

*A Good Example of a Christian Counseling Thesis / Dissertation for the  
MA / MCC / DCC / Th.D. Programs*



MASTER'S THESIS

25 CASE STUDIES

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## CASE STUDY ON ABANDONMENT

### Personal Background Information

Name: Regina  
Sex: Female  
Age: 32  
Marital Status: Separated  
Children: 1 girl

### Reason For Seeking Counseling

1. Abandonment of husband as he no longer wanted to be married
2. She learned she had cancer two months before her husband walked out

### Overview

Her A.P.S. report indicated that she was:

1. Phlegmatic Choleric in Inclusion
2. Phlegmatic Supine in Control
3. Supine in Affection

### Session Notes:

#### Session One:

Regina came to my office as she was seeking Christian based counseling and began by pouring out all of her problems with out hardly a pause. She informed me that her husband had abandoned her and her daughter over three months ago when she learned she had a life threatening cancer. She said with no warning he just up and left.

I could see she was more concerned about the issue of her husband abandoning her and her daughter than about her cancer. She stated, "He made the decision to walk out on us – I didn't make the decision to have cancer."

Regina had little experience working outside the home. She worked part-time as a substitute teacher before her daughter was born. Since her birth, Regina became a full-time homemaker. Regina's parents have been helping Regina financially since Regina's husband, Tom, has been on the run. She has had no contact with him since he left home. With no income coming in, Regina accepted food stamps and help not only from her parents but close friends as well. Last week she began a daycare job where she can be

with her daughter and not have to pay for childcare. This seems to be working out well for Regina and her daughter.

I suggested that she complete the A.P.S. Response Form and allow me to set up a regular schedule of counseling for her. She agreed to this so I set an appointment for next week and administered the A.P.S. report.

### **Session Two:**

I opened the session in prayer and I taught Regina about herself according to her A.P.S. Report. I spent time teaching her about her unique needs and of Godly ways to meet her needs. Regina seemed to agree with most of report however, she wanted to study it further during the course of the week ahead. As this took all of our session time, I closed our session in prayer lifting Regina up to God as she starts her second round of radiation treatments tomorrow.

### **Session Three:**

Regina reported that her radiation treatments are going well with minimal side effects. She began our session today with questions about her report starting with several traits in her Inclusion. Being Phlegmatic Choleric in Inclusion, Regina agreed she is tough-minded, stubborn and has a temper. She has tried to get a handle on these areas but seems to always fail. I explained she needs to maintain a proper balance of work, relaxation, exercise, and diet in order to reserve her energy so as not to become so tired that she may lose her temper. She needs to learn not to use her sense of humor and tough-mindedness to hurt people and to deal with her anger constructively and in ways pleasing to God.

It was at this time Regina admitted that she and Tom got married when they found out she was pregnant. They were not engaged at the time nor were either one of them Christians. Regina and Tom decided to elope. This devastated her parents but they never turned away from her. She said, "They have and continue to be wonderful parents to me and wonderful grandparents to Tina, now 2 years old."

Regina voiced she is worried that she may not survive her cancer and wonders what will happen to Tina. She has arranged with her parents to adopt Tina if her cancer becomes terminal. In the back of her mind she wonders that Tom may show up one day and try to get custody of Tina. I encouraged Regina to complete her Advanced Directives to include her medical care and her wishes for Tina. I also directed her to contact her lawyer to draw up legal papers specifying her wishes for Tina to be in place if she could no longer care for her. Regina respectfully agreed to take care of these matters as soon as possible.

I gave her Scripture verses to help her to know that God is with her and is watching over her and her circumstances. I closed our session in prayer.

#### **Session Four:**

It was two week later before I met with Regina again. She had completed her Advanced Directives with copies given to me, her parents, her lawyer, and to her physician. She also had legal papers drawn up regarding custody of Tina if her health should fail. She continues to report her treatments are going well.

I directed Regina's attention to her Control traits. Regina is Phlegmatic Supine in Control. Regina agreed she moderately depended on Tom and now her parents however; she does not like to be totally controlled. She agrees she operates best when she has someone to help her with decision-making as she is uncomfortable with being totally responsible for herself or for others. Regina has a moderate amount of indirect behavior, and wants people to know what she wants without telling them. When family and friends don't "read her correctly" she becomes angry. She agreed this sound ridiculous but it is the truth.

I encouraged Regina and told her that she needs to learn to have others help her make decisions and to share responsibilities for those decisions. She needs to learn to recognize her hurt feelings as anger and to understand she must communicate her needs to her close relationships for them to understand her and meet her needs.

Next, I turned her attention to her Affection traits. Regina did not seem surprised tendencies and needs. Regina requires a great deal of love and attention, and is capable of expressing a great deal. She stated she always showered love and affection to her husband but rarely received the same. She stated out loud, "I wonder if Tom ever really loved me. He rarely showed me affection and only occasionally told me he loved me." I explained Tom seemed to have a lot of Melancholy traits and briefly explained how one with this temperament would react and respond to others to include loved ones in their lives.

Regina realized she had harbored much anger toward Tom – for leaving her and her daughter – especially at a time like this. I walked her through the stages of grief and loss. I normalized and validated appropriate reaction/responses and encouraged to "vent." She expressed her anger, resentment and sorrow and cried until she had no more tears. Once I had her full attention I explained God's great love for her and that he truly cares about what is happening in her life. Regina said she realized this because she became a Christian six months after Tina was born. A group of ladies on her block invited her to a neighborhood gathering and that's when she accepted Christ as Savior. Regina has intermittently gone to church or read her Bible. I gave her Scripture verses to read and to meditate on during the next week. Also, I have her information to take home regarding grief and loss.

## **Session Five:**

Regina missed the past two appointments due to her radiation treatments. When she came in today she reported that she is considered in remission by her physician. We rejoiced together, giving God all the glory.

Regina had memorized the Scripture verses I had given her three weeks ago. She said God is filling her with peace in the middle of her circumstances and giving her a heart to let go of all the negative feelings she had toward her husband and to release him into God's hands. By this statement I could tell Regina was offering true forgiveness. She said God loves me and He wants me to totally rest in Him.

Regina continues to receive support from her parents, close friends, and from families in her neighborhood. She is involved in a women's ministry at her church and is finding it very rewarding. She elected to end future counseling sessions at this time. I gave her a big hug and told her that I will always make myself available to her should she need anything.

## **CONCLUSION**

Regina's problems slowly began to be resolved. As healing took place, Regina began to take charge of her life with the assistance of her close relationships. She was able to get off welfare when she obtained the job in daycare allowing her to support her and her daughter and allowing her to be with her daughter every moment.

She is currently cancer free and is keeping close contact with her physician. In a recent follow-up call Regina reported she is dating a Christian gentleman who lost his wife due to a terminal illness three years earlier. He has a 3 year old daughter and doing his best to raise her. Regina and her boyfriend are contemplating marriage in the future. They plan to call me if they decide to get married in future to go through pre-marital counseling. It appears her boyfriend is very supportive and capable of making decisions to include Regina and her daughter. Most of her previous needs are being met now.

Regina is very intelligent and the knowledge she received from the A.P.S. report was truly valuable to her. When Regina learned about her temperament, she began to understand why she acts and reacts certain ways. Once she understood who God had created her to be, she with His help became a happier more secure individual, mother, daughter and friend.

## CASE STUDY ON ALCOHOLISM

### Personal Background Information

Sex: Male  
Name: Brad  
Age: 28  
Marital Status: Married  
Employed: Yes  
Wife: Tammy  
Children: 6 month old baby & 1 Toddlers

### Reason for Seeking Counseling

1. Addition to alcohol
2. Family minister referred him to counseling

### Overview

His A.P.S. report indicated that he was:

1. Melancholy in Inclusion
2. Melancholy compulsive in Control
3. Choleric in Affection

Her A.P.S. report indicated that she was:

1. Melancholy in Inclusion
2. Supine in Control
3. Melancholy Phlegmatic in Affection

### Session Notes:

Brad was referred to me by his pastor who recently had a visit from Brad's wife who was seeking help for her husband and didn't know who to turn to. Brad's minister had no clue Brad had a drinking problem as he was always punctual and diligent in caring out tasks and projects. His wife Tammy stated Brad drinks every day and heavily during the evenings when he has little to no obligations for the next day. Brad has never been physically abusive to her but when he drinks he becomes very irritable, moody and at times angry. Lately, he denies and gets upset with Tammy if she complains about his drinking. Brad's grandfather and father were alcoholics.

Tammy could see that Brad was heading down a path that would be detrimental to their marriage and to his health. The pastor reported that Brad and Tammy are Christians and they have faithfully served the church for the past five years. He encouraged Tammy to call me as soon as possible and she did. I set up an appointment for the next week.

### **Session One:**

I met with Brad and Tammy during the initial appointment. I gathered information concerning his history, his family's history, his medical background and any information that might help paint a picture of the situation. Brad informed me that he had changed positions at his job 5 months earlier in order to have a pay increase. He described the position as being very stressful. He said the responsibility that comes along with being a husband and father of two children has been overwhelmingly stressful as he is always worried about not having enough money to pay the bills. As the responsibilities continued to increase, Brad's stress level increased to the point when he turned to alcohol to help him cope. Brad and Tammy agreed that when they became parents, she would stay at home and take care of the children. They both were still standing firm on this subject.

I explained the A.P.S. report and administered it to both clients. I told Brad that I wish to see him alone during the next three counseling sessions and during that time he would be learning about himself with the A.P.S. results, and learn of positive coping skills to help him defuse some of the stresses in his life. He agreed to this and an appointment was set for next week.

### **Session Two:**

Brad was on time for his appointment and before we began I opened our meeting in prayer. I felt it good to ask Brad further questions about the frequency of his use of alcohol and if he has had any blackout spells. He agreed his alcohol intake has increased three-fold since he picked up his first beer three months ago and that he has had two black-out spells in the past month. He consumes 2-3 beers a night. When I asked him the (3) questions for alcohol screening, Brad is a moderate drinker. Next, I administered the Michigan Alcoholism Screening (MAST) questionnaire to Brad and his score was a 5 which is indicative of alcoholism. It was clear that Brad was insecure about his new position at his job and about making enough money to provide for his family.

I explained to Brad his A.P.S. report as a whole however I spent the majority of this session going over his Inclusion score. Brad is Melancholy in Inclusion. He agreed he is a perfectionist, a private and serious person who is task-oriented. He agreed with all his traits and greatly agreed with trait:

- # 3 He is task-oriented. He does not know how to relate to people so he approaches them as he would when undertaking a task.
- # 6 He fears rejection because of his low self-esteem. He is easily offended and if rejected he will ventilate his anger in destructive ways.
- #8 His mood swings follow his thinking process. If he thinks upward, his mood goes up; if he thinks downward, his mood goes down.
- #11 He has a fear of economic failure.

Brad's old position at work was ideal for him even though it was less pay. The new position was fast-paced and required that he interact frequently with people. Brad needs to find employment or a different position at his current job where he can undertake tasks with a minimum amount of interaction with people. He agreed he would rather work for people than with them even if it means less salary. Brad plans to talk to his wife about asking his boss to give him his old job back in order to lessen the amount of stress in his life.

Brad needs to learn to look to God to ease his fear of rejection. In doing so this will help to elevate his fear of rejection and decrease his anger. He needs to learn to deal with anger constructively, and in ways pleasing to God. As Brad learns to lean on God he will have less fear of economic failure. He needs to have economic stability at all times because of his severe fear of economic failure. He agreed strongly that his mood swings follow his thinking process which lately his thinking has been mostly downward. Brad turned to alcohol as a way to cope however alcohol is a depressant and harmful to self and others. It further masks Brad's deep emotional pain. I told Brad that he needs to learn to focus his thoughts on the positive things in life rather than the negative. I encouraged him to stay in the Word, to allow God to bring healing and comfort to his heart through mediating on the Scriptures.

As time came to a close, I prayed with Brad and highly encouraged him to attend the local Alcoholics Anonymous for additional support and I encouraged Brad to tell Tammy about Al-Anon. With his approval and in his presence, I called the facilitator of the local AA and gave the phone to Brad to allow him to ask questions in order to ease his fears.

### **Session Three:**

Brad came in and informed me he had attended the AA meeting and that the people there made him feel welcomed. He stated he almost backed out but the facilitator called him 1 hour before the meeting and encouraged him to attend. Brad said he realizes he is not alone in his condition, referring to those present, and added, "I know God is with me and will give me the strength to overcome 'alcoholism,' if I will lean on Him throughout each day." He made a covenant with the facilitator and other members present that he would faithfully attend the meetings and that they would keep each other accountable. Tammy has agreed to attend the Al-Anon meeting next week.

Next, I reviewed with Brad his Control score. Brad is Melancholy compulsive in Control. Brad agreed with all his tendencies and greatly agreed with traits:

- # 5 He compulsively demands truth, order, reliability, and dependability from self and others.
- #8 He has a compulsive fear of the unknown. When moving into unknown areas, he requires time to build up self-confidence.

Brad needs for his family to know that he needs truth, order, reliability and dependability for them and from himself. He said he has let himself and his family down for turning to alcohol rather than turning to his wife and letting her know what he needs. I told Brad being a husband and father of two small children can be quite demanding and not to expect his wife to be able to

meet all his needs. We looked at other options to assist he and his wife in facilitating order, reliability and dependability such as church daycare or neighborhood mothers taking turns providing child care for each other once a week. This would allow for Tammy to clean house, run errands and to keep an orderly home. Brad also understands that Tammy needs his help with the children and that the children need him. It is apparent that he loves being a father but fears he may not be a “good” father. I encouraged him to learn to trust God with his life and his future and when he does this each day this will reduce his fear of the unknown.

I closed our session in prayer and gave him a list of Scripture verses to meditate on during the week ahead.

#### **Session Four:**

Brad informed me he had a good week last week. He has not had a drink of alcohol in five weeks now. He continues to attend AA and states he has made some truly great friends there. He has on several occasions called members in the middle of the night when he needed their support and encouragement. Tammy went to the Al-Anon this week and told Brad it was very helpful to her. He reports she is very supportive.

Next, I explained to Brad his Affection score. He is Choleric in Affection. He agreed with all his traits however he wanted further clarification on traits:

- # 4 He finds it difficult to relate to the deep, tender feelings of others (especially his father).
- # 7 He rejects deep relationships if they do not meet his terms or provide love according to his standards.

Before I began to explain, Brad stated that his father rarely showed love, affection or approval to him as a child. Now however his father is reaching out to him and Brad thinks he only wants something from him. I reminded Brad of the importance of positive thinking and I asked him if he was harboring things against his dad. He told me story after story of how his father was never there for him growing up and of the times he let Brad down. Brad came to realize during this time that he needed to forgive his father and let the past go. We paused at this time and I asked Brad if he would like to go to God in prayer with this right now. He agreed and began to pray. As he did so he wept and prayed. He received God’s healing tough during this special moment.

Brad agreed he needs to learn to recognize the needs of others (including his father) when expressing love and affection instead of using his love and affection as a way of manipulating others into always doing it his way. He needs to learn to look at others (including his father) with the “Eyes of Christ” so as not to reject people and the love they show if they do not meet his terms and standards. Brad understands he needs to say “I love you” to his loved ones by doing special things (tasks) rather than expressing too much physical love and affection.

I closed our session in prayer and encouraged Brad to speak to his father in hopes of building a new relationship with him. I told Brad that I would like to see him and his wife together next week and we set the appointment.

## **Session Five:**

I met with Brad and Tammy today. Brad continues his meetings with AA and Tammy is participating in Al-Anon. Each is finding the meetings extremely helpful. Tammy with the help of her friends have organized a “mother’s morning out” to assist mothers’ of young children to have some time of respite, of running errands, or doing housework. This has helped Tammy to keep an orderly home. It has given her time to think and to organize herself and her home.

Tammy informed me that Brad has not taken a drink in over 6 weeks now and they are very encouraged. She continued by saying Brad is less moody, less angry and less irritable. Brad states he has engaged new coping skills especially implementing the 12 Step Program for healing.

Brad did talk with his father last week. He said the conversation went well and that they plan to take a trip to see him and his mother next month. Brad’s boss continues to work with Brad, but to date he is still in his new position at work. As Brad is active in AA and increasing his attendance there he chose to end counseling at this time. He and Tammy agreed to call me for periodical updates through out the year. I closed our meeting in prayer.

## **CONCLUSION**

I received several calls from Brad throughout the year. He has not had a drink now in over 15 months. He said with God’s help and with the support of his family, his minister and friends at AA he has a new perspective, new purpose and new meaning in life. Brad continues to work with his tendencies in the Melancholy areas of Inclusion and especially his compulsive tendencies in Control. Once Brad had a better understand of himself – his needs and of Godly ways of meeting his needs – everything became clear. He has implemented positive coping skills and has a strong support system.

Brad was not able to get his old job (as it was filled) however his employer was able to place Brad in a position that required less interaction with people and allowed him to go at his own pace. Brad reports loving his role as a father. He voiced knowing God is with him and will always supply their needs as a family.

## CASE STUDY ON ANGER

### Personal Background Information

Sex: Female  
Name: Angie  
Age: 34  
Marital Status: Married  
Children: 1 daughter  
Employed: Accountant

### Reason for Seeking Counseling

1. Anger
2. Fear of rejection
3. Her husband encouraged her to seek help
4. To have better understanding of self

### Overview

Her A.P.S. report indicated that she was:

1. Melancholy compulsive in Inclusion
2. Melancholy in Control
3. Melancholy in Affection

### Session Notes:

#### Session One:

Angie was referred to me by her pastor as he sought competent Christian counseling for her. I met with Angie and gathered background and history information gathered by the Personal Questionnaire and administered the A.P.S. report. It seemed clear during this session that Angie was a perfectionist and set high standards for herself and for her family. She keeps an orderly home with everything in its place. She stated she came to counseling to help her better understand and to help her learn to control her anger which she said has gotten worse during the past year not better. Her husband Tim recently told her that she is stressing out over little things and he worries when big things come how she will handle them. Tim is out of the county on business and encouraged her to come to counseling. From the information I gathered from Angie, Tim temperament leans toward M-S-M which would help me better understand their relationship. I explained to Angie that we would review the A.P.S. report next week and I gave her a list Scripture verses to help her start dealing with her anger issues. I closed our meeting in prayer.

## **Session Two:**

I opened the meeting with prayer and explained Angie's A.P.S. report to her however I focused on her Inclusion area today. I first explained to Angie that she is uniquely designed by God for His purpose – for He has given us our temperaments to carry out His mission in this life. Angie agreed with all her Melancholy traits in Inclusion. During the remainder of the meeting emphasis was placed on responses 6, 8, and 10.

6. Compulsive fear of rejection because of extremely low self-esteem.
8. Mood swings that follow thinking process
10. Compulsive perfectionists

After much discussion, I began to see Angie's negative attitude and how she projected her negative attitude of herself onto others that in turn will force the negative response she expects. Angie's extremely low self esteem fosters her compulsive fear of rejection. I told Angie only God is able to build her self esteem to ease her compulsive fear of rejection. She acknowledged she has a high degree of anger and stated she is often out of control. I told Angie that is human to have anger but she must learn to deal with anger in constructive ways that are pleasing to God. Angie acknowledged she is a Christian but that she still has control of her own life. Angie had the belief that she should be able to conquer her negative thinking patterns. Angie came to understand during our session of our own sin nature and how Satan can get a foothold in our lives by what we allow our minds to dwell on. I addressed with Angie her need to be a compulsive perfectionist. I informed her that her standards are so high that no one can meet them not even her loved ones or herself. I explained only God is perfect and that He sent His only Son Jesus Christ who is perfect to be our example. I gave her Scripture verses to read and dwell on and challenged her to memorize these before our next session. Angie stated during our session she did not know how much she was trying to control everything in her life until now – and how miserable she was making life for herself and her family. It was at this time I asked Angie if she would like to confess this to God in prayer. She agreed and prayed a prayer confessing her sins and turning her life completely over to God. Angie was beginning to see herself as God sees her and what a joy to witness His intervention during this session.

## **Session Three:**

I opened our meeting with prayer. Today we focused on Angie's Control characteristics of her temperament. Again, Angie agreed with her temperament traits in Control. During this session we looked at traits 5, 9, and 10.

5. Demands truth, order, reliability and dependability from herself and others: A perfectionist.
9. Easily angered: Becomes angry if confronted for mistakes, if criticized, or made to look foolish.
10. Often rigid, uncompromising, and legalistic

Angie became aware during this session that she can not control nor was she responsible for her spouse's or her daughter's behavior. As in our last session, we stopped at this time and I asked Angie if she would like to acknowledge and confesses this to God – to let her family go and to entrust them to God. After Angie prayed she said she was seeing more clearly how she manipulates her family in most every aspect of their lives. Angie wept for a time and in doing so she seemed to bury her old self, letting go of; anger, low self-esteem, perfectionistic and legalistic ways. I asked Angie to read *The Lies We Believe* by Dr. Chris Thurman before our next session as I believe the reading would help her overcome faulty thinking and replace it with God's truth. Also, I gave her Scripture verses to read and closed our meeting in prayer.

#### **Session 4:**

Before our meeting began today, I asked Angie if she would like to offer a prayer. She agreed to do so and in her prayer I could tell she was relying more and more on God and less on herself. We talked about the Affection characteristic of her temperament. During the week, Angie had written a list of deep seated anger she had buried through the years. She confessed each listed item and turned each over to God. She stated the book, *The Lies We Believe* truly helped her to see her controlling nature and anger issues for what they were – all built on lies she has told herself most of her life. Angie stated, "For the first time in my life I know and understand God loves me just the way I am – the way He created me.

Angie agreed with her Affection traits and that her fear of rejection afforded her few close friends in her life. She seemed to understand at the point as she learns to become secure in God's love this will lessen her fear of rejection of deep relationships, and lessen of impact over loss of a deep relationship. Angie began to see she need to express her tender feelings in ways comfortable to her and to her family. She said she will make it a habit to tell her husband and daughter everyday, "I Love You" before they go out the door.

Angie continues to work on anger issues. She acknowledges painful memories she felt toward her deceased parents and toward her husband. She realized she must forgive her loved ones in order to free herself from anger and replace it with God's healing touch – forgiveness. I encouraged Angie to again list painful memories and to leave them at God's feet. I gave her new Scripture verses to meditate on, a daily devotional to encourage her walk with God, and I asked her to begin to journal as this is a wonderful tool to see the many ways God is working in her life. I closed our meeting in prayer.

#### **Session 5:**

Angie came into the office showing me her journal and was excited to tell me she has a new perspective on life because she sees God working in and through her. She voiced she given God the bad memories she has harbored so long – those against her deceased

parents and her spouse – and now she is free to give forgiveness because Christ first forgave her. She said she is free to give and accept love all because of Him. Angie stated she is making it a daily practice to tell her family and close friends she loves them and demonstrates this in ways pleasing to God.

It was clear in this session that she and Tim did not agree on how to discipline their 12 year old daughter. I explained in our many discussions, Tim appeared to be Supine in Control. I explained that someone with Supine traits in Control is not comfortable making decisions or being direct with their loved ones. This seemed to shed light on not only Tim's lack of giving their daughter discipline but also his lack or resistance to making sole decisions that affected their lives. I asked Angie to prayerfully and gently encourage Tim to take a shared responsibility in their daughter's life. I encourage Angie in this manner and asked her to allow God to lead her when talking with her spouse. I gave her a list of *parenting helps* to include books on parenting to share with Tim.

Angie never divulged during our sessions the hurtful memories she had of her parents. She voiced she has forgiven them however.

Angie elected to end counseling during this session. She agreed for me to call her in a month to see how she and the family were getting along. I closed our meeting in prayer.

## CONCLUSION

Angie came into counseling because she was having problems with anger that seemed to affect many areas of her life. She harbored anger toward her deceased parents and her husband. She had a high fear of rejection and was a “compulsive perfectionist.” No one could meet her demands not even herself. Angie is a constant thinker. She realized during the sessions that her mood swings followed her negative thinking patterns.

Angie gained a clearer understanding of herself during each counseling session. She learned to let go of past hurts with God's help and learned of ways to vent her anger that are pleasing to God. She learned of ways to encourage her spouses to take a shared responsibility in raising their daughter and in making decisions that affected their family.

One month after our session had ended, I called Angie to learn all seemed to be going well. She continues to work on her fear of rejection and feels she is making great strides in allowing God to help her control her anger. Tim is spending more time with them as a family. He is taking a shared interest concerning their daughter's needs and more engaged in decision making around the home.

I feel these counseling sessions were very successful. I believe Angie has a better understanding of her strengths and weaknesses and of Godly ways to meet her own needs. It is my joy to be God's instrument to help another fellow Christian in need – for it is not only a *blessing* but a *privilege*.

## CASE STUDY ON ANGER

### Personal Background Information

Sex: Male  
Name: Andy  
Age: 11  
Marital Status: Single  
Siblings: None

### Reason for Seeking Counseling

1. Andy's mother brought him for counseling as he has become uncontrollable.
2. He expresses much anger and is getting in constant trouble at school.

### Overview

His A.P.S. report indicated that he was:

1. Phlegmatic Choleric in Inclusion
2. Phlegmatic Choleric in Control
3. Choleric in Affection

Mother: White female  
Name: Becky  
Age: 38  
Marital Status: Divorced  
Employed: Teacher

Becky was referred to me by Andy's school counselor. Becky immediately called me to ask for my help as her son has become uncontrollable. She went on to say he has gotten in trouble at school on many occasions during the past year but only recently he states, "I don't care if I get in trouble and have to go to the principal everyday!" I asked Becky what has changed in Andy's life in the past couple of years. The first thing she mentioned was her and Andy's father's divorce which occurred 1 1/2 years earlier when Andy was 9 years old. Since that time Andy has steadily become more easily angered.

Becky reports she is a Christian and wanted me to know Andy has not accepted Jesus in his heart. She felt it was important to let me know Andy has asked many questions concerning different stories in the Bible and feels his heart is tender and open to God. I set an appointment to see Andy and his mother tomorrow at 4:00 p.m.

## Session Notes:

### Session One:

I met with Becky and Andy today at my office. It was apparent that Andy did not want to be here as he seemed to be quite distant and did not engage in conversation without a direct question. Andy expressed his temper on several occasions but I carefully managed him before he became uncontrollable.

I gathered information from Becky concerning Andy's behavior which appeared not to concern Andy in the least. I explained that A.P.S. Response Form to Andy and Becky and administered it to both of them. I further explained to Andy (as if to get his permission) that I would like to see him for the next several sessions alone and later we would meet all together with his mother. Andy agreed by nodding his head up and down.

I closed our session in prayer.

### Session Two:

I met with Andy who seemed to more open to what I had to say today. He reluctantly responded to my question initially but as our time progressed so did our relationship. Andy is bright and intelligent. Often he would use his dry sense of humor to keep me at a distance.

I showed him the results of his Inclusion score using the A.P.S. report. Andy is Phlegmatic Choleric in Inclusion. I had correctly guessed this before I saw the results. Slowly we went over each trait. Andy halfheartedly agreed with his tendencies. He did not agree with trait:

- # 9 He tends to punish rather than accept punishment. He becomes angry if someone tries to punish him, and he will retaliate with your dry or wry sense of humor.

Andy said he has never punished anyone. He seemed to think that punishment was only physical. When I explained all the many ways we can punish those we love by our actions, Andy put his head down and spoke in a whisper. He said he thought his father did not love him anymore because he only calls him once a week and gets him once a month on the weekends. I reassured to Andy that his father loves him very much and that he and his mother will always take care of him.

I sensed the Holy Spirit directing me to tell Andy about Jesus' love and acceptance of him. I wanted Andy to know Jesus is always there for him even when he feels his parent's are not. Andy was inquisitive about God's love and acceptance. As I answered all his questions it seemed the right moment to ask him if he would like to receive Jesus in his heart. Andy without hesitation said, "YES!" I led him in the sinner's prayer and Andy asked Jesus in his heart. What joy was on Andy's face! His countenance seemed to

change before my eyes. We rejoiced with Andy's mother that very moment (as she was in the waiting room). I offered a closing prayer and gave Andy a "New Believer's" packet appropriate for his age. I encouraged Andy to tell his pastor this Sunday of his acceptance of Christ.

