

Commentary on Integrating Cognitive-Behavioral and Cognitive-Interpersonal Case Formulations: A Case Study of a Chinese American Male

Psychodynamic-Interpersonal Supervision of Liu's Case of TC

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ABSTRACT

This commentary describes my observations as the clinical supervisor of Emily Liu's therapy with the case of TC. In line with my psychodynamic-relational perspective, I describe a major theme from the supervision: the emphasis upon the client-therapist relationship, with a focus on how Liu could first work with the steady stream of negative, off-putting interpersonal behaviors that TC initially manifested and then with the erotically tinged feelings that the client later showed in the therapy. In addition, I focus on two critical choice points: first, when Liu switched the positioning of the chairs, giving the client the option of regulating the amount and duration of the eye contact; and second, when Liu began to address the interpersonal dynamics with the client openly and directly. Finally, I consider some of the special cultural complexities in a case where the client and therapist, while Chinese American immigrants with a common cultural background, also diverge in many important ways, such as differences in dialect and language, in country of origin, in time in the United States, in English proficiency, and in the experience of racism within the ethnic community.

Key words: psychodynamic-relational clinical supervision; client-therapist relationship; critical choice points; cultural factors in therapy

The case of TC (Liu, 2007) came to my attention through the work of Emily Liu at a community outpatient therapy clinic where I was a staff member. I supervised Liu clinically in weekly, 50-minute, individual sessions for the duration of this case, about a year. I closely followed the case through Liu's process notes and clinical discussions with her.

AN EMPHASIS UPON THE CLIENT-THERAPIST RELATIONSHIP

Liu came to our clinic with a strong academic background in the cognitive-behavioral therapy (CBT) theoretical orientation. My theoretical orientation is primarily psychodynamic, object-relations-oriented and interpersonal. In supervising therapists, I tend to focus on the therapist-client relationship and interaction as most salient factors for therapeutic change. It was

Liu's idea to approach this case from a CBT point of view, with Liu taking the lead on the technical and procedural details of the CBT strategies, and with my emphasis being upon the interpersonal aspects of the therapy relationship.

What I remember about the client TC was the strong negative presentation that he projected onto the people with whom he would come in contact. His unattractive physical appearance and repulsive behaviors seemed to reflect his insecurities, low self esteem, feelings of worthlessness and hopelessness. My notes indicate that TC had an internal picture of himself, in Liu's terms, as a "skunk of a person," which would find a match in his outward appearance and behavior, with one reinforcing the other in a perpetual uninterrupted cycle. The main challenge for the client, from my point of view, was to pause long enough for someone to come in contact with him, and for the client to not react in his usual defensive posturing and rejections of others. Without such a pause, he could not have the experience of ever being accepted. Without experiencing acceptance, not just talking about it, or rationalizing about it, or fantasizing about it, no change would have ever been possible. I believe that therapy with Liu was successful and effective specifically because it interrupted this cycle, and it allowed the client to examine his internal beliefs and cognitions, and to use them to change his effects on other people to a more positive one, more in line with what he craved and desired. More than that, therapy with Liu provided a "container" for TC to experience acceptance, validation and positive regard.

TC would be a challenging client for any therapist; but for a relative beginner like Liu with impressive academic knowledge yet limited practical experience of being in the room with a client with such negative interpersonal style, this case was particularly difficult. We all come to this profession with a genuine desire to help, and hope that we'll like the people with whom we are working, and that they will like us. For a novice, liking the client is particularly important. I believe that the first challenge for Liu was to recognize that she could be effective with the client without necessarily liking him. Paradoxically, such recognition enabled her to become genuinely involved with him in an honest dialogue, as collaborators and as partners, which in turn led to mutual respect and liking. Another challenge for Liu was to tolerate and to address therapeutically tension in the therapy room caused by what to me seemed the client's obvious "crush" on her, or "erotic transference," if one prefers psychodynamic terminology. Client and therapist were of similar age, from similar cultural background, both graduate students, yet they were worlds apart in terms of physical appearance, socio-economic status, and obvious functioning in the society, to say nothing about the power differential due to the boundaries of the client-therapist relationship. From my perspective, the unspoken dynamic in the room was similar to the dynamic in the "Beauty and the Beast" fairy tale. If I may carry the metaphor a bit further, the change, or metamorphosis with the client, just as with the Beast, was produced through the "showing of himself" or opening his ugliness to the therapist, or Beauty, and finding compassion and understanding instead of anticipated rejection.

TWO CRITICAL CHOICE POINTS

There were two critical choice points in the case from my perspective as a supervisor. The first occurred when the therapist switched the positioning of the chairs, giving the client the

option of regulating the amount and duration of the eye contact. This seemingly minor change was invaluable because it shifted the power differential in the dynamic, and significantly empowered the client to operate within his comfort level, without the fear of judgment or criticism. For the therapist, cognitively this switch produced change in attitude: no longer was the eye contact interpreted as part of the client's negative interpersonal style, but rather as a manifestation of his anxiety. This was very helpful for the client in motivating him to reveal his vulnerability; and for the therapist, in recognizing the humanity in the client and in solidifying her compassion for him.

The second critical point occurred when Liu began to address the interpersonal dynamics with the client openly and directly, and to try and dispel the considerable unspoken tension in the room. This task is difficult for the therapist because it can potentially inflict further narcissistic injury to the already fragile client's ego, and because culturally such openness is not sanctioned by the rules of communication outside of the therapeutic encounter. This task is a difficult one for any therapist, particularly for a novice therapist, who also recognizes romantic feelings in her client. Therefore such a task had to be introduced slowly and cautiously, with some reservations on the part of the therapist. The results of this intervention were so strikingly positive that there was no doubt in the correctness of the approach. Both the client and the therapist became free to express themselves genuinely and sincerely, only contributing to the mutual respect and friendliness of the interactions. The "unspoken" -- such as the client's effects on other people; his fears of rejection; his hopes and desires for friendship, companionship and romance; and his loneliness and multiple failures in the social realm -- were no longer taboo subjects, thus allowing for the therapist's help and feedback to become the true work of therapy.

CULTURAL ASPECTS OF THE CASE

Finally, I would like to comment on the cultural aspects of this case. Both therapist and client were Chinese American immigrants. This fact of their common cultural background was a mixed blessing. On the positive side, sharing similar cultural values, proverbs, and family expectations allowed the therapist a deeper understanding and appreciation of the client's struggles. Also a CBT approach was tailor-made for this client with the directness of interventions, homework assignments, challenging of beliefs, and concrete suggestions for behavioral change. The client took to this approach naturally and organically, as it fit so well with the cultural understanding of what therapy must be -- with the doctor prescribing for the patient.

The negative aspects of their shared background for therapy lie in two realms. Paradoxically, the differences in dialect and language, in country of origin, in time in the United States, in English proficiency, and in the experience of racism within the ethnic community -- all become the factors that separate people to a much greater degree, when they come from a seemingly similar ethnic group. The within-group differences, often unseen by outsiders, can become paramount for the people of this group. In this case, these within-group differences were very much present, and they were amplified by the perception of the client that he was "so much less" than his "perfect" therapist. Another difficulty for people from similar backgrounds lies in

the perception of being seen a little “too well,” or in other words, of being too exposed and naked in front of someone with whom one cannot hide easily behind the defenses meant for the outsiders. These difficulties can only be overcome when the therapist is extremely culturally aware, which was the case with Liu. She was able to use the power of being multi-cultural, not just bi-cultural, to bridge the potentially separating gap between her and TC, and to bring about a very meaningful, culturally competent change for this client.

REFERENCES

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