

Case study of karen

Business



Case study – KAREN This assignment is about Karen Lee who comes for personal counseling. As a therapist I use two theories (Psychoanalytic Therapy and Cognitive Behavior Therapy) separately to help her in solving her problem. Psychoanalytic therapy, basic assumption of human nature: Psychoanalytic treatment is highly individualized and seeks to show how the unconscious factors affect behavior patterns, relationships, and overall mental health.

Treatment traces the unconscious factors to their origins, shows how they have evolved and developed over the course of many years, and subsequently helps individuals to overcome the challenges they face in life (National Psychological Association for Psychoanalysis, 1998). As a therapy, psychoanalysis is based on the concept that individuals are unaware of the many factors that cause their behavior and emotions.

These unconscious factors have the potential to produce unhappiness, which in turn is expressed through a score of distinguishable symptoms, including disturbing personality traits, difficulty in relating to others, or disturbances in self-esteem or general disposition (American Psychoanalytic Association, 1998).

In An Outline of Psychoanalysis, Freud (1949) explains the principal tenets on which psychoanalytic theory is based 1. human behavior and thinking are largely determined by irrational drives; 2. those drives are largely not conscious; 3. attempt to bring those drives into awareness meets defense (resistance) in many different forms; 4. beside the inherited constitution of personality, one's development is determined by events in early childhood; 5.

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conflicts between conscious view of reality and unconscious (repressed) material can result in mental disturbances such as neurosis, neurotic traits, anxiety, depression etc. ; 6. the liberation from the effects of the unconscious material is achieved through bringing this material into the consciousness Freud begins with an explanation of the three forces of the psychical apparatus—the id, the ego, and the superego.

The id has the quality of being unconscious and contains everything that is inherited, everything that is present at birth, and the instincts (Freud, 1949). The ego has the quality of being conscious and is responsible for controlling the demands of the id and of the instincts, becoming aware of stimuli, and serving as a link between the id and the external world.

In addition, the ego responds to stimulation by either adaptation or flight, regulates activity, and strives to achieve pleasure and avoid displeasure (Freud, 1949).

Finally, the superego, whose demands are managed by the id, is responsible for the limitation of satisfactions and represents the influence of others, such as parents, teachers, and role models, as well as the impact of racial, societal, and cultural traditions (Freud, 1949). Psychoanalysis fostered interest in human emotional and psychological development traced back to a young age. The human can be seen from a much more holistic viewpoint as one looks at the psychoanalytic theory, which combines the inner workings of the mind and attempts to explain them in the context of a dynamic social environment.

Karen-case study The focus is on how Karen's childhood experiences create an internalized interpersonal model for relationships. The treatment plan is based on a three-pointed outline: 1.

The Problem list 2. Problem Formulation 3. Intervention Karen reports general dissatisfaction of her life, she feels some panic over reaching the age of 39, She has been troubled with a range of psychosomatic complaints including sleep disorders, anxiety, dizziness, heart palpitation, and headaches. She often feels depressed, and she is concern about loosing her looks with her overweight and aging.

According to the psychoanalytic theory, the focus is on bringing unconscious to the conscious. Karen case study shows she has repressed.

She never wants anything for herself and she typically lived up to what other in her life wanted for her. Karen's gender-role identification was fraught with difficulties. She learned the basis of female-male relationships through her early experiences with her parents. What she saw, was her father as a distant, authoritarian and rigid person that every actions of her father should never be questioned and everyone should obey his standard and rules.

She remembers her mother who was supportive but critical and Karen thought she would never do enough to please her. She generalized this pattern through her life.

It could be further hypothesized that the man she married was similar to her father, and she used her mother as a role model by becoming a homemaker. In a critical incident took place when she was 6 years old, her father caught her during "playing doctor" with an 8-years-old boy. She reports " He

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lectured me and refused to speak me for week. I felt extremely guilty and ashamed. " She repressed her own emerging sexuality and carried the feeling of guilt into her adolescence.

She was not allowed to date until she completed high school. She married the first person she had dated. It could be further hypothesized that she lived up to what others in her life wanted for her and she generalized it to relation with her children, it's very difficult for her to cope herself with children's rebellion especially about her daughter, Jane. She is not satisfied with her husband relationships, and she is anxious over the prospects of challenging this relationship, fearing that she does, she might end up alone. In a general sense, psychoanalytic case formulations always have interpersonal foundations.

These foundations are built from repeated child-caretaker interactions, subsequently internalized, and later manifest themselves in clients' daily live.

Consequently Karen's depressive and anxiety symptoms are traced to early childhood interpersonal experiences and observed during her life. According to the Karen's presenting problem and psychological history, her intervention package can be as follow: 1. to motivate her for therapy 2. to reduce her anxiety 3. to emphasize on primacy on self-experience which help her to improve her self-esteem " Typical change process in psychoanalytic therapy includes four parts: 1.

Cognitive insight (usually a repeating maladaptive interpersonal pattern) 2. Practice in detecting maladaptive mental and interpersonal patterns 3.

Creating new and more satisfying interpersonal experiences” 4. Internalization of new and more satisfying interpersonal experiences (John Sommers1957) As I told before, the goal is to” bring unconscious to conscious and it’s not limited to solving problem and learning new behaviors, there is a deeper probing into the past to develop the level of self-understanding that is assumed to be necessary for change in character. (Corey 2009) During therapy, therapist explores some of these questions with Karen: “ What did you do when you felt unloved in the childhood? As a child what did you do with your negative feelings? Could you express your rage, hostility, hurt, and fears? What effects did your relationship with mother and father have on you? What did this teach you about all women and men? Brought into the here and now of the transference relationship, questions might include “ When you have felt anything like this with me? and What are you learning from our relationship about how relationship with women or men might go?