### **Session Three:**

I met with Andy after school today. He said he has not gotten in trouble one time at school this week. His chance of character was very apparent. He was inquisitive about looking at his A.P.S. results in his Control area. Andy is Phlegmatic Choleric in Control. He is a leader in his class and he works independently of others. He agreed with his tendencies and especially agreed with:

- # 6 He becomes angry and stubbornly refuses to move when others push him beyond what he believe he are capable of doing. He uses his dry or wry sense of humor as a defense mechanism.
- #8 He needs recognition for his leadership capabilities and achievements.

Andy started by saying he is angry at his father and mother for getting a divorce. As he continued it became apparent that he was blaming himself for their divorce. The night before Andy learned of his parent's divorce, he had made his father very angry. Andy forgot to complete a list of chores his father had demanded he do before days end. When his father came home from work and saw that Andy had not done his chore he shouted at Andy repeatedly. Next thing Andy hears from his parents is that they were "getting a divorce." I told Andy that he did not cause his parent's divorce. I explained it was a problem between his mother and his father – which he had nothing to do with their decision. Andy recalled many times in the past when his parents would argue and often shout at one another. He agreed since their divorce they have all gotten along much better.

I told Andy that his needs to learn to control his anger so that it does not control him. He needs to learn to not use his dry and wry sense of humor, when he is angry, to retaliate or hurt people. I encouraged Andy to dedicate all of the tasks that he does for his parents and accomplishments in and out of school to God and to seek His recognition. When Andy does this it will lessen his need to receive approval from his parents, teacher, and his peers.

I closed our meeting in prayer and gave Andy a short list of Scripture verses to read along with a handout of positive ways to cope with anger and asked him to read over them before our next appointment.

### **Session Four:**

Andy showed me the Scripture verses I had given his to read for last week assignment. By each verse was a big check mark to indicate he had read it. It was clear he had read the handout, "Positive Ways of Coping with Anger" as he had highlighted each one.

He told me that he had talked with his father over the weekend and that everything I had told him had been correct. Especially of the fact that his father loved him dearly and that he reassured to Andy that he had nothing to do with he and his mother's divorce.

He seemed excited to be learning about himself which led us to his Affection traits. Andy is Choleric in Affection. The only trait Andy agreed strongly with was trait:

# 5 He rejects deep relationships if they do not provide love according to his terms.

Since his parent's divorce, Andy has rejected his parent's love and affection because they had hurt him. This was not supposed to happen. It was not on his terms. I explained to Andy that his parent's will always love him and accept him for who he is. He nodded his head in agreement. I explained that even though his parent's love him sometimes they may disappointment him. I explained however that God will never disappoint him, but there will be times when we want understand Him or His will for our lives, but we are to always trust Him. Andy eyes lit up and then he said his pastor told him the same thing recently.

As our time ended today, Andy offered to close us in prayer.

#### **Session Five:**

I met with Andy and his mother today. We went over Andy's A.P.S. report focusing on his needs and of Godly way to meet his needs. Andy continues to do well in school. He has not been in trouble once at school since he has begun counseling. A mid-term report from Andy's teacher revealed Andy has had excellent behavior in and out of the classroom. He continues to make good grades and is a leader in his class.

Becky reports only a few minor incidents in the home. She corrected him immediately and he realized his behavior was neither good nor pleasing to God. Becky ended session for Andy at this time. She is aware to call on me should any future needs or concerns arise. Andy promised he would tell his mother if he would like to see in the future as well. I closed our meeting in prayer.

### **CONCLUSION**

As Andy's counselor, I could not have been more pleased in how Andy responded to me, but more importantly to Christ. I believe as Andy grows in his relationship with Christ, so will his acceptance of his deep relationship's love and affection grow.

Andy's mother called me a month after our last appointment to report that Andy is doing well in school and at home. His once "uncontrollable nature" is now under control. Becky gave God all the glory and I fully agreed.

The A.P.S. report helped Andy and his mother have a better understanding of Andy's needs. We identified unmet needs, identified and applied positive coping skills, and identified Godly ways of meeting Andy's unmet needs.

Six months later I received a call for Becky just to let me know Andy seem well adjusted to time with his father and time with her. Andy now has two weekends with his father every month and occasionally during the week when there are special occasions. Holidays and other special days are altered between both parents which seems to please Andy and his parents.



## CASE STUDY ON BITTERNESS

### Personal Background Information

Sex: Female  
Name: Sandra  
Age: 31  
Married: Yes  
Children: 2  
Employed: Self-employed

### Reason for Seeking Counseling

1. Lack of sleep, exhaustion
2. Recently diagnosed with ulcerative colitis

### Overview

Her A.P.S. report indicated she was:

1. Melancholy compulsive in Inclusion
2. Melancholy in Control
3. Phlegmatic in Affection

Spouse A.P.S. report indicated that he was:

1. Phlegmatic Melancholy
2. Supine Phlegmatic in Control
3. Melancholy in Affection

I received a call from Sandra who had been referred to me by her physician who had preformed multiple tests and diagnosed Sandra with ulcerative colitis. Her physician felt Sandra was dealing with other underlying problems and recommended Sandra call me for an appointment. When Sandra called she told me she having sleepless nights and is exhausted. She said, "I am a thirty-three year old woman who feels she is sixty-three." She gave me permission to confer with her physician and to obtain her medical records. I set an appointment to see her tomorrow at 11:00 a.m.

## Session Notes:

### Session One:

I met with Sandra today and began our session by opening with prayer. I had in my hand Sandra's medical records and I spent time gathering personal history information. I explained my credentials, education, etc, and informed her that I have been counseling for over 10 years. This information seemed to satisfy Sandra because it was at this time she started to tell me about herself. Sandra had grown up in a Christian home and accepted Jesus at the age of 10. She attends a local church and is actively involved.

As I probed for the root cause of her problem, Sandra made it clear she had not had an adulterous affair or, in her opinion, committed any other major sin. She wasn't experiencing any economic problems, either. Her business was booming. She and her husband had just moved into a beautiful home and taken their children to Disney World for a week vacation. As time progressed, Sandra seemed to want to tell me more but struggled to get the words out. Finally, taking a deep breath she told me she had been fired from a very good job only six years earlier. Her boss, John who owned the company, had been a good friend of hers for years. Sandra felt the firing was unjust, even though it gave her the golden opportunity to go into business for herself, a move that caused her to greatly prosper financially. She openly confessed she has harbored a grudge against John since the day she got her pink slip. In fact, she continued, "I haven't spoken to him or his family for the past six years."

It was evident that Sandra's attitude was destroying her health, affecting her marriage, and moving her prematurely toward old age. The blight of bitterness (sin) was taking a toll on her life.

I explained and administered the A.P.S. Response Form to Sandra. I told her we would begin looking at the results next week. I gave Sandra verses of Scripture to read and to meditate on during the week and I gave her the book, *When Your World Makes No Sense* by Henry Cloud, and asked her to read the Chapters 1-6. I closed our meeting in prayer.

### Session Two:

Sandra read her assignments and commented that the Scriptures truly spoke to her. I wanted her to see in God's Word that her outward bitterness confirms an inward "root of bitterness." I asked her to read Heb. 12:15 which states, "See to it that no one misses the grace of God, and that no bitter root grows up to cause trouble, and defile many." Sandra was beginning to understand her deep grudge against her previous boss, John, was a "root of bitterness" she has been nursing for years. She said out loud, "I want – to want to forgive him but I'm not ready!"

I could tell Sandra had been hurt deeply and she felt she had the right to be bitter. She admitted she had thought of many ways to get even with John. I explained to Sandra that

even after she felt she had finally evened the score, the root of bitterness inside her would still be there. She turned her head as if she didn't want to talk about this anymore.

I directed her attention to her A.P.S. results. Sandra's Inclusion score revealed she is Melancholy compulsive. She agreed with her tendencies and wanted more information on her compulsive traits on:

- #6 She has a compulsive fear of rejection because of her low self-esteem. She is easily offended and insulted. If rejected, she will ventilate her anger in destructive ways and she tends to seek vengeance.
- #7 She is a compulsive thinker – her mind will not shut off – which causes her to continually relive the past.
- #10 She is a compulsive perfectionist – she expects perfection from herself and others – the problem is that her standards are so high that no one can meet them.

As we look at her compulsive tendencies, Sandra disagreed that she vents her anger in destructive ways. She said, "I have done nothing to hurt anyone but rather I hold everything in." I explained that her "holding everything in" was causing her physical, emotional, mental, and spiritual decline and be detrimental to her. I told Sandra she needs to learn to focus her thoughts on the positive things in life rather than the negative. She needs to learn to deal with anger constructively, in ways pleasing to God. I encouraged Sandra at this point that she needs to confess her bitterness, anger, and resentment toward John, to God and to ask Him to forgive her and to cleanse her mind and thinking. She once again shrugged her shoulders and lowered her head. I went on explaining her needs. She seemed to understand that she does not have to be perfect. As she learns to look at herself and others with the "Eyes of Christ" this will lessen her fear of rejection of others and gives her permission to be imperfect. This will also help her to be less critical of herself and others.

Sandra agreed she wanted Christ to forgive her of her sins to include her sin of bitterness. She verbalized she wanted to see herself and others with the "Eyes of Christ" and to know she is in His will for her. It was at this time she began to pray. As she did so she wept and poured her heart out to God for forgiveness and for healing. When she completed her prayer she said she felt a tremendous weight being lifted off her shoulders. She added, "I feel like a new person."

As our time came to close, I asked Sandra to continue reading, *When Your World Makes No Sense* and gave her additional Bible verses to meditate on during the week ahead. I closed in prayer.

### **Session Three:**

Sandra told me that she has slept like a baby each night since our last session. She realized the importance of letting go of bitterness and sin in order to live a life pleasing to

God and also, the importance of letting God have control of her life. Her health has improved, her mind is filled with positive things, and her spirit is being nurtured by God's Holy Word.

I turned Sandra's attention to her Control tendencies. Sandra is Melancholy in Control. As we reviewed her tendencies she agreed with all listed. She strongly agreed with trait:

- #9 She becomes angry if confronted for mistakes, criticized, or made to look foolish.

Sandra was confronted by John in front of her co-workers and made to look a fool. She understands things like this happen in life – it comes in the working world. I explained that she has no control over what others do to her but she does have control over how she ultimately responds to what others do. I told her that nursing a grudge ultimately hurts us worse than it does the person who deeply offended us. I further explained it:

1. Prevents acceptable worship (Matt. 5:23-24)
2. Affects God's forgiveness of her sins (Matt. 6:14-15)
3. Makes her greater than God (Eph. 4:32)
4. Blocks her prayers (1 Pet. 3:7)
5. Affirms that she doesn't need God (1 John 4:20)
6. Assumes a right she doesn't have (Rom. 12:19)

I led Sandra to take the following steps:

1. Confess to God that she has sinned by harboring bitterness in her heart (i.e. as she did in **Session Two**).
2. Ask others to pray that you will do the right thing (James 5:16)
3. Go to the person who offended you and verbally forgive him or her (Matt. 18: 21-22).
4. Remember that love forgives even the worst offenses (1 Pet. 4:8).

I could tell Sandra continued to harbor bitterness and that she wanted to be completely free of it. I asked her to pray this prayer with me:

*Lord, I lay down this offense at your feet, confess my bitterness as sin, and ask for your divine forgiveness. Give me wisdom as I go to the person who offended me. I pray for him and ask that you bless him this day. Amen.*

This closed our session today. Sandra now had a mission – to extend forgiveness to a friend – and to be God's hands and feet to bring healing and wholeness in their relationship.

#### **Session Four:**

Sandra came in and reported she had seen John and had forgiven him for offending her. She voiced he was receptive and acknowledged he never meant to hurt her like he

did. She said it was a meeting designed by God because it went so smoothly. Sandra and I gave God all the glory.

Next, I turned Sandra's attention to her Affection tendencies. Sandra is Phlegmatic in Affection. She agreed she uses her dry or wry sense of humor to keep her deep relationships from draining her energy. Her loved ones never know if she is serious or joking. I told Sandra in order to meet this need she must learn to maintain a balance so that she can give her deep relationships the love and affection they need without draining her energy. Also, she needs to learn *not* to use her dry or wry sense of humor to hurt her deep relationships. She understands her sense of humor needs to be used in ways that are pleasing to God and for His glory.

I closed our meeting in prayer and asked Sandra to finish reading *When Your World Makes No Sense*, along with new verses of Scripture to meditate on during the week ahead.

### **Session Five:**

This was to be Sandra's last session. We spent this session reviewing her needs and identified ways of meeting her needs that are pleasing to God. We looked at how far she has come since our first session, again, both of us giving God the glory.

Sandra continues to grow in her relationship with the Lord. She acknowledged that her bitterness had hindered her growth as a Christian for years but now she is able to grow and mature as His child.

To **God** Be All The Praise!

### **CONCLUSION**

Sandra was a client full of bitterness. Her bitterness was affecting her health, her mind and her spirit. With the help of God's Holy Word and the A.P.S. report, Sandra began to see her "root of bitterness" – her sin, and lack of forgiveness. As we uncovered her needs and her unmet needs, we identified ways to meet her needs that are pleasing to God.

When Sandra saw herself and John with the "Eyes of Christ" she laid her bitterness at Jesus' feet and gave forgiveness to her offender.

Sandra continues to grow in her relationship with the Lord and is a testimony of his grace.

# CASE STUDY ON DEPRESSION

## Personal Background Information

Sex: Female  
Name: Paula  
Age: 60  
Marital Status: Married  
Children: 3 Adult Children  
Employment: Retired Nurse  
Siblings: 1 Sister

## Reason for Seeking Counseling

1. Depression over recent death of mother
2. Low self-esteem
3. Lack of energy (tired all the time)
4. Angry

## Overview

Her A.P.S. report indicated that she was:

1. Melancholy in Inclusion
2. Supine compulsive in Control
3. Melancholy in Affection

## Session Notes:

### Session One:

I had in front of me Paula's A.P.S. report, Family History information and her Personal Data Inventory form, all of which had been completed prior to my first session with Paula. The Family History information revealed that Paula since early childhood had a very close relationship with her father (who died 10 years earlier) and their close bond seemed to have created a rift between her and her mothers' relationship through the years.

The Personal Data Inventory form indicated she felt tired, is easily angered and that these problems were getting worse and affecting the quality of her life. The form indicated that she was a Christian and has accepted Jesus a Savior at age 15. She has been a faithful Church member and actively involved as a Sunday school teacher for the past 20 years.

Paula has been married for 42 years and has been a registered nurse for 25 years. Her and her husband raised 3 children all of whom are adults and have their own families now.

During the first session, Paula's appearance seemed to be unkempt. Her hair was clean but not brushed. She looked as if she had not slept for days as dark circles were under her eyes. Her clothes were wrinkled which is not the condition one would expect of a Melancholy.

I opened the session in prayer. Because of Paula's temperament I realized I needed to approach her gently. I began by sharing my qualifications as such, including my education. Paula acknowledged this information by nodding her head. My first approach with Paula was to explain her A.P.S. report and then we focused on her Inclusion score during this session. Before doing this however I explained to Paula that God had created her as a unique individual with talents and gifts and followed this by pointing out Scripture references. Next I went over each trait and allowed Paula to respond. She agreed she is a private and serious person and needs her quiet time each day to think and to regenerate. She voiced she spends time reading her favorite books each day as a means of quiet and time alone. Because she is task-oriented and self-motivated she agreed she has felt lost after the death of her mother which occurred over a year ago. Paula explained she was her mother's primary caregiver and waited on her mother night and day for 6 months before her death. She voiced during that time her and her mother resolved past disagreements and forgave each other. Paula did not understand she was grieving the relationship she never had or could develop with her mother now that her mother was no longer living. It was at this time Paula wept deeply. She also came to realize she was always trying to win her mother's approval but in Paula's eyes she never quite measured up. I share with her normal - healthy grief reactions and responses to loss verses that of complicated grief, and gave her a list of positive coping techniques. I asked Paula if she had forgiven herself concerning her and her mother's relationship and if she was ready to let go of the past allowing God to heal her. She agreed she had not forgiven herself and acknowledged she was ready to take the step. Paula prayed a prayer asking God to forgive her of her sins and placed the past in HIS Hands. She then prayed that God would fill her with peace, strength and joy. After this point in the session, Paula's countenance seemed to be much brighter.

I asked Paula if she feared being rejected by others. She stated she has been holding back emotionally out of fear of rejection from those she loves and that was hard to let go of that fear. I showed Paula Scripture verses to point her to the One who calms all fears and who bring ultimate acceptance. She acknowledged she is a perfectionist and began to understand this leads her to having low self-esteem. She has always scrutinized herself and others to a fault – rarely living up to her own expectations or anyone else meeting her expectations. This led to the discussion of “negative thinking” patterns as are often seen with this temperament. Paula agreed with the A.P.S. report that her mood swings always followed her thinking process. I explained to her that as we give God our strengths and weakness we are made perfect in Him and Him alone.

As noted on Paula's “Personal Data Inventory” she has not had a physical examination by a medical doctor for over 5 years. I requested that this physical be completed before our next session and the physician release a copy of the results to me. I explained we

need to rule out any physical cause for his “lack of energy and feeling tired all the time.” Paula was not convinced she needed a physical however at my request she agreed to do so. I closed in prayer before Paula left the office.

## **Session Two:**

I had in my possession prior to the meeting Paula’s physical examination report that had been released to me. The report showed Paula was suffering from clinical depression along with elevated blood pressure and a high cholesterol level. The physician prescribed a mild dose of Zoloft for depression and recommended diet change along with a daily exercise routine as a means of controlling her elevated blood pressure and high cholesterol level. Paula had been on this regimen for a week before our second appointment. When she arrived at this session there was little change in her appearance from our first session.

I opened this session with prayer. I reviewed with Paula the things we had covered in our last session paying attention to her Melancholy traits in Inclusion. Paula was asked if she truly believed God had created her for a specific purpose and given her the temperament to accomplish His will. Paula voiced she was not sure what God’s purpose for her life is now that she is retired and not needed by her loved ones. I explained our self-worth and self-esteem is found in God and that’s why we are to meditate on His Words. We looked at Scripture verses and I asked Paula to read these verses putting her name in those verses. Paula began to tear up and once she finished the reading she said, “For the first time in a long time I know God is talking to me and telling me He loves me.”

Paula is Supine compulsive in Control. We read the article by Dr. Phyllis Arno concerning the Supine nature. Paula never realized it is okay to verbalize anger. We looked at Scripture verses when Jesus voiced and demonstrated his anger. It was at this time Paula vented harbored anger toward her mother. She said her mother never seemed to approve of her nor did she seem to love her like she did her younger sister. Paula stated her mother hurt her feelings many times during her childhood. She said her mother often made her feel worthless leading her to have less self-confidence. She added her mother always made decisions for her never allowing or seeming to care what her thoughts were. We discussed this at length and she came to realize her “hurt feelings” were really internalized anger. I asked Paula if she often told herself, “My feelings are hurt” because it sounds nicer than, “I am angry?” She agreed with this statement. I emphasized when she says to herself my feelings are hurt, she needs to say to herself: “I am angry because.... Then when she knows why she is angry, she needs to deal with it rather than internalize it. I emphasized internalized anger leads to emotional disturbances such as depression, stress, and fear as well as physical ailments such as migraines, high blood pressure, ulcers, heart disease, etc. She agreed she has had bout of explosive anger and came to understand it was because she has internalized anger. She understands she needs to voice her feelings and to deal with anger in a healthy manner. Paula agreed through experience she has learned that it is okay to say “no” to her loved ones and to others who tend to load her down with projects.

At this point I reviewed the Supine compulsive nature. Paula agreed she has a driving need to have others control her – to take care of her and to help her make decisions. She acknowledges in the earlier years of her marriage she looked to her husband to fill all her needs. However, she states as she has grown in her walk with the Lord, she has learned only He can meet her deep needs. She looks to please Him and knows He see her and gives her the recognition for the services she renders. I told Paula that God created her and gave her this temperament. She is important to the Body of Christ because God needs leaders, peacemakers, and followers. Paula is a follower in the Control area. She acknowledges she needs to seek God’s guidance so as not to depend on people to carry her because people let her down, but God never will.

Before ending our session, I gave Paula Scripture verses to remind her who she is in Christ and I gave her a copy of Joyce Meyer’s book, Battlefield of the Mind as I knew this book would help Paula identify negative thinking patterns and replace them with positive thinking patterns. I ended our session in prayer.

### **Session Three:**

Paula arrived today looking refreshed and well groomed. She reports she feels rested, stronger emotionally and at peace. She memorized several Scripture verses I had given her last week and she read Battlefield of the Mind. She said she recognizes her “negative thinking” patterns and quickly replaces them with God’s Truth.

We discussed her Affection area. Often Paula looks to her husband and child to meet her affection needs. Their love, affection, and approval were paramount to Paula. Paula needed to know that although her family was an important part of her life, God was more important. Only the Lord can meet her deep needs for love, affection and approval. We also discussed Paula’s need for her mother’s approval and the reality of their pasted relationship. Paula said she is at peace with her past now and knows her mother loved her in her own way.

I asked Paula if she loves who she is and did she think others loved her. She answered, “No, not really.” Paula displays extremely low self-esteem. She needs to know her negative thinking made her feel unworthy of anyone’s love or acceptance. She agreed she distrust people who show her too much love and affection and wonders, “What are their hidden reasons for being so kind to her.” She acknowledged often feeling lonely. I pointed out that it is imperative that she:

1. Develop a close personal relationship with God in which she feel secure in His love and feel free to love God.
2. She must then develop a close personal relationship in which she would actually give up her life for that person.
3. She must find ways to show her gentle feelings and her love for people and mankind by good works. She needs to develop practical ways of showing love by serving others.

Once we reviewed this, I gave Paula new Scripture verses to meditate on before our next meeting. I asked her to look at these 3 points and to prayerfully look at with whom would she develop such a close personal relationship. Also, we would look at ways she can show her feelings by serving others. I ended the session with prayer.

#### **Session 4:**

Paula came in today with a bright countenance on her face. She said she feels more energetic and notice the depression lifting. I asked Paula is she would like to open our session with prayer and she agreed. Her prayer revealed she looks to God to give her: strength, self-esteem, self-worth, love for self and others, the ability to forgive self and others because God first forgave her.

We discussed the Scriptures and the points covered during our last session. Paula has developed quiet time with the Lord everyday. In her prayer time she has discovered how God loves her and that He alone meets all her needs. I suggested that Paula begin to journal her quiet time with God each day and this will allow her to look back to review how God is intervening in her life concerning all her needs.

Paula feels that her spouse is her greatest confidant and truly loves her just the way she is. She reports she has opened up to her spouse telling what she feels and what her needs are. This created an atmosphere where they talk for several hours. She states she has never known she could be so close to anyone in her life. Paula states she would lay down her life for her husband. She is excited about their future and excited that God is on the throne in both of their lives.

With the help of other Christian friends, Paula is developing through her church a new program that helps to meet the needs of the sick and shut-in. She plans to meet her friends today to finalize the program. Paula said she has found great purpose and meaning in her life and gives the Lord Jesus Christ all the glory. I closed this session in prayer asking God to give Paula and her friends, wisdom and direction as they finalize their program.

#### **Session 5:**

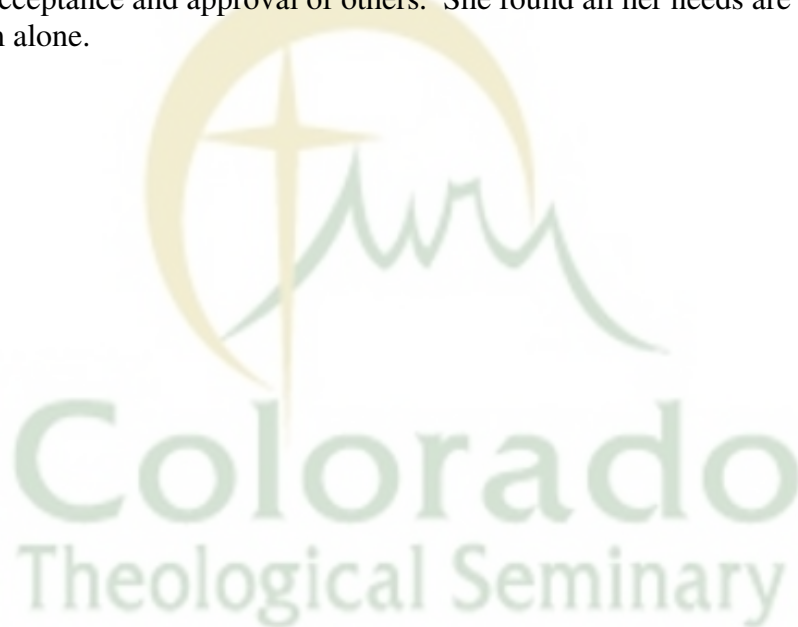
Paula arrived early today and we started our session in prayer. She voiced once she leaves our session, she is to meet with her husband to carry supper to a church member who is sick. Paula enthusiasm for helping others in need seems to have rubbed off on her spouse. She reports many couple friends from her church are getting involved in this outreach program and through this program they are gaining new friendships.

Paula states she has gain self-confidence and self-esteem all because of what God is doing in and through her. She states she loves the Lord and enjoys quiet time with Him everyday. Because prayer is so important to Paula and her husband, they have talked with their pastor about starting a “prayer chain” at church. The pastor fully supports them and give them names of several church members who have expressed wanting to be

apart of such a ministry. Paula elected to end counseling sessions at this time. She stated the counseling sessions have been life changing and have pointed her to the One who supplies all her needs.

## CONCLUSION

Paula continues to grow in the Lord. Her commitment to Christ and His word truly helped her to attain the abundant life He has for her each day. A month after our sessions had ended, Paula called to tell me the new “prayer chain” program has been established and is working well. It was quite apparent that God had begun doing a tremendous work in Paula during and after our sessions. I believe Paula was helped through counsel in combination with taking a mild anti-depressant which she continues to take. When Paula was educated concerning her temperament needs, she began to accept herself as she was created by God. This was accomplished I feel. Paula found she could be happy in life without the acceptance and approval of others. She found all her needs are met through God and Him alone.



## CASE STUDY ON DEPRESSION (CHOLERIC)

### Personal Background Information

Sex: Female  
Name: Susie  
Age: 55  
Marital Status: Married 30 years  
Children: 3 adult children, 1 deceased adult child  
Employment: Self-employed hairdresser

### Reason for Seeking Counseling

1. Pastor not able to give adequate help
2. Need to be able to grieve and to work through the death of a child

### Overview

Her A.P.S. report indicates that she was:

1. Phlegmatic Choleric in Inclusion
2. Phlegmatic Choleric in Control
3. Choleric in Affection

Spouse:

Name: Dick  
Age: 56  
Marital Status: Married 30 years  
Children: 3 adult children, 1 deceased adult child  
Employed: Pilot for a major airline

His A.P.S. report indicated that he was:

1. Supine in Inclusion
2. Choleric in Control
3. Phlegmatic Melancholy in Affection

### Session Notes:

#### Session One:

Susie came to my office today with her face downcast. She came to me through the recommendation of a local pastor. Susie initiated contact through a phone call for an

appointment. I informed Susie that I would be gathering information from her today and explained the A.P.S. report and the value of having this report. I learned in my information gathering that Susie is not a Christian and that she has gone to church only a short period of time.

Susie saw her physician two weeks after the incident and he prescribed for her a mild anti-depressant. She stated that it seems to “take the edge off” allowing her to cope with her loss. She was also given a mild sleeping pill as she was getting very little sound sleep. Susie said the combination seems to be helping her make it through each day.

