

VIGNETTE ANALYSIS 1
TRENT RHODES

Vignette Summary

John and Mary arrive at your office 10 minutes late for their first session. You notice that you are annoyed at their tardiness, yet you remain professional during the intake session. John and Mary have 3 sons, ages 4, 7 and 10. They decided to come to therapy for your advice on how to manage parenting of their middle child, who they describe as a behavior problem. John complains that Mary “babies” their 7 year old son. John feels that the boy needs to “suck it up and act like a man”. Mary tells you that John is “just like his own father” who was very militant in his parenting style. Mary tells you that it breaks her heart to see her middle son cry, as she was also a middle child and struggled growing up. Mary wants to home school the boys to keep them safe from the influences of the public school system. John feels that the best way for boys to learn is from the “school of hard Knox” and that Mary needs to cut the apron strings. As the therapist, you find yourself siding with Mary as you reflect on your own strict and demanding father.

Freudian Psychoanalytic Perspective

Sigmund Freud's basic concept of the unconscious provides the basis for his psychoanalytical approach to therapy. The unconscious faculty resides behind, underneath or hidden from the individual's conscious mind. The unconscious mind's hidden tendencies make it a subtle behavior influencer, operating without the individual's awareness. The Freudian perspective presumes it is this unconsciousness that is the prime mover for motivation in people. This process, described as psychodynamics forms an inner collection of mental forces that interact with each other, display varying strengths and vulnerabilities and reveal their presence through the observable internal conflicts arising in people (Corsini, R.J., & Wedding, D. 2011). Upon revelation of an unconscious conflict, a person may retract or withdraw from the topic; physical withdrawal only represents the desire to mentally isolate and shield against potential psychological damage. Psychoanalytic theory suggests such defense mechanisms facilitate resistance to change; people disable themselves by preventing new knowledge or understanding with the belief this will manifest protection.

With the unconscious mind functioning in the background unnoticed and strong defense mechanisms solidified in habit and mental attitude, people may unknowingly apply transference to others. This phenomenon involves continuity of beliefs, attitudes and experiences that carry over to new relationships (Corsini, R.J., & Wedding, D. 2011). The individual imposes past thought patterns on others. Reliance on the past template restricts growth and capacity for activating new thought and behavioral patterns that can transform experiences. Transference takes the collective past template and associates it with other individuals, things and experiences. Transference can also occur within the therapist. Reactions toward the client's attitudes may trigger internal responses and reawaken issues needing resolution; this countertransference (Corsini, R.J., & Wedding, D. 2011) can disable the therapist-patient relationship if the therapist does not practice self-management.

Intrapsychic Conflict

John demonstrates a personal conflict with the way his wife treats his middle son. He shows emotional reactions to language, revealed in how he stresses the word “babies” regarding the 7-year old. He places an extreme label to the child indicating his own dislike. Given his father’s military background, John’s paradigm developed around a tougher attitude towards life; his expectations are to live harshly and survive the conflicts that develop. Another reference he gives to his dislike is cutting the “apron strings.” This conjures the image of servitude or submissiveness. His “school of hard Knox” he believes is the best option.

Mary also demonstrates mental conflict. She recognizes her son must gain a formal education but feels too emotional, too protective to allow him to experience hardship; any hardship, no matter the scope is too much. She explained her past experience as a middle child and refuses to allow the son to experience the same. Mary shows concern for her son’s future yet understands that her other two sons will attend formal school. The middle son, according to her plan would be isolated at home while his brothers are in school.

Defense Mechanisms

The pair shows defense patterns in their comments towards each other. John does not accept Mary’s comments about how he was raised and Mary refuses to accept that her protection is excessive.

Transference

John may shield his pain from his youth; such a strong reaction may harbor hidden trauma. His father was in the military and John was likely put into positions where he had to survive in rough environments. He lacked the support he sees being given to his middle son. Since he had to learn by trial-and-error, without long-lasting relationships and deep emotion, he

appears to be dissatisfied now that his son has his mother's support. John appears to be transferring his past lifestyle of isolation and lack of emotionality to his son. He believes his son can become just as successful as he if in the same environment.

