2 Case Description

The following case description provides the base material for each of the clinical case formulations in subsequent chapters. An overview of the client’s history, experiences, and current circumstances is provided in a chronological, narrative form. Given that different psychological approaches prioritise, highlight, and attend to specific factors and client experiences differentially, we attempted to avoid imposing a structured, theoretically-aligned format on our contributors in order that their subsequent formulations could be aligned with their own ways of working. Direct quotations from the client are provided in quotation marks and provide insight into her own perceptions of her experiences and difficulties.

2.1 Introducing Molly

Molly is a 29-year old single woman who currently lives alone in a new, modest, rented apartment close to the city centre. Although she has one long-term close friend (Eve), and a number of casual acquaintances, she tends not to socialise a great deal as she finds it “difficult to be (herself) in larger groups”. Instead, she uses social media to keep up with people and will talk to Eve on the telephone once every week or so. Molly works 30 hours a week at the city library close to her home, and until recently, enjoyed her job.

In her spare time, Molly likes to read, watch TV, cook, and browse online shops and auction websites for antique porcelain dolls. She also runs errands for her parents who live nearby, and although they are relatively young, Molly feels that they make excessive demands on her time and can make her feel guilty if she does not meet those demands.

2.1.1 Childhood and Early Adolescence

Molly has one younger sister, Ella, who is currently studying for a PhD at university. Although Molly is very close to Ella and has always relied on her for support, she feels that life has been easier for her sister and that their parents “love Ella more than (her)”. Molly feels that Ella was “spoiled” as the youngest child and did not have to try as hard to earn their parents’ affection.

Molly feels that her home life “lacked warmth” when she was growing up. Her parents lived quite separate lives within the same household; each had their own bedroom and sitting room where they would spend most of their time, but although Molly’s mother would be verbally critical and dismissive of her father, there were no
direct confrontations. In contrast, Molly was considered “overly emotional” and “dramatic” by her parents as she would become tearful and would fight with her sister over “little things”.

In contrast to other family members, Molly also had more contact with the family GP, frequently complaining of nausea and constipation. More recently, Molly was diagnosed with idiopathic pelvic pain and Irritable Bowel Syndrome (IBS).

At school, Molly was well-liked by her teachers but found it difficult to form and maintain relationships with the other children. She describes herself as being “too controlling” and “emotionally demanding” of the few friends she had, although “one or two girls put up with (her)”. Molly’s mother had high academic expectations and conveyed that Molly should be able achieve without relying on help from others; at times when Molly did not achieve as well as expected, her mother would express her disappointment by “giving one of her ‘looks’”.

### 2.1.2 Early Adulthood

From a young age Molly had always wanted to train as a teacher. She achieved good grades in her exams at school and college, and successfully obtained a teacher training position at university. However, although she was initially excited about starting university, the training programme involved many role-plays, presentations, and class discussions which made Molly feel “stressed” and “exposed”, and she began to avoid classes and assignments that involved direct participation. Consequently, she started to fall behind with her work, became less integrated with her peers in class, and due to her absences, was not invited to as many social occasions as other people.

Molly’s move to university was the first time she had been away from home for an extended period and she initially found not living with her parents difficult; although her fellow students seemed to embrace the freedom that university life offered, Molly found the experience somewhat overwhelming. However, her housemates were friendly and would cook, eat, and socialise together, but Molly would only join them if she was asked directly because she did not want to “impose” on the group.

One of the housemates, Jack, showed an interest in Molly, and after spending an afternoon drinking together, they went to Molly’s room to have sex. During the encounter, three other housemates charged into Molly’s room and teased the couple for being in bed together; although Jack laughed along with them, Molly felt acutely embarrassed and ashamed.

After her encounter with Jack, Molly tried to spend more time with him over the next month, but he appeared not to be interested in her anymore and accused her of being “clingy”; Molly believed he was purposefully ignoring her, was speaking badly about her to others, and “laughing” behind her back. Consequently, Molly began to withdraw further, and during her second term, dropped out of university altogether and returned home to live with her parents.
2.1.3 Adulthood

After leaving university, Molly worked various temporary jobs, mainly in administrative support and general office work. Although she obtained a position as a classroom assistant, this was a temporary position and the contract was not extended further. Molly felt that if she had “fitted in more” with the teachers and other staff members then perhaps they would have made her a fulltime member of staff.

After her period at university Molly lived intermittently with her parents until she was 27. During that time, she also lived briefly with a boyfriend (Danny) and her sister Ella. Although Molly and Ella lived together for a year and spent a lot of time together, they would frequently argue because Molly felt Ella had too many casual boyfriends, stayed out too often, and did not help enough around the house. When Ella was offered a funded PhD in another city, Molly returned to her parents’ home as she could not afford the rent alone.

Molly’s relationship with Danny was short-lived. Molly met Danny through a friend of her sister during a rare occasion when she had agreed to go out for a drink. Molly felt “very much in love” with Danny and was sure “he was the one”, and moved into his flat with him around a month later. However, Danny ended the relationship the month after following an argument, telling Molly to move out of his flat, and accusing her of being “emotionally demanding” and of having moved in without “fully asking” him. Molly was devastated when Danny ended the relationship and felt ashamed at having to move back with her parents, particularly as they had told her that the relationship was “moving too fast” and would not last. A few weeks later, Molly discovered that Danny had been seeing other people when he was with Molly; shortly afterwards, Molly was admitted to hospital following an overdose of painkillers.