Susie was in deep grief at this time. Three months earlier her youngest son Adam was killed in an automobile accident only one mile from their home. He was traveling home after baseball practice late one evening, ran into dense fog, missed a stop sign and rolled his car several times before coming to a stop. Adam died instantly. Susie in tears said she and her son had an argument before he left home about his messy room and needing to finish his chores around the house. She did manage to get a half-hearted hug before he left for practice. Police arrived at her home around 9:30 p.m. to inform her of Adam’s death. Susie’s husband, Dick had just arrived home after returning from a 13 hour overseas flight of which he was the commanding first pilot. Susie said all of my days have seemed to be in a fog since that time. I gave her information on the stages of grief and briefly went over “normal” grief reactions and responses. I spent time validating her feelings.

I administer the A.P.S. Response Form and informed her that we would spend time looking at it along with reviewing the stages of grief and loss at our next session. I closed our meeting in prayer.

## **Session Two:**

Susie came in my office today telling me that the information I had given her to read on grief and loss truly helped her to see that she is not “going crazy” but rather what she is experiencing – emotionally, physically, mentally and spiritually are “normal” occurrences that she needs to go through. Susie understands grief is a process and that everyone grieves differently. Most importantly she understands that her reaction and responses are “normal and healthy.” She had marked the Bible verses I had given her in her Bible and was reviewing them daily.

Susie appeared personable and charming in her speech. Susie said she relates well with people and is a motivator. She has a good relationship with her adult children and with her husband. She relates as well to tasks and to people. However, she agreed she can be tough minded and stubborn which brought us to her A.P.S. report. Susie is Phlegmatic Choleric in Inclusion. As I reviewed her temperament traits in Inclusion, Susie agreed with all nine points. She agreed that once her mind is made up seldom does she change it. It is easily for her temper to flair and to use her anger to motivate people to do things for her. We discussed ways to deal with her anger constructively and in ways pleasing to God. I had Susie tell me what makes her angry. I could clearly hear that she is a perfectionist and believed she always knows the right way or the best way to

accomplish a task. This is the reason Susie decided to go into business for herself – because “no one could run a business” like she could. Having her own business also fulfilled the need for constant recognition by her clients for her accomplishment. It was here I turned Susie’s attention to the only One who is perfect – God Himself. I read a list of Scripture verses to show her that God sent His perfect Son Jesus Christ to us and for us. I could see her heart was tender and accepting of the Scriptures. I asked Susie if she would like to ask Jesus into her heart today and she said, “Yes!” Susie prayed the sinner’s prayer asking Jesus into her heart. It was the most sincere prayer I had ever heard. What a joyful moment! From this day forward Susie will experience true comfort, acceptance, love, and satisfaction because God lives in her.

I have Susie a book to read for new beginners in the faith and encouraged daily Bible reading and prayer. With her permission I contacted her pastor to inform him of Susie’s conversion experience and encouraged that she be mentored by other mature Christian females in the church. I closed our meeting with prayer.

### **Session Three:**

Susie continues to read the new beginners book for Christian and has met with a Christian woman who will be mentoring her in her Christian walk. Susie said her depression has become much more manageable. Her and her husband became members of their church last Sunday and church members are ministering to their needs.

I opened our meeting with prayer and explained to Susie her temperament traits in Control. Susie is Phlegmatic Choleric in this area. As discussed in her Inclusion traits – Susie is stubborn, tough minded, and deals with a lot of anger which is also characteristic of the Phlegmatic Choleric in Control. Susie agreed with all her Control traits. She said before Adam’s death she had great abilities for decision-making leadership and that these abilities seemed to have been stripped away since then. Susie voiced that Dick has taken the blunt of her anger. She recognized she has said cruel things to him which were not true. This seemed to be turning point for Susie. She admitted that she had blamed Dick for Adam’s death but never voiced those words to him. She went on to explain that Dick was to go with Adam to practice and to bring him home that night, but instead Dick was called into work that evening. Since Adam’s death Dick has spent little time at home – working all the overtime he can get. I explained to Susie that our initial reaction is to “blame” someone for the accident; however, Dick is not to blame. Tears streamed down her face and I went to her side and wrapped my arms around her. Once Susie was calm, I explained that Dick is feeling much guilt and he is trying to work through his pain his way. I quickly turned to God’s Word and shared healing Scripture verses. I told Susie only God can and will heal their emotional wound if they will turn to Him. Susie agreed. I encouraged Susie to invite Dick with her to our next meeting and encouraged her to give him the information on grief and loss and the healing Scripture verses in our previous sessions. I closed our meeting in prayer.

#### **Session Four:**

Susie and Dick came for counseling together today. Dick had a note pad and pencil in hand ready to take notes. I informed Dick of my credentials and of my ten years counseling with individuals and couples. Dick quickly informed me that the only reason he came to counseling was to appease Susie. In Dick's personal background, I learned he accepted Jesus when he was 16 years old. He reported having a happy childhood and that her always felt he was loved and cherished.

I explained the A.P.S. report to Dick and he agreed the information would be helpful to him and his wife. I administer the test and retrieved the results. It was interesting to see the results. Dick is Supine in Inclusion. He suffers with a natural born victim mentality.

I explained to Dick as I did with Susie, that God has made us with many gifts and talents along with strengths and weaknesses. As we gain a better understanding of ourselves – to give God all of us including our weaknesses – He will help us rise out of our weaknesses. This information seemed to capture Dick's attention.

I continued with the Supine traits in Inclusion. Dick agreed with his Inclusion traits. He began to take about all the anger he holds inside towards himself. He unloaded the weight of guilt and deep sorrow to Susie for not being there for Adam the night he was killed. He voiced, "I would have given my life to spare Adam's death." As Dick sobbed, Susie came to him and embraced him for sometime. Dick has not openly expressed his sorrow since the day of Adam's funeral. This was an emotional time but also a great time of healing. Susie loved Dick and offered forgiveness. I told Dick it is important that he forgive himself – to let go and to allow God to heal him at his point of need. It was at this moment I asked Dick if he would like to pray for God's healing touch right now. He agreed and prayed asking God to bring him healing and wholeness. This was a beautiful moment as we gave God all the glory.

Dick agreed he expects Susie to read his mind and when she doesn't she hurts his feelings. I informed Dick that his hurt feelings are really anger. I told him that he needs to tell Susie what is own his mind as she is not a mind reader and to learn to tell her when he is angry. I informed Dick that his anger is normally manifested by withdrawal into self as a means of protection from further rejection and pain. Dick said this fits him to a "T". I further explained that only God can give him peace of mind. I told him, God will never reject him because He created him. I gave Dick several Bible verses to meditate on and encouraged him to read the information on grief and loss. I closed our meeting in prayer.

#### **Session Five:**

Dick came with Susie again today. Both reported they are taking steps together toward the healing process and voiced seeing God actively working in their lives.

I went over Susie temperament traits in Affection. Susie is Choleric in Affection and she agreed with all traits. She recognized she needs to accept the love and affection that her deep relationships express, even if it is not on her terms. I encouraged her to understand that her way of showing love and affection is not the *only* way. She needs to look to God who will help her learn to accept the many different ways her family and loved ones show her she is loved. I explained, “As she learn to look at others through the *eyes of Christ*, He will help her love her deep relationships as God loves them so that she will be less critical of them.

Susie informed me that she saw her physician last week and that he is slowly taking her off her anti-depressant. She reports she has gotten back into a normal pattern of sleep at night and back into her normal work routine.

I encouraged Dick and Susie to join a local Parent’s Support Group and gave them the name of the person to contact with times and dates included. They report their friends, family and church family continues to support them and all are meeting their needs. They acknowledged that counseling “saved their marriage as they were slowly drifting apart.” Ultimately, they have God all the glory and thanked Him for His provision for healing. Dick and Susie decided to end counseling sessions today. They agreed to call me if needs or concerns arise in the future. Dick closed our meeting today in prayer.

## CONCLUSION

It was a joy to see God at work in Susie and Dick’s lives. Susie had gone through life trying to control everything and everyone through her brashness and many times cruel behavior. It was clear the change in Susie’s behavior once she had accepted Christ. With God’s help she learned not to be a “people user” but rather to love them and to accept them as Christ has accepted her and loves her.

The members at Susie and Dick’s church were and continue to be instrumental in showing them Christ and ministering to their needs. Susie continues to be mentored and is growing in her relationship with Christ and with other Christian women of the church.

They have become actively involved in the Parent’s support group and have made many new friendships there.

I feel these counseling sessions were very successful. Each session proved to unfold significant needs which were identified and dealt with through God’s healing intervention.

## CASE STUDY ON ANXIETY

### Personal Background Information

Sex: Female  
Name: Cheryl  
Age: 16  
Married: No  
Siblings: 1 Older Sister

### Reason For Seeking Counseling

1. Forced into counseling by parents
2. Tina has begun to exhibit much anxiety

### Overview

Her A.P.S. report revealed she was:

1. Melancholy in Inclusion
2. Supine in Control
3. Melancholy in Affection

Mother: Caucasian Female  
Name: Tina  
Age: 42  
Married: Yes  
Employed: Yes

Her A.P.S. report indicated that she was:

1. Phlegmatic Melancholy in Inclusion
2. Melancholy in Control
3. Supine in Affection

Father: Caucasian Male  
Name: Harvey  
Age: 45  
Married: Yes  
Employed: Yes

His A.P.S. report indicated that he was:

1. Melancholy Phlegmatic in Inclusion
2. Choleric in Control
3. Choleric in Affection

Cheryl was referred to me by her physician who was also a good friend of mine. Cheryl's parents turned to him for help and direction. He gave Cheryl a series of tests with all results coming back normal except her emotional profile revealed a high score in anxiety. Cheryl was prescribed a mild anti-anxiety medication. After gaining parental permission he referred Cheryl to me. The parents called me and we set an appointment for the following week.

### **Session Notes:**

#### **Session One:**

Parents Harvey and Tina came in with their 16 year old daughter today. It was evident that Harvey and Tina loved Cheryl very much and wanted to get help her. I gathered information concerning the family (primarily the parents) and explained the A.P.S. report. I explained the value and benefits of the A.P.S. report and administered it as all agreed. Cheryl did not open up very much during our time together. I felt the session was valuable in many respects especially to see the interaction of parent and child relationship. The father's personality was clearly more dominate and seemed to override any comment Cheryl said.

As our time was coming to a close, I told Tina and Harvey that I would like to see Cheryl alone during the next 3 sessions if Cheryl agreed to this. Cheryl affirmed by nodding her head up and down. We set-up the future meetings and I closed in prayer.

#### **Session Two:**

I counseled with Cheryl today and opened our meeting in prayer. Cheryl seemed to have no hesitation talking about her life. Immediately she said her main source of stress is her father. She said she loves him but hates the way he always pressures her to accomplish more and to be his perfect child. She explained that her older sister, Mary who is now 20 years old ran off and got married when she was 18. Mary has since told Cheryl the reason she ran away was that she was tired of her father's controlling ways. As Cheryl talked about her and her father's relationship, she wrenched her hands and shifted her weight often in her chair. Cheryl denied that her father has ever sexually or non-sexually abused her. He has never physically abused her in anyway but she acknowledged he has been abusive emotionally.

As our time progressed I sensed it a good time to begin explaining to Cheryl her A.P.S. results. Cheryl is Melancholy in Inclusion. As we addressed all 10 traits Cheryl agreed with each. We spent the remainder of our time discussing traits:

- # 6 She has a fear of rejection because of low self-esteem. Because of her low self-esteem she searches the environment for proof that she is worthless.
- # 7 She has high intellectual energies – her mind never shuts off.
- # 8 She is moody and her mood swings follow her thinking process
- #10 She is a perfectionist - expecting perfection from herself and others.

When I explained to Cheryl about her strengths and weaknesses in the light of her uniqueness as God has created her to be, she appeared ready to learn about herself. She wanted me to know she became a Christian when she was 14 years old and acknowledged she has not grown much in her relationship with God since that time. I wanted Cheryl to know that God loves and accepts her just the way she is. I told her that God will meet her needs if only she will trust in Him and develop a close relationship with Him. I explained that as she develops a closer relationship with Him – He will give her a positive self-image (self-esteem) which will ease her fear of rejection of her parents, peers, etc. As she learns to look at herself and others with the “Eyes of Christ” this will give her permission to be imperfect, and will lessen her criticism of herself and others. Cheryl understands that her father may never change his perfectionist and controlling ways, but she however can learn to go to God who will give her the love, acceptance, and approval she so desperately needs. Cheryl understands that she needs to think on positive things as she often has a tendency to think downward thoughts and then becomes moody. I told her when she starts to think downward, she needs to read Scriptures and/or listen to Christian music to bring her thoughts upward. This in itself will lessen her moodiness and help to control her thinking. We also identified other positive ways to control her thinking by reading, listening to music, writing, doing crossword puzzles, etc.

As our time came to a close today I asked Cheryl to list 5 things she would like her parents to know about her and 5 things she would like to change about her and her parent’s relationship. I also gave her Scripture verses to meditate on and asked her to begin reading the book, *Happiness Is A Choice* by Minirth and Meier. I closed in prayer.

### **Session Three:**

Cheryl came in today with a prepared list in her hand. She said she spent a great deal of time thinking about her assignments. She began by reading her list of what she would like her parents to know about her. The number one thing that stood out is she wanted her parents to know she loved both of them. She especially wanted her father to know she loved him but often didn’t understand him or why he did not love her just the way she is. As she read her list of “What she wanted to change about her and her parent’s relationship,” she wrote, “Daddy, please allow me to grow up – to make my own decisions even if I make wrong choices.” She further explained she feels like she is a prisoner in her own home. Cheryl agreed to share her list with her father in my presence. I told Cheryl that I would first like to meet with her father in order to allow him to have a better understanding of himself with the help of his A.P.S. report and then the three of us would come together. She agreed with this plan.

I turned Cheryl’s attention to her Control score. She is Supine in Control. She agreed with all eleven traits and especially agreed with traits:

- # 5 She internalizes her anger and calls it “hurt feelings.
- # 6 She becomes anxious when she is forced to make decisions and to take on responsibilities independently.
- #9 She becomes angry if not included in the decisions that others make which involve her. She does not want to make the decision, she just wants to be included.

We looked at each of these areas in depth. Cheryl did not realize her “hurt feelings” were really anger. We discussed her need to learn to stop internalizing her anger by saying, “My feelings are hurt” and learn to say: “I am angry because .....” When she deals with her anger in this way it does not build up. Cheryl needs her parents to include her when making decision concerning her. Cheryl understands she does not want full responsibility of decision-making, but she wants to be included.

As our time came to a close, I asked her if she would like to pray. Her prayer revealed she is learning to look to God to meet her need for love, acceptance and approval. She is to continue reading *Happiness Is A Choice* alone with Scripture reading.

#### **Session Four: (with Harvey)**

I met with Cheryl’s father Harvey to explain Cheryl’s temperament needs and with this accomplished I further explained his temperament traits in Control. Harvey is Choleric in Control. He agreed that he needs control over his loved one’s especially his family. He also agreed that he is stubborn and uses his dry or wry sense of humor to manipulate others to do things his way. He acknowledged he is easily angered and can be cruel as well. As we reflected on his strengths (perfections) and weaknesses (imperfections) with the understanding that God has uniquely created him for His purpose and for His glory, Harvey seemed literally surprised. Harvey said, “I am a Christian but I never knew how much Jesus loved me until now despite my sinful ways.” He said his father was boisterous and controlling man and that his personality dominated the whole family. Harvey bent his head down and said with revelation in his voice, “I’ve become just like my father!” Harvey exhibited great remorse at this time. I asked Harvey if he would like to pray at this time. He agreed and prayed a pray of repentance asking God to forgive his sin and to help him to let go of his controlling and perfectionistic nature.

With the leading of the Holy Spirit I proceeded to educate him toward his Choleric temperament tendencies and of how these tendencies can dominate his wife’s temperament and especially his daughter’s temperament. As I carefully treaded in this area, I could see the Holy Spirit softening Harvey’s heart and helping him to see with clarity his relationship with Cheryl. His eyes became moist however he brought his emotions under control which is typical of a Choleric in Control.

We discussed the importance of allowing Cheryl to have choices and to be included in decisions that affect her. We discussed boundary setting and to establish a simple set of rules and to learn to be more flexible – giving her more choices and freedoms as she exhibits constant respect, responsibility, and trustworthiness.

Harvey agreed he has been too hard on Cheryl and has expected her to be a perfect child. He agreed and acknowledged that there is only one who is perfect and that is God alone. Harvey and I prayed together and it was apparent in his prayer that he wanted to start anew his relationship with Cheryl with God directing the way. We also spent time role-playing to help Harvey learn how to give Cheryl choices and to allow her to be involved in the decision-making process when it pertains to her. I asked Harvey to be prayed up and Cheryl will be candid about her concerns during our next meeting.

### **Session Five: (with Cheryl and Harvey)**

I met with Cheryl and her father Harvey today. We opened in prayer and spent some time talking about how their week has gone as a family. Cheryl was first to speak this time. She appeared a little nervous but said, “Daddy seems like a different person because he as not said anything critical of me this week.” She added looking to her father, “You seem mush happier daddy.” Harvey turned to Cheryl and said, “After my meeting here last week I had a good picture of myself and how I have been so manipulative and controlling of you and your sister. All I can say is, “Can you forgive me?” Cheryl didn’t miss a beat. She was in his lap the next second and said, “Daddy, I forgive you.” God intervened in such a beautiful way and brought healing where healing needed to take place.

It was evident that this was the perfect to allow Cheryl to read the lists she had prepared in Session Three. As she read her lists Harvey had tears in his eyes. In my office that hour Harvey and Cheryl worked through differences keeping boundaries and respect necessary for a healthy father and daughter relationship. This again proved to be a very healing moment.

As our time came to a close, I encourage Harvey to practice keeping in place those things we discussed to maintain a healthy relationship with Cheryl. I also encouraged him to reach out to his eldest daughter in order to bring healing to their relationship as well. I set an appointment to Cheryl next week and closed in prayer.

### **Session Six:**

Cheryl came in today and she appeared very calm. She was eager to learn of her Affection tendencies. Cheryl is Melancholy is Affection. She agreed with all her traits. She agreed strongly that she has a great fear of rejection of her deep relationships and wants them to prove they love and accept her before she does likewise. Cheryl needs to learn to forgive her deep relationships if they have hurt or rejected her instead of trying to get even. She needs to learn to forgive as God has forgiven her in order not to become bitter or resentful. As she become secure in God’s love, this will lessen her fear of rejection from deep relationships. We discussed this at length, reviewed unmet needs and discussed positive ways of meeting her needs that are pleasing to God.

Cheryl continues to grow in her relationship with the Lord. She has committed to daily Bible reading, meditation, and prayer. She exhibits no anxiety – but only a beautiful smile.

Cheryl and her parent's chose to end future sessions at this time. Cheryl along with her parent's agreed counseling facilitated God's healing touch to each of their relationships.

## CONCLUSION

Frequently, Choleric or Choleric compulsive parents often dominate their children. In this case, Harvey projected a manipulating and controlling stance over his 16 year old daughter, Cheryl. If they had not sought intervention at this time the relationship between father and daughter would have slowly deteriorated.

The A.P.S. report proved to a vital tool to help open both Harvey's and Cheryl's eyes. As they began to understand who God created them to be – to see each of their strengths (perfections) and weaknesses (imperfections) – they were not only amazed but also learned to appreciate and accept their differences.

Cheryl was trying to fit her father's mold and in doing so was causing her much anxiety. As she learned of her temperament needs and of Godly ways to meet her needs she became a "new creation in Christ."

I spoke to Cheryl three months after our last session to learn that she is putting into place those things we had discussed in our sessions together. She is growing in her relationship with the Lord and is a testimony to His grace.

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## CASE STUDY ON FEAR (MELANCHOLY IN CONTROL)

### Personal Background Information

Sex: Female  
Name: Emma  
Age: 17  
Marital Status: Single  
Siblings: 0

### Reason for Seeking Counseling

1. Forced into counseling by parents as the daughter has become more withdrawn, more easily angered, and exhibits little self-esteem.
2. Parents wanting to understand daughter's needs and how to meet her needs.

### Overview

Her A.P.S. report indicated that she was:

1. Supine in Inclusion
2. Melancholy in Control
3. Melancholy in Affection

Mother: Caucasian female  
Name: Sue  
Age: 45  
Marital Status: Married

Her A.P.S. report indicated that she was:

1. Phlegmatic in Inclusion
2. Choleric compulsive in Control
3. Melancholy in Affection

Emma and her mother, Sue came to counseling through the recommendation of a local pastor. Sue initiated the contact through a phone call for an appointment. Sue informed that Emma was in counseling two years ago when she was first learned she was a diabetic. Emma had been coping well until six months ago when Sue went back to work full-time. According to Sue since that time Emma's personality has changed. She reports Emma is easily angered, more withdrawn, and exhibits little self-esteem. At Emma's request and her doctor's permission, she gives herself 1 Insulin (Humalog

Lantis) injection daily and checks her blood sugar every 4 hours. Sue states Emma is very responsible and that she is taking charge of her own health needs.

Sue reports her and her husband know Jesus a Savior and states Emma has been struggling with accepting Jesus in her heart for over a year now. She has talked with her pastor on several occasions but is yet to make a decision. I set an appointment for Emma and Sue tomorrow afternoon at 4:00 p.m.

### **Session Notes:**

#### **Session One:**

Emma came in with her mother and had a bright smile on her face. Emma is short and stocky in stature and is heavy for her body frame. She seemed anxious when I asked her questions and only occasionally made eye contact with me. During this time she often looked to her mother who answered my questions. Emma seemed somewhat disengaged in our conversations initially, however, when I explained the A.P.S. report and the benefits of knowing and understanding the results, I noticed I began to get her attention. I administered the A.P.S. Response Form and obtained the result so we could begin discussing them. I received written permission from Sue to obtain a copy of Emma's medical report from her physician and a copy of her psychiatric evaluation from her therapist. While she signed these forms, I quickly reviewed the results of both A.P.S. reports.

I began by telling Emma she is a very special person in the God's eyes and that He created her for His purpose. This seemed to grab Emma's attention right off. I read to her verses of Scripture that demonstrated how special she is to God and how God will meet all her needs in life. With the Holy Spirit's leading, I asked Emma if she would like to ask Jesus in her heart at this time. She responded with hesitation in her voice, "I'm not ready." I tenderly reassured to her that God loves her however because of her sins she is eternally separated from Him. It was at this time Emma began to cry. She said she thought she had to get her life cleaned up before she could come to God. I explained to her that this is not the case and showed her Scripture references where Jesus loved people just as they were – in their sin – and the people turned from their sins (with Jesus' help) to live a life pleasing to Him. It was at this time Emma stopped me. She said, "I want to ask Jesus in my heart right now!" She prayed a prayer for salvation and received Jesus in her heart at that very instance! What a joyous moment!

Before we went any further, Emma turned to her mother and asked her to forgive her for all the times she as lied to her or stolen money from her. Sue immediately offered forgiveness then they both cried and hugged each other.

At this point Emma seemed eager to learn about her temperament. I explained the difference between personality and temperament and explained to Emma that she is Supine in Inclusion. We reviewed her strengths and weaknesses and again emphasized her temperament is God given. I asked Emma if she often expects people to read her mind, she agreed this statement was true. I told her she needs to be more assertive – telling her parents and others what she needs. She said her parents often "hurt her

feelings” that this makes her very angry although she does not say anything. Emma came to understand that her “hurt feelings” is really harbored anger and this is not pleasing to God. I pointed her to Bible verses that demonstrated it is okay to be angry but not to sin in anger.

Emma admitted she has a high fear of rejection. She explained her weight, height, and physical illnesses make her insecure. I told Emma because of her faith in Christ – God will never reject her. I explained to Emma that everyone has insecurities but God loves us and created us just the way we are. I further explained we all fail God from time to time but He is always there to forgive us and to love us unconditionally. As our time was coming to a close, I gave Emma a list of Scripture verses that we discussed today and I ended our session with prayer.

### **Session Two:**

Today Emma and her mother Sue came and this time Emma meet me with a smile on her face. I asked Emma if she looked at the Scripture verses that I gave her last week. She agreed she had. I began our session with prayer then we looked at Emma’s Control needs. I explained to Emma that she is a Melancholy in Control. I explained Control is one’s willingness to make decisions and to accept responsibility. Emma agreed she is self-motivated and independent but when she is pushed into doing something she rebels. She feels she gets all the socializing she needs or wants. She said she loves to be with her friends at school and also she loves her time at home alone as she gets so tired. Emma was relieved to know that this is normal for her temperament and she is to rest in this fact. She said she does not like being pressured to make decisions or take on responsibilities in new areas. When this happens she acknowledged she procrastinates. Emma paused and looked at her mother. I asked Emma if she wanted to tell her mother something at this time and she began without hesitation. Emma told her mother that she always tries to get her to do things and be somebody she’s not. She went on further to say, “Mother you always correct me in front of anyone concerning my mistakes and make my feel like a fool.” Sue seemed surprised to hear such words being directed toward her, but she kept quiet at my leading. Emma continued by saying that both parents push her to try new hobbies and interest. She agreed she wants this but find she gets fearful and very stressed then she withdraws to her room to be alone. I asked, “When you take time to think about new areas interest do you find this helpful in building your self-confidence?” Emma said, “Without a doubt!” I directed Emma to verses in the Bible to show her where her confidence comes from. I explained when she learns to trust God with her future and this includes unknown areas; He will give her confidence she needs to overcome her fear.

I suggested to Sue that she and Emma’s father give Emma some alone time everyday and to not push her into socializing but to let her go at her on pace. I suggested I meet with Emma and Sue separately next week and we set these meeting times. I encouraged Emma to read the Scripture verses we reviewed today and I closed the meeting in prayer.

### **Session Three: (With Sue)**

Sue came in today and reported Emma had had a good week to date. My reasons for meeting separately with Sue were to go over Emma's temperament needs that were not being met; establishing Godly ways of meeting her needs, and reviewing with Sue her own temperament as she is a Choleric in area of control. I felt if Sue had a better understanding of why she and Emma reacts/responds difficulty then she would be on the right path in order to meet Emma's needs.

I reviewed Emma's temperament needs in the area of Inclusion and Control with Sue as discussed in Session 1 and Session 2, and then I reviewed with Sue her temperament in Control. I explained the Choleric in Control needs a great deal of control over other people's lives and behavior and most often do not know how to handle people other than through domination. I taught and reviewed the Choleric in control strengths and weaknesses. Sue agreed with her temperament. She voiced Emma use to respond to her authority in a positive way by doing what was asked of her but now she seems to shut down and go off to her room. Sue came to understand how she is dominating Emma's life – trying to control her behavior and her actions.

We wrote down a short list of parent/daughter boundaries along with family rules (i.e. being truthful and honest, respecting one another's differences, giving each other space to think and reflect, etc.). She said she would review the list/rules with her husband and then they would sit down with Emma to review it as well. I suggested I review the list/rules with Emma at our next appointment to get her initial feedback and to prepare her for the family meeting. Sue agreed with this. I set an appointment to see Emma tomorrow at 2:00 p.m. and closed in prayer.

### **Session Four (With Emma)**

Emma came into the office with a journal and showed me a list of Scripture verses she had written down and memorized. She voiced she has an inner peace and acknowledged knowing she is God's child. I reassured to Emma that God loves her and created her just the way she is. It was at this time I explained Sue's temperament strengths and weakness in the area of Control to Emma so she could better understand why her mother acts/behaves the way she does and who they are different. Emma agreed with her mother's Choleric traits and as she spoke she became quite angry. When I asked Emma to tell me what she was thinking she said that her mother rarely spends time with her – that she is always at work (outside the home) or at work (inside the home) never asking how she is doing or hanging out with her like she once did. She said her father is often out of town on business and neither parent seems to care about her. She further stated all her mother seems to do is to order her around. She acknowledged this makes her very angry. Emma created several lists of things that were bothering her. The first list had to do with her own health concerns which could be answered by her physician and by her own research. The second list was to do with self-image and self-esteem. We again discussed the Supine and Melancholy traits and I reminded her that only God can fill her

deep needs and referred her to the Holy Scriptures. The third list was to do with things she wanted her parents to know about her.

