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## Client Artwork to Understand Anxiety Difficulties: A Case Study

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**Abstract**

*The case study aims to demonstrate a systematic reflective narration of a practice from a trainee person-centred therapist working with a client experiencing some anxiety difficulties through exploring the client's artwork. The client, named 'Jack' for the purposes of this case study, was a white male aged 25 years old living with his parents. The therapist was the author of this case study and worked with Jack in 35 sessions. The researchers of this case study were Jack's therapist, a fellow therapist and one of the outside counsellors. There were some important findings in this study 1) understanding the artwork could open the experience of client about his anxiety; 2) acknowledging the genuine intention when working with him was considerably effective to limit the expectation of making a perfect therapy and only focused on understanding his frame of reference; 3) unconditional positive regard took the most important part when working with Jack who experienced several anxiety difficulties; 4) acknowledging the different of the cultural background was also important to avoid the unintentional transfer of value which can interfere with the client process; and 5) the last is that being honest with the therapist in the reflective process in supervision and personal therapy was the best way to deal with practical issues in the placement.*

**Keywords:** artwork; anxiety difficulties; case study



## INTRODUCTION

Clients with complex anxiety problems are often assisted by cognitive, behavioristic and humanistic approaches (Levy et al., 2022; Otte, 2011; Sachse & Elliott, 2002; van Dis et al., 2020). Person-centered therapy is one of the approaches used in helping people with anxiety problems. The goal of this therapy is usually to help the client find his own strengths and analyze the value conditions that make him insecure. Research has shown that long-term therapy in helping clients with anxiety disorders is considered effective, although the new post-modern paradigm is quite against this idea (Ghavibazou et al., 2022; Sabri, 2023).

Anxiety is divided into various types of anxiety in general, there are specific anxiety such as phobias and social anxiety (Novella et al., 2022; Paalimäki-Paakki et al., 2022; Russo et al., 2022). Anxiety experienced by an individual can be caused by various reasons, one of which is childhood trauma. The trauma experienced by the individual in a person-centred approach can also be accompanied by the existence of a doctrine or coercion in the form of a condition of worth (MacLochlainn et al., 2022; Stogiannos et al., 2022). Conditions in which a person is considered valuable if they can fulfil the existing demands. This often triggers tremendous anxiety for clients because they cannot meet their expectations.

Research shows that person-centered is significant in helping clients with psychological problems, especially anxiety (Stiles et al., 2006). Various counseling assistance began to make the results of counseling carried out to be studied as a case study. This can help therapists to improve their counseling performance by learning through best practices. In counseling, most research focuses on both quantitative and quantitative process-outcome therapy (Curry et al., 2009; Rodgers & Elliott, 2015).

This research used a qualitative approach with a systematic case study to investigate a case of success or failure in counseling that focuses on the process and results of therapy. Case study is an approach to explore and explore selected cases. In particular, this study aims to find how exploration through artwork that the client brings in therapy sessions can be a means to understand clients wellbeing.

A similar study was conducted by Stephen et al., who dug deeper into clients with social anxiety problems (Stephen et al., 2011). While in this case study, clients are indicated to have complex and varied anxiety. The client in this study was a man who underwent counseling with a counselor at an agency in Nottingham. It is hoped that with this research, the therapists or trainees can learn more deeply about the process and results of therapy.

## METHOD

### A. Method

The case study aims to demonstrate a systematic reflective narration of a practice from a trainee person-centred therapist working with a client experiencing some anxiety difficulties through exploring the client's artwork. Becker and Renger (2017) state that a reflective case study is a practical way to convey the ability to transform experience into knowledge and to understand the practice improvement. This type of study is enabling reflection and a deeper understanding of the process of therapy which gives important learning on self-evaluation (McLeod, 2010, 2016). Writing this case study can help the therapists to observe their personal growth during the training and to evaluate the development of the therapeutic process, challenges, and problem-solving strategy in addressing some critical issues during therapy.



Data were collected from counseling records and counseling records from an agency in Nottingham. This case has obtained informed consent from the client and a placement agency approval to use the data for the case study. To protect the confidentiality and uphold ethical consideration of the client, the pseudonym name is used to refer to the client and only necessary personal information will be shared (Bond & Mitchels, 2008; BACP, 2018). Furthermore, the identifiable sensitive or private information of the client will be preserved and the name of the placement agency will not be revealed in this case study. The filtered information will not affect the content discussion, as the main focus of this study is to thoroughly observe the development of the therapeutic relationship and personal growth in the counselling training. The authors in this case study were trainee therapists, therapist colleagues and academics who helped provide objective judgment on the results obtained.

