinstein, M. J. (2013). *Clinical Psychology*: eight Edition. USA: Wadsworth.
- Walker, S. (2014). *Engagement and Therapeutic Communication in Mental Health Nursing*. Learning Matter.