I told Emma about the list of boundaries and rules her mother had carefully written and is to review this with her father and spend time going over this with her before our next meeting. I explained to Emma these boundaries and rules are as much about her parents as herself. I asked Emma to likewise show her parent's her list of needs. She agreed to do this. I closed our session with prayer.

### **Session Five: (With Emma and Sue)**

Emma and Sue came in with their lists in hand and both seemed ready to engage in the session. Sue opened our session in prayer and as she prayed there was a gentle calmness in her voice. Sue said her, her husband and Emma had had a lot of quality plus quantity time in the past few days and each of them have opened up about their feeling, needs, etc. Emma joined in to say they are creating time each evening for each other and making Thursday night - family night – when they do projects, play board games, or do recreational activities together. Emma seemed to beam as she told me this.

They showed me each of their lists to reflect some revisions. It was encouraging to note Emma and her parents each signed the lists (rules & boundaries) and came to a deeper level of understanding of Emma's needs and how to meet her needs. Emma also seemed to understand that her parents love her and appreciate her for who she is – just as God has created her. Emma voiced God has revealed and continues to reveal His unconditional love for her. She expressed He has given her and continues to give her self-worth, self-esteem and giving her confidence to voice her feelings, needs, so as not to harbor anger.

As we continued to talk, this led us to Emma's temperament needs in Affection. I shared with Emma that she is a Melancholy in Affection. I explained the Melancholy in the area of affection is very faithful, loyal to friends, and self-sacrificing. I told Emma God has truly blessed her with deep, tender feelings, but she has great difficulty allowing her feelings to show. I further explained the Melancholy in Affection has low self-esteem, shows little love and affection, and is emotionally guarded. She agreed with these statements and verbalized she often feels alone. I gave her 3 things she needs to do in order to stop loneliness.

1. She needs to develop a close personal relationship with God in which she feels secure in God's love and feels free to love God.
2. She must develop a close personal relationship in which she would actually give up their life for that person.
3. She must find a way to show those gentle feelings for people in general by her good works.

I gave Emma further Scripture verses to read to encourage a deeper walk with God. She is journaling and finding this helpful in building her faith and seeing how God is answering her prayers. She also identified a classmate whom she has known since her early childhood as being her best friend (Mary). She stated they are like sisters –

spending much time at each others homes and are very close. She acknowledged she will work on a deeper relationship with her friend. As Emma looked at the third area she stated she would like to volunteer at a local nursing home- something she did last summer during a local mission project at her church. Emma remembered the staff telling her they always needed volunteers and welcomed her help anytime. She plans to call the nursing home on Monday and start volunteering after school several days a week.

As our session ended today, Emma and Sue each prayed and thanked God for directing their thoughts and showing them His tender love. Sue and Emma agreed with her up-coming school schedule to end further counseling session. They stated they will call me should further needs/concerns arise.

### CONCLUSION

I received a call from Sue a month after our last session to report Emma is growing in the Lord, that she continues to develop a closer relationship with her best friend, Mary, and she is volunteering 2 afternoons a week at a local nursing home. Sue said Emma seems so happy. She enjoys time with the family and time alone. Sue acknowledged counseling helped her to understand Emma's need to go at her own pace – and learned not to push her. I feel Emma would have benefited from another counseling session, however due to her school schedule and extra circular activities sessions were ended. I feel Sue gained a clearer understanding of Emma needs and of Godly ways to meet her needs. Also, I feel Emma came to see herself as God sees her - as His child just as He created her to be. The Lord gave her new confidence, new self-esteem all because Emma looks to Him to fill her needs. Emma's greatest need was to know the Lord Jesus as her Savior and to allow Him to love her and meet her needs. Emma concludes it best by saying, "I have Jesus in my heart, peace with God, and joy overflowing. All I want to do is serve Him and be a blessing to others."

Colorado  
Theological Seminary

## **CASE STUDY ON GRIEF**

**BY: Wendy M. Fowler**

### **Personal Background Information**

Sex: Female  
Age: 60  
Marital Status: Recently Widowed  
Children: Two  
Employment: Retired Teacher

### **Reason For Seeking Counseling**

1. Depression
2. She wondered if she was going crazy
3. Her minister and children encouraged her to seek counsel

### **Overview**

Her A.P.S. report indicated that she was:

1. Sanguine in Inclusion
2. Melancholy in Control
3. Choleric in Affection

Rebecca is a very intelligent lady and had retired with 27 years as an elementary school teacher. She was referred to me by her minister who voiced he felt Rebecca needed professional Christian counseling to help her cope with her loss. With Rebecca's permission, I obtained her History and Physical for her physician who she made an appointment to see one month after the death of her husband, Ben. The doctor's report concluded that Rebecca was facing "normal depression related to her loss." Her doctor prescribed only a mild sleeping pill for her to take before bedtime. He is to see Rebecca again in two weeks.

Rebecca and Ben were married 39 years and would have celebrated their 40<sup>th</sup> Wedding anniversary last week. Her two adult children are very supportive and live only a short distance from Rebecca. Rebecca said she delights in her children and her grandchildren, but since Ben's death she has not been interested in or taken pleasure in her family. She voiced to her children that she thought she was going "crazy." They along with her minister recommended she come to me.

## **Session One:**

I met with Rebecca today and obtained more history information. I encouraged her to tell me how she feels and what concerns her most at this time. The first thing out of Rebecca's mouth was, "I wonder if I am going crazy." She explained that she is having a hard time concentrating, is quite forgetful and feels like things are out of control. After a period of letting Rebecca "vent" her emotions, I informed her that everything she had verbalized were "normal emotions expressed from someone who has suffered a significant loss" such as what she has experienced. This seemed to relieve her greatly. I went over and gave her several handouts pertaining to grief and loss and encouraged her to read it at home.

I explained and administered the A.P.S Response Form. I told Rebecca that God has given each of us strengths and weaknesses, tendencies and needs and the report will help to identify those along with showing how to meet needs in Godly ways. Rebecca was interested to know about herself and how to help herself. I told her we would start going over her report next week and continue to look at the things which are a concern to her. I gave her Scripture verses to reveal that God is with her and that He hears her prayers. I closed our meeting in prayer.

## **Session Two:**

I opened our session in prayer and began by asking Rebecca what may be some of her concerns after reading the grief information I had given her last week. She immediately said out of the five stages of grief she has experienced: Denial, Anger and Bargaining. Currently she is in *depression* and wonders if she will ever enter the *acceptance* stage. She said Ben's decline in health began over three years before his death. Rebecca looked at me intently and said, "You'd think I would have been prepared for his death." I explained anticipatory grief of bereaved individuals who have been in the care-giving role for months and years. Again, Rebecca seemed relieved to know her emotions were "normal". She reports averaging 5 to 6 hours of sleep a night and feels she is regaining her appetite.

At this point she seemed ready to hear about her A.P.S report. I told her about her Inclusion traits. Rebecca is a Sanguine in Inclusion. She agreed with all her traits but wanted to review the traits below:

- #9 Because she fears rejection, she socializes with people to "sell herself" and gain acceptance.
- #10 She is hot-tempered. She may explode and five minutes later forget why she was angry.

As we addressed her fear of rejection, Rebecca said she has always enjoyed being the center of attention and her work as a school teacher, Sunday school teacher and the director of a local women's missionary outreach program has met her need to socialize. She agreed she can be hot-tempered but feels her temper has been better controlled as she has matured in her relationship with Christ through the years.

As our session came to a close, I gave Rebecca the book, *On Wings of Mourning: Our Journey Through Grief and Recovery* by Carol A. and William J. Rowley and asked her to read it before our next session. I felt this writing would reinforce what we discussed today and help her to take steps toward further healing. I closed our session in prayer.

### **Session Three:**

Rebecca stated her emotions have been up and down just like what she had read in the information I had given her. She agreed the book *On Wings of Mourning: Our Journey Through Grief and Recovery* was very helpful to her. She acknowledged knowing the depression she is experiencing is *normal* as she is functioning well, going on about her routines, sleeping better and gaining back her appetite.

It was at this point I asked Rebecca the question, “What was seemed to be the most difficult thing for her to face concerning her husband’s death?” She paused and began to cry. She said, “Ben’s dream was to be able to celebrate our 40<sup>th</sup> Anniversary before his death. He had with the help of our children, arranged a surprise celebration to be attended by our family, close friends and relatives. I had not a clue he had arranged this until after his death. He was thinking of me even when he was dying. Ben’s nature was always giving and loving.” I informed Rebecca as she worked through her deep emotions of grief/loss/and change that she was taking the steps to *accepting her loss*.

Throughout the remainder of this session, I listened and worked with Rebecca in this area – accepting her loss. Again, the emotions expressed were normalized and validated so she could know others have experienced similar emotions.

I closed our session in prayer and gave Rebecca a list of Scripture verses to include: Ps. 23:4; 6:5-7; 119:28; 137:1, 5-6; 1 Cor. 15; John 11:25-26. I also directed Rebecca to a local Widow’s Support Group and encouraged her to contact the facilitator.

### **Session Four:**

Rebecca came in today having contacted the facilitator of the Widow’s Support Group and plans to attend her first meeting tomorrow night. Rebecca said it was encouraging to her to have made contact with someone who truly understands her loss because the individual has “walked it herself.” Rebecca had a sense of hope, excitement, and peace about her. She had highlighted in her Bible the Scripture verses that I had given her to review and to meditate on during her last weeks assignment.

We then looked at her Control traits. Rebecca is Melancholy in Control. Rebecca agreed with her all her traits and wanted to look further at traits:

- #6 She tends to procrastinate when pressured to take on responsibility or decision-making
- #8 She requires time to build up her self-confidence when moving into unknown areas

Rebecca said her husband would always consult her before making a decision that affected them. Now however, she feels uncomfortable and becomes quite stressed as she often has to make decisions regarding her self without input from others. I informed Rebecca that because her need to appear in control she needs to allow herself time before making decisions or taking on responsibility. If she has limited time she was encouraged to consult her children, a close friend and by all means to ask God for direction. Rebecca needs to learn to trust God with her life and her future in order to reduce her fear of the unknown. She agreed that the *unknown* is her greatest fear. I encouraged her to always go to God first concerning every aspect of her life. I prayed with Rebecca and set our next appointment.

### **Session Five:**

Rebecca came to the office today with a letter in her hand and a smile on her face. She stated that the individuals in the Widow's Support Group gave her much encouragement and helped her even though they are in grief. She added, "Even though it was painful and hard at times, I knew I was where I needed to be." She said she left the meeting with a greater sense of hope and purpose. She showed me a letter she had written to God. The contents in the letter indicated she had placed all her hope and purpose for life in God and Him alone. She added at the end of her letter, "Thank you, Heavenly Father for always loving me and for directing my life. I place my total being in Your hands. AMEN."

Next we looked at Rebecca's Affection traits. Rebecca is Choleric in Affection. She agreed with all her traits and feels through the years she with God's intervention, has overcome weaknesses in this area. She especially commented on trait #5. Rebecca preferred deep relationships to tell her "I love you" by doing tasks rather than giving her hugs and kisses in her younger years but as she has gotten older that has changed. She said once she became a grandmother – all that changed. She began to laugh as she openly expressed the joy she feels when she is with her grandchildren. She added, "I shower them with hugs and kisses, and not only them but my children and other close friendships."

We spent the remainder of our session in the area of Affection and discussing any concerns she may be facing. Rebecca acknowledged she has accepted her loss and continues to do "grief work." I closed our session in prayer.

### **Session Six:**

Rebecca brought me pictures of her family to include pictures of her deceased husband. She seemed to find much comfort in recalling story after story for past memories of her family – all together.

I continued today by going over different areas of her temperament type and encouraging positive ways of meeting her needs. Also, I prepared Rebecca for difficult times she may face such as the first anniversary of the death of her husband, holidays and special days they shared. I guided her to consider positive ways of coping in and through those special times.

Rebecca continues to attend the Widow's Support Group and has made many supportive friendships there. She reports she is actively involved in helping others who are grieving. She is finding activities like these to be extremely cathartic in working through grief.

I reviewed all of our work together and reminded Rebecca where she was in her grief process when she first arrived till now. She agreed she has come full circle. She described positive steps and results through the journey of grief and acknowledged with God's help and counseling she now has a new perspective on life.

As we wrapped up our sessions together, I recommended that Rebecca continue attending the Widow's support group and her activities at church. I encouraged her to take time for herself and for her family. She agreed to keep me posted on her progress and I closed with prayer.

### CONCLUSION

This case had a very positive outcome. Rebecca's commitment to Christ earlier in her life helped to prepare her for the loss and grief her faced. She not only experienced God as the healer of her wounded emotions but she also experienced His presence, His comfort, and His peace in the middle of her deep sorrow. Our prayers for understanding and strength to face each day gave her hope and taught her to rely on God as her source.

Rebecca voiced normal grief reactions and responses to her loss. She also showed normal physical symptoms of one in grief. I believe that she found much healing in being able to tell and retell memories she once shared with her husband.

Rebecca depended on her husband to help her with decision-making. Upon his death she found her Melancholy tendency (in Control) concerning decision-making extremely difficult. In our time together she learn creative ways to enlist the help of her children and close friends, but most of all she learned to go to God for direction and to depend on Him to meet her needs.

About six weeks after our final session, Rebecca called to let me know that she is coping well and going on with her normal activities. She continues to find comfort in new friendships gained by attending the Widow's Support Group and is now co-facilitating the group.

It has been fourteen months since our initial contact. I received a note from Rebecca informing me she continues to be active in church, on the go with her family, grandchildren, and friends. She said she has "peace of mind" knowing God is always with her.

## CASE STUDY ON GRIEF AND LOSS

### Personal Background Information

Sex: Female  
Name: Dana  
Age: 33  
Marital Status: Married  
Children: None  
Employed: Secretary the past 6 years at a local school

### Reason For Seeking Counseling

1. Husband encouraged counseling because he didn't know how to comfort his wife as she recently gave birth to their second still born infant.
2. Depression

### Overview

Her A.P.S. report indicated she was:

1. Phlegmatic Melancholy in Inclusion
2. Supine in Control
3. Supine Phlegmatic in Affection

Spouse:

Name: Michael  
Age: 35  
Marital Status: Married  
Children: None  
Employed: Professor at a local college the past 4 years

His A.P.S. report indicated he was:

1. Phlegmatic in Inclusion
2. Phlegmatic Melancholy in Control
3. Melancholy in Affection

## Session Notes:

### Session One: (Michael and Dana)

Michael and Dana were referred to me by their minister who recommended that they would benefit from professional counseling, especially for the wife who has experienced the trauma of giving birth to two still-born infants and recently learned she can not have children. Michael and Dana were somber as they entered my office today. I was clear they were grief stricken. I wanted this session to be about them – to gather information and just to listen.

Michael and Dana are a very close couple. They were high school sweet hearts and got married right out of college which has been married to 10 years ago now. They had try to get pregnant for 5 years before the birth of their first still-born. With all the latest technology doctors and specialist could not understand what caused both infants to die in the womb.

I offered emotional and spiritual support but most of all I just listened. I gave them Scripture verses to meditate on to facilitate healing. As Michael and Dana enjoy reading I gave them James Dobson's book, *When God Doesn't Make Sense* along with handouts on the "Stages of Grief and Loss" and "Positive Ways to Cope". I closed in prayer and set our meeting for next week.

### Session Two: (Michael and Dana)

Michael and Dana came to the office and informed me that Dr. Dobson's book, *When God Doesn't Make Sense*, was truly inspirational and helpful to them in many ways. They acknowledged their relationship with the Lord is strong and that each has been Christians for over 15 years. The handouts on grief that I had given them last week they both acknowledged were very beneficial to them as well.

Throughout our conversation Dana was clearly more emotional, often crying silent tears. I realized she was trying to be strong for Michael. I asked Dana if I could meet with her alone for the next several sessions and she agreed by nodding "Yes." I informed her that the emotions she is experiencing including the depression is "normal" for what she has been through. I explained grieving is a process often called, "Grief work" meaning it will take time to work through all the many emotions she is experiencing as well as all the dreams and expectations she had for each child.

I explained and administered the A.P.S. report to both Michael and Dana. I explained it will help them to have a better understanding of themselves – why they act as they do, ways to meet each others needs even in this time of grief and loss that are pleasing to God.

I gave new Scripture verses to meditate on and gave them more handouts on ways to cope. I closed in prayer.

### **Session Three: (Dana)**

I met with Dana today. I opened in prayer and asked her how she is coping. It was apparent she is deepening her relationship with God and finding peace and comfort in his presence. She showed me verses of Scripture she had underlined in her Bible revealing God is her strength, her comfort, her shield.

I explained her A.P.S. report in the area of Inclusion. Dana is Phlegmatic Melancholy in Inclusion. She agreed with all twelve temperament tendencies. She agreed strongly with traits:

- # 7 She has mood swings that follows her thinking process. If she thinks upward, her mood goes up; if she thinks downward, her mood goes down.
- #12 She has a moderate fear of rejection and if rejected, will respond and ventilate her anger in destructive ways.

We discussed these at length. Dana needs to have a peaceful home where she can regenerate herself and fill her mind with positive things in life. She needs to learn to stay in the Scriptures which will elevate her mood. As she learns to fill her mind the thinking on positive things and to be active in projects in the home which bring her fulfillment this will help to elevate her mood. Dana acknowledged that her anger can sometimes get the best of her and that she can be quite ugly to Michael when she does not mean to. Dana understands she needs to go to God who loves her just the way she is even in her weak moments. When she learns to look to God for acceptance and approval this will lessen her fear of rejection of others.

As our time came to a close today I gave her the name of a lady (Mary) who facilitates a local support for parent's who have experienced the loss whether the loss was through miscarriage, still-birth or Sudden Infant Death Syndrome (SIDS). I encouraged Dana to contact her for additional emotional support. I closed our meeting in prayer.

### **Session Four: (Dana)**

When Dana entered my office today she immediately informed me that she met with Mary, facilitator of Parent's Support Group and found the information and her support vital to her. She plans to attend her first meeting with the support group next week.

I explained her Control tendencies. Dana is Supine in Control. She was amazed to see the results fit her perfectly. She strongly agreed with traits:

- # 5 She internalizes her anger, and calls it "hurt feelings"
- # 7 She has indirect behavior and expects others to know what she wants without asking.

As we looked at these traits more closely Dana realized she often tells her husband that he has "hurt her feeling". She understands she needs to learn to stop internalizing

her anger by saying “My feelings are hurt” but rather saying, “I am angry because ...”. When she does this she will deal with her anger and not let it build up. Dana realizes she needs to learn to be more direct, to let her loved ones know what her needs are and allow them to help meet her needs. As she learns to go to God in prayer He will help her to control her anger and to express herself in positive ways pleasing to Him.

We spent the remainder to our time today talking coping skills and going over Scripture verses for her to meditate on during the week ahead. I closed in prayer.

### **Session Five: (Dana)**

I met with Dana today. She appeared to be feeling stronger emotionally. She said just knowing what she is going through is “normal, health, and necessary” is confronting in itself. She attended the Parent’s Support Group and was given much validation she said she so desperately needed. She hopes Michael will go with her next week as his schedule is not so hectic then. She acknowledged even in this time of deep loss she wants to reach out to others who are suffering. I explained in doing so this will help to facilitate healing for her as well.

I explained Dana’s A.P.S. results in Affection. Dana is Supine Phlegmatic in Affection. As I went over each of her tendencies she acknowledged they reflected her well. She strongly agreed with traits:

- # 2 She expects others to read her mind and to know what she wants.
- # 4 She has a moderate fear of rejection and if rejected or hurt by she will react with her dry or wry sense of humor.

As we look at these tendencies further, Dana acknowledged she needs to be more direct with Michael – to communicate her needs for love and affection. When she does this it will help to improve and to strengthen their marriage and it will allow for them to grieve at times together. Dana needs to develop a deep relationship with God so when she is rejected by her deep relationships, she will not use her dry sense of humor to hurt them. As she learns to look to God to fulfill her needs for love and affection this will ease her fear of rejection from others as well.

I closed our meeting in prayer and asked Dana to continue to meditate on the Scripture verses I have given her previously.

### **Session Six – Eight (Michael and Dana)**

Michael and Dana attended the Parent’s Group together during this time of counseling. They are finding the support, information, and compassion of others who have faced similar loss very helpful to them as a couple. They are finding healing as they reach out to help new members who attend. Dana acknowledged she has emotional ups and downs and knows this is part of the grief process.

We looked at Michael's A.P.S. tendencies, identified unmet needs, and developed Godly ways he and Dana could meet these needs during these sessions.

We also looked at the idea of being foster parents or looking into adoption. Michael and Dana are considering adoption in the future and hope to begin the process soon.

After the 8<sup>th</sup> session, Michael and Dana decided to end further sessions. They continue to receive support from the members of the support group, their minister and church family, and their extended family as well.

## **CONCLUSION**

As a pastoral counselor I feel these sessions with Michael and Dana were successful. I had hoped to meet with them together for two more sessions, but they did not feel it necessary.

I feel the A.P.S. report helped Dana and Michael to see themselves, their needs which were going unmet, and of creative and positive ways to meet their needs in ways pleasing to God.

I spoke to Dana two months after our last session. She reported that they have started the process of adoption and knows God has everything under control. She reports experiencing "normal" symptoms of depression from time to time that follows such a loss as they have suffered as a couple.

Dana reported being back into her daily routines and acknowledged she is an active member of her church.

In conclusion, this couple found God's healing power in the middle of their grief. They experienced His faithfulness in their time of deep sorrow and His grace to carry on.

## CASE STUDY ON GRIEVING TEEN

### Personal Background Information

Sex: Male  
Name: George  
Age: 19  
Married: No  
Sibling: 2

### Reason for Seeking Counseling

1. Referred to me by his pastor as his best friend was killed in a car accident.
2. Depression and anger

### Overview

His A.P.S. report indicated he was:

1. Melancholy in Inclusion
2. Phlegmatic in Control
3. Choleric Phlegmatic in Affection

George was referred to me by his pastor who felt George needed professional counseling after losing his best friend in a car accident last week. George and Terry were best friends from elementary school through college. Even though they went to different colleges they always found time to get together. Their peers in high school called them “Tom and Jerry” as they were always found together, whether in trouble or not. The minister said George is a Christian and is active in their church family. I agreed to see George and set an appointment through his pastor at 2:00 p.m. tomorrow.

### Session One:

I met with George today. George said he felt he was in a fog or haze all last week. He has had little sleep and his appetite is poor. He is experiencing confusion and is finding it hard to concentrate. Since Terry’s funeral, George has shut everyone out of his life. All he wants to do is to be alone, to think and to cry. He acknowledged he has told several close friends “where they can go” however he did not mean to hurt them. I share common reaction and responses to grief and loss. I explained how grief affects us

emotionally, physically, mentally, spiritually and explained the process of grief. I spent a great deal of time listening to George and gathering information pertinent to his loss.

George lost his father when he was 11. His mother has been ill much of the time since his death and George being the eldest child took on the responsibility of being the man of the house. George is a hard worker. He has set a goal of becoming a chemical engineer and hopes to obtain a good position with the government on day. The death of his friend brought back memories when he was 11 years old having to take on the responsibilities of an adult and encouraged by adults not to grieve, especially openly. I gave George permission to openly grieve his father's death and Terry's death. The moment I did so he began to cry, sob, then to wail.

Once George grieved his father's death, I gave him several handouts on "Coping with the Trauma of Losing Your Best Friend" and "Common Reaction/Responses to Grief and Loss". I ask him to read over these and gave him Scripture verses to include: Psalm 23:4; 6:5-7; 137:1, 5-6; 119:28; 2 Cor. 4:14-5:8. I further encourage George to see his physician to get an overall checkup and to have a copy of the doctor's report sent to me. George gave me permission to follow-up with his minister periodically throughout our sessions together. I closed or meeting in prayer.

### **Session Two:**

I met with George who had seen his doctor last week and had in his hand a copy of his medical records. I explained the A.P.S. report and administered it to George during this time. While he was responding to the report, I read his medical report. All tests and reports revealed no concerns.

Once George completed the response form, I had him view a video on "Grief and Loss." This gave me a chance to run and review his A.P.S. results. We spent time taking about positive ways of coping with loss and what George might do to help memorialize Terry's death.

Next, I began to explain George's A.P.S. report in Inclusion. George is Melancholy in Inclusion. He agreed he is a private, serious person who is task-oriented and self-motivated. He agreed strongly with traits:

- #5 He has a high fear of rejection, and is easily offended and insulted. If rejected, you may ventilate your anger in destructive ways.
- #6 He has high intellectual energies with a mind that will never shut off. His mood swings follows his thinking process.

George realized during our conversation that he has neither allowed God to help him through his grief process nor has he allowed God to help him deal with his anger. We discussed the importance to go to God with everything in our lives because God wants an intimate personal relationship with us – to walk with us every moment of our lives. George confessed he has not been faithful in reading the Scriptures until I have him his

assignment last week. He agreed when he began thinking on positive things such as God's Holy Word, his mood became lighter and brighter. Because of George's high intellectual energies, he needs to focus on positive things such as prayer, singing, reading inspirational materials, etc. He needs to learn to deal with his anger in constructive ways and in ways pleasing to God. As George fills his mind with Scriptures that reveal God's love for him, this will lessen his fear of rejection from people.

As our time came to a close today, George appears to be taking positive steps in working through his grief and thereby lessening symptoms of anger and depression. I closed our meeting in prayer and gave new verses of Scripture to meditate on and gave George the book, *On Wings of Mourning: Our Journey Through Grief and Recovery* by Carol A. & William J. Rowley and asked him to read Chapters 1-8 during the next week. I followed up with George's pastor to let him know George's progress.

### **Session Three:**

I met with George who had contented countenance on his face. He the book, *On Wings of Mourning: Our Journey Through Grief and Recovery* was extremely helpful to him. Some of the examples in the book mirrored how George felt when his father died and other mirrored what he experienced when his Terry died. It was evident by his countenance and conversation that he is learning to lean on God for his help and strength.

Next, I began to explain his Control tendencies. George is Phlegmatic in Control. He agreed he is independent, stubborn, and capable of making decisions and taking on responsibilities necessary to get the job done. He agreed strongly with trait:

- #7 He uses his dry or wry sense of humor as a defense mechanism to prevent others from controlling him. He uses this mechanism to keep from burning out because of his low energy level. He needs to learn not to use this humor as a way of hurting others.

I explained to George that he needs to learn not to use his dry or wry sense of humor to hurt others. I encourage him instead to learn to use his humor to build people up and in doing so this will please God and also make him feel better about himself. He needs to find a balance between work and rest in order to be his best and feel his best. I told George as he gives God control of his time – God will help him to balance his need between work and rest.

George was given the assignment to finish reading *On Wings of Mourning: Our Journey Through Grief and Recovery* and closed our meeting in prayer.

### **Session Four:**

George finished reading the book I had given him and said he feels his life is back on track. He acknowledged emotional ups and downs and other normal grief reactions and responses. He told me he has spent a great deal of time thinking of how to honor Terry's memory. Because Terry had volunteered his time as a "Big Brother" to underprivileged

kids, George said, “I put my application in at the Boys and Girls Club last week when he left my office. He was contacted yesterday and assigned a 10 year old boy who had recently lost his father due to cancer. George said, “In my heart I knew this was something I had to do for Terry – but equally so for myself. I gave George encouragement and told him he will be a great mentor for the child.

Next, I explained to George his tendencies in Affection. George is Choleric Phlegmatic in Affection. He agreed with all his traits. He fervently agreed with trait:

- #5 He has a limited energy supply and he resist becoming too involved in deep relationships. The reason he holds back is to protect his low energy. He uses his dry or wry humor to keep your deep relationships from draining your energy.

I explained to George that he needs to recognize the needs of his deep relationships when they are expressing love and affection, even when it is not on his terms. George recognized he has not kept a steady girlfriend because he has not learned to accept love and affection on their terms. He needs to learn that his ways are not the only way to express love and affection. He also needs to learn not to use his dry and wry sense of humor to hold his deep relationships at a distance in order to protect his low energy. I encouraged George to allow God to work in and through his personality (humor) to foster healthy relationships, which likewise will be fulfilling to him.