Mary knows the experience of the middle child. Without giving a surplus of detail, she indicates empathically through her son how her experiences also brought her hardship. Transferring her experiences on to her son, she seeks to prevent her son from going through struggles. Along with her experiences come prejudices, beliefs and assumptions. She assumes her son will have a traumatic life in school. Her projection goes far into the future, incorporating worst-case scenarios.

Countertransference

As the therapist, I experience annoyance by the family showing up late. I enjoy being organized and on time with projects. Perhaps in my past I was raised to be punctual and those values instilled in the household manifest in my work environment. Consequently, this reaction develops when others understand and agree to a particular appointment and do not meet it. It touches my sense of integrity and respect. My role in the intake session does not permit expressing my emotions how I would like. Revealed in an uncontrolled way, my response could ruin the natural emergence in the intake session.

Adlerian Therapy Perspective

Adlerian therapy is a social therapy and consequently a social psychology (Corsini, R.J., & Wedding, D. 2011). It applies perspectives on the holistic nature of existence to the client's healing and development. The world functions by means of relational activities and the human being exists in the world. Incapable of functioning by oneself, Adlerians connect with patients as a whole and complete human being; this perspective challenges Freudian dichotomies resulting

in body, mind, conscious and unconscious divisions within a person. According to the Adlerian view, these elements blend and rely upon each other for existence, thus seen as an organic whole rather than parts. The conscious and unconscious components of the individual are parts of the same mind and work to assist the individual in further growth. Life situations thought to be problematic possess information for the person to decode to continue moving towards greater development.

Adlerian psychology focuses on application of psychological mechanisms (Corsini, R.J., & Wedding, D. 2011). Its techniques initiate different mode of distance from phenomena studied in therapy; patients use processes rather than have processes use them, and this approach changes the patient's position from passively influenced to active action taker. This activity develops during the time spent in socialization with family; family constellations provide the most rooted source of socialization and development for the client. Ideas about values grow from the perception, behavior and value systems of parents, siblings and other relatives. In situations where households have several children, siblings may indirectly or directly compete with each other to attain parental acceptance. Guardians instill particular values worth striving for and siblings may respond with feelings of worth or being unfavorable; this depends upon the guardian's acknowledgement of success or failure. One sibling witnessing praise by a parent for another can stimulate rebellious or driven emotions. These characteristics may continue on and become part of one's daily lifestyle.

In this environment, psychological positions, superiority and feelings of inferiority develop. Age differences influence how siblings grow together; the older may feel superior due to age, resources, understanding and responsibilities given by parents. The younger may feel one's place to be submissive to the older, follow direction. The strength of significance may be weaker.

Social interest is seen as an inherent aspect of human living (Corsini, R.J., & Wedding, D. 2011). As social creatures, capacity for communication and interdependence is an important factor in the development of society and personal health for the individual who lives in that

society. People share information, experiences and challenges. Planetary, environmental phenomena affect all people within the region of the catastrophe. Nature provides resources via the earth and the living beings, humans included, communicate and take action to acquire, use and distribute those resources. This holistic perspective shows how social interest is a primary value in Adlerian psychology. Its holistic nature is also evident in how it differs between psychotherapy and counseling. Counseling works to facilitate behavioral change in one's lifestyle while psychotherapy supports transforming one's current lifestyle into a new one (Corsini, R.J., & Wedding, D. 2011).

