

Integrating Existential Therapy and Cognitive-Behavioral Strategies in the Treatment of Self-Harm: A Case-Based Application

M. Mustaffa Sharif

Faculty of Education, Universiti Teknologi Malaysia, 81310 UTM Skudai, Johor, Malaysia

Email: p-sarif@utm.my

ABSTRACT

Self-harming behaviors commonly emerge from complex emotional, cognitive, and existential struggles. This case-based article presents an integrated therapeutic approach that combines elements of **Existential Therapy** and **Cognitive-Behavioral Modification (CBM)** to treat a young female client exhibiting depressive symptoms, unresolved emotional conflict, loneliness, and recurrent self-harm arising from maladaptive self-talk. Across eight structured sessions and follow-up visits, the intervention aimed to help the client explore the meaninglessness she experienced, reconstruct a sense of purpose, and replace irrational internal dialogue with healthier cognitive patterns. The treatment process involved: (1) identifying repressed emotions and the existential vacuum underlying the client's despair; (2) guiding the client to discard old, harmful assumptions about self-worth; (3) fostering new personal meaning based on Viktor Frankl's logotherapy framework; and (4) applying CBM techniques to restructure negative self-statements, develop adaptive internal dialogue, and acquire practical coping skills. Post-intervention evaluation indicated substantial reduction in self-harm behavior, improved emotional regulation, re-engagement with family, and the establishment of meaningful short- and long-term life goals. This integrated approach demonstrates how combining existential meaning-making with cognitive restructuring can provide an effective pathway for clients whose self-harming behaviors stem from distorted self-perception, isolation, and unresolved emotional experiences.

Keywords: Self-harm, existential therapy, logotherapy, cognitive-behavior modification, faulty self-talk, maladaptive thinking, meaning reconstruction.

1. INTRODUCTION

Self-harming behavior has increasingly drawn clinical and academic attention due to its complex interaction with emotional distress, cognitive distortions, and existential crises. Individuals who engage in self-harm often struggle with internalized negative self-perceptions, unresolved emotional conflicts, and difficulties articulating or managing their psychological pain. In many cases, self-harm becomes a maladaptive strategy for temporarily reducing emotional tension or transforming psychological distress into physical pain, which the individual perceives as more controllable or tolerable.

From a counseling perspective, helping clients understand the roots of such behaviors requires an approach that integrates both **cognitive** and **existential** dimensions of human experience (Cormier & Hackney, 2005). Traditional counseling emphasizes supportive communication, emotional exploration, and behavioral change; however, when clients experience profound loneliness, meaninglessness, and internalized self-blame, a deeper therapeutic exploration is necessary. Existential psychotherapy offers a framework for addressing the human struggle with isolation, freedom, responsibility, and the search for meaning, all of which are significantly relevant to individuals experiencing self-harm (Corey, 2009).

Complementing this, **Cognitive-Behavioral Modification (CBM)** provides structured techniques for helping clients identify and challenge irrational beliefs, recognize negative self-talk patterns, and develop healthier internal dialogue. Together, existential meaning-making and cognitive restructuring create a powerful therapeutic pathway that addresses both the emotional "root cause" and the maladaptive cognitive processes sustaining self-harm.

The present case-based study illustrates how this integrated approach was applied to a young woman experiencing chronic loneliness, emotional repression, and recurrent self-harming behavior linked to faulty self-talk. Through eight structured sessions,

the counselor guided the client in exploring the underlying meaninglessness fueling her distress while simultaneously helping her develop new, adaptive ways of thinking and engaging with daily life. The purpose of this article is to illustrate the therapeutic process, discuss its effectiveness, and highlight the importance of combining existential exploration with cognitive-behavioral strategies in counseling interventions for self-harm (Cormier & Hackney, 2005).

2. CASE DESCRIPTION

The client presented with a long-standing pattern of emotional instability, persistent loneliness, and recurrent self-harming behaviors that had progressively intensified over several years. She reported frequent episodes of sadness, emotional withdrawal, and overwhelming feelings of being lost and isolated particularly in social settings where she perceived rejection or exclusion from peers. These unresolved emotions accumulated as repressed sadness and self-doubt, eventually leading to significant impairment in her academic and occupational functioning. The client had previously dropped out of college due to difficulty concentrating and maintaining motivation, and she later experienced similar challenges in the workplace.