As our time came to a close today, I set up to see George for an appointment next. We agreed at this time for session five to be our last meeting. I encouraged George to stay in the Scriptures and to spend time with God in prayer every day. George closed our meeting in prayer today. Later, I followed with George’s pastor to let him know George is taking positive steps in working through his grief.

#### **Session Five:**

Our meeting was sorter than usual today as George was to meet his “Little Brother” for the first time today. George was excited to meet his little friend. He had prepared a small surprise sack to give him when they get together today. George said, “It feels so good to be doing something so positive.” With a smile on his face he continued, “God has orchestrated this whole thing and I am so excited to be in His will for my life!”

We spent the remainder of this time going over any needs and unmet needs identified through the A.P.S. report. We discussed positive ways to meet his needs – ways that are pleasing to God. George said each counseling session helped him to have a better understand of himself and helped him to now the importance of allowing himself to grieve each and every loss he as experienced in life in order to be happy and whole.

## CONCLUSION

George had lost a dear friend in a tragic automobile accident which seemed to leave him paralyzed. George exhibited “normal” depression and even follow-up with his physician who reported the same. Through the A.P.S. report, George came to a better understanding of himself, his needs, and of Godly ways of meeting his needs.

George needed permission to grieve the death of his father and permission to grieve the death of his best friend. He came to understand during our time together that grief is a process and everyone grieves differently. He learned of positive way of coping with grief and loss and put them into practice. His number one help was and continues to be God’s Holy Word and spending time in the presence of the **One** who knows us best and loves us just the way we are.

I followed up with George’s minister 3 weeks after my last appointment with George. I learned that George is greatly enjoying being a “Big Brother” and has encouraged other young men in his Sunday school class to also get involved. He reports George is growing in his relationship with Christ and is becoming a leader in the church.



## CASE STUDY ON LIVING WITH DEFORMITY

### Personal Background Information

Sex: Female  
Name: Stacy  
Age: 17  
Marital Status: Single

### Reason for Seeking Counseling

1. Stacy mother brought her for counseling because of her lack of adjustment to her deformity
2. Stacy is anxious, moody, and angry

### Overview

Her A.P.S. report indicated that she was:

1. Sanguine compulsive in Inclusion
2. Supine compulsive in Control
3. Melancholy in Affection

Her mother's A.P.S. report indicated that she was:

1. Phlegmatic in Inclusion
2. Melancholy in Control
3. Supine Phlegmatic in Affection

Stacy is a very intelligent teenager and exhibits above average knowledge and maturity for her age. Since Stacy was eight years old she has gone through many difficult circumstances. At age eight, Stacy learned she had a rare and often fatal form of cancer called Ewing's sarcoma. Stacy underwent an operation which removed the tumor on her face and her chance of survival was very good. She went through painful chemotherapy and radiation treatments during her fourth and fifth grade years. Her classmates called her names and she remembered one boy pronouncing her 'the ugliest girl in the world.' She became a loner, isolated for the other kids her age. Even her parents, overwhelmed by their daughter's sickness, became distant from her and from each other; they divorced when she was thirteen.

The surgery disfigured her face and required her to need multiple bone and skin grafts which were intended to correct the deformity. Now after twenty operations, Stacy's face

is still misshaped. Stacy's mother, Jane had Stacy in counseling in her pre-teen years and again after her and Stacy's father divorce.

I arranged to meet with Stacy and with Jane's written permission, arranged to receive all previous counseling notes by Stacy's therapist and her medical report by her physician.

### **Session One:**

Stacy came into the office with a bright smile but seemed to be somewhat bashful as she only occasionally made eye contact. It was apparent that the side of her face where she had much scarring bothered her as she tried to cover the area with her hand. I spent time building a relationship with Stacy and had her laugh at a point in our conversation. I then began to explain the purpose and value of the A.P.S. report, informing her that each of us has been created by God with strengths and weaknesses all for His purpose. This seemed to intrigue Stacy but I had difficulty keeping her attention. At one point she became quite anxious and angry. Her mood seemed to change and she asked if it was time for her to go.

I conducted the A.P.S. Report and explained that we will start next weeks visit by looking at the results. I closed the meeting in prayer.

### **Session Two:**

Stacy came to the office today ready to talk. I realized my first role was to empathize with her and give her affirmation. As Stacy gave detail after detail of her difficulties and trails through the years, I communicated empathy by:

- Nodding my head
- Making eye contact
- Leaning forward in my chair
- Speaking in soothing tones
- Reflecting key statements and gestures
- Waiting patiently through tears and silence

I then told Stacy that she is uniquely created by God (Ps. 139:13). I wanted her to know that God has created everyone differently for his purpose and that her deformity made her equally special to God. I wanted her to know that God does not want anyone (including teens) to compare their beauty, intelligence, athletic ability, and personality with that of others. I wanted Stacy to know she is accepted as she is and that she does not have to imitate another person to have value. I asked Stacy about her interests and talents. She has always loved music. She sings in her youth choir and plays the flute in her marching band at school. Her dream is to become a music teacher at a local university. I encourage her to keep her dream alive and to give it to God.

Stacy needed a great deal of assurance and affirmation during this session. Due limited time and the direction of the Holy Spirit, I drew the session to a close in prayer and gave her Scripture verses to meditate on for the next week.

### Session Three:

I opened our session in prayer and reviewed with Stacy her A.P.S. traits in Inclusion. It did not surprise me to learn that Stacy is Sanguine in Inclusion. I went over all her traits and we spent extra time on:

- #2 Stacy is relationship-oriented and has a compulsive need to be with people. If she is not with people for long periods of time she will suffer extreme anxiety.
- #4 She tends to have mood swings. She is either happy or sad and no one can motivate her to swing. She will make the decision when to be happy or when to be sad.
- #9 She has a compulsive fear of rejection
- #10 Compulsively hot-tempered

Stacy said she use to love being with people when she was a child, but her cancer changed all that. It was at this point Stacy began to cry. She became very angry and looked totally distraught. I quickly got her attention by telling her that I love her and that God loves her. She nodded her head and repeated what I had said. She went on to say that she is a Christian having given her life to God at age 7. I wanted her to know that it's okay to be angry, but only in ways pleasing to God.

I told Stacy that she has a compulsive need to socialize and to receive large amounts of attention for the things she does or accomplishes. We looked at how she is meeting her needs and what needs are going unmet. In the past year Stacy admitted she has slowly come "out of her shell." She has entertained the thought of volunteering at a local Boys and Girls Club to help out in the area of music or crafts. I encouraged her to look into this.

I encouraged Stacy to recognize that she is compulsively hot-tempered and to learn to deal with anger constructively and in ways pleasing to God. When she can not be with people she needs to learn to listen to the radio, read books or watch television shows about people to lessen her anxiety. I told Stacy that God never rejects her and to always know He is there for her when people may not be. I gave her a list of Scripture verses to read and to meditate on this week (Ps. 31, 41, 42, 61, & 62). Also, I gave her an assignment to read sections on self-image from the book, *The Teenage Q & A Book* by Bill Jones and Josh McDowell before our next session.

### Session Four:

Stacy appeared today with a pleasant smile. She informed me that she had contacted the Boys and Girls Club and is to begin volunteering her talents in music next week. She had read the sections from *The Teenage Q & A Book* along with the Scripture verses and stated each were helpful.

I began by opening with prayer and I wanted to see what concerns Stacy was dealing with. She voiced she still is seeing much anger rise up in her with little warning. I asked

her if she responded to others with anger because she is viewing much of life and her relationships with others through a lens of resentment, ready to take offenses at the first sign of criticism or rejection. Stacy agreed with this statement wholeheartedly. It was here that I wanted to encourage Stacy's dependence on God who promises health and wholeness of the most important kind (spiritual) through Christ. I again directed Stacy to the Psalms and I encouraged her to develop a prayer partnership with a good friend in her youth group.

Next, I turned Stacy's attention to her Control traits. She is Supine compulsive in Control. As I reviewed her tendencies and paid special attention to:

- #4 She has a compulsive need for a close friend who will share in her decision making as well as share the responsibility for those decisions.
- #6 She becomes compulsively anxious and stressed if she has to make decisions alone, or if she must be responsible to someone else.
- #9 She internalizes anger when she is not included in a decision concerning her.

I told Stacy that she needs to have close and personal friends who will help her make decision, and share the responsibility for the decisions. She needs to let her friends know that she wants to be included in decisions concerning her and does not want to be dominated. She needs to find life situations where she is not forced to be a leader. She must learn to stop internalizing her anger but rather to start saying, "I am angry because ....". By doing this Stacy will deal with her anger and not allow it to build up. Stacy was encouraged to go to God to confirm, convict, and to correct all the decisions she makes rather than to go to people.

As our time came to a close today, Stacy asked to pray. The prayer was a true reflection of her heart and it was apparent that much healing has taken place since our first session.

#### **Session Five:**

Stacy came in today excited about her experience as a volunteer at the Boys and Girls Club earlier this week. In the group of children she was working with, a six year old girl was in a wheelchair. Stacy later learned the little girl will never walk because of a disabling birth defect. Stacy eyes filled with tears. She said she felt God's presence as she reached out to hold the little girl in her arms. Stacy said, "Time stood still as I felt God's love shower over me." I gave Stacy affirmation and again told her how much she is loved by God, her friends and family, her pastor and youth leader, myself, etc.

This brought us to Stacy's Affection tendencies listed on her A.P.S. report. Stacy is Melancholy in Affection. Stacy's agreed with all her traits, however, special attention was given to:

- #5 She has deep, tender feelings, but rarely reveals them because she does not want to make herself vulnerable.
- #6 She tends to have a fear of rejection
- #7 She become devastated when she loses a deep relationship because of deep feelings; therefore, she is reluctant to develop deep relationships.

I explained to Stacy that she needs to express her deep feelings in ways which are comfortable to her, and in ways her deep relationships can understand and accept. She needs to say, "I Love You" more often to her loved ones as this is rare for her to do. Stacy needs to become secure in God's love. As she does this her fear of rejection from her loved ones will lessen and it will lessen her devastation over the loss of a deep relationship. This brought us to the area of forgiveness. Stacy realizes she must learn to forgive those who have hurt her in the past by saying cruel words. This also applies to loved ones who have hurt her. Stacy continues to work in the area of forgiveness. She has forgiven those who have hurt or rejected her in the past by going to God and asking for His help. She said, "I have forgiven those individuals who have hurt me because I know this is pleasing to God, and because God has forgiven me."

Stacy informed me (with her mother's permission) to end counseling today. Stacy's academic and extra-curricular activities at school had increased to the point that there was no time in her schedule. She agreed to contact me should she have any concerns or needs in the future. I informed Stacy that I will follow-up with her mother by telephone and I closed the meeting in prayer.

### **CONCLUSION**

I spoke to Jane (Stacy's mother) several days after our last appointment to learn Stacy is coping much better. Jane said she has seen a remarkable difference in Stacy's personality since having gone through counseling. Stacy is more confident, out-going and is enjoying life. She continues to volunteer at the Boys and Girls Club once a week and has a full schedule to include her activities at church and at school.

Recently, Stacy gave her testimony at a local youth rally and was given much praise by the faculty and her peers. She was voted "Most Likely To Succeed" and "Most Friendly" by her classmates her Senior Year. Stacy has earned a full scholarship to a local college where she plans to major in music.

I feel the A.P.S. report and God's intervention help bring balance to Stacy's life and helped to identify her needs. Her needs are being met in Godly ways and she now has a passion for live.

## CASE STUDY ON MARITAL CONFLICT

### Personal Background Information

Sex: Female  
Name: June  
Age: 45  
Marital Status: Married (Married at age 18 to spouse)  
Children: 2 Daughters  
Employment: Homemaker

Sex: Male  
Name: Jerry  
Age: 47  
Marital Status: Married (Married at age 20 to spouse)  
Employment: Business Manager

### Reason for seeking Counseling

1. Lack of Communication
2. Lack of Intimacy

Her A.P.S. report indicated that she was:

1. Sanguine compulsive in Inclusion
2. Supine in Control
3. Sanguine compulsive in Affection

His A.P.S. report indicated that he was:

1. Melancholy in Inclusion
2. Melancholy compulsive in Control
3. Melancholy in Affection

### Session Notes:

June's view of the problem:

June came in the office very upset and voiced she is highly considering divorcing her husband after 27 years of marriage. June claimed Jerry is cold and uncaring and rarely giving her his full attention or showing her affection. She said that after their first year of marriage and the arrival of their first born, Jerry became distant and made himself less available. June voiced out loud, "I don't feel Jerry loves me but I still love him." June

said she has enjoyed being a stay at home mother and being active with the children throughout their school days. Since the girls are grown and away at college, June states, “My life seems so empty. I want to go out and do things with Jerry but he fusses every time I bring this up.” June thinks Jerry is not proud of her as his wife because she has never had employment outside the home.

Jerry’s view of the problem:

Jerry came in the office and seemed bewildered. He does not understand why June is unhappy. Jerry stated in his eyes nothing has changed in he and June’s relationship since the girls went off to college and did not understand what he can do to please her. Jerry said he loves June but doesn’t know how to prove it to her. He voiced frustration saying, “I don’t know what else to do to convince her that I love her.” Jerry said he and June are Christians and as far as he is concerned he will do whatever it takes to keep their marriage intact. Jerry said June takes care of all his needs. He said she is a good wife and that she always takes care of everybody’s needs above her own. Jerry stated June often considered employment outside the home when the children were young and it was his belief she has never quite lived up to her own expectations concerning the role of a wife and mother in the home.” It was obvious that Jerry loves his wife and wants to know how to meet her needs.

Counselors view:

June is able to express herself easily, is very outgoing, and has high energy. She seems happiest when with her family or with a group of friends. Jerry on the other hand seems emotionally guarded and has difficulty expressing his feeling. He is quiet, enjoys time alone, and has a low energy level. It is apparent that there was a communication problem in their marriage.

Jerry likes to spend the majority of each Saturday on the golf course with his close friend, Jim. He feels he has earned this time of relaxation away as a means of rejuvenation – of renewing his energies. Mary sees this as Jerry not wanting to spend time with her and of his lack of love for her. It is apparent this is adding to June’s feelings of inferiority.

### **Session One:**

During this meeting I met with both June and Jerry and opened the meeting with prayer. I gathered from both their medical history and their personal history background. There were no apparent concerns in any of their information.

I administered the A.P.S. Response Form to both and explained that I want to see each of them separately to go over the A.P.S. results before seeing them together again. Jerry and June agreed and we set appointment times.

I asked both to be in prayer until the next visit and specifically asking God for guidance, love, understanding and patience.

## Session Two:

I met with June and went over her A.P.S. Report. She seemed eager to learn of her temperament. June is Sanguine compulsive in the areas of Inclusion and Affection. I emphasized these areas as I felt June's need for socialization and need of love and affection were going unmet in the marriage. I explained to June that she is a social person and finds relationships nurturing and exciting. In the Inclusion score, June agreed with all her temperament traits. I told her God has given her gifts to include being optimistic, outgoing, inspiring to others, enthusiastic, and a keen ability to see the bright side of things and the best in people. I then explained her need to be with people especially now that her children are out the home and going on with their lives. June said this may be a good time to pursue a job that will allow her to be with people. Also, June has always wanted to be a hospital volunteer and has several friends already doing so.

June is a compulsive talker and needs to be around people to meet that need. She feels Jerry just shuts her out and rarely gives her his full attention. We discussed ways she could meet her needs in communication through Godly ways such as employment, talking on the phone, watching television, listening to the radio, etc., which can all help to reduce anxiety.

June did not fully agree with #10 stating, "I don't feel I am hot-tempered or fly off the handle." She did agree with her husband's statement that she pouts frequently however. We discussed ways she can handle anger constructively and in ways pleasing to God.

June agreed she lacks the discipline to complete tasks at hand. We looked at ways she can motivate herself with a reward for completing her tasks. The rewards could be shopping, spending time with friends or with family. It was at this time that I told June that only God can meet her deepest needs in Inclusion and she agreed with this statement.

Next we looked at June's Affection needs. I explained to June the Affection needs of a Sanguine. I explained she expresses and responds to a compulsive amount of love and affection – that she is happiest when she establishes and maintains a deep personal relationship with many people. June agreed with all her temperament traits in Affection. She admitted that #6 seems to be her greatest struggle – to be more direct with others especially with Jerry in communicating her needs. She voiced her basic needs for love and affection has been met through the years by her children and through relationships with her close friends, not with Jerry. We discussed how to be more direct through our words and actions that will bring about the desire we hope for from our loved ones and friends.

Next we look at June's temperament in control. Her A.P.S. report revealed she is a Supine in Control. I explained she has a gentle spirit and that she is dependent on others and a follower. I further explained she looks to others to help her make decisions and share responsibility. June agreed with these statements and also agreed she has a high fear of rejection and a rarely says "no" to anyone. She admitted that #6 seems to be her greatest struggle – to be more direct with others especially with Jerry in communicating her needs. I gave her examples of ways of being more direct often yields the response

from others that will meet her own needs. June agreed to apply these examples to better her relationship with Jerry and her children.

I explained that as we better understand our own temperament and our spouse's temperament, we can learn to love our uniqueness, knowing that God has created us and fitted us together for a special purpose which will bring Him glory and us fulfillment in marriage. I asked June to pray seeking God's help in preparing her heart to receive and accept her husband for who he is when we share together Jerry's temperament needs during our joint meeting. I closed our session with prayer.

### **Session Three:**

I had prayer with Jerry and went over his A.P.S. report. I explained the areas where I felt some of the problems they were having in their marriage was coming from. He agreed with his A.P.S. report and felt it described him well. Jerry stated he finds much contentment in his marriage and was surprised to learn the degree of June's dissatisfaction.

I reviewed with Jerry that he is a Melancholy in all 3 areas of Inclusion, Control and Affection. I pointed out his strengths and weaknesses which seemed to help him understand himself and how different his needs differ from June's needs. I explained that God has given each of us special temperaments in order to carry out His plan and that God has special plans for him and June.

I asked Jerry to be in prayer seeking God's help in accepting his wife as God had created her to be. I explained I would with God's help, bring them to a place where they could learn to utilize one another's temperaments to enrich their lives and marital relationship. I closed our session with prayer.

### **Session Four:**

I saw June and Jerry together today and asked Jerry if He would like to offer a prayer. Jerry agreed and prayed a prayer that revealed he loved his wife. He thanked God for June, for their marriage, and asked God to reveal ways they can meet each other needs that are pleasing to Him.

I had them share their A.P.S. reports and I took them through the areas that I felt were causing misunderstanding and stress in their marriage. After their temperament types were shared and explained, June and Jerry both sat with a puzzled look on their face. Jerry looked to June and said, "Now I understand why you love to be with people all the time and why you need to be shown love and affection. It was at this time that I asked June if Jerry did things around the home for her and I asked her to share what they were. June stated Jerry is a "handyman" as he always fixes plumbing and appliances when there is a problem. She said every year he plants a large garden and plants the vegetables that she enjoys. He also does chores around the home to help her out since the girls are gone. A smile came over her face and she said, "Jerry prepares coffee each morning and brings

it to me before I get out of bed.” I asked what her response was when he did these things for her. She said with a puzzled look on her face, “Jerry does these things for me because he enjoys doing it.” I told June that Jerry does the things she has mentioned as a way of saying to her, “I love you.” I explained how difficult it is for individuals with melancholy temperaments to express their feelings – so they show their love by doing things. I went further to explain, the Melancholy in turn looks for acknowledgement of what they do for their loved ones by way of appreciation.

It was at this point God seemed to open June’s eyes and thinking. She turned to Jerry and said, “Jerry, I did not think you loved or appreciated me because you rarely show me affection or talk to me. With tears in her eyes June said, “Now, that I understand you better, I believe you love me.” Jerry with tears in his eyes as well turned to June and said, “From the first day I met you until now I’ve never stopped loving you.” Instantly, June came to Jerry’s side and the two of them embraced. The two of them spoke tender words and each apologized for taking the other for granted.

I challenged Jerry stretch out of his temperament zone from time to time to meet Jane’s Sanguine temperament needs for an outward show of affection, i.e. holding hands, giving hugs and kisses. Jerry acknowledged he does not do this well but cheerfully agreed to consciously work on meeting Jane’s needs.

I further explained other needs in their temperament which they could meet for each other. I made recommendations for June to consider ways of meeting some of her own needs so as not to blame Jerry or to look only to him to meet her needs. We looked at options of volunteerism, employment, starting a neighborhood social for women or a Women’s Bible Study and Prayer Group. I stressed however that she needs to turn God who alone can meet her needs.

I asked June and Jerry to review their temperaments and I gave each of them a copy of Gary Chapman’s book, “*The Five Love Languages*” and asked them to read it before our next session. I asked them to identify their love language and their spouse’s love language and we would review this next week. I closed our session in prayer today.

### **Session Five:**

Jerry and June came in the office today and each had a smile on their face. They agreed their marriage has been restored and that they are in a discovery/renewal process. I began our meeting in prayer and we reviewed their temperament needs. Next, I had Jerry and June identify their love language as discussed in “*The Five Love Languages*.” June did not seem surprised to learn her love language is through *physical touch*. Jerry identified his love language through *acts of service*. They each agreed they were learning to apply the right principles – in order to speak each others love language. They acknowledged they are finding satisfaction and joy at being able to express their love and feeling loved in return. We continued to discuss during the remainder of our time together each of their love language and I gave each of them a customized list revealing different ways they could meet one another’s needs. I closed our meeting in prayer.

## **Session Six:**

This was to be my last session with Jerry and Jane to follow up with them and to answer any questions or to look at any area of concern they may have. Jerry and Jane voiced their renewed love and commitment to each other. They acknowledged the fact that through the help of God and through sound counsel they are together on a new journey in life. With the help of a close friend, Jane has started a women's Bible study that meets at her home once a month. She is also volunteering her time at a local hospital and finds the experience very rewarding. They are still working on issues, continuing to progress through the A.P.S. reports, acknowledging areas of commitment, love, trust, encouragement and ministry.

## **CONCLUSION**

It was amazing to see God at work in this couple's lives and marriage. God is a God of miracles! God meet their physical, mental, emotional and relational needs. The couple seemed to be at a stand still – miles apart – when I first saw them, but thanks be to God that He intervened and gave them a whole new perspective on their marriage. The A.P.S. report proved to be a valuable resource to help the couple understand their partner's needs and to appreciate their differences as God had created them. I believe my goal as a counselor was accomplished. June came to realize Jerry's love for her and ways he shows her his love. Two months after our last appointment, June called to say she is happily married. She added she feels Jerry loves and respects her and life now is full – to – overflowing for them as a couple. June quickly gave full acknowledgement and credit to God saying with God all things are possible. AMEN!

Colorado  
Theological Seminary

## CASE STUDY ON MARRIAGE BURNOUT

### Personal Background Information

Sex: Female  
Name: Elizabeth, age 45  
Age: 45  
Marital Status: 26 years  
Children: 1 teenage daughter  
Employment: Housewife

Sex: Male  
Name: Tim  
Age: 47  
Marital Status: 26 years  
Children: 1 teenage daughter, Ann  
Employment: Store manager

### Reason for Seeking Counseling

1. Marriage Burnout
2. How to cope with a husband who show lack of intimacy and has poor communication skills.

### Overview

Her A.P.S. report indicated that she was:

1. Phlegmatic Melancholy in Inclusion
2. Phlegmatic Supine in Control
3. Supine in Affection

His A.P.S. report indicated that he was:

1. Melancholy compulsive in Inclusion
2. Phlegmatic in Control
3. Melancholy Phlegmatic in Affection

Elizabeth and Tim were referred to me by their associate pastor who was working with this Christian couple but felt he was making no progress. The couple agreed to come to me for counseling and the referral was made. Elizabeth and Tim have been married 26 years and have one teenage daughter. Tim's job has required that they move three times in the past 10 years. According to Elizabeth, she and Tim use to very close and make every decision together up until his previous job – when Tim became “married

to his job.” Tim agrees he is a workaholic and boasts, “This is a sign of significance and success –what I’ve been working so hard for all my life.” Tim grew up in a poor family and it took him working 2 jobs through his high school years and college years to pay for his education. He said he has made it to the top and he wants to stay there. I was clear Elizabeth had encouraged him and nagged at him in earlier years of their marriage because she enjoyed the money and the prestige.

Recently, Elizabeth realized that they were putting their teenage daughter Ann in the middle of their arguments and she knew it was time they seek counseling.

### **Session Notes:**

#### **Session One:**

I introduced myself and opened in prayer. I explain during this session I wanted to hear what they felt were problem areas in their marriage. I have summarized their responses as follows:

Elizabeth states:

1. He is never home; he is married to his job, not to me; and when he is home all he wants to do is rest and chooses not to go out with me
2. There is little to no communication or intimacy

Tim states:

1. I give her all the money she wants – why can’t she be happy
2. I work hard and when I come home I want quiet and rest
3. She needs to accept that my job requires that I work long hours

Once I had allowed them to “vent” I could tell there was much hostility in the air. The couple clearly agreed that they were not entertaining the thought of divorce. I directed their attention to God’s Word on the topic of marriage and the proper relationship between husbands and wives and the sanctity of marriage.

Next, I explained and conducted the A.P.S. report. I emphasized the value of the A.P.S. report as information obtained would help them to see each other more clearly – to identify needs and to learn Godly ways of meeting each others needs. Both were agreeable to this agreed to meet separately during the next two appointments. I closed the meeting in prayer.

#### **Session Two and Three: with Elizabeth**

I reviewed with Elizabeth her A.P.S. report, explaining and answering questions. She is Phlegmatic Melancholy in her Inclusion score. She agreed with all of the tendencies in the area of Inclusion and strongly agreed with:

- #5 Her mood swings follow her thinking process
- #9 She has a moderate fear of reflection

Elizabeth enjoys her work as a homemaker but she looks solely to Tim to meet her socialization needs. We looked at life situations where she can receive a moderate amount of socialization to assist her in accomplishing her goals. Elizabeth realized she has been pressuring Tim to make himself available to her during his off time when she could be enlisting help from one or two close friends. She came to understand during counseling that she has pushed Tim away because of her fear of rejection and need for control. We discussed her need to focus on positive thoughts, Bible reading etc., in order to gain control in this area. We also discussed other tendencies which were being managed in Godly ways. I gave Elizabeth scripture verse to read along with the book, *Happiness is a Choice* by Minirth and Meier.

Next we looked at her Control score. Elizabeth is Phlegmatic Supine in Control. She agreed with all her tendencies and strongly agreed with:

- #1 She tends to be extremely stubborn and very dependent on close relationships
- #5 She tends to have a moderate amount of internalized anger or hurt feelings when you have not been included in a decision that involves you.
- #6 She has a moderate amount of indirect behavior, and want people to know what you want without telling them.

After we discussed her tendencies we looked at ways Elizabeth could meet her needs in constructive ways. First, Elizabeth needs to have others help her in decision-making process and share the responsibility for those decisions. We discussed looking not only to Tim and her close relationships but also go to God in prayer as He will walk with her and help her to make necessary decisions. Elizabeth needs to recognize her hurt feelings as anger. Because of her indirect behavior, she needs to tell her close relationships when she angry so as not to internalize them and she needs to deal with her anger constructively, and in ways pleasing to God.

Elizabeth is Supine in Affection. She agreed with all her traits and strongly agreed with:

- #2 She expects others to read her mind and know what she wants
- #5 She tends to internalize anger and masks it as “hurt feelings”
- #6 Expresses love and affection with words, touching, hugging, kissing and by serving and performing tasks.
- #8 She is easily offended and insulted especially when deep relationships do not initiate love and affection.

I told Elizabeth that she needs to express to her husband and others her need for love and affection. When she does this, her deep relationships will know that she wants a great deal of love and affection. She needs to learn to recognize her “hurt feelings” as anger and deal with this anger so that she does not lose her gentle spirit. She needs for her deep relationships to recognize the special things she does for them and she needs to learn that it’s okay to say “no” because she tends to wear herself out to please her loved ones. She needs to be told and shown each day that she is loved by her deep relationships. Above all she needs to learn that God created her and loves her. She needs

to learn to receive love and affection from God. This will lessen her fear of rejection from her loved ones, and she will then be able to be more direct in expressing her needs for love and affection. I ended these sessions in prayer and asked Elizabeth to seek God and to be sensitive to the leading of His Spirit as only He alone can and will meet all her needs.