Family Constellation

There is a conflicting combination of values shown in the family dynamics. The couple's values conflict. Mary shows appreciation for support, wellness and reducing conflicts in life. John respects the harshness in reality, severity, survival, resilience and characteristics traditionally assumed of men. This mesh may create value conflicts for the children. The one in question may experience this conflict strongest; he is the focus of the intake session and one can presume in the household he experiences mixed messages about what is best for him. From his father comes the importance of learning through making direct mistakes, feeling all of the emotional factors associated with failure and success and struggle. Simultaneously, his mother covets him; this shielding goes against the unsheathing his father advocates.

There also appears to be rooted value conflicts between the husband and wife about roles. John emphasizes the necessity to act "like a man." He believes there are specific qualities and behaviors that make a successful man. According to the vignette, Mary does not explain her views about womanhood but it is exhibited in her behavior, providing the supportive role opposing her husband's beliefs.

Superiority

Issues with superiority and inferiority are apparent between the husband and wife. John clearly believes his way of learning and growing is better than what Mary advocates. According to his view, growing through survival and obstacles makes one stronger than those who are more sheltered. Through transference, he retains the military attitude, which incorporates ranks and high achievement for the best performers.

Psychological Position

Mary's experience as the middle child taught her about the challenges in competition. Thinking of homeschooling her son, she has awareness based on her past experience how competition fuels inferiority and superiority complexes. The middle child is known to be the most challenged when it comes to accomplishments and being valued in the home. The youngest child tends to receive the most attention due to age and necessity for rearing. The oldest is often tasked with greater responsibilities and assumed to be most mature. The oldest can lead the others while the middle child remains in the middle, neither too old nor too young to receive additional attention. The youngest may receive praise for attempting to fulfill the values instilled by the parents; the oldest may receive praise for actualizing those values. The middle child is in the position to fail at actualization and may experience strong competitive pressures. Depending on the success or failure of this actualization, the child can feel superior or inferior. John and Mary's son may also face this struggle.

Social Interest

No visible indicators of social interest in this family conflict. Both marriage partners insist on having their views fulfilled and appear unconcerned with overall familial welfare. Consequences of instilling their values on the middle child are overlooked. The total impact on

all of the children is overlooked. Despite their differences, there may be a rooted interest in the success of the family based on their past rearing and experiences.

Counseling vs. Psychotherapy

The parents can benefit from psychotherapy. Their views on raising the middle child are vastly different. A transformation of their approaches to life can help facilitate change and agreement upon those values to expand in their household. Counseling may be ineffective in this vignette. Johan and Mary's perceptions are largely based on their historical upbringing imposed on the children. An alteration to a behavior in the life style does not touch the root causes of their current life style.

Client-Centered Perspective

The client-centered perspective has its foundation on relationship and empowerment. The client is the director, active participant, energizer and transformer in the connection with the therapist. The therapist creates the space for this transformation into a self-actualized human being. With the client in the active position, she becomes the primary driver of her own internal resources; growth and self-realization become realistic attainments (Corsini, R.J., & Wedding, D. 2011).

Trust is a vital element in client-centered therapy. It is important for the therapist to demonstrate integrity by embodying congruence. It is the capacity for "unconditional positive regard and empathic understanding of the client's internal frame of reference" which creates the deep exchange necessary for this method's effectiveness (Corsini, R.J., & Wedding, D. 2011). When the client and therapist meet on this level of emotion and understanding, the client feels free to express her mind in a safe environment.

All experiences are rich in knowledge and learning. The therapist acknowledges this through exhibiting unconditional positive regard. Goals, problems, desires and the many embodiments that may manifest during the client-centered session are welcomed and embraced

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by the therapist. The key aspect of this approach is being unconditional. The therapist establishes self-management so as to resist interrupting the client when something emotions emerge.

Congruence

There is a lack of congruence in the vignette. There are opposing values and they do not converge for the overall welfare of the children.

Empathy

Despite the apparent disagreement about how to raise the middle child, John and Mary show concern for his future. They express in their complaints an interest in raising a successful child who can handle problems with strength. Unfortunately, these are their desires projected on to the child. Authentic empathy would require them to view the situation from their child's perspective and not from their past experiences.