### **B. Client**

The client, named 'Jack' for the purposes of this case study, was a white male aged 25 years old living with his parents. Jack sought psychotherapeutic support to understand his anxiety issue: fearing of interpersonal relationship and gender identity confusion. He has been diagnosed with Asperger syndrome, anxiety, agoraphobia, depression, and obsessive-compulsive disorder (OCD) in the early twenties. Before accessing the person-centred therapy, he was in cognitive behavioural therapy and hypnotherapy in a couple of years ago, received counselling support, and had psychotherapy in the transition period from college to university. Although he has been suffering from some anxiety difficulties, he has been able to complete his study successfully until the university.

Jack reported that generally, his family situation was not quite good. He felt that his family is unsupportive, indifferent and giving high demands to him. He felt pressured by his parents who expected him to have a girlfriend, to get married soon, to have his own house and to frequently go out for socialising with friends. He also received some pressure from his younger brother who was often teasing and comparing his achievement and ability to Jack. Jack also shared that he felt frustrated by being unable to express himself and to speak his voice in the family. He realised that he felt longed for more freedom but at the same time, he also needed his family to feel secure because they were the only available support for him. Jack reported that when he felt really distressed, he often had difficulties falling asleep at night or he ended up with the anxiety attack that caused stomach upset, headache and an overwhelming feeling of fear towards everything.

Despite having external stressors, Jack was internally struggling to understand his gender identity and to express himself to his family and people in general. In the past few years, he discovered his female identity and strongly felt that there was incongruency between his identity and his physical body expression. He described it as experiencing gender dysphoria. He has occasionally been able to express his identity through art drawing characters, cross-dressing and using makeup secretly in his room. Due to the unsupportive family issue, he felt scared to disclose his identity to his family.

### **C. Therapist**

The therapist was the author of this case study and worked with Jack in 35 sessions. She was an international master student and trainee therapist in a second-year full-time course of Person-centred Experiential Counselling and Psychotherapy



Practice at the University of Nottingham. She had passed a readiness of practice test and worked under the BACP ethical frameworks. Before starting the placement, she signed the placement contract and attended an induction training from the agency. She also received supervision from the agency and attended weekly personal therapy based on the person-centred approach.

#### **D. Researchers**

The researchers of this case study were Jack's therapist, a fellow therapist and one of the outside counsellors. The main therapist worked to confirm information or data on counseling sessions which were then validated by therapist colleagues and research members from outside counselors. The therapist's colleagues were a therapist in the same agency and acted as trainee therapists while outside researchers were qualified as masters in Guidance and Counseling.

#### **E. The course of therapy**

Before receiving therapy from the agency, Jack signed the informed consent, in which he agreed that the data collected from him during therapy could be used for research purposes by members of the agency. In the intake session, Jack reported a high level of distress on anxiety difficulties and self-identity confusion. He started to receive an individual person-centred therapy three months after his intake appointment. The session is conducted on a weekly basis for 50-minutes. The therapist records every session and the client will need to complete the questionnaires regularly. Jack finished the first 20-sessions block therapy that was allocated by the agency in 6 months. As he felt that he still needed the support, he received an extension for having 15 more sessions. He took 10 months to complete all 35 sessions. The therapy was fortnightly supervised with the person-centred therapy supervisor provided by the agency. The supervision was conducted in a group of three to four trainee therapists for 90-minutes.

## **RESULTS AND DISCUSSION**

### **A. Understanding anxiety difficulties as incongruent self**

When the therapist met Jack for the first time, she experienced that he was extremely anxious during the session. It is similar to what Rogers (1951) states that the most common feelings that clients have when they start the therapy are tentative, ambivalent, and fearful regardless whether they have any knowledge of therapy or not. Therefore, it was not easy to begin the session because he kept avoiding eye contacts and showed an unwillingness to speak. Although theoretically, the therapist understands that the best way to deal with the situation is by providing the necessary and sufficient conditions (Rogers, 1959), applying the theory into practice was tremendously challenging.

In the first few sessions, the identified issue was lack of psychological contact. Without adequate psychological contact, it would be hard to build a therapeutic relationship which is the key to work successfully in person-centred therapy (Rogers, 1959; Prouty, 2001). Encouraging Jack to be more engaged in the relationship by giving concise and direct responses was quite helpful at first. However, when he started to describe the diagnosis, he had: Asperger syndrome, anxiety, agoraphobia, depression, and obsessive-compulsive disorder (OCD), it was challenging to give a concise



response. The therapist needed to give a lengthy explanation to show her understanding of his narration, and she found it difficult to do so. For instance, when she reflected on what impacts the diagnosis has on him, she needed to provide an example of possible impacts that could help him explain himself. The therapist expected that he would reveal more about his feelings, but in fact, he only gave a short response by saying that the diagnosis has explained his condition. She assumed that the strong belief of his incurable condition and the limited ability have prevented him from exploring his feelings.