A central feature of the client's psychological distress was her tendency to engage in **faulty and negative self-talk**. During emotionally overwhelming moments, especially when feeling isolated, the client would repeat irrational internal statements that reinforced worthlessness, hopelessness, and the belief that physical pain could suppress or "numb" her emotional suffering. These maladaptive internal dialogues contributed directly to her self-harming behavior. On several occasions she injured herself—such as placing her fingers near a slicer or touching hot trays with bare hands—often without full awareness of her actions in the moment. The self-harm functioned as a temporary escape from the intensity of her emotional pain. She believed that physical injury would divert her attention from overwhelming psychological distress, providing a "lift" or sense of relief. Yet this behavior led to further social isolation, as peers viewed her actions as strange or alarming. Their distancing reinforced her negative self-perception and deepened her loneliness, thereby strengthening the cycle of emotional repression and self-harm.

Her family dynamics further complicated her emotional world. The client reported that her parents did not fully understand the nature of her struggles and perceived her behavior as unusual or disruptive. This eventually resulted in her being asked to live independently, which intensified her feelings of abandonment and isolation. With minimal emotional support and no outlet to express her fears or sadness, the client's self-talk became increasingly irrational and self-destructive.

Taken together, the client's primary issues included:

1. Severe loneliness and emotional repression
2. Persistent and harmful internal dialogue
3. Maladaptive beliefs about the function of physical pain
4. Recurrent, unintentional self-harm triggered by emotional distress
5. Deteriorating social and family relationships resulting from her behavior

These presenting problems indicated the need for a therapeutic approach that could simultaneously address her existential struggles—particularly meaninglessness and feelings of non-belonging—and her cognitive distortions that reinforced self-harming behavior.

3. INTERVENTION STRATEGIES

The therapeutic plan integrated principles from **Existential Psychotherapy** and **Cognitive-Behavioral Modification (CBM)** to address both the client's underlying sense of meaninglessness and her maladaptive cognitive patterns. The intervention was delivered across eight structured sessions followed by periodic follow-up meetings to reinforce learning and monitor behavioral change.

3.1 Existential Therapy Components

Existential psychotherapy served as the foundation for helping the client confront her feelings of emptiness, isolation, and lack of direction. The intervention emphasized the client's capacity for self-awareness, choice, and responsibility in shaping her own life. Three core existential processes were applied:

1. Discarding Old Values

The counselor first guided the client to identify and question the dysfunctional value system she had developed particularly the belief that self-inflicted physical pain could relieve emotional suffering. The client was encouraged to recognize that these inherited or self-created values no longer served her psychological well-being.

Through reflective questioning and meaning-oriented dialogue, the counselor helped her challenge these deeply embedded patterns and open space for new, healthier life choices.

2. Confronting Meaninglessness

The client's emotional despair was explored through Viktor Frankl's concept of the **existential vacuum** (Frankl, 1985). Feelings of emptiness, despair, and direction lessness were treated not as symptoms alone but as signals of blocked meaning.

The counselor facilitated discussion on:

- the absence of purpose in her life,
- the internal conflict behind her self-harm,
- the loneliness created by social isolation, and
- the fear of expressing her emotions openly.

The therapeutic aim was to help the client examine her psychological suffering without avoidance, recognize her potential for change, and develop the courage to face uncertainty and responsibility.

3. Creating New Meaning (Logotherapy)

In the final existential phase, the client worked toward constructing a new personal meaning system. She explored how suffering, when confronted rather than avoided, could become a pathway to growth. The counselor encouraged her to identify:

- meaningful goals,
- reasons to live,
- sources of emotional connection, and
- values that reflected who she wished to become.

This meaning reconstruction process enabled the client to view herself as capable of making choices that lead toward a fulfilling and purposeful life.

3.2 Cognitive-Behavioral Modification (CBM)

To complement the existential exploration, CBM techniques were applied to restructure the client's harmful self-verbalizations, develop new cognitive patterns, and build practical coping skills. Following Meichenbaum, (1977) framework, the intervention involved three key steps:

1. Self-Observation

The client learned to identify her internal dialogue, emotional triggers, and behavioral responses. Early sessions revealed patterns of negative self-statements that intensified distress and activated self-harming impulses. Through guided reflection, the client became more aware of:

- physiological reactions to stress,
- automatic thoughts preceding self-harm,
- emotional cues such as loneliness or rejection, and
- the irrational logic embedded in her self-talk.

This increasing awareness marked the beginning of cognitive change.

2. Starting a New Internal Dialogue

The counselor helped the client challenge irrational thoughts such as "*Hurting myself will make my emotional pain disappear*" or "*I deserve to suffer.*" She practiced constructing alternative self-statements and reframing emotional experiences in a more realistic, compassionate manner.

