

NYACK COLLEGE PSY 444 PSYCHOTHERAPY AND CLINICAL INTERVENTION

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WITH PROFESSOR Dr. Stephen Maret

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NYACK COLLEGE Class Assignment Session 2:

Question #1

From a psychoanalytic perspective, how do you explain Stan's censoring and holding back?

According to William Tuke, psychoanalysis is the treatment of abnormal mental functioning that emphasizes unconscious psychological forces as the cause of the psychopathology. As stated earlier in my previous analysis of Stan's intake interview, I have concluded that Stan seems to have been largely affected by a condition of Social Anxiety Disorder, which may have been developed during his early childhood upbringing. As stated in Fundamentals of Abnormal Psychology, one of the symptoms of Social Anxiety Disorder is that affected persons have a tendency to avoid speaking in public or with persons whom they are unfamiliar with, a behavioral stance known as "avoidance" (P.52). Because as in Stan's case, he has the feelings or fear of being humiliated in public and so has become withdrawn as a 'safety' mechanism. Therefore, in Stan's case such censoring and holding back from the counselor may be attributed to his fear of the unknown on his first encounter with the therapist. Hence, Stan himself may be assessing the therapist to see if or when he is able to trust him and if it is safe to release of his fear and anxiety, and become vulnerable in the presence of an unfamiliar person.

Question # 3

Stan says that he worries about what his therapist (Jerry) will think about him and that what he says in his sessions might come back to haunt him. Would you be inclined to reassure Stan that you would not use what he tells you against him? Why or why not?

To undo this cycle of problematic beliefs, lack of trust and such behaviors, one technique that may be useful to assist Stan is that of reassurance of confidentiality standard and practices which the therapist is guided by. Additionally, as the therapist I would be inclined to work collaboratively with Stan in what PAP describes as 'exposure therapy.' This is a behavior focused intervention in which fearful people such as Stan is repeatedly exposed to the situations which he seem to dread in a gentle and calculative manner that helps him to overcome his fears. With this in mind, I would work with Stan in a collaborative manner to have him immerse himself into repeated sessions of client-therapist visits until he finds a measure of familiarity and comfortability where he is able to tolerate and manage his anxiety until they subside. Such a technique should be administered gradually with attainable goals and bench marks set by Stan and the therapist to measure his progress over an extended period of time.

Question # 2

From a theoretical perspective, what would be your main area of interest?

My first assumption as a therapist is that Stan drinks often to calm his Social Anxiety disorder, to the point that he makes bad decisions which are detrimental to him and the public at large, such as driving while under the influence of alcohol. While he seem to be convinced that is not an alcoholic; which he may not be at this point, because drinking has become his safe retreat mechanism for coping with his Social Anxiety Disorder, if he does not receive clinical help to aid him in combating the fears of social anxiety, alcoholism may soon be added to the list of his social problems. This may well have been the observation of the judge who recommended that he seek the help of a clinician in the first place. Hence as a clinician, my main area of interest in assisting Stan is in helping him find alternative ways of coping with his disorder other than getting drunk until he is able to work collaboratively with his counselor to bring his anxiety disorder under control or to the point where it is manageable.

Question # 7

What are some of the potential therapeutic advantages of working with Stan's transference toward his therapist? As the therapist, how might you deal with your potential countertransference?

From Stan's autobiography intake information, his therapeutic counselor is female, and it seems that Stan is intentionally redirecting much of his past negative experience and the anger associated with women (his mother, sister and ex-wife), toward his counselor; to put her in a defensive stance or to elicit her sympathy through the association of guilt. "It made me afraid to get close to a woman." However, as the therapist, she is in a good position to fend off his transference by having Stan recognize from the beginning that while she recognizes his pain and misfortunes of the past, as she stands in the room with him, she is there as his counselor and not as his mother, sister or ex-wife. As part of her professional duties, she is committed to working collaboratively with him in setting goals and finding solutions that he can employ to aid him in overcoming his social anxiety disorder. Particularly, since Stan states: "I like it that I have determination and that I really want to change." Furthermore, Stan has expressed a deep desire for healing when he states, "I'd like to get rid of my self-destructive tendencies and learn to trust people more." Based upon these two statements, there seems to be an opportunity for the counselor to turn Stan's focus back on his desire for healing, particularly since he acknowledges that he would like to reach the stage where he can "trust people more." As his counselor, I would use this as a premise to work with Stan in a collaborative manner to

establish certain goals and bench marks of progress to start the process of recovery and healing.

Question # 9

To what extent is it important to focus on how Stan's past experiences are played out in his session with his psychoanalytic therapist?

From psychoanalytical perspective Stan's past experiences exhibited in the presence of his counselor should be of importance for the following reason in that he is challenged with unresolved issues from his childhood and marriage that seems to impact his present and future outlook on life. Hence, what is termed "psychological debriefing;" a form of crisis intervention in which victims are helped to talk about their feelings and reactions to traumatic incidents, also known as critical incident stress debriefing should be the focus of the counselor in seeking Stan's healing and recovery. Such focus has become necessary since Stan's past experiences and interactions seems to have had such great impact on his present personality and behavior that it has landed him in trouble with the law and has further seemed to cloud his outlook on the future as regards to his social interactions particularly with women. Therefore as a counselor, while being attentive to his past experiences, I am inclined to work collaboratively with Stan on what "Fundamentals of Abnormal Psychology" refers to as "Systematic Desensitizing," a behavioral treatment that uses relaxation training and a fear hierarchy to help clients with the phobias, react calmly to the objects or situations the dread (P 145). Until Stan is able to reconcile with his past experiences to the point that he no longer afraid to talk about

them or to confront them in a calm and collective and rational manner, then the focus of the counseling should remain on this subject area.

