# Assessment 1: Anxiety

1. What are the main issues that the client is presenting, and what additional information would you want to find out?

The main issues of the patient represent past traumatic experiences in an abusive family. The traumatic events regard her, as not being able to express herself and develop freely her feminine identity, but also witnessing abusive behavior toward his little brother. Father raised her as showing dominance over her, and their mother beat her for burning her frustrations.

. The wanting to disappear could relate to a desire for nothingness, to become void.   
In considering the existence of the splitting I would focus on the feeling of being the “strange children” with the bullying, and how this strange appearance comforted herself.

“When she feels overwhelmed, her perception of time shrinks and space becomes tight to the point that feels claustrophobic.” I would interpret this as still existent the desire to become void. A matrix in physics can be interpreted as a space in which the vector takes place, when a matrix of 2\*2 elements becomes only one dimensional (1\*1) the vectors are squished to the point of becoming points in the plane. If we look deeper, the unconscious could understand the existence of alters based on bibliographic memory(vector). If we describe the memory as a vector and squish it the claustrophobic feeling/moment can represent the maximum point in which she needed her desire of void, I would assume that this is the closest alter which witnessed the traumatic experiences as a child.

Her first relationship with an older guy resulted in her fearing having sex and finding it uncomfortable. With the given information I would consider two interpretations. There still exists an alter who is not aware of the traumatic experiences she did not understand.

So her inner child in order to understand the traumatic figure of her dominant father engages in sexual activity with a partner older than her, where she could experience throughout sex dominance. (Sex can be understood as a dominant act coming from the dominated person in this case the female/patient)

Sexual activity is considered by sub-alter as being uncomfortable and fearful. This could be because here is a switch of alters when dominance appears (which would be the split part who suffered the trauma), or either by not letting herself attach to a masculine figure(so called fire fighters which don’t let her get close to anyone cause they don’t want her sad). Her polyamorous relationship would suppress the dominance of being only part of one masculine figure similar to how the father acted. By engaging in multiple relationships, dominance is being suppressed, and the word “slave” is being lost(slave means having only one slaveholder analogously with dominance, which in this case having more dominant partners would invalidate the slave word).

I would like to focus on the understanding of what is the feeling of dissapearence, what means for the patient, and how she considered at that moment what could have helped her.

As well the response of her parents to being bullied has been to straight up like a proper girl, there could exist a conflict between the real self and the fake self.

1. What theoretical approach/es would you choose to follow with the client and critically evaluate your choice.

I consider focusing first on the past events, analyzing them in relation to the background of that period, to the answers perceived in school especially the feelings of a strange child, and to answers perceived by brothers and family. After having a clear understanding of the environment, it is possible to start digging deeper to understand what she experienced inside her, from a child's perspective. It is important to understand the changes of identity from a child's perspective to later resolve them from an adult perspective. Before finishing the regression of the child, I would still understand the present experiences from the child's perspective what is happening, if her inner child knows what she is experiencing, is she is still feared in society as she was feared in past events. From there I would start introducing the adult part to the child part, and how and why she needs to be educated in the present moments. From here what misses is the adult person to understand the traumatic events of the child and explain them. A strong consolidation of the therapeutic process would be remaking the bibliographic memory clearly and having the possibility to healthy recall it. If my assumption is correct the desire for nothingness could be a mechanism for erasing her whole bibliographic memory.

1. How would you evaluate that the approach/es you follow works for the client?

I would evaluate the approaches after passing the regression phase of the therapy. I would consider how would she understands her existent parts, and how she would understand the existent parts of which she is not aware in the therapeutic process. In such traumatic repeated events, it is hard to assume that the splitting would be small, existent alters could still exist not known by the therapist. As an evaluation, I would consider how the patient starts treating her anxiety in future possible events and how the usage of the “invisible” mantra is exchanged with the use of her adulthood part covering her inner child, instead of exposing it.

# Assessment 2: Depression and Sex

1. What are the main issues that the client is presenting, and what additional information would you want to find out?

The main issues of the client are substance abuse, irregular sleep patterns, background in family problems, an unhealthy eating diet, and being scared of his ex.

Starting from his family background along with his academic and substance abuse there is a missing piece to understand. I would want to find out more about when all of them started and if they are interrelated.

The absence of his father and repeated arguments between their parents must be more understood from what he felt in that certain moments from his perspective. I consider that the inability of not understand his own emotions can be correlated to his invisibility wish and to his self-blaming behavior. It is possible to interpret that at that moment in life, the patient considered himself to be the cause of the parent's arguments, and became invisible psychically but also mentally. Seeing that the parents didn’t stop their arguments, the feedback interpreted as a child means that he failed regarding the cause and this means that he failed in decoding and solving the emotional problems of others, and this could be why he feels blamed for the event and also why he cant encode with his own emotions.

His inability to understand emotionally others comes from his failure as a child believing he was the problem of their parents. I would interpret also invisibility with dissociation of the self, in understanding the events differently than the way they are happening. His need for fantasies is where he can still be invisible or dissociated, which could imitate the calming method to escape the parent's arguments. In dissociation he doesn’t need to associate a physical object (the sexual bodies and souls) with a fantasy (sexual fantasy), analogously he doesn’t need to associate the arguments of his parents with the emotion of sadness and failure.

1. What theoretical approach/es would you choose to follow with the client and critically evaluate your choice.

I would consider using an analysis of his past events. It may be risky for the traumatic event to be associated with something psychical considering that his coping strategy was to dissociate and become invisible. But I would consider narrative therapy in making the patient understand that the past events were real and try to first see them from an exterior point of view with externalization and then try to associate the event with his childhood phases. Following the association of the events to himself, I would expect that a hidden part of the patient loaded with all the emotions of his own life to uncover. This moment would be saddening for the patient and could be also harmful considering the already substance intake. There would need to be set boundaries in consuming recreational drugs and usage of them. Following I would consider the integration of his inner child which had taken all his emotions throughout life with the whole self.

1. How would you evaluate that the approach/es you follow works for the client?

I would evaluate the approach, in understanding the levels and the importance of the need to fantasize and how the patient emotions start being decoded along with the therapist but also alone. Also, another measure would be to understand his need to dissociate from recreational drug usage, and alcohol. Considering he built his body; the patient disposes of a certain amount of discipline. Reintegrating into healthier sleep, eating, and gym patterns would be a sign of healing.