Although the therapist believed that by giving emphatic reflection, unconditional positive regard and being congruent to the client could lead to the improvement of the relationship (Rogers, 1961), until this point, she still struggled to accurately communicate those core conditions. Therefore, after session three, she used supervision and personal therapy to reflect on her work with Jack. In supervision, she became more aware that she had an expectation of how therapy should be conducted. She put a lot of pressure on herself not to fail in assisting the client process and became frustrated when the process went to the other direction. As a consequence, she was unable to give him sufficient unconditional positive regard (UPR) and empathic responses.

The therapist agrees with Mearns and Thorne (2000) that it is difficult for trainees to put themselves into the role of ‘learner’ who believe in a developmental process when they are educated within a culture that foregrounds success rather than development. Their explanation has helped the therapist to understand that her condition of worth on expecting significant progress in the relationship has interfered her focus on understanding the client’s frame of reference and facilitating the core conditions (Rogers, 1961). Therefore, she tried to put aside her expectation and believe in her client process. This belief has shifted her goal intention to process orientation.

The therapist considered session five as one of the critical events in Jack’s therapeutic journey. He began the session by completing the research questionnaires. One of the forms was really helpful to identify the level of distress or specific psychological difficulties (Shapiro, 1961; Elliott, Mack & Shapiro, 1999). The form is called Personal Questionnaire (PQ) which is familiar as a client-generated outcome measure (CGOM) (Sales & Alves, 2014). From his response to the PQ, she noticed that he answered one of the items about fearing love and relationship as the most considered distress but he never really talked about this issue before.

Therefore, after completing the forms, the therapist asked Jack whether he wanted to discuss any specific things about the forms. She also mentioned to him that from the PQ, he seemed really distressed by the love and relationship issue. Jack looked quite anxious hearing her response about the PQ, but after a few seconds, he began to share about his thought and feeling related to it.

*Session 05*

**Jack:** It was umm... umm... Dad... like umm... I don’t want to umm... have a family and I don’t want to have children or get married. But my Mom keeps umm...



admitting me that I should. Emm... like umm... I try umm... too hard to umm... to do so umm... I don't feel if I could umm... commit to long term relationships.

**Therapist:** It seems your Mum strongly wants you to have a relationship, but you have a different plan not to have a long relationship.

**Jack:** umm (nodding). So, I tried to it ... before umm... a long time before. But umm... when I tried to... it never works. And umm... it makes me feel umm... like a really bad or really unwell. Umm... it actually makes me literally feel unwell.

**Therapist:** It seems to me you have already tried to make a relationship before, but it seems that it turns you to feel unwell.

On the one hand, the therapist was quite conscious of showing her curiosity by asking Jack about his relationship issue. Although it was not out of context, she was quite worried that it would be perceived as too directive. As Grant (1990) explains that instrumental understanding of non-directivity suggests the therapist to avoid asking a question because it can prevent the client from doing self-directed. On the other hand, Bozarth (2002) and Levitt (2005) argue that the principled understanding of non-directivity does not mean to limit the therapist's response to the client in any way. The therapist can freely respond to the client depending on the conditions. Moreover, Elliott (2013) states that asking a question to offer more process guidance to the client with anxiety difficulties is beneficial because it can provide the client with more space and control over sessions. The client will feel less anxious and be able to more engage in the therapeutic relationship. Therefore, it is difficult to decide whether it is right or wrong to ask questions in therapy, but reflecting on it reminds me to be thoughtful when asking a question to a client.

After session five, the therapeutic relationship was gradually improving. Jack began to show the willingness and trust to get in touch with his internal locus of evaluation. He was willing to explore some fears that caused his anxiety. Meanwhile, in the previous sessions, he mainly focused on his external evaluation by understanding the diagnosis as the only explanation for his anxious feelings. According to Elliott (2013) exploration of persistent fears about perceiving danger is important and useful for the client with anxiety difficulties. The exploration can help the client to understand and accept himself which eventually lighten his anxious feelings (Smith, Shoemark, McLeod & McLeod, 2014; Stephen, Elliott & Macleod, 2011).

In addition, Rogers (1957, 1959) explains that anxiety could be understood as incongruence deriving from the conditional positive regards and negative judgment offered by significant others such as family or friends. Rogers' explanation well described Jack's condition in his family where his parents gave him many conditional positive regards such as he should have a family, children and get married. The conditional regard put a lot of pressure on Jack because only by fulfilling their expectation he could get the family's acceptance. Furthermore, Jack reported that his family never tried to understand his condition especially his difficulty to build a romantic relationship.