As she comes to understand how she has been shaped by these past experiences, she is increasingly able to exert control over her present functioning. Many of Karen’s fear become conscious, and then her energy does not have to remain fixed on defending herself from unconscious feelings instead, she can decision about her current life.

” (Corey 2009) Cognitive behavior therapy, basic assumption of human nature: Human nature as believed by my theoretical approach is that we are all capable of loving, happiness, and even self-actualization, however, we also have tendencies toward self-destruction, self-blame, intolerance, and perfectionism.

Because we are the inclination to think rationally and irrationally, the theory believe that we can train ourselves to refuse to become upset and resist irrational thoughts by repeating relational thoughts to ourselves and we have capacity to change by choosing to react differently to situations. Ellis assumes that we are self-taking, self-evaluating and self-sustaining. We develop emotional and behavioral difficulties when we mistake simple preferences (desires for love, approval, success).

Ellis again affirms that we have an inborn tendency toward growth and actualization, yet we often sabotage our movement toward growth due to self-defeating patterns we have learned. (Ellis, 1999).

Although, irrational beliefs can be learned from significant others, human beings are believed to create irrational dogmas and superstitions by themselves and reinforce self-defeating beliefs by the process of autosuggestion and self-repetition and by behaving as if they are useful. Therefore, it is our own indoctrinated irrational thoughts that keep dysfunctional attitudes alive and operative within us. Karen- case study

In assessment of problem, behaviorally she acts defensive, avoids eye contact, speaks rapidly, and fidgets constantly with her clothes. She lives with her husband and her three children but, generally she is not satisfied of her life. Emotionally she feels unsecure and unappreciated in her relation with her husband and her children, she has experienced some of specific problems such as anxiety, sleep disorder, panic attacks and depression. In cognition area she fears about aging, she fears of not succeeding in professional world and worries about how becoming more professionally involved might threat her family.

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She concerns about losing her children. She is anxious over the prospects of changing the relationships with her husband, fearing if she does, she might end up alone. After assessment of the problem, the intervention package focused on the following: 1. To motivate the patient for therapy 2. To prepare Karen to deal with and face phobic situations she avoided due to anxiety 3. To reduce her anxiety 4.

To reduce inferiority complex and increase self-esteem 5. To modify her negative thoughts

Therapist helps client to understand how to change irrational thoughts to rational thoughts and teach her positive thinking and consideration of positive data in critical situation. Therapist pays more attention to the present time and focuses on causes of client's discomfort in present time. In Karen's case the most reason and greatest catalyst that triggered her to come for therapy is the increase of her physical symptoms and anxiety. Karen's therapist should focuses on helping her in defining the particular areas that Karen would like to change after completing this assessment.

They work together and make a plan for treatment. Therapist helps Karen to understand the purposes of her behaviors and then teach her about how the therapy sessions can help her to reach her goals. CBT helps Karen to understand that she is responsible for his own life and she should b active. According to the case study, she completed a course in introduction to counseling, that encouraged her to have a look at the direction of her life and she took an honest look at her life. Karen finds wondering what she should want and what she should be doing.

It shows that she is aware of her life and she wants to change but she fears and she doesn't know exactly what she wants. Therapist should help her to understand in which area she wants to change. The first things that she wants now, is being successful in her professional world. Therapist uses questioning process to develop a picture of her difficulties. Karen's concrete aims include her craving to function professionally without being tense and worry about every little thing in her life.

As a practice, therapist asks Karen to keep a record of when she feels tense or worry and what events make these feelings.

Karen indicates that she worries about her right to think and act selfishly. Behavioral skills therapy is good for her because she has trouble talking with her family. This procedure includes modeling, roleplaying and behavior rehearsal. Then she tries more effective behaviors with her therapist who plays the role of her family members and then gives feedback how strong or apologetic she seemed.

Karen's anxiety about her relationship with her husband can also be explored using behavior rehearsal (in case that therapist is male). The therapist plays as her Karen's husband, Tim.

She practices being the way she would like to be with Tim and says the things to her therapist that she might be afraid to say to her husband. During this rehearsal, Karen can explore her fears, get feedback on the effects of her behavior, and experiment with more assertive behavior. Next, she is required to list down her specific fears. Karen identifies her greatest fear is

not able to function both professionally and responsibility to her family if she branches out.

The least fearful situation she identifies is concerning over aging and her “looks”.

Before moving into this simulated situation/ role play techniques, the therapist first does some systematic desensitization on Karen’s fear items hierarchy. Karen then begins repeated, systematic exposure to items she finds frightening, beginning at the bottom of the fear hierarchy. She continues with repeated exposure to the next fear hierarchy item when exposure to the previous item no longer makes Karen anxious. Part of the process involves exposure exercises for practice in various situations away from the therapy office. The goal of the therapy is to help Karen modify the behavior that results in her feelings of guilt and anxiety.

By learning more appropriate coping behavior, eliminating unrealistic anxiety and guilt, and acquiring more adaptive responses, Karen’s presenting symptoms decrease, and he reports a greater degree of satisfaction. As a conclusion according to Karen’s problems, a combination of cognitive, emotional and behavioral approaches (Cognitive Behavior Therapy) is effective and is the first choice of treatment for her anxiety and depression although, there are a number of ways in which common treatment elements for anxiety and depression may facilitate symptom reduction in both disorders. The cognitive restructuring skills typically employed in CBT provide patients with skills to identify, evaluate, and modify maladaptive negative thinking styles more generally. “(Michael W. Otto 2010) References

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