### **Session Three and Four: with Tim**

I reviewed Tim's A.P.S. report, explaining and answering any questions. Tim is Melancholy compulsive in Inclusion. He agreed that his Inclusion score fit him to a "T". He felt strongly agreed with:

- #1 He is an introvert and a compulsive loner. He is private and serious and to alleviate stress, he needs time alone everyday.
- #7 He is a compulsive thinker and his mind never shuts off.
- #10 He has a compulsive fear of economic failure

I instructed Tim that he needs quiet time alone each day to regenerate and to think. He requires an orderly home that he feels is his sanctuary to escape from the worries of the world. As he is a constant thinker, he needs to focus his thoughts on positive things in life rather than on the negative. His greatest concern is that of economic failure. I encourage Tim to trust in God for all his needs and that includes all economic and financial matters. Tim was brought up hearing over and over that he was on his own economically and to be successful one had to work tirelessly. He acknowledged he as made it to the top of the corporate ladder but that he does not feel secure with his wealth. He admitted that he thought once he had wealth he would sit back and relax, but this has not been the case. Instead, however, Tim has worked harder, putting in longer hours at work. I told Tim that only God can give him the peace of mind concerning his finances and I encouraged him to trust in God to supply all his needs.

I reviewed his control score. Tim is Phlegmatic in Control. He agreed with all his tendencies and agreed strongly with:

- #2 He expresses little control over the lives and behaviors of others and will allow very little control over his life.
- #5 He tends to be extremely stubborn to change
- #7 He tends to use his dry and wry sense of humor as a defense mechanism to prevent others from controlling him.

When Tim tendencies in Control were reviewed, he stated that this report was like "looking at himself in a mirror." He said she could see how he has pushed Elizabeth away with his dry sense of humor and stubborn behavior. He also could see that he does not help Elizabeth with decisions as this does not come naturally for him. He admitted he in turn does not want her to have control over him. I encouraged Tim to foster a relationship with his wife and loved ones that allows him to be in control and to take on responsibilities that he is comfortable with. I encouraged him to find a balance between

work and rest so that he does not drain her low energy. I encouraged him to become more involved in his home life and less at work – again finding balance.

Tim is Melancholy Phlegmatic in Affection. He agreed with all traits and strongly agreed with:

- #2 He has few deep relationships. He has deep tender feelings but rarely says, “I Love You.” He expresses love primarily through doing special tasks.
- #3 He tends to have a moderate fear of rejection. If his is insulted, offended, or rejected by a deep relationship, he will use his dry or wry sense of humor to get even.

Tim seemed uncomfortable when talking about showing love and affection. He was not raised in a family that outwardly showed love. I told him his temperament plus his childhood and other life experiences shape our personality and character. I also explained that God has created our temperament for His glory.

I explained to Tim that he needs to express his deep feelings in ways that are comfortable to him and in ways which others can understand and accept. He needs not to hide behind his dry sense of humor but rather to plainly tell his wife or other loved ones what he needs from each relationship. Tim needs to learn to accept love and affection from his deep relationships. He tends to reject them because he feels invaded and because he has a low energy level. I encourage Tim to make it a point to tell Elizabeth everyday that she is loved and appreciated. I also encouraged him to look to God who will satisfy is deep relationship needs and help to build his low self-esteem.

I gave Tim Scripture verses to meditate on and asked him to be sensitive to God’s leading and direction. I will meet with he and Elizabeth during our next sessions.

### **Sessions Five – Eight: with Tim and Elizabeth**

During these sessions we addressed each of Elizabeth’s tendencies and needs as well as Tim’s tendencies and needs. We discussed constructive ways that they can meet each others needs that are pleasing to God. Tim and Elizabeth made great strides and learned how to compromise with each other. Tim is now working less and enjoying spending time with Elizabeth around the home. The have learn good communication skills and continue to work in the area of intimacy. They have set “date night” every Saturday night when they go out for a quiet dinner, movie or to the park. Elizabeth has made it a point to create a quiet and orderly home where Tim can think and build up his energy. As our sessions came to an end, Tim and Elizabeth had grown deeply in their relationship with the Lord and to each other. It was apparent that they wanted to please each other and to meet one another’s needs.

## **CONCLUSION**

I believe there are many marriages that have ended in divorce because of the lack of understanding of who the other person really is and what his or her needs are. It was

apparent the neither Tim nor Elizabeth understood their own temperament needs and could not begin to relate these needs to each other. The A.P.S. report is a wonderful tool to help resolve marital problems and I believe this to be the case with Tim and Elizabeth. I thank God for His intercession through His Spirit, through prayer and through the A.P.S. report.

I spoke to Tim and Elizabeth four months after our last session to learn that they are growing in the Lord and continue to put their marriage in the right perspective. They state they are closer now than they have ever been through their 26 years of marriage. God has and continues to bless this marriage.



## CASE STUDY ON NONSEXUAL ABUSE

### Personal Background Information

Sex: Male  
Name: Wesley  
Age: 13  
Marital Status: Single  
Siblings: None

### Reason for Seeking Counseling

1. Court ordered counseling
2. Destructive behavioral problems
3. Placement in foster home due to parents being placed in rehab center for drug addiction

### Overview

His A.P.S report indicated the he was:

1. Phlegmatic Choleric in Inclusion
2. Phlegmatic Choleric in Control
3. Melancholy in Affection

Wesley is a 13 year old white male referred to me by Protective Services through the Department of Human Resources as he was recently arrested for obstruction of property and ordered by the court to receive counseling. Counseling was imperative because Wesley was placed in a foster home two months earlier as his parent were arrested and placed in rehab due to their addiction to drugs. Wesley's case worker informed me that Wesley had vandalized school property and recently threw a brick at the windshield of a moving bus before being caught. He was placed in a juvenile detention center for a short period of time then placed in foster care. Wesley's parents will serve a five-year sentence in prison when they complete their rehab. I requested and received Wesley's school records, his court records and his History and Physical by his physician before our first session.

### Session Notes:

#### Session One:

The first session with Wesley got off to a slow start. Wesley was very withdrawn, bitter, and refused to cooperate. Every question was a challenge to get anything out of him. He offered little information as I probed gently. When I tried to get information

about his family and friends, he responded, “I don’t need anyone” and shrugged his shoulder.

I spent this session building a bond with Wesley. I learned from his case worker that he wants to be a professional baseball player and any topic about baseball will get his attention. He informed me that he loves every thing about baseball – from the long practices – to the triple overtime games. Once I established a bond with Wesley, I explained and administered the A.P.S. Response Form. When this was completed I could tell Wesley was more comfortable with me and his setting.

He informed me about his parent’s drug habit, something that they have been involved in for several years. He became very upset as he began to explain his parent’s addiction. Often Wesley would come home from school to find his mother and father “spaced out” and not even aware of his presence. Both parents have been verbally and physically abusive to Wesley. Wesley recalled many times that his father would show off in front of his druggy friends by calling him over to his side and placing a lighted cigarette on his arm or leg to see if he would flinch. Wesley angrily stated, “I never did. So I guess I showed him.” Wesley endured the pain and hungered for any sign of approval from his father. He recalled many times his mother slapping him and calling him names.

In court, Wesley was asked several times “Why did you do the acts that you did?” His only reply was “I don’t know.” Looking at his past helped me to have a better understanding of how I should counsel. Wesley stated he trusted only a few adults in his life one of which was an older female teacher and the other a male neighbor who Wesley has know for over 8 years. Wesley is distrusting of his foster parents and other adult authority. It was evident that I had to win Wesley’s confidence and trust as I proceeded in counseling. I closed our meeting in prayer.

### **Session Two:**

During this session things seemed to run more smoothly and the reason was because Wesley seemed to place more trust in me. More importantly, I realized that God was intervening and had softened Wesley’s heart. I began this session in prayer and then turned Wesley’s attention to his A.P.S. report. Wesley is Phlegmatic Choleric in Inclusion and he readily agreed with all the strengths and weaknesses identified. He identified with his task oriented, perfectionist qualities and embraced them as assets in his school work as he makes all A’s and by keeping a tidy bedroom with every thing in its place.

I shared that each temperament has its strengths and weaknesses and asked if he could tell me about his relationship with his mother and father. The first thing out of Wesley’s mouth is that his parents are very critical of him and he feels he can never please them. He gave examples of what he has done to get their attention, first identifying positive acts which did not result in his parents noticing him, so he turned to negative acts that proved to get his parent’s attention even if it was to yield his father’s physical abuse. Wesley’s mother was verbally abusive to him and she did not try to stop Wesley’s father when he was beating their son. This cycle of behavior continued for years until Wesley started his

destructive behavior and was caught. Wesley stopped at this moment in counseling, cupped his face in his hands, and started to cry silently. He said, "I am sorry for what I did. All I want is for my parents to love me. I offered support and informed Wesley that his parent's behavior and addiction to drugs is not his fault and explained it is totally theirs. I further stated that they are where they need to be in order to get the kind of help they needed. Wesley seemed to understand this.

Wesley identified in himself that he can be sarcastic and critical of other which is common for this temperament type (and reinforced by learned behavior). We discussed now these qualities might "screen out" and preclude some relationships that could have become helpful to him. Wesley said he only has a few close friends but they have distanced themselves from him when he got into trouble. He agreed that he is tough-minded, stubborn and becomes angry when people try to push him around. He has learned from his parents to use his dry sense of humor to keep people from hurting him and in turn he hurts others. We discussed the need for Wesley to find balance in his new temporary setting with his foster parents. I encouraged that he needs to learn not to use his dry or wry sense of humor to hurt people. When Wesley senses anger rising up in himself, he needs to deal with his anger constructively and in ways pleasing to God. We listed and went over positive ways to cope with anger. With Wesley's permission I informed Wesley's foster parents of his Inclusion needs and Godly ways of meeting his needs.

I prayed with Wesley before he left the office today. I sensed the Holy Spirit prompting to give Wesley a list of Scripture verses that show him how much God loves him and cares about every detail of his life. Also, I gave him the book, *Turning Your Fears to Hope* by Holly Wagner Green and asked him to read chapter 1 through 5 before our next session.

### **Session Three:**

Wesley read the Scripture verses and chapters 1-5 of *Turning Your Fears to Hope*. I wanted to communicate empathy and understanding to Wesley as I realized instruction doesn't assuage pain; comfort does (2 Cor. 1:1-7). This brought us to his Control area. Wesley is Phlegmatic Choleric in Control. Wesley agreed that he is extremely stubborn, independent and self-motivated. He is confident in his school work. He has poured himself into his studies to prove to himself and to his parents that he can be among the top students in his class. He has received positive recognition from his teacher and peers but his abilities have not been recognized by his parents.

This brought us to the point when I felt God leading me to tell Wesley that his parents may never give him the love, support and positive feedback that he wants and needs. I told Wesley that God loves him unconditionally and is ever present to give him all the supports he needs. I explained that God loves him and wants him to dedicate all his services and accomplishments to Him and seek His recognition and in doing so will lessen his need for man's approval. This concept seemed to puzzle him and he wanted to know more about God. I showed him in God's Word, verse after verse of God's unconditional love and acceptance. Wesley began to tremble and tears began to stream

down his face. I asked Wesley if he would like to become God's child. He emphatically stated, "Yes." I led him through the "Plan of Salvation" and Wesley's prayer revealed his acceptance and need for Christ. He appeared to arise with a new confidence. He identified again the two adult individuals mentioned in Session One and gave me permission along with consent from his foster parents to contact them in addition to contacting a local youth minister for added support. Wesley is making positive strides in accepting his foster parent's love and support. I gave him additional Scripture verses to read and to meditate on before our next week's appointment.

#### **Session Four:**

Wesley came in today telling me of his busy week. He had met with the youth minister and with his neighbor several times before our session today. As these individuals are males, Wesley was receiving the support and love he so desperately needed through these adult male relationships. They were not only providing love and support but mentoring him through life's ups and downs.

I approached Wesley's Melancholy score in Affection by asking how he would describe how he expresses and receives love, affection, and approval. Wesley said he is uncomfortable showing by physical touch, however he identified enjoying hugs from his mother before her addition to drug. He admitted last week that he enjoyed receiving hugs from his youth minister and from his neighbor. He acknowledged having "deep feelings" but does not feel comfortable in expressing these feelings. He agreed he can empathize and identify with the feelings of others. Because Wesley's parents have rejected him and out of fear of further rejection, Wesley enters relationships cautiously. He needs to feel "safe" before entering a deep relationship. I encouraged Wesley that he must learn to express his deep feeling in ways which are comfortable to him, and in ways which other can understand him. He needs to accept love and affection from his deep relationship and learn to become secure in God's love. This will lessen his devastation over the loss of a deep relationship. It will also lessen his fear of rejection from deep relationships.

I encouraged Wesley to forgive his parents and anyone else he may be harboring anger against. I explained that bitterness and resentment toward anyone can in turn destroy him. God's plan is for us to forgive others as He has forgiven us, then true healing will take place. Wesley agreed and voiced he loves his parents even though they have caused him much pain. He said he has forgiven them and wants them to know this. I assisted Wesley in writing a letter to both of his parents. In it he told them how much he loved them and forgave them for their actions. He also explained that he is happy with his foster parents and continues to do well in school. He signed it by writing, "I Love You, Your son, Wesley."

I ended the session in prayer and gave Wesley further reading in Scripture and encourage him to finish the book, *Turning Your Fears to Hope*.

#### **Session Five:**

Two weeks had gone by before I saw Wesley again. He showed two letters in his

hands when he came in today, one letter from each parent. Both parents expressed their sorrow and regret in what they have put Wesley through. Each stated their unworthiness to have Wesley as a son and did not know how he came to forgive them, and to say the he loves them. Wesley's parents have many more days in rehab and have a five year prison sentence ahead of them for abuse and neglect. Wesley plans to write them several times a month just to let them know he is thinking about them, is praying for them and loves them.

I continued this session by going over any traits Wesley had additional concerns about and identifying Godly ways in meeting those needs. I could see how Wesley was depending on God for healing and wholeness.

I walked Wesley through the stages of grief and other emotions and reactions. The loss experienced as a result of abuse needs to be grieved. We discussed the stages of grief: denial, bargaining, depression and acceptance. As Wesley confronted, expressed, and resolve hurt feelings healing and wholeness was evident. I explained and encouraged Wesley to accept that healing is a process and to lean on God for help.

Wesley and his foster parents ended further counseling sessions today as Wesley had signed up to go to a 6 week youth camp for the summer months. The foster parents and Wesley agreed that each session help to identify Wesley's needs and educated them to meet Wesley's needs in ways pleasing to God. If concerns arise in the future, Wesley said he will ask his foster parents to contact me.

## **CONCLUSION**

The A.P.S. report helped to identify weaknesses and strengths in Wesley that possibly would have gone unrecognized. It was clear Wesley's fear of refection was exacerbated by his parents lack of approval, acceptance and love. It was evident that Wesley needed God in his life, for only God would be able to meet his need for approval, acceptance and love. Once Wesley accepted God into his life and received His healing, then and only then could he begin to understand who God created him to be and to know His unconditional love. Even if Wesley's parents never give him the love and acceptance he needs, God always will.

I had wished to continue several more sessions with Wesley, but realize circumstances would not permit it. I have encouraged the foster parents to continue to enlist the youth minister's help along with other healthy adult male relationships to mentor Wesley along the way.

Wesley's foster parents called in the early fall to inform me that Wesley is coping well and continues to make excellent grades in school. He is taking part in his youth group and appears to be a born leader. They report he is in God's Word daily and that they as a family have a daily devotional together. Wesley continues to stay in contact with his parents by occasional phone calls and letters.

## CASE STUDY ON OCCULTISM

### Personal Background Information

Sex: Female  
Name: Angie  
Age: 19  
Married: No

### Reason For Seeking Counseling

1. College roommate threatened to kick her out
2. Need help getting occult stuff out of her mind

### Overview

Her A.P.S. report indicated that she was:

1. Sanguine compulsive in Inclusion
2. Supine in Control
3. Sanguine in Affection

Angie is a very intelligent 19 year-old and exhibits above average knowledge for a young lady her age. She had come to me having been given my name through a mutual classmate at college. Angie walk in, not having made an appointment so I had only a few minutes with her before my next appointment arrived. Angie informed me she was involved in “occultism” and needed help getting out – getting her mind free of those things. Angie told me she had grown up in the church but has never accepted Christ as her Savior. She said, “I’ve always thought I’d have time to make that decision when I get older.” It was apparent by her attitude that she still thought she had all the time in the world to make this most important decision in her life. I couldn’t let her go before I said this to her. I also said that Jesus loves her and wants to bring healing to her heart and mind, if only she would accept him. Angie became very defensive, got up, and proceeded to walk out. I told her I had an opening tomorrow at 3:00 p.m. and she reluctantly agreed to show up.

### Session Notes:

#### Session One:

Angie arrived at my office 10 minutes late but I was so glad she came. I had been in prayer asking God to give me the words she needs to hear and to open her heart to receive

Him. Angie told me she has dabbled in the ouija board, tarot cards and crystals. She has even been involved in a séance with other classmates. As things began to escalate her roommate Cindy finally issued an edict. Either Angie had to get rid of all the books and magazines in their apartment that dealt with the occult, or she would have to move out. Angie agreed to get rid of the stuff, and she also agreed she needed help getting the stuff out of her mind.

At Cindy's request, Angie brought large grocery bags of occult materials to me asking that I dispose of the books, videos, and other paraphernalia related to the world of the spirits. When she opened the bags a horrible odor began to emit from them. It became so toxic we had to place the bags outside my back office door. (It took about an hour for the putrid odor to dissipate. I'd never smelled anything like it before and hopefully never again).

I explained and administered the A.P.S Response Form. Once Angie was finished, I asked her if I could pray for her. She stuttered, No, and then she began to tremble. In one motion she got up and began to walk out of the door. I called Angie's name and she responded with a jolt and a glare in her eyes. I softly said I'll see you on Friday at 3:00 hoping this would be a good time for her. She raised her hand and left.

### **Session Two:**

When Angie arrived today, I again was prepared for Satan's attacks. I went over her A.P.S. report with her and she was quite impressed how those (in her words, "stupid questions") could be so accurate. I was careful not to move to fast concerning her A.P.S. report in the area of Control as I felt she would totally tune me out at this point.

As I built her trust and confidence (in me), I turned her attention to her Inclusion tendencies. Angie is Sanguine compulsive in Inclusion. Angie agreed she lives a fast-paced lifestyle as she loves to be with people. She agrees she is often the center of attention at the parties she attends. I asked her if she adopts the morality of the crowd in order to receive acceptance and approval. She commented, "Without a doubt!" I could see Angie was even trying to impress me. I immediately stopped the way we were going and turned Angie's attention to God's Word. I wanted her to understand the seriousness of the life she was leading and in doing so I led her to the Bible in 1 Chr. 10:13-14 where God makes it clear what He thinks about occult practices. With God's leading I read:

Saul died because he was unfaithful to the Lord; he did not keep the word of the Lord and even consulted a medium for guidance, and did not inquire of the Lord. So the Lord put him to death and turned the kingdom over to David son of Jesse.

I followed this with the Scriptures:

Let no one be found among you...who practices divination or sorcery, interprets omens, engages in witchcraft, or cast spells,

or who is a medium or spiritist or who consults the dead.  
Anyone who does these things is detestable to the Lord.  
(Deut. 18:10-12).

When I looked up Angie had tears in her eyes and she fell to the floor trembling all over. I knew this was a battle between Satan and God. I had confidence that God would reveal Himself to Angie and deliver her out of Satan's snare. As I spoke God's Word over Angie the bonds of Satan began to loose its grip. I ask Angie if she wanted to ask Jesus in her heart – she shouted, "YES!" She prayed the sinner's prayer denouncing any involvement in the occult. Her prayer was sincere and quite lengthy. By the time she was through, she looked like she had been in a steam bath. Oh, but what joy was on her face when she rose! She was beaming! We rejoice together and in the Lord!

I gave Angie a New Believer's Packet and a List of Scripture verses to guard her mind in Christ. I gave Angie the name of a local youth pastor and his wife and encouraged her to meet with them before our next meeting. I closed in prayer.

### **Session Three:**

Angie informed me she had met with the youth minister and his wife on Friday evening and plans to become active in the Young College and Career Class. The youth minister and his wife agreed to disciple Angie during the next six months and to encourage her involvement with other Christian young adults.

I turned Angie's attention to her Control tendencies. She is Supine in Control. She agreed with her temperament traits and strongly agreed with trait:

#8 She is weak-willed and highly motivated by guilt. She will use guilt to manipulate others into taking care of her.

Angie because she is Sanguine Inclusion loves and needs to be with people and she will go to lengths to make this happen. Because she is motivated by guilt she needs to learn not to use people by manipulating them to take care of her, rather she needs to learn to go to God who will supply all her needs. When she looks only to God and Christ – they will give her the recognition she so desperately needs.

As our time came to a close today and encourage Angie to immerse herself in the Word of God and gave her a list of Scripture verses to meditate and to pray over during the week ahead. I closed in prayer.

### **Sessions Four – Eight:**

Angie continues to grow in her relationship with the Lord. She has developed a strong bond with other young adults her age at church. The youth minister and his wife continue to meet with Angie and are encouraging her along the way. They and other leaders of the church are admonishing her, loving her and holding her accountable. She is using her Sanguine gifts in Inclusion and Affection to inspire, uplift and to love others.

Angie has made it her daily routine to read God's Word, to study it, to memorize it, to meditate on it, and to obey it. I told Angie – God's Word alone will keep her from falling into error. I gave her a systematic reading plan that will get her into God's Word every day and through the Bible every year.

Angie's testimony today is one of thanksgiving that she got out of the occult while she still could and with her life. Her attempt to fulfill unmet needs – proved to be detrimental to her. Thanks be to God when Angie accepted Christ she found that He alone can "give her the desires of her heart" (Psalm 20:4).

## CONCLUSION

Angie continues to grow in her relationship with the Lord. Two month after our last session, she called to tell me she continues to be disciplined by her youth minister and his wife. She has given her testimony at church and has been a speaker at several area high schools to address occult activity and to disclose where students can turn for help out of the occult.

Angie and her roommate Cindy have become the best of friends. They are involved in their college Bible Club and are involved in the campus outreach program. They have completely redecorated their dorm room and have started a evening Bible study and prayer meeting in their room for other classmates once a week.

Angie has not had anymore problems with her mind and thinking since she received Christ as her Savior. He completely healed her spirit, her mind, and her body from the things of the occult world.

As Angie's counselor, I was pleased and simply amazed at the way God moved and delivered Angie out of Satan's hand. What a joy it was to be God's instrument in this process.

## CASE STUDY ON PEER REJECTION

### Personal Background Information

Sex: Female  
Name: Tanya  
Age: 14  
Marital Status: Single  
Siblings: None

### Reason for Seeking Counseling

1. Tanya's mother brought her in for counseling because of her vulnerability to peer pressure
2. Recent behavioral change – lying, inappropriate behavior with boys, poor choice of friends

### Overview

Her A.P.S. report indicated that she was:

1. Melancholy in Inclusion
2. Supine in Control
3. Sanguine compulsive in Affection

Mother: White female  
Name: Benita  
Age: 43  
Marital Status: Married  
Employed: part-time business from her home

Her A.P.S. report indicated that she was:

1. Phlegmatic Melancholy in Inclusion
2. Melancholy in Control
3. Supine Phlegmatic in Affection

Benita called requesting I see her 14 year old daughter Tanya who recently told her parents she was spending the night with a close friend when in actuality she went to a party with her peers where boys were present. She has succumbed to pressures such as expressing inappropriate behaviors with boys, and choosing the wrong set of peers in

order to receive acceptance and approval. Benita and her daughter were encouraged by their minister to see me as I have work with children, teens and adults.

### **Session Notes:**

#### **Session One:**

I met with Benita and with her daughter Tanya today. I preformed the initial intake interview and gathered information. I learned that Benita, Tanya and Benita's husband are all Christians and are active members in their church. I encouraged them to tell me their story. Benita began by telling me they moved to the south having lived in upper state New York all of Tanya's life. Tanya's father had taken a contracting job with the government which moved the family to this area. The move proved to be hard on Tanya. The transition had left her bereft of friends and in a new school. This according to Benita left Tanya too vulnerable to pressures of her peers. She looked to Tanya and said, "Had I known Tanya was so unhappy, I would have helped her – we would have done something differently. I did not know she would go to the lengths she has to search for acceptance and approval."

I asked Tanya if she would like to reply in any way. She immediately looked at her mother and said, "If you hadn't snooped and looked at my diary we wouldn't be here right now!" She became very angry and seemed to shut down emotionally. Benita informed me that Tanya's diary was open on her bed and seemed to beckon her. She recalled how different Tanya seemed recently, and she hoped the diary would offer some clues to her daughter's changes. Tanya rolled her eyes and said nothing.

I set up next week's appointment with Tanya and administered the A.P.S. report on mother and daughter. I explained the benefits of the report and closed the meeting in prayer.

#### **Session Two:**

I opened our meeting in prayer and asked Tanya about her week. She was reserved however she slowly warmed up to me. I could tell by my conversation with Tanya that her and her mother has a good relationship. However, the recent scenario which involved her mother reading her diary seemed to change their relationship. Tanya acknowledged her parent's love and total acceptance of her. She verbalized that she knows they will always be there for her and that they don't mean to hurt her – but only to help her.

Tanya stated she feels her parents are too controlling and does not understand why they do not fully trust her. Through my initial phone call with Benita and in our first session, Benita and her husband do not appear to be over controlling. They do set boundaries for Tanya and expect her to abide by them.

I went over Tanya's A.P.S. report and focused on her Inclusion score. Tanya is Melancholy in Inclusion. She agreed with most of her traits. I focused on some of her strengths. She has high intellectual energies, is task-oriented, and self-motivated. Next, I

focused on her weaknesses, areas that have surfaced as problems. Tanya has a high fear of rejection and can be very moody. She agreed that her mind never shuts-off and that her mood follows her thinking process. If she is thinking up, her mood swings up and she is happy. If she is thinking down, her mood swings down and she becomes depressed. Tanya's parents' decision to move at this time in Tanya's life only compounded her fear of rejection. I encouraged Tanya to read a list of Scripture verses to include Rom. 12: 1-2 to help her fight conformity to the world and hence the seductions of peer groups. As she learns to search the Scripture for messages that God loves her and accepts her, this will lessen her fear of rejection from people. I also gave her the book, *Stand Up: Making Peer Pressure Work for You* by Bill Sanders and asked her to read Chapters 1-6 before our next session. I closed our meeting in prayer.

### **Session Three:**

Tanya stated she had read the Scripture verses along with the chapters I had assigned her in the book, *Stand Up: Making Peer Pressure Work for You*. It was clear during Tanya opening remarks that she felt social isolation and a resounding fear of rejection. As I looked at her Control traits (Supine), her Affection traits (Sanguine compulsive) in combination with her Inclusion traits (Melancholy) it became very clear Tanya will need to daily set her mind on positive thinking and to go to God in prayer and to saturate her mind in the Word.

I review Tanya's Supine traits in Control. She agreed she has a high capacity to serve people and has a very gentle spirit. The tendencies we focused on are listed below:

- She needs to have a close Christian friend who will share in her decision making as well as share the responsibility for those actions.
- She needs little control over the lives and behaviors of others, but need others to take a great deal of control over her life and behavior
- She has a difficult time saying "no" because of her fear of rejection and of being left alone. This causes her to feel used and angry.