As sessions progressed, the client learned to interrupt maladaptive cognitive scripts and replace them with healthier thoughts, such as:

- "I am capable of coping with this feeling,"
- "I can reach out for support,"
- "Pain is not a solution,"
- "My life has value."

These new cognitive patterns increased her sense of agency and reduced impulsive self-harm behaviors.

3. Learning New Skills

Finally, the client was trained in practical strategies to support healthier behavior. These included:

- **positive self-talk,**
- **emotional expression,**
- **daily journaling,**
- **behavioral activation activities,**
- **engaging in social or family interactions,**

- seeking support during distress, and
- goal-setting exercises.

Practicing these skills outside therapy allowed the client to internalize the changes and maintain improvements in real-life situations ([Ivey, Ivey, & Zalaquett, 2009](#)).

3.3 Follow-Up Sessions

Two months after the primary intervention, follow-up meetings confirmed that the client was applying the learned techniques consistently. She reported:

- reduced frequency of self-harm impulses,
- improved emotional regulation,
- increased social engagement, and
- a growing sense of purpose in daily life.

Follow-up supported the consolidation of therapeutic gains and allowed the counselor to reinforce meaning-based coping strategies.

4. RESULTS

The integrated existential–CBM intervention produced notable improvements in the client’s emotional functioning, cognitive patterns, and daily life. As therapy progressed, the client began to recognize the discrepancy between her irrational beliefs and her genuine desire for a meaningful, healthy life. Several key outcomes emerged ([Meichenbaum, 1977](#)):

4.1 Reduction in Self-Harming Behavior

By the end of the intervention, the client demonstrated a **significant reduction in the frequency and intensity of self-harming impulses**. She reported increased awareness of the cognitive and emotional triggers that previously led to harming herself and adopted alternative coping strategies—particularly positive self-talk and expressive journaling—to interrupt self-destructive urges. This shift indicated a meaningful internalization of the CBM techniques learned during therapy.

4.2 Improved Emotional Regulation and Self-Awareness

The client’s capacity to identify, express, and manage her emotions improved progressively. She became more comfortable acknowledging feelings of sadness, loneliness, and frustration rather than repressing them. This change aligned with the existential component of the intervention, which encouraged her to confront emotional discomfort and recognize its role in shaping personal meaning.

4.3 Reconnection with Family and Social Environment

A major milestone was the client’s decision to **approach her parents and move back into their home**, signaling improved communication and trust. Restoring this relationship provided emotional stability and reduced the isolation that previously reinforced her self-harm behavior. She also began to re-engage socially, showing greater openness to forming friendships and sharing her experiences with trusted individuals.

4.4 Development of Short- and Long-Term Goals

The client articulated clear personal goals, reflecting a renewed sense of direction and hope for the future. Her **short-term goals** included:

- Overcoming faulty self-talk
- Finding stable employment
- Participating in social activities
- Sharing emotions with her mother rather than repressing them

Her **long-term goal** was to build a fulfilling and stable adult life, including the aspiration to marry by the age of 36. These goals demonstrated her increasing motivation to construct meaning and pursue a healthier, more purpose-driven lifestyle.

4.5 Strengthened Sense of Identity and Purpose

Through existential exploration, the client gained insight into her own values, capabilities, and potential. She recognized that she was “too young to die” and that a meaningful life was still within reach. This cognitive shift marked a departure from the hopelessness that previously fueled her self-harm and indicated a growing sense of personal agency.

Overall, the intervention facilitated a measurable reduction in maladaptive behaviors, improved emotional functioning, enhanced family relationships, and fostered the emergence of new, sustainable life goals. These positive changes were reinforced during

the two-month follow-up period, confirming the long-term potential of integrating existential and cognitive-behavioral strategies in the treatment of self-harm.

5. DISCUSSION AND CONTRIBUTIONS

This case demonstrates the value of integrating **Existential Therapy** with **Cognitive-Behavioral Modification (CBM)** when addressing self-harming behavior rooted in emotional repression, distorted self-talk, and profound loneliness. While many therapeutic frameworks can be effective for self-harm, the existential–CBM combination offers a particularly meaningful pathway for clients whose struggles involve both cognitive distortions and existential concerns such as emptiness, isolation, and lack of purpose (Ivey, Ivey, & Zalaquett, 2009).

5.1 Existential Contributions

Existential therapy provided a framework for helping the client confront core human concerns—fear, guilt, isolation, meaninglessness, and responsibility. By encouraging the client to explore these themes, the counselor helped her understand that much of her distress arose not only from negative thoughts, but from a deeper struggle with personal freedom, identity, and emotional expression (Frankl, 1985).