## **B. Discovering an underneath issue**



At the beginning of session seven, Jack initiated to bring a small note that was used to help him to focus on what he wanted to talk about in the session. By bring a note, the therapist saw Jack became less anxious and being more able to engage in the relationship. This is in line with Elliott (2013) and Stravinsky (2007) statement that the structure for anxious clients is considerably helpful. The notes seemed worked well for Jack and therefore, he continued to bring a note every session. By then, she noticed that he started to set his own direction on what he wanted to process within therapy.

After sharing about his family expectation towards him, Jack began to explore his past experience in building a romantic relationship. When he was in primary school, he closed to one of the girls in his class and considered as his first love. However, after a few years, the girl had to move and as a result, he felt deeply disappointed as he would not be able to see her again. He also received the other disappointments when he was in secondary school, college, and university. The relationships he tried to build received some rejections which were quite hard for him to accept it and made him trauma to have a romantic relationship.

Hearing his experience of some rejections made me aware of how importance unconditional positive regard (UPR) for Jack in therapy (Standal, 1954). At the same time, the therapist was also aware that sometimes she struggled to maintain the UPR to him especially when he kept talking about the same thing. However, after processing this in the supervision, the therapist understood that repeating the same thing can imply more than one meaning not only stagnancy but also the need for acknowledgement. She tried to adjust her work with Jack by trying to track his frame of reference closely. This was not dramatically smoothing the therapeutic process, but it helped her to maintain her UPR for him.

Further exploration drove Jack back to the exciting memory when he was really young. He shared his excitement when he dressed like an 'angel' in primary school and his enjoyment playing with a group of girls. He also said that he could not get on well with the boys' group as they were quite an ignorance to him. He added that trying to have a romantic relationship with a girl made him feel physically and mentally ill. Therefore, he said that in recent years, he began to explore more about his gender identity to understand himself.

In the session ten, Jack brought a camera to show me some drawings that he made to understand his gender identity. He only showed his drawings to five people including me. The therapist felt pleased being trusted by Jack but at the same time, she was quite conscious of how if she unintentionally transmitted the value to him (Mearns, 2003). She was worried that it could potentially change his direction, even though she was completely aware that the therapist culture or value was different with him and she tried to be mindful of all the responses to him.

The therapist did not bring this issue directly to the supervision, but she processed it through the personal therapy first to see what is going on with me and why she felt worried. Reflecting through the personal therapy had laid back the essence of the role in the relationship as a therapist, that was a little bit unclear before. As a person-centred therapist, the role is facilitating the client from their frame of reference to work on their issue without any judgment (Rogers, 1961). Moreover, referring to the cross-cultural counselling, in order to raise awareness of the non-judgemental practice,



therapists need to acknowledge and respect the different values between a counsellor and a client (Lago, 2006).

Although the therapist concerned about transmitting the own value, she was still able to help Jack exploring his drawings. The conversation about his artworks had opened many underneath feelings around his gender identity. He described that the drawings were a media to express his experienced gender. He also declared that he might have gender dysphoria which is the distress that accompanies to incongruence between one's expressed gender and one's assigned gender (American Psychiatric Association, 2013) or dissonance between the physical self and internal self (Raskin & Rogers, 2000).

Furthermore, in session fourteen, Jack showed a significant change in terms of the locus of evaluation. He began to deeply connect with himself and be able to articulate his underneath feelings. The therapist also noticed that he became more relax and less anxious when he spoke in the session. He was mainly told about the feeling around cross-dressing.

#### *Session 14*

**Jack:** As time goes on. I feel more and more toward cross-dressing. And sometimes I have to face some frustration by not being able to do as much as I want to. I get still feel anxious if I want to do it full-time, but I don't for some reason. So, I eventually find a time to do it. Sometimes it is kind of anxious feeling ...

**Therapist:** Anxious feeling

**Jack:** Ah yeah, just before I do it. But, when I start it, I am kind of umm... it's just there.

**Therapist:** It seems to me before you start to do it you need time to prepare... And you feel frustrated by not being able to fulfil all the need to cross-dress, sometimes also anxious... Is that what you said?

**Jack:** Yeah... and umm... During the cross-dressing session, like sometimes I feel most happy I suppose but hopeless sometimes after a while session. It is like a bit sad that I have to end it when I don't want to end... I sometimes still think like a why can't I have been born as a female.

When the therapist reviewed the responses to Jack, she realised that the reflections she gave to him might not be really helpful. However, he was still able to describe his feeling and his inner experience about the cross-dressing. Further, he also explored the potential rejections that might be received from his family and society (Knutson & Koch, 2018), if he openly expressed himself in front of people.