It is important for me to establish an empathic connection with each family member present. Cultivating connection will strengthen trust during this first session. It will gradually support capacity for openness. John and Mary will then be more open to receiving my communication as well as each other's. The mental doors are currently closed off and neither wants to listen to the other. I can direct their emotions and attention toward creating a space where all members can be heard and appreciated.

Unconditional Positive Regard

Unconditional positive regard is weak between the couple. Acceptance and empowerment are qualities needed for this to develop. As the therapist, I acknowledge views, their past and the trials that defined their current life styles and philosophies. I express acceptance of their intentions to raise a good son.

Rational Emotive Behavioral Perspective

REBT specializes in helping patients to reduce the level of behaviors that lead to their problems (Corsini, R.J., & Wedding, D. 2011). It takes a grounded and rational approach to problems; acknowledge their existence and the emotional trauma associated, accept them and discover the methods to reduce or eliminate them. Logical thinking is emphasized as the proper path towards complete understanding of problems. Through realistic assessment, the patient comes to realize self-defeating and illogical thinking processes are the causes for stress.

The A-B-C model demonstrates rationality; emotional acceptance and behavioral change can facilitate minimization of neurotic problems. The A represents adversity, which poses a challenge to the patient. This challenge, when perceived to be out of the patient's control can stimulate stressful reactions; destructive emotions and possibly behavior result. Feelings of being out of control result from illogical thinking about the situation. Unrealistic beliefs motivate the patient to take courses of action that do not lead to elimination or overcoming the problem. As a result, the consequences include personal trauma, mental stress.

The therapist employs mechanisms of therapeutic intervention when the patient delves into emotional excess. He brings the patient back to focus on the thoughts about the problem; ideas take precedence over feelings. Therapeutic prevention presumes there is a root idea behind the feelings expressed. It applies extremes to demonstrate the range of the problem; he gives examples of worst-case scenarios, which did not manifest. The therapist employs language and techniques to make the patient realize her own solutions rather than interpret for her.

As with any group, there may several rooted thoughts behind issues among the people. REBT is effective in marriage and family psychotherapy. The system is used with individual members as well as in groups. When the members or couple comes to understand the nature of their thoughts, acceptance and openness to solutions become possible. Couple and family expectations are common problems. The REBT therapist works to assist in understanding rather than forced change especially in parental situations where children are not accepted for who they

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are. The therapist supports this approach by sharing personal experiences and actively participating in discussion with direct questions.

A-B-C Model

John's adversities require acknowledgment. He takes pride in his military father's background and experiences benefits from his way of life. As the therapist, I sense John experienced challenges that placed in positions to fend for himself. He may have been solitary in his pursuits and missed opportunities for parental bonding with his father away on military duty. These adversities challenged him to demonstrate specific behaviors to cope.

Mary's adversities as a middle child placed her in a competitive position. She resists her son from experiencing adversity and this leads me to believe she did not view it as a value to her life. She seeks to protect her son from what he could possibly experience, similar to what she did in the past. Her behaviors are reflective in her feelings about her son.

Mechanisms of Therapeutic Intervention

John and Mary's responses reflect emotional, impulsive action. They are based on past experiences. To perceive the situation on the same level, they can work to detach from the emotional flaring and concentrate on the ideas behind their motivations and the conflict. When they see the situation with rational thinking, they can come to terms on the ideas, source them and decide upon which are results of illogical thinking and those that can benefit the family.

Marriage and Family Psychotherapy

The intake session includes all family members. John and Mary express their views in front of the children. The initial meeting takes place where all thoughts are shared except for the children's. The children do not speak in the vignette; they have no input regarding the conflict. The next sessions would include separate and group psychotherapy. This will encourage openness and allow intervention mechanisms to support empathy and communication.

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References

Corsini, R.J., & Wedding, D. (2011). *Current psychotherapies*. (9th ed.). Belmont, CA
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