

### **CASE EXAMPLE 5.2: NOTICING SHAME UNDER THE ANGER**

A 24-year-old Black cisgender (she/her) female referred herself for counseling. She reported having intense anger reactions that, in her words, “are way out of line. I mean, I deserve to be a little pissed, but I go off like a bomb.” Her therapy goals were to understand her rage and to control it better.

As a part of the intake interview, the clinician collaboratively explored anger triggers with the client. She reported extreme anger in response to “somebody criticizing or lecturing me” and “somebody trying to make a fool of me in public.”

Toward the end of the intake, the clinician made the following interpretive reflection of feeling:

You’re very much in touch with the angry feelings that rise up in you when you’re criticized or made to look like a fool in public. But when you described these situations, I heard another emotion lurking under the anger. It seems to me, but you should tell me if this is right, that there’s shame or embarrassment mixed in there too, and those feelings make your anger bigger than it might be otherwise.

In response, the client acknowledged deep and long-standing feelings of shame. The clinician’s interpretive reflection of feeling helped the client begin to understand her rage and explore it on a deeper level. In future sessions, working through feelings of shame led to improvements in her anger management skills.

[End of Case Example 5.2]

### **CASE EXAMPLE 5.3: “WHEELCHAIR BOUND” – LANGUAGE AS INTERPRETATION**

*Words and labels mean different things to different people. As a counselor, your goal is to use language in ways that are empower, rather than limit clients. In this essay, Kanbi Knippling, M.A., a doctoral student in counseling and supervision at the University of Montana, writes of a case with a client who has a disability. With one ill-fitting phrase, the counselor misinterprets the client’s experience and inadvertently creates a rupture. As you read this case, reflect on how you’d like to handle your potential misinterpretations of client experiences.*

Elia, a 25-year-old civil engineer, came to counseling for assistance in navigating her self-identified *imposter syndrome*. Elia was particularly triggered when interacting with older, more experienced male co-workers. During an intake meeting with Marc, a clinical mental health counselor highly recommended by a friend, Marc stated, “I’d like to hear more about your experiences as a wheelchair-bound person. Can you share a bit about that?” Elia immediately appeared uncomfortable, mumbling that her disability “wasn’t a big deal.” Noticing Elia’s discomfort, Marc moved on, thinking that Elia was resistant to discussing her disability. For the remainder of the session, Elia did not maintain eye contact with Marc, and provided only brief answers to his questions. Still, she agreed to a second session, which Marc interpreted as a positive outcome.

Elia was late for the second appointment, terse, and appeared unengaged. Marc observed Elia’s withdrawal and irritability, stating, “I’m noticing you seem a bit distant today. Would you be willing to tell me what’s happening for you right now?” After a hesitation, Elia said, “Last time we met, you called me a ‘wheelchair-bound person.’ Like many wheelchair users, I view my wheelchair as a source of freedom, rather than an oppressive device. Language like that bothers me and makes me think you can’t understand my experiences.” Although surprised, Marc managed to stay with Elia’s in-session experience and addressed the rupture, “Thank you for sharing that with me. My intent was not to demean your experience, but I recognize that language is powerful, and I used the wrong words with you. I really appreciate you telling me your feelings. I’ll work to be better at reflecting your experiences, and not limit you with my words.” After the session, Marc recognized his need for additional education on the topic of disability, Marc sought out several learning opportunities to prepare for his next session with Elia so they could work productively on her counseling issues and goals.

[End of Case Example 5.3]