Molly was transferred to an acute psychiatric ward for two weeks. During that time she openly talked about feeling worthless, and nursing records report that Molly started to “copy” the behaviour of other individuals on the ward, including minor self-cutting, and that nursing staff felt Molly was “histrionic” and that her problems were “behavioural,” “manipulative”, “attention seeking”, or due to a “personality disorder.” However, other staff members felt they established a positive relationship with Molly and expressed sympathy that she did not receive any visitors during her admission.

Following discharge from hospital Molly returned to her parents’ home. Although she had been advised to seek a referral for psychological therapy from her GP, Molly felt that any further contact with mental health services would add to the stigma her parents already felt by having a “daughter who had been in the madhouse”. Molly felt that she “had to pull (herself) together” and that she had been “stupid to have such a reaction to a breakup with a boyfriend”. She made extra effort with her parents, performing errands and chores for them, and obtained her job at the library after seeing the position advertised when returning some books for her mother.
After starting work, Molly moved out of her parents’ home into her flat. She found her new independence markedly different from her time at university; she “enjoyed having a cleaning routine after work”, became very “house proud”, and started to enjoy baking cupcakes and brownies for her work colleagues.

More recently, another woman, Amy, started working at the library. When Amy first started, Molly “took her under (her) wing” and “showed her the ropes”. The pair got on well for a month or so until Molly thought she heard Amy making a joke about Molly’s clothes to another colleague. Molly did not confront Amy about the comment, but started to spend less time chatting with her colleagues and began to worry that they did not like her; she started to decline invitations for after-work drinks and stopped taking baked items to work.

2.1.4 Current Difficulties

Around this time, Molly started to have trouble sleeping; she would think about conversations she had had at work, what her colleagues had said to her, what she would have liked to have said to them, and would find it difficult to stop her “mind churning over the nonsense of the day”. She would find it difficult to sleep and started staying up late during the week, often snacking and watching TV. Molly started to feel “constantly tired” at work, found it difficult to motivate herself to tidy her flat, felt she had little energy to do anything other than work and sleep, and previous hobbies gave her much less pleasure. Molly’s weight also started to increase, and she would attempt to control this by not eating during the day, but would then feel very hungry in the evenings and would snack or order takeaway food.

Due to her sleeping difficulties, Molly requested help from her GP and was prescribed sleeping medication. However, although the medication helped Molly sleep, she found that she woke feeling very tired, remained lethargic throughout the day, and found it difficult to concentrate at work. In a further consultation with her GP, Molly reported that the medication was not helping her, that she was gaining weight, and that she often had “butterflies in (her) tummy” that frequently made her feel like she needed the toilet. After further prompts, Molly disclosed that she felt “miserable” and “stressed at work”; she became tearful and stated “there is no point in going on”. She denied feeling suicidal but told her GP that she “just wanted help to sort (herself) out”. After some initial protestation from Molly, her GP referred her for psychological therapy.

2.1.5 Psychological Therapy

Due to local demand for services, Molly was on the waiting list for psychological therapy for four months before she had an initial assessment. In her first session,
Molly appeared physically tense and sat very still and upright; her breathing was shallow and her gaze fluctuated markedly between the therapist and the door. She expressed anger at the therapist for having to wait so long to see someone, was confrontational and critical when the therapist attempted to explain the wait, and became overtly emotional – frequently sobbing and irritably snapping at some of the therapist’s questions – but then apologising and expressing frustration for not “keeping (herself) together”. Molly told the therapist that she felt “totally useless”, and although she is “not stupid” she had “let everyone down” and felt that she had no real “role or importance to anyone special”. Molly described her parents as “completely obsessed with themselves” and that they were “not really there” for her during her childhood. She told the therapist that “She [mum] would have loved to say I was a teacher” but that her parents must now see her as “a freak show”.

Molly found her initial session with her therapist emotionally demanding but agreed to continue therapy; she has now had three sessions in total. As the sessions have progressed, Molly has told the therapist that she feels that she is underachieving at work, feels that others are losing patience and are critical of her, and that she is “weak and useless” because she is tearful and depressed. She refers to herself as “an irritation”, “an embarrassment” and suggests that she has “never been enough” or “interesting”.

In her second session, Molly alluded to “past traumas” but withheld from disclosing further information, instead stating that she “should be able to pull (herself) together and ought to be able to get on with things”. However, in her most recent session, Molly disclosed that she was sexually abused when she was nine years old over a period of two months. She has never informed anyone of the experience, stating that her family would think she had “made up the allegations for attention”, that it would “wreck the family”, and that “you just have to get on with it”. She presents as very reluctant to discuss the matter further.

Molly also informed her therapist that she believes Danny, her “first real boyfriend”, finished their relationship because she was unable to be consistently sexually intimate with him. Although she reports having sexual thoughts and responses, and engages in occasional flirting, Molly worries about it “going too far” and feels “dirty” when she experiences a physical sexual response. She states that she feels “unattractive”, “frumpy”, and that she “couldn’t believe that Danny had liked (her)” and that she is “not going to get that lucky again”. She explains that there is “no point in having another relationship”, because if she does not have sex with her partner, then he will “go elsewhere for it” and will “abandon (her) like Danny did”. When telling her therapist this, she becomes visibly annoyed and states that she hates “being so needy”.

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2.1.6 Therapeutic Goals

Molly has found it difficult to clearly identify her goals for therapy. However, as the sessions have progressed, she has informed her therapist that she wants “to get better”, “feel the opposite” of how she feels now, “feel more confident”, and that she would “really like to make everyone proud in some way”. 