### **C. Experiencing a difficult process**

Despite some significant changes in session fourteen, the therapist was aware that the session might be too tough for Jack. It could potentially cause distress afterwards, as he was never really talking about his difficult feelings in the previous session. However, she did not manage to check whether he is able to explore his difficult emotions in the session. Knowing that Jack was unable to attend the next session without any notice made me think that he might be overcapacity. Warner (2017) states that every client has their capacity to process or experience difficult feelings. She





explained that they might experience a fragile process, in which they often have difficulty stopping experiences that are emotionally significant (Warner, 2000). When the therapist reflected on this case, she realised that it seems important to check with the client about their capacity on processing the uncomfortable feelings.

When Jack was back to therapy, he said that he experienced a severe panic attack a couple of days after the last meeting. He would not be able to do anything and physically ill. In the session, he seemed quite anxious similar situation with the first time she met him. After a couple of minutes, he was able to speak about what happened to him and how his family treated him in that situation. He felt quite disappointed with his father who did not care with him when he was sick. The therapist noticed that since then, the direction has changed into talking more about his family situation and how difficult for him to express and voice his own opinions.

Although the main focus after session fourteen seemed to shift into family and self-isolation issue, Jack still showed big attention to his gender identity. In the session twenty-three, he began to conscious of his female identity. He admitted that in the past couple of months, the female identity seemed to disappear. He found it difficult to explore more about the identity when he did not really feel it. Experiencing the inconsistency and unpredictable switching between female and male identity did not make any sense for him. The therapist personally did not really understand what happened with the client, but she was allowing Jack to experience it and find his meaning to identify the component of his own identity (Raskin & Rogers, 2000). At the end of the therapy, Jack said that “for now, he is more understand about his gender identity and he is also willing to get used to with the switching identity while he still tries to get a better understanding about himself.”

#### **D. Reflective Synthesis of Personal, Theoretical and Professional Learning**

Writing this case study has helped to enhance the understanding of the practice and personal growth, which according to Mearns (1997) having the capacity to appraise personal development and being able to demonstrate a willingness to work with uncertainty are critically important for a trainee therapist. The therapist found that working with Jack is the most challenging and valuable work at the same time, which she have experienced so far. Jack’s case might not be considered as having a significant or good outcome therapy, as she realised that we were struggled to establish a therapeutic relationship due to the communication issue. She was aware that as a non-native speaker, it was quite difficult to gain his frame of reference especially when he spoke anxiously with a soft voice and made some pauses. As a consequence, the responses to him were usually only clarifying to his narration rather than empathically reflecting on his feeling. The therapist noticed that making many clarifications, sometimes made Jack looked quite uncomfortable.

However, the therapist kept trying to improve the work with Jack by bringing the issue to the supervision. Initially, it was difficult to admit and accept the fact that she was struggling to understand him, as it seemed unacceptable for the therapist to feel difficult or not be able to understand their client (Mearns & Throne, 2000). However, after doing further reflection in the personal therapy, she found that the more she deny the fact that she was struggling, the more she feel that it is actually true. By accepting themselves, she noticed the change in the relationship that Jack and the therapist were able to understand and accept



each other a lot better. Eventually, she feels that the learning value from this process is that being honest, transparent and genuine in therapy are difficult, but this is the key to build a therapeutic relationship (Rogers, 1961).

#### **E. Condition of worth around gender identity**

Working with Jack has challenged the condition of worth around gender identity. Although the therapist felt that she could work with Jack without any intention and judgment, she still worried that she unintentionally transferred the values towards him. The therapist was aware that she grew up in an Asian religious culture where we do not really talk or discuss the meaning of gender identity (Laungani, 1999; Peachey, 2006). People usually took it for granted without asking any question about gender as it was quite taboo.

Sincerely, the therapist felt quite worried, when Jack told me that for a few months after he had a panic attack just before session fifteen, the female identity seemed to disappear. She was wondering how he made sense of it and a little bit conscious whether it was something to do with the values which were unintentionally transferred to him. However, when we further explore it, he said that this was not the first time that the female identity disappeared. He had some similar experience in the past. By knowing that, she felt a bit relieved but still kept mindful of the values.

When the therapist tried to enhance the understanding of Jack's journey, she came across an article about person-centred therapy working with transgender and gender diverse clients by Knutson and Koch (2018). From the article, she became more aware that trans journey could be quite confusing, especially when some judgments from significant others involved. In Jack's case, she could see that his family was an important support for him, but at the same time, his family also put some pressure on what he supposed to be. It was clear that he received many conditions of worth and judgments from his family (Rogers, 1959) that made him unable to express himself within the family.