Question # 11

As a Christian therapist, what might be some issues/interventions/approaches you might consider in this particular session with Stan?

As the stage is being set for this therapeutic session, I noted during the intake interview, that Stan while in the presence of his female counselor from whom he is seeking help, in presenting his story, seems to embark on a subtle display of transference by informing her that, "I feel overwhelmed and intimidated when I'm around women. I feel cold, sweaty and terribly nervous. I think they may be judging me and see me not much of a man...When I am sexually intimate with a woman, I am anxious and preoccupied with what she is thinking about me."

From this initial intake assessment and observation, I am inclined to think that Stan's statement seems to be carefully directed towards the counselor because of her gender. While all of Stan's experiences are assumed valid and true and should be seriously regarded by the counselor and noted for future discussion and intervention, one cannot help but be aware that Stan nevertheless, seems to be trying to elicit sympathy or at least trying to impose some measure of guilt upon the counselor because of his past experiences with women whom he has had a close encounter; a form of transference intended to put the counselor in a defensive posture.

However, having recognize what seems to be the clients intent at transference, the Christian counselor while graciously acknowledging Stan's present difficulties and past childhood experience and as a divorcee, when the time permits she should proceed to establish or restate the boundaries as clinician and client, by informing Stan of her professional role and her availability to work collaboratively with him to devise methods to assist him in his process of healing and his role as a client and the way the clinician and client process works.

Additionally the counselor should address the issue of informed consent by inquiring of Stan if there was anything which he needed to know regarding the type of counseling that is being provided and how does the therapy process work. Having established some form of ethical boundaries, the counselor, should proceed to discuss with Stan what collaborative methods of therapy to be considered such as the Adlerian therapy which focuses on meaning, goals, purposeful behavior, conscious action, belonging and social interest (Gerald Corey, p.8), with specific focus on Stan's childhood experiences as they relate to his present social anxiety disorder.

Question # 10

What most interest you about this particular session and why?

What interest me most about this session is the area of psychoanalyzing Stan's mental state and the narrowing down of treatment methods required to assist him in his recovery process.

For the initial intake session as a counselor, the primary focus is on information gathering which includes but not limited to observation of the patient's mannerisms, responses to questions and willingness to share vital information about his life and the problems which confronts him in his present state. However, in the second or psychoanalytic phase, the counselor is concerned with analyzing the patient's state of mind or mental functioning with particular emphasis on uncovering the unconscious psychological forces which are at work in causing Stan's psychopathology; why he behaves, how he behaves and how to treat his behavior.

This stage of psychoanalysis is significant to the therapist and to the client in order to determine what treatment methods should be considered in helping the patient heal. At this stage, the therapist is in a better position to determine if the patient poses any danger to himself or to the society at large. At the psychoanalytic stage, the process of bonding or trust between the therapist and client begins to develop, which is critical for the short or long-term therapy process.

Question # 5

If Stan asked you (as his psychoanalytic therapist) what are you thinking about him, would you disclose your perceptions and reactions?

As a psychoanalytic therapist being asked personal questions by a client may be expected, however the way we respond is critical to building a therapist-client relationship moving forward. As stated by Gerald Corey on page 18, "counseling is an intimate form of learning, and it demands a practitioner who is willing to be an authentic person in the therapeutic relationship. It is within the context of such a person-to-person connection that the client experiences growth." To say it another way, "honesty and integrity builds trust." Hence, as the therapist is would say to Stan that based upon the information which you have shared with me, I am thinking deeply of ways in which I may be of assistance to you, in helping you to overcome your challenges of fear and anxiety. Additionally, I would express my appreciation to Stan for the confidence which he has already placed in me in sharing such vital information regarding his personal life and situation and inform him further that I would need to build on this trust in the coming sessions as I endeavor to work collaboratively with him moving forward so that together we can coordinate appropriate therapy methods in the process of his healing. Hence, as stated by Gerald Corey, the question of "what am I thinking about Stan," would give me a great opportunity to be genuine and authentic with Stan as the means of fostering a healthy therapist-client relationship.

Question # 4

Stan says that he does not think that he is doing things the right way in his therapy session.

How are you likely to intervene?

From the statement issued by Stan regarding his participation in the therapy session, it seems as though he is seeking affirmation from his counselor on his progress as a client. As the Freudian theory of the id and the ego, it seems as though Stan's ego which controls his consciousness and exercise censorship seems to be actively at work in evaluating the progress of his therapy in a realistic and logical manner. As a counselor, this seems to be an opportune moment for ego building, also a great opportunity to counter Stan's thinking by referring him to the notes and charts that have been set in place from his intake session to the present; also this is an opportunity to carefully review with him the progress report of his collaborative efforts during his past several visits. As he is carefully guided through the review of tangible evidence the counselor may also interject genuine words of affirmation to inform him that, continuation on this path will bolster his progress. By so doing, the counselor may succeed in helping his ego which in turn would serve to strengthen the relationship between Stan and his counselor, as he realizes that she has been paying very close attention to his therapeutic development, and the time spent together with his counselor in therapy is well worth it.