Tanya identified a Christian friend she has developed a relationship who is in her youth group at church. This friend does not attend school with Tanya but this did not seem to bother her. This friend does not need to dominate Tanya but needs to share in decision-making. I encouraged Tanya to look to the Lord who is there for her and is willing to give her the confidence to make decisions as well. She needs to be included when others are making decisions that concern her. As long as she is included she will be less likely to become angry. Tanya needs to learn to go to God to confirm, convict, and correct all the decisions she makes rather than go to people. I emphasized that importance for Tanya to learn to say "no" to people rather than taking on more responsibility than she can handle.

As time was running out, I closed our session in prayer and Tanya new Scripture verses to meditate on and asked her to read chapters 7-10 of *Stand Up: Making Peer Pressure Work for You*.

#### **Session Four:**

I opened in prayer and then we looked at Tanya's Affection traits. Tanya is Sanguine compulsive in Affection. She agreed with all tendencies listed. Because of her compulsive high fear of rejection combined with her other temperament traits, Tanya agreed she often says and does things that she knows are not right, but she does them anyhow to keep from being rejected. She agreed she enjoys giving and receiving a compulsive amount of love and affection and is often toughing, hugging and kissing her parents and close friends. I told Tanya that no relationship can satisfy her like her relationship with the Lord. I informed her she needs to look to the Lord to help meet her compulsive needs for love and affection so that she does not make excessive and unreasonable demands on her deep relationships. She needs to learn to become secure in the love of God to lessen her compulsive fear of rejection from her deep relationships. I encouraged her to ask herself the question, "Am I glorifying God with this behavior?"

It was at this time that Tanya expressed great remorse for turning away from God and looking to other for love, acceptance and approval. I asked Tanya if she would like pray at this time and she agreed without hesitation. Her prayer revealed a repentant heart. And she expressed great love and appreciation for her parents, close friends, her youth leader, etc. I closed in prayer and asked Tanya to finish reading the book I had given her and gave her additional Scripture verses to include: Rom. 12:14, Eph. 5:1-7, Heb. 11: 24-26, and 1 Pet.2:4-10.

#### **Session Five:**

Tanya appeared to be feeling well and reported she had read all the assignments I had given her. Her needs in Affection, Control and Inclusion are being met as she has become more active in her youth group and has joined several clubs at school. Tanya has grown remarkably in her relationship with peers who are Christians. Also remarkable is how her relationship with the Lord has grown since our first session.

Tanya has distanced herself from those individuals and peer groups that had a bad influence on her. She has developed new friendships of positive influence and is finding significance and satisfaction among her new peer group. She agreed to never lie to her parents and agreed to communicate her needs to them.

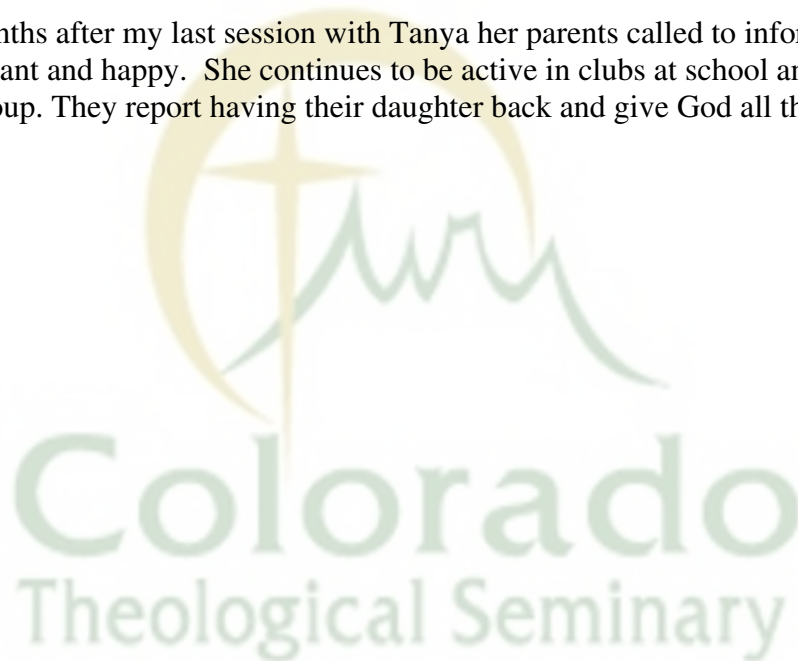
In this a subsequent sessions, we looked at issues that were concerns of Tanya. I encouraged her to listen to the Lord and to walk with Him daily. I followed up with Tanya's mother to inform her of Tanya's needs and of Godly ways they as a family could help to meet her needs.

## CONCLUSION

It was apparent that Tanya was experiencing a high fear of rejection and coupled with the family moving at this time in her life proved to be a stressful combination. Tanya's need to acceptance and approval overshadowed everything in her life. Once Tanya had an understanding of why she did the things she did and said the things she said, were to meet needs in her life that were going unmet. She realized she was going about meeting her needs in ungodly ways and once she realized this she repented from those ungodly ways and turned back to God.

I feel the sessions helped Tanya to understand herself as God had created her to be. Each session brought her deeper insight and helped her to see how she can meet her unmet needs in life. Most of all she grew in her relationship with God and is learning to look to Him to meet her needs.

Three months after my last session with Tanya her parents called to informed me that Tanya is vibrant and happy. She continues to be active in clubs at school and active in her youth group. They report having their daughter back and give God all the glory.



## CASE STUDY ON POST-ABORTION

### Personal Background Information

Sex: Female  
Name: Angie  
Age: 18  
Siblings: 3  
Marital Status: Single  
Children: None

### Reason for seeking Counsel

1. Guilt over her abortion
2. Flashbacks and nightmares related to the abortion
3. Seeking God's forgiveness and healing

### Overview

Her A.P.S report indicated that she was:

1. Melancholy compulsive in Inclusion
2. Melancholy in Control
3. Supine in Affection

### Session Notes:

A pastor friend called asking if I would be willing to meet with an 18 year old girl who had an abortion 1 year ago. The teen had been to post-abortion counseling group at an out of town crisis center but was struggling with guilt, flashbacks and nightmares regarding the abortion. The teen was seeking God's forgiveness and healing. The teen saw her physician after the abortion and she told him what she had done. The physician performed a total physical workup on Angie and all test results were normal. No one knows of Angie's abortion not even her parents or her fiancé. Angie is a Christian and is actively involved in her youth group at church. I agreed to see Angie and an appointment was set.

### Session One:

I opened the session with prayer. Because of Angie's temperament I realized that I needed to approach her gently. My first approach with Angie was to share my qualifications as such, including my education and experience working with teens. She

seemed to appreciate this information. I explained the A.P.S. report and the benefits of having the results so as to have a better understanding of oneself. I conducted the A.P.S. report along with having Angie fill out the Family History Analysis and Personal Data Inventory forms. The Family History Analysis showed really nothing out of the ordinary.

For the remainder of the session I gathered information and encouraged Angie to tell her story. Angie began by telling me that she is a high school senior with big plans to attend a prestigious college in the fall. She is working part-time at a local newspaper in advertising. She is a faithful member of her church and enjoys company with those in her youth group. When she learned a year ago that she was pregnant with her fiancé's baby, she felt her only course of action was having an abortion. Angie said, "I was too young to have a baby and it would have just ruined everything." She went on to say, "I mean, we were engaged and everything, but neither one of us was ready for that kind of responsibility. We had college to think about. And I just couldn't put my parents through all that,"

Angie in secret took herself to the women's center. She said she received counseling to make sure it was her decision. She said the procedure did not hurt at the time but she admitted it was very traumatic. Angie said she tries not to dwell on it but often she is overwhelmed with guilt and shame. She went further saying, "I have nightmares and I can't stop thinking about the baby I didn't have." It was at this time Angie began to cry a deep sob. I explained that the individual who has had an abortion suffers emotional, medical, spiritual and societal ramifications. I told Angie we would look at this next week along with the A.P.S. report. Before she left my office I prayed for her asking God to give Angie strength to accept the reality of what abortion really is, while at the same time affirming that God loves her and I love her. I made it clear in the prayer that I fully accepted her and communicated no sense of judgment toward her.

### **Session Two:**

I began today by explaining to Angie her A.P.S. report. I felt if she had a better understanding of herself and that God created her and loves her would help to begin the healing process. Angie is Melancholy compulsive in Inclusion. She seemed surprised that the traits fit her well. She agreed strongly with:

- #1 She is a compulsive loner and needs quiet time alone to regenerate. She needs a home environment that is orderly and a sanctuary away from the world.
- #6 She has a compulsive fear of rejection because of low self-esteem
- #8 Her mood swings follow her thinking process
- #10 She is a compulsive perfectionist

Angie has 3 younger siblings in the home that look up to her and are constantly seeking her attention. She feels she rarely has time for herself and acknowledged she desperately needs it. We looked at her schedule and that of her siblings and came up with a daily schedule conducive where Angie can have some quiet time to regenerate and alleviate stress. This is when she can accomplish her goals. Angie agrees she is moody. I

encouraged her to focus her thoughts on the positive things in life rather than the negative. This will help lessen her moodiness. Angie voiced she has always had low self-esteem and that she would always do things she didn't want to do so as not to be rejected by her parents, piers and fiancé. She said this is why she lowered her standards and had premarital sex with her fiancé. Angie has always thoughts of herself as a perfectionist – rarely if ever doing anything wrong. So when she had sex, became pregnant and had an abortion, she felt she could not love herself nor did she feel God loved her of her poor decisions. I tenderly explained to Angie that God loves her regardless of her sin but because of her sin she needs to allow God to heal her. I explained only God is perfect and only He can give her self-esteem.

At this time I sensed that the Holy Spirit wanted me to lead her through the stages of repentance (confession, turning from her sin, accepting God's forgiveness) and restoration. Next, I encouraged Angie to cry out to God, to give Him her broken heart, and to depend on Him for healing and restoration. Angie's prayer was sincere. I reassured her that the Lord is near by reading Scripture verses to include Psalms 34:18, "The Lord is close to the brokenhearted and saves those who are crushed in spirit." I asked Angie to meditate on the list of Bible verses I had given her during the week ahead. I gave her encouragement and prayed with her before she left the office today.

### **Session Three:**

Angie came to the office today and the first thing out of her mouth was the statement, "I know that God loves me unconditionally but I don't know how to accept His love and forgiveness." I told Angie that she has taken the first steps toward healing and wholeness by turning to God but now she must allow Him to meet her needs. Also, Angie must forgive herself and allow God to restore her to Himself.

I began today by presenting Angie's Control traits. She is Melancholy in Control. She agreed with her traits and strongly agreed with:

- #5 She is a perfectionist. She needs truth, order, reliability, and dependability from self and others

I shared with Angie that she is not responsible for anyone's behavior but her own. She needs to learn to let her parents, piers, and fiancé go, and to entrust them to God's care. She admitted when she has tried to squeeze them into her mold they turn away from her and she became angry. She began to understand that she had to release them to be responsible for their own actions, decisions, and behaviors. She realized and agreed to pray trusting God with her loved ones and understand that her anger will be lessened as she does this. Also, Angie came to realize that only God is perfect and that He sent His perfect Son Jesus to take on *Himself*, "our sin, shame, and imperfections." I helped Angie realize that, while abortion is a tragedy for the unborn child and the mother, God can bring good out of the most tragic situations and referred her to Genesis 50:20.

Next, I encouraged Angie to list (in my presence) strategies that will help remind her of God's forgiveness, alleviate her preoccupation with the abortion (such as volunteering

for peer counseling to help other girls avoid the tragic mistake she made), and avoid behavior and thought patterns that contributed to her pregnancy (setting new dating standards, etc.). I gave her the book, *Sex, Guilt, and Forgiveness* by Josh McDowell to read along with new Scripture verses to meditate on before our next session. I closed our meeting with prayer.

#### **Session Four:**

I opened our meeting with prayer and begin our session explaining to Angie her Affection traits. Angie is Supine in Affection. She agreed with her most of her traits but seemed to be concern about:

- #2 She expects others to read her mind and know what she wants. She does not communicate her need for love and affection, because of her high fear of rejection; therefore, her needs for love and affection go unmet.
- #5 She internalizes anger and masks it as “hurt feelings
- #7 She feels worthless and unlovable at times. She cannot understand how anyone could love her. She constantly looks for reasons why her deep relationships should not love her.

I explained to Angie that she needs to express her needs for love and affection. If she does not learn to express her needs, her loved ones will never know that she wants a great deal of love and affection. She needs to learn to recognize her “hurt feelings” as anger and to deal with her anger so that she does not lose her gentle spirit. I had Angie make me a list of things that angered her and we role-played constructive ways to handle anger – namely telling loved ones when she is angry and why.

Angie read the book, *Sex, Guilt, and Forgiveness* and read the list of Scripture verses I had given her to meditate on throughout the past week. She said she has received God’s forgiveness and would like to pray a prayer asking God to help her *forgive herself* and to bring good out of this tragedy. I listened as Angie prayed. Her repentant heart was evident and her spirit deeply sorrowful. She openly asked God to heal her broken heart and to allow her to go from here helping other young girls facing the possibility of abortion. She arose from her prayer with calm assurance that God heard her prayer and loves her unconditionally. As our time was coming to a close, I closed our session in prayer.

#### **Session Five:**

Angie came into the office today affirming her love for God and God’s love for her. She continues to read the Bible and is finding reassurance of God’s love and purpose for her in this life. Angie has elected not to tell her parents or fiancé about her abortion. She said she has given everything to God and that He has given her peace of mind. She has had no more flashbacks or nightmares concerning the abortion since she has received God’s forgiveness and forgiven herself. Angie wrote a letter to God concerning her tragic mistake for having an abortion and of His great healing power and acceptance. As she read this I knew she was on the path of healing and wholeness.

Angie chose to end counseling at this visit. She stated that each counseling session helped her to understand herself and to understand God's great love for her no matter what she has done or will do in her life that does not please Him. She has developed a deep relationship with God and knows He wants a relationship with her on a daily basis because He has created her just the way she is and loves her unconditionally.

To God be given all the praise!

## CONCLUSION

In our society today many women like Angie have mistakenly chosen abortion as a solution in their situation. The repercussions of such a decision will have profound effect on these women for a lifetime. Like Angie, women need to know that God loves them and will forgive them. He wants to restore them to a right relationship with Him.

The A.P.S. report was of great value to Angie. It helped her to see herself as God sees her and has created her to be. The A.P.S. was invaluable for me in working with her. I did not go through it with her all at one time, but allow the Holy Spirit to lead me in the manner in which it was recorded. Each time I use the A.P.S. with my clients, it has been a helpful tool in assisting me in adapting to each temperament and person individually.

I feel my sessions with Angie were beneficial to her and quite successful. The client voiced she was pleased with the progress she has made in her life through counseling and so am I as her counselor.

Colorado  
Theological Seminary

## CASE STUDY ON SEXUAL ABUSE

### Personal Background Information

Sex: Female  
Name: Jill  
Age: 15  
Marital Status: Single

### Reason for Seeking Counseling

1. Jill was sent to me from the Dept. of Human Resources (D.H.R.) because she was raped by an older cousin
2. Her parents states she is angry, withdrawn, moody, and depressed

### Overview

Her A.P.S. report indicated that she was:

1. Sanguine in Inclusion
2. Melancholy Phlegmatic in Control
3. Melancholy in Affection

Her mother's A.P.S. report indicated that she was:

1. Sanguine in Inclusion
2. Melancholy Phlegmatic in Control
3. Sanguine in Affection

Her father's A.P.S. report indicated that he was:

1. Phlegmatic in Inclusion
2. Melancholy in Control
3. Supine in Affection

Jill is very intelligent and very outgoing. The referral notes from D.H.R. indicated that Jill was an honor student up until the incident of rape. Her parents report she had an out-going personality and loved being with her peer until that time. It has been 6 months since the incident and she has primarily shut out all her friends. They report Jill is withdrawn, easily angered, and moody. Jill had seen a psychiatrist for a month after the incident and refused to cooperate. She later refused any attempts for counseling until recently when her parents realized Jill continues to slip further away from them into

depression. Jill's D.H.R caseworker recommended and referred Jill to me. The parents had Jill doctor's report and her psychiatrist report sent to me that revealed she is in clinical depression and has been taking an anti-depressant to ease symptoms for 4 months.

### **Session Notes:**

#### **Session One:**

Jill came in my office today wearing baggy clothing and it appeared she had not groomed her hair. She volunteered little information and seemed quite bitter that her parents and D.H.R. wanted her in counseling. Jill did volunteer the information that she became a Christian at age 13 and has enjoyed being involved in an active youth group at her church. I explained and administered the A.P.S. Response Form along with the Personal History Form.

During the remainder of the session, I worked on building a bond with Jill and encouraged her to trust me. I explained that I daily work with teens that have been hurt by someone they trusted. I asked Jill to jot down on paper the things that are concerning her and we would look at them next week. I closed our session in prayer.

#### **Session Two:**

Jill appeared in the same type clothing and her hair put up in a pony-tail. She had in her hand what appeared to be a letter. She handed me the paper of which she had written a poem and asked me to read it out loud. The poem revealed her anger toward her cousin who had raped her. He was 5 years older than Jill and was now serving an 8 year prison term. Jill had grown up with her cousin until he moved to another state 3 years earlier. On day he appeared at her home when her parents were out of town and raped her in her own home. Jill said he robbed her of her innocence and zeal for life. When I had finished reading the poem, Jill was in tears. I validated her feelings of anger – and listened intently. Jill had every right to be angry but her anger was destroying her life.

This led us to looking at her A.P.S. report. I review the whole A.P.S. report and begin today explaining to Jill her Sanguine in Inclusion traits. Jill agreed with all her Sanguine temperament traits. She expressed however she feels she has lost her excitement for living. I explained to Jill she is not only grieving the loss of her innocence but also her personhood was victimized. Jill became very red-faced and her facial expressions revealed much anguish. It was at this time she burst into tears and voiced she had tried to deny what has happened to her. I explained the emotional effects of rape to include grief, guilt, denial, fear and loss of self-worth and we worked through each area. Also I explained the physical, social, and spiritual ramifications of rape and gave Jill a copy of this information to review at home and to share with her parents.

I encouraged Jill to purposefully get with some of her close friend this week as this will help her to cope. I gave her Scripture verses to help her see herself as God sees her

and I gave her the book, *Turning Fear to Hope* by Holly Wagner Green to read before our next session. I closed our session in prayer.

### **Session Three:**

Jill came in the office today with a smile on her face and dressed in tailored outfit. I continued to go over her Inclusion – Sanguine traits. I explained that she is an extrovert and is relationship oriented and for her not to be with people causes her to suffer in ways such as depression. I further explained that she needs to be active because inactivity causes stress. It was clear to me at this point that Jill was blaming herself for the rape. She had overheard some of her peers saying, “Jill was setting herself up for something like this to happen to her because of how she dresses.” I reassured to Jill that no matter what she did, said, thought, or how she dressed, she did not ask to be raped. I reminded her that she has been criminally victimized, but that her victimization was not her fault. I communicated repeatedly, with words and actions, that she is unconditionally loved by God, her parents and me and that she is a person of infinite worth and value. I prayed with her and share the following Scripture verses:

1. Genesis 1:27 – You are valuable because you are created in the image of God.
2. John 3:16; 1 Peter 1:18-19 – You are worth so much to God that He gave His Son for you.
3. You (having accepted Christ as your Lord and Savior) are God’s workmanship, His masterpiece.
4. Eph. 1:18 – You so valuable that God’s Word says He is rich because you have been given to Him.

She read the book, *Turning Fear to Hope* I had given her last week and she said the information has helped her to see where she has been since the traumatic event. Also she said she has been clinging to God’s Word for comfort and reviews the Scripture verses I have given her everyday. As our time came to a close today I could see new hope and peace in Jill’s eyes. She surprised me when she asked to pray today. Her prayer also revealed she is finding the courage and strength to let go of the anger, guilt and shame she had allowed to take root in her life and placing it all at Jesus’ feet.

### **Session Four:**

Today Jill came into my office again well groom and wearing a dress. She said she has plans to meet several of her girlfriends after our session today. She expressed an air of confidence and was quite ready to look further at her Control traits of her temperament. Jill is Melancholy Phlegmatic in Control which means she is independent, self-motivated and quite stubborn. She agreed with all her Control traits however we focused on #4, #8 and #9.

4. Jill projects a moderate amount of dry humor as a defense mechanism to keep people from controlling her and draining her energy.

8. She become angry when anyone criticizes her or pointing out any of her faults.
9. She can be legalistic, rigid, stubborn and uncompromising.

I discussed each of these in great detail. Jill voiced understanding that she needs not to use her dry sense of humor to hurt other and not to allow anger to control her life but rather to take control of anger with God's help. She recognized in herself that she is too rigid, uncompromising, stubborn, and legalistic. She voiced as she see these traits surface in her thinking she is learning to turn to God for help. Jill understands she needs to be provided truth, order, reliability, dependability, and a peaceful environment. I encouraged her to share this with her parents and loved ones. Jill agreed she will not allow anger to take root but rather when she feels anger rising up in her to quickly go to God in prayer. Jill voiced during the past week she has felt the symptoms of her depression lifting. I have her new Scripture verses to meditate on and challenged her to hide them in her heart ( Psalms 6, 27, 28, 31, 57, 70, 91, 130, 142, and 143). I prayed to end our session today and Jill left will a smile and added, "I will see you next week."

#### **Session Five:**

Jill arrived today eager to learn more about her temperament in Affection. Jill is Melancholy in Affections. Jill agreed with most of her traits however she needed clarification of traits with # 10 and # 11.

10. Feels her "space" is being invaded if deep relationships want to kiss, touch and hug her all the time.
11. Expresses affection and love by performing tasks, being dependable, and responsible.

Jill voiced she has never thought she needed her "space" when showing deep relationships love through touch. As I discussed this with her I explained because she is a Sanguine in Inclusion – her fear of rejection causes her to want to be with people and because she naturally communicates through touch – these factors tend to override the Melancholy in Affection. Jill agreed she shows love and affection by performing tasks, being responsible and dependable, however, she said I show love and affection by touch as well. Again, Jill is able to show a moderate amount of love and affection because of her Sanguine in Inclusion score. As Jill spoke today it was clear she has the personality to inspire, uplift, and to love others as well as the ability to perform tasks to show affection as well.

As our session came to a close today, I could see Jill wanted to forgive her cousin for violating her as she realized this would be her choice. This would not mean she would forget what happened to her but rather that she would be releasing the one who hurt her into God's hand. I told Jill to continue to read the Psalms that I had given her last week and we would continue to look at letting go of the physical, emotional, mental, and spiritual pain of the incident. I close the meeting in prayer.

## Session 6, 7, and 8

During these meetings I worked with Jill as she slowly allowed God's healing power to heal her physically, emotionally, mentally, and spiritually. Jill worked through the stages of grief and loss. Jill worked through by expressing her feelings and came to accept them with understanding and comfort.

I encouraged and help Jill establish a prayer partner (one of Jill's closest friends) who pledged to daily pray for Jill and to encourage her to develop and maintain daily fellowship with God in order to rely on His strength, learn from His Word, and counter destructive thoughts and feelings with the mind of Christ (Phil. 4:4-9).

I gave Jill further available resources for coping with the trauma – people who are willing to help in practical ways such as: a local victim's of trauma support group for teen girls, her female youth leader, her parents and close friends, etc. I encouraged Jill to be patient with herself as healing takes time. I extended hope saying that she has survived the actual rape, and she can overcome the trauma with God's help.

Jill made great strides through these sessions to the point I could see she had come to the point of being ready to move on. During the course of the past 8 weeks Jill had made a complete turn around. Praise be to God! I ended our sessions but encourage Jill to call should needs or concerns arise. She did agree for me to call and check on her next month.

## CONCLUSION

Even though Jill was not initially receptive to counseling, over time she began to learn to trust me – but more importantly to trust God. I could see God's hand working in Jill's life through each session. The trauma Jill went through caused her to turn inward and to shut out relationships. She being a Sanguine in Affection needs to be with people. The effects of shutting herself off from her loved ones, was causing her additional grief on top of the grief of the trauma she had already suffered. As Jill worked through her anger and stages of grief and loss, she became the happy – cheerful person God created her to be.

I spoke with Jill a month after our last session to learn she is coping well. She continues to be on a mild anti-depressant. She has resumed all her school activities and is actively involved in her youth group. She continues to meet with her best friend for fellowship and prayer 3 to 4 afternoons a week and has joined a local support group for teen girl who have suffered trauma. Jill is witnessing to her peers of what God has and continues to do in her life. I agree with a statement Jill made as we ended our conversation, "God loves me and He is so good to me! AMEN!"

## CASE STUDY ON STRESS

### Personal Background Information

Sex: Female  
Name: Maggie  
Age: 26  
Marital Status: Single  
Children: None  
Employed: Yes

### Reason for Seeking Counseling

1. Feeling constant stress about her job
2. Anger

### Overview

Her A.P.S. report indicated that she was:

1. Sanguine in Inclusion
2. Phlegmatic Choleric in Control
3. Choleric in Affection

Maggie came to me through the encouragement of a previous counselee. She voiced frustration concerning a job she has had for four years. Maggie is a sales person at a large retail store which is a fast-paced job. She has been the top sales clerk on numerous occasions during the past two years and has received little recognition for her achievements. While Maggie was in my office I explained and administered the A.P.S. Response Form. I gathered a brief history at this time. I set an appointment to see her on her off day at 10:00 a.m.

### Session Notes:

#### Session One:

Maggie came into the office fashionably dressed and with a smile on her face. She explained more frustrations about her job, namely those she works for and with. I felt it a good idea to move Maggie's attention to her A.P.S. report as I believed it would help her

to understand why she is so easily frustrated and angered toward those in management including her co-workers. I began by explaining her Inclusion tendencies to her. Maggie is Sanguine in Inclusion. As I went through each trait she acknowledged and agreed with each of them. She especially agreed with traits:

- #3 She lives a very fast pace, is talkative and enjoys being the center of attention.
- #4 She is motivated by the promise of reward and by the threat of punishment. She has mood swings. She will make the decision when to be happy or when to be sad and no one can motivate her to swing.
- #10 She is hot-tempered.

Maggie agreed her job fulfills her need to be the center of attention. She can be with people at the same time she is carrying out tasks. Her job is fast-paced and requires her to use much energy and requires her to be self-disciplined. She agreed she has mood swings especially when she is alone. I encouraged her to learn to listen to the radio, television, talk on the phone in order to lessen her anxiety and facilitate her mood upward. Maggie agreed she needs to learn to deal with anger constructively and in ways pleasing to God. We talked about meditation on God's Holy Word and to allow God to help her with anger as it arises. Maggie said she became a Christian at the age of 18. She said she knows and has experienced God's help many times when she feels like she was about to explode. She said she realizes she has tried to do things in her own strength but know and in the future she will let God direct her thinking.

I closed our time in prayer and gave Maggie verses to read and to meditate on along with several handouts on Coping with Stress. Also, I gave her the book, *Happiness Is A Choice* by Minirth and Meier and asked her to read Chapters 1-6.

### **Session Two:**

Maggie came in bright and cheerful today. She reported she had read all assignments and found each helpful. She stated she has already applied several principles and coping skills at work during the past week which proved to decrease stress.

We turned our attention to her A.P.S. score in her Control area. Maggie is Phlegmatic Choleric in Control. She was not surprised to see her traits. Maggie is a confident individual with good leadership skills. She is self-motivated, independent, and stubborn. We spent time on traits:

- # 6 She becomes angry and stubbornly refuses to move when others push her beyond what she believes she is capable of doing. She uses her dry and wry sense of humor as a defense mechanism.
- #8 She needs recognition for your leadership capabilities and achievements.

Maggie understands that she needs to be in control of her circumstances. She agrees she likes to make her own decisions and she tends to want a moderate amount of control over others. She needs to always look to God first as she will not always have control of

her situations in life – He will direct her path if only she will yield to Him. She needs to learn not to use her dry or wry sense of humor, when she is angry. I encouraged Maggie to learn to dedicate all her services and accomplishments to God and to seek His recognition. When she does this it will lessen her need to receive man’s approval and she will be a much happier person. Maggie agreed.

I closed our session in prayer and asked Maggie to finish reading the book, *Happiness Is a Choice* in addition to reading new assigned verses of Scripture.