As a person-centred trainee therapist, the therapist believe that Jack is the expert with regard to his own life and experience (Chavez-Korell & Johnson, 2010). Therefore, although she realised that some condition of worth from his family seemed really unfair and intimidating, she could not be simply telling him that it was unacceptable and he should stand up for himself (Knutson & Koch, 2018). She tried to help him to feel and think how much he can deal with the rejection from his family if he stands up for himself. She got a sense that he has not been ready yet to make any action or decision to change the situation, which was understandable as the parents seemingly occupied a lot of power in the family.

#### **F. Power dynamic within the therapy**

The issue around power dynamics happened not only in Jack's family but also in the therapy room. According to Proctor (2002), although a person-centred therapist will always try to promote equality within the therapeutic relationship, it cannot be denied that there is an issue of power inherent in the role of therapist. She explained that as a result of the role power, the client might perceive the therapist as an expert. Therefore, they will feel powerless within therapy and expect the therapist to fix them. Being aware of this power issue made me realise that it was difficult to communicate



to Jack that the therapist was not an expert on his life and experience, while he had been diagnosed with several anxiety difficulties. Moreover, being diagnosed with some anxiety issues seemed explaining some difficulties that Jack experienced, but it also made him feel powerless as nothing can apparently be changed.

Responding to the issue, the therapist tried to establish a mutual therapeutic relationship by providing the core conditions to Jack (Proctor, 2002; Murphy & Cramer, 2014). Observing his response towards the reflections in the few initial sessions was useful. She noticed that being able to attune to him could reduce his anxious feeling. She was aware that when she spoke quite louder, he looked a bit frightened and avoided eye contact. Since she tried to keep attuning to him, he gradually began trusting and being open towards me.

When the therapeutic relationship started to develop, she faced another power issue around having an expectation. In the session twenty-eight, she found herself became more impatient and less acceptance due to the repeated narrations. She felt frustrated by not knowing the client direction, as Jack seems to tell the same thing repeatedly. Mearns (2003) explains that ‘stuckness’ is the nature of the human process to have a rest that it can be a period of stillness after the client makes a significant movement. This explanation seemed to define Jack's conditions because he had explored many difficult experiences around gender identity and family in the previous sessions and he might need rest to process it. Before the therapist came to this understanding, she took a break to see him in session twenty-nine. She decided to process the frustration in the supervision before she met him in the next session. She realised that self-care for the therapist is also important to avoid any harm to the client. She could imagine that if she did not take a break, she will impose the expectation of stopping him for repeating the similar narration, which will be quite oppressive and unhelpful.

## CONCLUSION

This case is mainly talking about the process working with Jack who was experiencing some anxiety difficulties related to gender identity. This is not a case with excellent outcome therapy but it gave a lot of learning experience. Understanding the artwork could open the experience of client about his anxiety difficulties. Acknowledging the genuine intention when working with him was considerably effective to limit the expectation of making a perfect therapy and only focused on understanding his frame of reference. Unconditional positive regard took the most important part when working with Jack who experienced several anxiety difficulties. Acknowledging the different of the cultural background was also important to avoid the unintentional transfer of value which can interfere with the client process. The last is that being honest with the therapist in the reflective process in supervision and personal therapy was the best way to deal with practical issues in the placement. Admitting that sometimes the therapist needed time to think through and process the frustrations or dissolutions have put important learning for the personal growth.