The existential focus achieved several outcomes:

- **Reclaiming personal agency:** The client recognized that she possessed the freedom to choose healthier responses to emotional pain.
- **Meaning reconstruction:** Inspired by logotherapy, she began to create new reasons to live, new goals, and new sources of personal significance.
- **Authentic self-awareness:** Therapy helped her acknowledge uncomfortable emotions without resorting to self-harm.

Importantly, existential therapy shifted the client away from a passive “victim” stance and toward a more empowered sense of self. It highlighted her capacity to shape her own life, despite feelings of despair.

5.2 Cognitive-Behavioral Contributions

CBM complemented the existential work by providing **structured, practical tools** for identifying and changing maladaptive thought patterns. While existential therapy addressed meaning, identity, and emotional depth, CBM focused on the client’s **moment-to-moment cognitive processes**, including:

- recognizing negative internal dialogues
- interrupting irrational thoughts
- creating new, adaptive self-statements
- applying behavioral coping strategies

This dual focus allowed the client to reshape both the *content* (what she believed) and the *process* (how she responded to internal experiences) of her thinking.

CBM empowered her to:

- reinterpret emotional pain without resorting to self-harm
- adopt healthier problem-solving skills
- reinforce positive behaviors in everyday environments

Together, these changes formed a stable cognitive foundation that supported her existential growth.

5.3 Humanistic and Relational Benefits

A key strength of the integrated approach was its **emphasis on the therapeutic relationship**. Existentialists traditionally view impersonal or overly technical therapy as dehumanizing. Therefore, the counselor maintained a compassionate, collaborative, and authentic dialogue that encouraged the client to examine her life honestly. This relational transparency helped create trust a vital factor for clients who have experienced rejection, isolation, or fear of judgment.

The supportive relationship played a significant role in:

- breaking the cycle of emotional repression
- encouraging the client to express feelings safely
- decreasing her sense of alienation
- reinforcing her identity as a valued person capable of change

5.4 Contribution to Counseling Practice

This case highlights several implications for practitioners:

1. **Self-harm requires both cognitive and existential exploration.** Many clients harm themselves not solely due to distorted thoughts, but because they struggle with meaning, purpose, and connection.

2. **Integrating therapeutic modalities increases effectiveness.** When existential insights were paired with practical CBM techniques, the client experienced stronger and more sustainable behavioral improvements.
3. **Meaning reconstruction is essential for long-term change.** Clients can reduce self-harm behaviors more effectively when they develop a new vision for their lives.
4. **Therapeutic presence matters.** A humanistic and engaged counselor can create an environment in which clients feel safe to challenge long-held beliefs.

Overall, this case demonstrates how addressing both the existential and cognitive dimensions of self-harm can lead to deeper transformation than focusing on either approach alone.

6. CONCLUSION

The integrated use of Existential Therapy and Cognitive-Behavioral Modification (CBM) proved effective in helping the client confront and transform the emotional, cognitive, and existential factors underlying her self-harming behavior. By exploring her feelings of meaninglessness, isolation, and repressed emotional pain, the client gained deeper awareness of how unresolved internal conflicts shaped her actions (Corey, 2009). Existential therapy enabled her to understand her suffering as part of a broader struggle for purpose, identity, and personal agency, while CBM offered practical tools to challenge negative self-talk and build healthier internal dialogue. Through this combined approach, the client learned to replace self-destructive beliefs with more adaptive ways of thinking and behaving. She demonstrated increasing confidence in her ability to cope with emotional distress, reconnected with her family, developed meaningful life goals, and significantly reduced the frequency of self-harm impulses. These positive outcomes underscore the therapeutic value of integrating meaning-oriented exploration with structured cognitive-behavioral techniques, particularly for individuals whose psychological distress involves both irrational thinking and profound feelings of emptiness or disconnection. This case highlights an important message for practitioners: addressing self-harm requires not only correcting cognitive distortions but also attending to deeper existential concerns that shape the client's worldview. When counselors actively engage clients in both dimensions helping them discover meaning while equipping them with practical coping strategies, they foster more comprehensive and lasting psychological change. The therapeutic relationship, characterized by empathy, authenticity, and collaboration, further strengthens this process by offering a humanizing and supportive context for growth.

Overall, this integrated approach provides a model for empowering clients to reclaim personal meaning, challenge harmful thought patterns, and develop the resilience needed to live more fulfilling and self-directed lives.

7. REFERENCES

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