**REFERENCES**

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- BACP. (2018). *Ethical framework for the counselling professions*. Lutterworth: BACP.
- Becker, K. L. & Renger, R. (2017). Suggested guidelines for writing reflective case narrative: structure and indicators. *Teaching and learning evaluation*, 38(1), pp. 138-150.
- Bond, T. & Mitchels, B. (2008). *Confidentiality and record keeping in counselling and psychotherapy*. London: Sage.
- Bozarth, J. (2002) Nondirectivity in the person-centered approach: a critique of Khan's critique. *Journal of Humanistic Psychology*, 42 (2), pp. 78-83.
- Chavez-Korell, S., & Johnson, L. T. (2010). Informing counselor training and competent counseling services through transgender narratives and the transgender community. *Journal of LGBT Issues in Counseling*, 4, pp. 202-213.
- Curry, L. A., Nembhard, I. M., & Bradley, E. H. (2009). Qualitative and Mixed Methods Provide Unique Contributions to Outcomes Research. *Circulation*, 119(10), 1442–1452. <https://doi.org/10.1161/CIRCULATIONAHA.107.742775>
- Elliott, R. (2013). Person-centred experiential psychotherapy for anxiety difficulties: Theory, research and practice. *Person-centered and experiential psychotherapies*, 12, pp. 14-30.
- Elliott, R., Mack, C., & Shapiro, D. (1999). Simplified personal questionnaire procedure. Available at: <http://experientialresearchers.org/instruments/elliott/pqprocedure.html> (Accessed: 31 May 2019).
- Ghavibazou, E., Hosseinian, S., Ghamari kivi, H., & Ale Ebrahim, N. (2022). Narrative therapy, Applications, and Outcomes: A Systematic Review. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.4119920>
- Grant, B. (1990) Principled and instrumental non-directiveness in person-centered and client-centered therapy. *Person-Centered Review*, 5 (1), pp. 77-88.
- Knutson, D. & Koch, J. M. (2018). Person-centred therapy as applied to work with transgender and gender diverse clients. *Journal of Humanistic Psychology*, 00(0), pp. 1-19.
- Lago, C. (2006). *Race, culture, and counselling: The ongoing challenges*. New York: McGraw-Hill House.
- Laungani, P. (1999). Client centred or culture centred counselling, in S. Palmer & P. Laungani (eds.), *Counselling in a multicultural society*. London: Sage.
- Levitt, B.E. (2005) Non-directivity: the foundational attitude, in Levitt, B.E. (eds.). *Embracing non-directivity: reassessing person-centered theory and practice in the 21st century* (pp. 5-16). Ross-on-Wye, Herefordshire, U.K.: PCCS Books.
- Levy, H. C., Stevens, K. T., & Tolin, D. F. (2022). Research Review: A meta-analysis of relapse rates in cognitive behavioral therapy for anxiety and related disorders in youth. *Journal of Child Psychology and Psychiatry*, 63(3), 252–260. <https://doi.org/10.1111/jcpp.13486>
- MacLochlainn, J., Mallett, J., Kirby, K., & McFadden, P. (2022). Stressful Events and Adolescent Psychopathology: A Person-Centred Approach to Expanding Adverse Childhood Experience Categories. *Journal of Child & Adolescent Trauma*, 15(2), 327–340. <https://doi.org/10.1007/s40653-021-00392-8>
- McLeod, J. (2010). *Case study research in counselling and psychotherapy*. London: Sage.



- McLeod, J., (2016.) Narrative Case Studies and Practice-Based Learning: Reflections on the Case of "Mr. R". *Pragmatic Case Studies in Psychotherapy*, 11(4), pp.239-254.
- Mearns, D. & Thorne, B. (2000). *Person-centred therapy today: new frontiers in theory and practice*. London: Sage.
- Mearns, D. (2003). *Developing person-centred counselling (second edition)*. London: Sage.
- Mearns, D. (1997). *Person-centred counselling training*. London: Sage.
- Murphy, D., & Cramer, D. (2014). Mutuality of Rogers's therapeutic conditions and treatment progress in the first three psychotherapy sessions. *Psychotherapy Research*, 24 (6), pp. 651-661.
- Novella, J. K., Ng, K.-M., & Samuolis, J. (2022). A comparison of online and in-person counseling outcomes using solution-focused brief therapy for college students with anxiety. *Journal of American College Health*, 70(4), 1161–1168. <https://doi.org/10.1080/07448481.2020.1786101>
- Otte, C. (2011). Cognitive behavioral therapy in anxiety disorders: current state of the evidence. *Dialogues in Clinical Neuroscience*, 13(4), 413–421. <https://doi.org/10.31887/DCNS.2011.13.4/cotte>
- Paalimäki-Paakki, K., Virtanen, M., Henner, A., Nieminen, M. T., & Kääriäinen, M. (2022). Effectiveness of Digital Counseling Environments on Anxiety, Depression, and Adherence to Treatment Among Patients Who Are Chronically Ill: Systematic Review. *Journal of Medical Internet Research*, 24(1), e30077. <https://doi.org/10.2196/30077>
- Peachey, L. (2006). Personal reflections in training as a person-centred counsellor. In G. Proctor, M. Cooper, P. Sanders, & B. Malcolm (Eds.), *Politicizing the person-centred approach: An agenda for social change*. Monmouth: PCCS Books, pp. 60-65.
- Proctor, G. (2002). *The dynamics of power in counselling and psychotherapy: Ethics, politics, and practice*. Monmouth: PCCS Books.
- Prouty, G. F. (2001). The practice of pre-therapy. *Journal of contemporary psychotherapy*, 31(1), pp. 31-40.
- Raskin, N. J., & Rogers, C. R. (2000). Person-centered therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies*. Itasca, IL: F.E. Peacock. (pp. 113-167).
- Rodgers, B., & Elliott, R. (2015). Qualitative Methods in Psychotherapy Outcome Research. In *Psychotherapy Research* (pp. 559–578). Springer Vienna. [https://doi.org/10.1007/978-3-7091-1382-0\\_27](https://doi.org/10.1007/978-3-7091-1382-0_27)
- Rogers, C. R. (1951). *Client centred therapy: It's current practice, implication and theory*. London: Robinson.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting and Clinical Psychology*, 21 (2), pp. 95-103.
- Rogers, C. R. (1959) A theory of therapy, personality, and interpersonal relationship as developed in the client-centred framework, in S. Koch (ed.) *Psychology: a study of a science, Study I. Conceptual and systematic: Vol. 3 Formulation of the person and the social context*. London: McGraw-Hill. (pp. 184-256).
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. London: Constable & Robinson.
- Russo, G. M., Balkin, R. S., & Lenz, A. S. (2022). A meta-analysis of neurofeedback for treating anxiety-spectrum disorders. *Journal of Counseling & Development*, 100(3), 236–251. <https://doi.org/10.1002/jcad.12424>



- Sabri, F. (2023). How Modernism and Postmodernism Perspectives Can Inform Counseling Practices? *Bulletin of Counseling and Psychotherapy*, 5(1). <https://doi.org/10.51214/bocp.v5i1.186>
- Sachse, R., & Elliott, R. (2002). Process–outcome research on humanistic therapy variables. In *Humanistic psychotherapies: Handbook of research and practice*. (pp. 83–115). American Psychological Association. <https://doi.org/10.1037/10439-003>
- Sales, C. M. D., & Alves, P. C. G. (2014). Quality of care through the eyes of the patient: personalised routine measurement system in mental health. *Transcultural*, 6(1), pp. 115-127.
- Shapiro, M. B. (1961). A method of measuring psychological changes specific to the individual psychiatric patient. *British journal medical psychology* 34, pp. 151-155.
- Smith, K., Shoemark, A., McLeod, J. & McLeod, J. (2014). Moving on: a case analysis of process and outcome in person-centred psychotherapy for health anxiety. *Person-centered & Experiential Psychotherapies*, 13(2), pp. 111-127.
- Standal, S. W. (1954). *The need for positive regards: A contribution to client-centred theory*. (Unpublished doctoral dissertation). University of Chicago, Chicago, IL.
- Stephen, S., Elliott, R. & Macleod, R. (2011). Person-centred therapy with a client experiencing social anxiety difficulties: A hermeneutic single case efficacy design. *Counselling and Psychotherapy Research*, 11(1), pp. 55-66.
- Stephen, S., Elliott, R., & Macleod, R. (2011). Person-centred therapy with a client experiencing social anxiety difficulties: A hermeneutic single case efficacy design. *Counselling and Psychotherapy Research*, 11(1), 55–66. <https://doi.org/10.1080/14733145.2011.546203>
- Stiles, W. B., Barkham, M., Twigg, E., Mellor-Clark, J., & Cooper, M. (2006). Effectiveness of cognitive-behavioural, person-centred and psychodynamic therapies as practised in UK National Health Service settings. *Psychological Medicine*, 36(4), 555–566. <https://doi.org/10.1017/S0033291706007136>
- Stogiannos, N., Carlier, S., Harvey-Lloyd, J. M., Brammer, A., Nugent, B., Cleaver, K., McNulty, J. P., dos Reis, C. S., & Malamateniou, C. (2022). A systematic review of person-centred adjustments to facilitate magnetic resonance imaging for autistic patients without the use of sedation or anaesthesia. *Autism*, 26(4), 782–797. <https://doi.org/10.1177/13623613211065542>
- Stravynski, A. (2007). *Fearing others: The nature and treatment of social phobia*. Cambridge: Cambridge University Press.
- van Dis, E. A. M., van Veen, S. C., Hageraars, M. A., Batelaan, N. M., Bockting, C. L. H., van den Heuvel, R. M., Cuijpers, P., & Engelhard, I. M. (2020). Long-term Outcomes of Cognitive Behavioral Therapy for Anxiety-Related Disorders. *JAMA Psychiatry*, 77(3), 265. <https://doi.org/10.1001/jamapsychiatry.2019.3986>
- Warner, M. S. (2000). Client-centred therapy at the difficult edge: Work with the fragile and dissociated process. In D. Mearns & B. Thorne (eds), *Person-centred therapy today: New frontiers in theory and practice*. London: Sage. (pp. 144-171).
- Warner, M. S. (2017). A person-centred view of human nature, wellness and psychopathology. In S. Joseph (ed), *The handbook of person-centred therapy and mental health: Theory, research and practice*. Exeter: PCCS Books. (pp. 92-115).