### **Session Three:**

Maggie appeared with a smile on her face ready to get started. She finished all assignments finding all resources helpful. She told me that she has been less stressed out when this don’t go her way. Last week for instance she said she was not recognized for being the top seller in her department but she did not allow this to get “under her skin” instead she turned to God.

We looked at Maggie’s Affection traits. Maggie is Choleric in Affection. She agreed with each tendency. We spent time reviewing each tendency and focused on trait #8. As Maggie has grown in her relationship with God she stated she does not need the recognition for making her close relationships feel loved and needed. She said she use to get angry. Now however she reminds herself daily to look at others through the “Eyes of Christ”. When Maggie does this she says she can love her deep relationships as God loves them. If her loved ones do not give her recognition, she adds she doesn’t worry – she just lifts up another prayer to God thanking Him for His love and approval.

I closed our meeting in prayer and we set an appointment for next week.

### **Session Four;**

We talked more specifically about Maggie’s needs and what strategies could be put in place to facilitate less stress in the workplace. We did some role-playing which seemed to build her confidence. I was clear to me that Maggie loved what she does for a living. She loves the interaction with people and the fast-paced job.

We spent the remainder of the session reviewing areas of need and of positive ways of meeting her needs. As we had covered all Maggie’s concerns and she felt she learned and applied positive coping skills to alleviate stress, she chose to end further counseling sessions. She agreed to call me if needs or concerns arise in the future.

## CONCLUSION

Maggie called a month after our last appointment to report that all is going well on the job. She reported having gone over her A.P.S. results on several occasions and feels she is still learning about herself. She has applied most of what she has learned through her temperament counseling and because of that application, has a great deal of peace and self-understanding. As the temperament process always does, it brought Maggie a great deal of hope, self-understanding, self-appreciation, and most of all it directed her back to God (who relieves stress) and encouraged a deeper relationship with Him.



## CASE STUDY ON SUFFERING SANGUINE

### Personal Background Information

Sex: Female  
Name: Nancy  
Age: 30  
Marital Status: Single  
Children: None

### Reason for Seeking Counseling

1. Depression

### Overview

Her A.P.S. report indicated she was:

1. Sanguine Compulsive in Inclusion
2. Sanguine Phlegmatic in Control
3. Sanguine Compulsive in Affection

Nancy was referred to me by her pastor for counseling. Nancy has suffered from depression over the past year but only recently reached out to her pastor for help. The pastor encouraged Nancy to see her doctor who agreed Nancy was in clinical depression and prescribed Zoloft. With this finding and with Nancy's permission, her pastor referred Nancy to me. Nancy is a thirty year old single female who has never married.

### Session Notes:

#### Session One:

Nancy came to her first appointment and seemed moderately enthusiastic about life. She presents a bright smile and optimism concerning life which is typical of a Sanguine, however her hope seemed restrained. It is clear that Nancy was trying to be upbeat. She said she experienced a period of depression the first year she moved away for home to attend college. She was given a mild antidepressant then and experienced depression only a short period of time. Nancy is anxious and afraid she may "never come out of this depression."

Nancy was raised in the Protestant faith and became a Christian at age 15. She was raised by strict parents who wanted her to succeed at everything she undertook in life.

She was a leader of her youth group and actively involved in her church. She was popular in high school and college but once she was out on her own – life began to be quite dull. To make matters worse three years ago Nancy changed jobs where she has little contact with people. She acknowledged her job is depressing because she is “shut off from the world.”

Nancy feels her world is falling apart and that she has no control over what happens in her life. She voiced, “I just want things to be normal.” Over a period of 20 minutes, she “vented” her frustrations. She being a Sanguine did not seem interested in listening to information about herself. I listened intently and built a bond of trust with her before closing our session with prayer.

### **Session Two:**

Once Nancy had talked about her week and was settled, I turned her attention to her A.P.S. report specifically looking at her Sanguine Compulsive traits in Inclusion. I explained to Nancy that God has given each of us our own special temperaments and as we learn about our strengths and weaknesses we are better able to serve Him. I worked toward a better understanding of why she is depressed. Looking at her high social and affection needs, I was aware of how frustrated she was about both of these dimensions of her life. These unmet needs, coupled with suppressed anger and depressing circumstances and environment, gave me a picture – and understanding about her depression.

Nancy agreed with her Inclusion traits. She agreed that she often tries to “sell herself” in order to gain acceptance. She agreed she is vulnerable as it is hard for her to be in touch with her feelings or to appropriately express them.

Her relationship with her parents came up several times during our conversation. I was apparent Nancy had unresolved anger concerning them. She also voiced she loved them and wished for a closer relationship with them now that she is successful and on her own.

Nancy’s energy level seemed to rise as she spoke of being with people. I encouraged Nancy to look within the company she works for – to gain a position that would afford her much contact with people. This will increase her productivity and help meet her compulsive need to be with people. It will also help to ease her anxiety and heighten her efficiency to listen to the radio at work if unable to be with other co-workers. She agreed she needs to discipline herself to complete tasks at work or home before socializing with her friends. Nancy loves to shop. She agreed she will reward herself for completing tasks by shopping and eating out with friends.

Nancy has a compulsive hot-temper and explodes with little to no warning. She realizes this not pleasing to God and acknowledged she needs to deal with her anger in constructive ways pleasing to God. We discussed constructive ways that will bring God glory and that will help her feel good about herself. I gave her Scripture verses to begin the healing process along with David Seamands’ book, *Healing for Damaged Emotions* .

I asked Nancy to read and to be in prayer asking God to give her the strength to work through damaged emotions. I closed the meeting with prayer.

### **Session Three:**

Nancy seemed to be doing much better. She voiced that she feels she is more in control of her life. I asked her if she has spent time in prayer and in God's Word this week. Nancy joyfully stated "Yes!" She seemed to recognize at this point that it is because of God Himself. He is working in her life because she has asked Him to and she sees Him at work. She read *Healing for Damaged Emotions* and found much of the content mirrored her life. Nancy said her parents recently told her that they regret not having given her adequate affirmation and encouragement throughout her childhood and teen year. They went on to say they thought too much praise would make her conceited or overly proud. I could see Nancy's self-image was damaged. I affirmed both her personhood and her life successes. I directed her to Eph. 1:18, where Paul wrote about our intrinsic worth: "I want you to realize that God has been made rich because we who are Christ's have been given to Him." I stressed we have the intrinsic worth because of what God has done and who He made us to be. It is not a worth acquired by us – something we did or did not do to deserve it. Nancy's eyes swelled with tears and she voiced, "I realize more and more God's deep love for me and I want to learn how to love Him more!" I gave her new Scripture verses to help her see who she is in Christ and asked her to meditate on these during the week.

I explained to Nancy her Sanguine Phlegmatic traits in Control. Nancy agreed with her Control traits. She agreed that she has mood "swings" from an independent to dependent state quite frequently. Having the Phlegmatic blend in Control helps to bring her mood back into balance however this is an area of struggle.

Nancy agreed she takes on responsibility in order to gain recognition. It was apparent during the session that Nancy is charming and has a high energy level. She will go to any lengths to gain attention, approval, recognition and acceptance from people. The need was not satisfied as a child or teen which made her crave it even more in her adult years.

We talked about her anger and disappointment in herself, her parents, her job, and life in general. I encouraged Nancy to forgive herself and her parents. I gave her information on the forgiveness and Scriptures verses to emphasis God's forgiveness as our example. I closed in prayer.

### **Session Four:**

Nancy came in the office ready to understand her Affection needs. She is Sanguine Compulsive in Affection. Because Nancy did not receive attention and positive affirmation from her parents growing up when she enter into her early twenties she turned to male relationships to satisfy her needs. She became sexually promiscuous and lived the fast life. For over five years she had no contact with her parents until one day she hit rock bottom – and asked God to help her. This is when she started back to church and was encouraged by her pastor to come to me for counseling.

Nancy agreed with all her Sanguine Compulsive traits. She has a compulsive need to establish and to maintain a deep personal relationship with many people. We discussed changing positions that would allow her to be with people at her job as discussed in Session Two and discussed ways she can satisfy her great need to express and respond to large amounts of love and affection. Nancy volunteered her time in a assisted living home during her mid-teen years and found it very rewarding. It was there that she gave and received endless amounts of love and acceptance. I encourage Nancy to consider doing this type volunteerism again.

Nancy agreed she is compulsively emotional – reacting to most happenings without thinking through the end results of her actions. Often her quick responses led to negative outcomes and being rejected by others. At times like these Nancy would explode in anger and no one wanted anything to do with her – leading to further rejection.

Nancy understands she needs large amounts of love and affection. She has a compulsive need to be told daily she is loved and needed. When she does not receive this she becomes moody and feels rejected. Nancy came to understand today that no matter how much love she receives, it will never be enough. I encouraged her to learn to look to the Lord to meet her needs so that she does not make demands on her deep relationships that they can never meet – only God can and will. I asked Nancy to read Eph. 6: 10-20 for protection and strength and closed our meeting in prayer.

#### **Session Five:**

Nancy came into the office with a note in her hand. She had written a letter to her parents and wanted to read it to me. The note clearly revealed she had forgiven her parents and wanted to build a close relationship with them. In the note she had asked for them to meet with her at a local park this weekend. She seemed reluctant to mail it but I encouraged her to do so.

We talked specifically about Nancy's needs and I prepared her that neither her parents nor anyone else would be able to satisfy her high expectations for affection. Again I turned her attention to God's Holy Word and gave her Scripture verses to meditate on. It was apparent at this time to see how far Nancy had grown in her relationship with the Lord. She had memorized Bible verses and was reciting them to me. All I could do is praise Him!

#### **Session Six:**

Nancy met with her parents on Saturday and she was so excited to tell me that they each hugged and kissed her several times during their visit. They asked her to forgive them and hoped to bring healing and wholeness to their relationship. They have made plans to meet again next month and bring a picnic lunch.

We concentrated on the compulsive inclinations of the Sanguine. Nancy was becoming aware of her tendencies and needs and of Godly ways of meeting her needs.

As her relationship has grown in the Lord, she has become more aware of her need for protection for the evil one – to guard her heart, mind, soul and body with God’s Word.

Nancy expressed she is ready to end counseling sessions. She said she will trust God to guide her and will call upon Him to help her with her compulsion needs.

## **CONCLUSION**

I spoke with Nancy 2 months after our last session to learn she has changed positions at work to a job that has her constantly working with people.

She has had several visits with her parents and feels that they are growing closer with every visit. They recently attended church and attended a Bible Study Class that Nancy taught. They told Nancy after class that they were so proud that she was their daughter.

Nancy reports no sign of depression. She has a follow-up appointment to see her physician next month and hopes to be weaned off her medication over the next several months.

Nancy reports she now feels she is in control of her life – because she has allowed God to reign over, in, and through her life. Nancy is an unusual Sanguine in her spiritual discipline. She is faithful in reading God’s Word each day and praying several times during each day.

I could see during each counseling session that God was drawing Nancy closer to Himself. As Nancy experienced His unconditional love she was able to acknowledge her vulnerabilities, resolve anger issues, forgive her parents and herself, and to allow God to meet all her needs in life. I feel the counseling techniques – using the temperament therapy process coupled with God’s intervening presence brought Nancy renewed self-understanding, self-respect, and hope in the present and future.

## CASE STUDY ON SUSPECTED A.D.H.D.

### Personal Background Information

White: Caucasian Male  
Name: Philip  
Age: 13  
Grade: 5<sup>th</sup>  
Siblings: 2

### Reason for Seeking Counseling

1. Philip's parents brought him for counseling because his meds for A.D.H.D. were not working
2. Philip exhibits anger, lying, temper tantrums, rebellion, an impulsive nature and often distracted

### Overview

His A.P.S. report indicated that he was:

1. Sanguine in Inclusion
2. Sanguine Compulsive in Control
3. Sanguine in Affection

Mother: Caucasian Female  
Name: Sara  
Age: 43  
Marital Status: Married  
Employed: Works part time as a secretary at a local church

Her A.P.S. report indicated that she was:

1. Melancholy in Inclusion
2. Phlegmatic Melancholy in Control
3. Phlegmatic in Affection

Father: Caucasian Male  
Name: Dave  
Age: 45  
Marital Status: Married  
Employed: High school teacher

His A.P.S. report indicated that he was:

1. Phlegmatic in Inclusion
2. Melancholy Phlegmatic in Control
3. Supine in Affection

Philip was referred to counseling by his Youth Pastor who was given parental permission as the parents did not know who to turn to for help. The Youth Pastor said the parents had met with him on several occasions in order to better understand Philip's needs however everything they had initiated at home had not made any positive change in Philip's behavior. I was able to interview the parents before our first session to get some basic history.

Philip's parents were Christians who had attempted to set good guidelines for Philip. They had used these guidelines with great success for Philip's older brother and sister, and although Philip did seem to want to obey his parents, his impulsive nature often got the best of him. They report that Philip was first prescribed Ritalin which he took for six months however because there were no significant change in his behavior, his doctor in conjunction with his psychiatrist put him on Cylert. The parents voice Philip's behavior has become worse not better. Next, they gave the examples of his behavior. If we make an unexpected request of Philip, he often loses his temper and goes ballistic. They explained Philip seems to have no concept of time and is often distracted at home and at school. Further they reported Philip is so "now" oriented. For him to do his homework or chores before being allowed to play with friends – he often retorts, "Why are we punishing him?" Dave and Sara report they did not know what to do to help their son.

I gained the parents permission to get Philip's records from his physician and his psychiatrist and to review them before our next session, then closed the session in prayer.

### **Session Notes:**

#### **Session One:**

Dave, Jane and Philip came into the office today. Philip seemed quite reluctant. I opened our session with prayer and I obtained further history and asked Philip about some of his interest. He reports he has many friends at school and spends hours on the phone. He reports he makes average grades but interjected that his S.A.T. scores are above average. He acknowledged he has trouble concentrating on homework, chores and other "boring" tasks. Philip admitted he is easily angered and that he often throws temper tantrums at home or in public to get his own way. He agreed he often follows his peers so as to "fit in." In the past 5 months, he has been caught telling lies to his parents and in his words, "I don't mean to lie but my parents are always on my case!"

I explained the A.P.S. report and administered it to Philip and to his parents. I requested to see Dave and Sara for the next two sessions, then I would have future

sessions jointly or separately with Philip and his parents as needed. I closed our meeting with prayer.

### **Session Two: (with Parents)**

I saw Dave and Sara today and I explained after reviewing Philip's records plus knowing Philip is a Sanguine child, he has been misdiagnosed with A.D.H.D. I explained often Sanguine children/teens are diagnosed with A.D.H.D when in fact their temperament often explains their behavior.

Philip's compulsive Control score place him in a category with just 2% of the population. I explained to the parents that it is difficult enough for adults to understand and control the "Sanguine swing," and even more difficult for the children who do not want to hear it. I told the parents to watch for signs of drug or alcohol addiction, or especially sexual addiction.

I told the parents that Philip will always need large amounts of attention, activity, and love to satisfy him. I explained the importance of praying together, standing together and being firm with Philip giving him much patients and love. I encouraged them to pray daily – asking God's to intervene in his life and in their parenting role in order to meet Philip's needs.

I went over Philip's A.P.S. reviewing the Sanguine temperament strengths and weaknesses in Inclusion, Control and Affection. I also explained both Dave and Sara's temperament and how important it will be for them to constantly be before God as neither of their temperaments will afford them to give what it takes to meet Philip's needs. They seemed to understand that their Phlegmatic temperament combination will help them to cope and balance their parental role.

I asked the parents to review Philip's temperament needs and recommendations in meeting his needs. Because the parents wish to take Philip off his medication, I strongly recommended that they speak to both his physician and psychiatrist as they would need to reevaluate Philip and give their recommendations/approval. I told them we would develop a plan during our next meeting and closed in prayer.

### **Session Three: (with Parents)**

Dave and Sara consulted with Philip's physician and his psychiatrist both of whom agreed to slowly take Philip off his medication. I informed them that Philip's medication acts like a stimulant – and Philip did not need a stimulant. I opened our session with prayer and helped to develop a plan to meet Philip's needs. I told the parents the following:

They are not to be too critical. Don't allow Philip's problems to become the focus of their relationship. Give him their attention and positive feed back to build him up. Understand his control swings. Allow him to withdraw but help him to understand and

control his self-indulgence. Remember criticism will thrust the Sanguine in Control in to the dependent mode leading to further self-indulgence and lack of responsibility.

Do not over react to his anger. Give Philip constructive ways to deal with his anger which we will look at in further sessions.

Change his study habits. Allow him to study for brief periods of time. Ask his teachers to sign off his daily assignments for their review. Allow him to listen to T.V. or the radio while he studies.

Permit him to be as socially active as possible. Encourage his way of thinking that social activity is a reward for good behavior and taking care of his responsibilities. Always follow up with friend's parents to verify activities and choose carefully what activities he gets involved in.

Tell him every day that he is appreciated, needed and loved. It is important for both parents to show Philip that he is loved frequently during each day. He needs physical expressions of affection i.e. hugs and kisses.

Model a deep relationship with the Lord before Philip. Help to encourage his spiritual life through family devotionals, praying together, and serving others.

As discussed in Session 2, I reiterated the importance of their prayer life because prayer together is the key to understanding Philip and coping with his behavior. It was emphasized to never disagree in Philip's presence, but rather discuss differences when they are alone.

I will meet with Philip during the next two sessions to look at dealing with anger and his over all behavioral patterns. Dave and Sara closed our meeting with prayer.

#### **Session Four: (with Philip)**

I discussed with Philip his attitude and anger issues. I opened our session with prayer and I spent time getting to know Philip – showing him I am interested in him and care about him. Philip acknowledged he is a Christian but feels he can never live up to God's standards. We then looked at Scripture verses to demonstrate how much God loves and accepts Philip and that He created Philip just the way he is. Philip bowed his head saying, "I never feel I can live up to my parent's expectations so I figured I could never live up to God's expectations either." I reassured Philip that God and his parent's love him unconditionally – no matter what he does in life. I emphasized how important it is to go to God daily (and more often) seeking His forgiveness and help because alone we will fail. I explained that only God can fill his deep needs for love, approval and acceptance.

Next, we looked at Scripture verses dealing with anger. Philip understands that anger is a part of life, for even God gets angry. He also acknowledges that anger gives way to the Devil. I gave a list showing constructive ways of handling his anger that would be pleasing to God and to his parents. Philip confessed he is often out of control – often

lying and disobeying his parents because he feels they are too strict. We prayed the Scripture verse 2 Tim 1:7 acknowledging God has given Philip “a spirit of self-control. Philip’s temper tantrum’s is really bent up anger. I told Philip that he needs to express his anger at the one he is angry at – not to his parents or other loved ones who are often not the problem. I gave examples of positive ways to express his anger in ways that are pleasing to God.

I asked Philip to review the Scripture verses that we reviewed along with the list showing positive ways of handling is anger. I closed our meeting in prayer.

### **Session Five: (with Philip)**

Today I continued with behavioral modification techniques along with Scripture verses. Philip’s attitude appeared to be changing. He acknowledged that his parents love him and are reaching out to him and that he is reaching back. He wrote down the times he became angry and ways he handled his anger. He said the Scripture verses along with the list of healthy ways of dealing with anger showed him how to work through his anger in ways pleasing to his parents and to God.

We addressed the topic of being obedient to parents and I gave Philip a Scripture verse to read out loud which reads, “Children, obey your parents in the Lord, for this is right. Honor your father and mother, (this is a commandment with promise) that your days may be long in the land” (Eph. 6:1-2). I asked Philip if he would like to pray asking God to help him be obedient to his parents and he did so without hesitation.

I have Philip a list of Scripture verses to review and to pray over before our next session. I explained I will follow up with his parents before seeing him again. I closed in prayer.

### **Session Six: (with Dave and Sara)**

It has been three weeks since I have meet with Philip’s parents. They voiced seeing many positive changes in Philip’s attitude and thinking. Philip is now off his meds and showing much effort in being obedient to his parents. He is released for his physician but is to be reevaluated by he psychiatrist in three months.

We discussed and devised a contract that clearly lays out Dave and Sara’s parental rules to include positive and negative outcomes which will be signed by Philip and his parents. The parents understand it would be counter productive to have a grounding period that last too long. I closed our meeting in prayer. I will see Philip and his parents separately.

### **Session Seven: (Split session)**

I continued to work with Philip concerning anger and obeying issues. It was encouraging to see how God worked in the young teenager’s life. Philip recognized more and more during the past few weeks – his attitude whether pleasing or not to God. He

said he quickly repented of wrong thoughts and behaviors. He is learning to voice his anger to those who has hurt him – not allowing Satan any foothold.

I continued to work supporting the parents, helping them to deal with their temperament issues, strengthening their communication skills, and building their spiritual life.

#### **Session Eight through Twelve: (Split session)**

I continued to work with Philip concerning his attitude change. I supported good behavior and encouraged him along this path as it is pleasing to God and to his parents. He has had less out bursts of anger and feels he is better able (with God's help) to handle anger issues. He is enjoying time with friends and family and has not been grounded since our sessions began.

Philip's parents report they have seen a remarkable change in Philip and give God all the glory. They agree they have much work to do but feel now they are on the right path. I continued to support the parents as they work together to not only build their own relationship with each other but also with Philip.

#### **Session Thirteen: (Parents)**

Dave and Sara decided they could now manage Philip alone. They voice the contract has proven to be a wonderful tool to help hold them accountable before God, to Philip, and to each other. I voiced I will make a follow up phone call with them in one month.

#### **Session Fourteen: (Parents)**

I called Dave and Sara one month later to learn all is going fairly smooth. Although they had to ground Philip for a week last month, they report only minor disobedience which was immediately dealt with. At the parent's request, I released the family at this session.

### **CONCLUSION**

Often, physician and psychiatrist diagnose Sanguine or Sanguine compulsive children with A.D.D. or A.D.H.D. and do not take their temperament into consideration. In cases like these, prescription medications are counter-productive. Children with Philip's temperament will constantly be working through problems as they go through their adolescence and will need a lot of love, structure and guidance from their parents and loved ones. The parents are aware their son's temperament places him at risk for addictive behaviors throughout his teen years and possibly beyond. The parents acknowledged they had to work hard at being patient, especially the mother. They voiced

they are stronger in their marriage and in their spiritual life having gone through the counseling process.

The counselor established tools/help, guidelines, encouragement and reiterated God's Holy Word and prayer to the parents and their son. I believe the counseling sessions helped the parents understand their son and helped them establish Godly ways to meet his needs. It also helped the son see himself as God see him and he has begun to allow God to meet his deep needs because only God can.



## CASE STUDY ON THE DYING PROCESS

### Personal Background Information

Sex: Female  
Name: Shelia  
Age: 48  
Marital Status: Single  
Children: None

### Reason for Seeking Counseling

1. Client diagnosed with terminal illness
2. Referred by pastor as he felt he could not adequately counsel
3. Client facing death in short time period

### Overview

Her A.P.S. report indicated that she was:

1. Choleric in Inclusion
2. Supine compulsive in Control
3. Melancholy in Affection

Shelia was referred to be by her pastor upon learning that Shelia was diagnosed with colorectal cancer with a prognosis of less than 2 months of life. He received permission from Shelia to call me in hopes I would see her as soon as possible. Shelia continues to ambulate on her on but is steadily getting weaker with each day. Shelia came to live with her parents who are providing care to her and it is Shelia's wish to die in the home. They have initiated Hospice care in the home to give Sheila quality medical care and to keep her comfortable as the disease progresses. I called Shelia and set up an appointment to see her in my office tomorrow at 10:00 a.m.

### Session One:

Shelia had a pleasant smile on her face when she came into the office. She immediately got on the subject of why she had come to counseling. She stated, "I am dying but I not ready to leave my parents." It was apparent that Shelia had an overwhelming sense of grief, very similar to the grief one feels when a loved one dies – except in this case, she is mourning her own impending death. I listened as Shelia talked about her illness and her recent diagnoses. She learned of her cancer a month ago and of her prognosis. The cancer was in the final stage. No treatment options were given as the cancer had advanced throughout her body. All that could be medically done for her was

to offer medication for pain control as the cancer progressed. Shelia told me she had to be strong for her parents because she knew they were hurting deeply.

I tenderly went through the Five Stages of Grief by Elizabeth Kubler-Ross which are: Denial, Anger, Bargaining, Depression and Acceptance. I informed her that numerous other effects such as physical, emotional, and psychological will be experienced at various (or all) points throughout the five stages of grief. I gave Shelia space to vent her emotions and I validated her feelings.

Shelia recognized she is grieving but and that she is working through other issues that she did not want to talk about today. I explained the A.P.S. report and how it will help her understand herself and reveal her gift, talents, strengths and weaknesses – just the way God created her to be. Shelia quickly informed me that she is a Christian having accepted Jesus at age 10. I administered the A.P.S. Response Form and informed her that we would look at it next week. I gave her Scripture verses to show her that God is with her, that He sees her, and that He will always be with her. I closed our time in prayer.

### **Session Two:**

Shelia came to my office today with a hand written note to God. She said, “I know You are in the healing business God but I don’t think healing is for me.” She went on to say she accepts the fact she is dying because she saw her X-Ray and test results. She stopped reading the note and began to deeply sob. I came near to Shelia and touched her hand to comfort her.

At Shelia’s request I continued our session. I explained the physical symptoms of grief such as: Laborious respirations marked by sighing and tightness in the throat, feelings of physical exhaustion and lack of physical strength and endurance, digestive symptoms, sleeplessness, and often weeping. I also explained the emotional effects of impending death which can include: Fear, Guilt, Helplessness, Resentment, and Doubt. I encouraged Shelia to “vent” concerning each of these topics.

Shelia’s A.P.S. report revealed she is Choleric in Inclusion. She agreed with all eight of her temperament traits. Shelia is a great organizer and thinks a great deal. She is upbeat, friendly, bright, and optimistic. She easily becomes frustrated with people, especially with her parents, and her temper is often out of control. The other issues Shelia did not want to discuss in *Session One* was that of her own anger issue and the need for perfectionism. We discussed ways to constructively deal with anger and the need for perfectionism. I went further to inform her that she needs to turn to God and allow him to help her with both needs – because only He can meet her deepest needs. I have her Scripture verses to bring comfort (i.e. John 3:16, 2 Cor. 5:8, Rom 6:23, etc). I closed our meeting in with prayer.

### **Session Three:**

Shelia missed her appointment last week as she became very ill. At her parent’s request I went to her home to visit with her. I was apparent that Shelia had grown much

weaker. She was sitting up in a recliner in her bedroom, her face somewhat pale.

At Shelia's request I went over the rest of her A.P.S. report. She is Supine compulsive in Control and Melancholy in Affection. She agreed with each temperament and their traits. She asked to focus on her Supine compulsive traits especially #2, #4, #9.

#2 – Shelia wants very little control over the lives and behaviors of others, but need others to take a great deal of control over her life and behavior.

#4 – She has a compulsive need for a close friend who will share in her decision making and share the responsibility for those decisions.

#9 – She internalizes anger when she is not included in decisions concerning you. As long as you're included in the process that's okay.

Shelia says these traits seemed to be magnified since her diagnoses. I encouraged her to allow her parents and close friends to minister to her because they love her and want to help her. Her closest friend has been by each day to sit with Shelia and to help her write out her will and funeral arrangements. Shelia said her parents were automatically taking over the process of preparing for her funeral and it made her so angry. After much thought and prayer, Shelia realized all they were doing was trying to make it easier on her. She said after my session with her in *Session Two* she realized she needs to tell her parents that she was angry that they had not consulted her. Since then they have enjoyed open communication and all appears to be going well.

Before leaving today Shelia asked me to give her Scripture verses concerning Heaven which are listed below:

Rev. 14:13 – Heaven is a place of rest.

Rev. 21: 4 – Heaven is a place without pain, weeping, or mourning.

Acts 2:28 – Heaven is a place of total joy in the presence of the Lord.

Matt. 17:3 – Though we will be changed, we will recognize our loved ones.

Rev. 21-22 – Heaven will be more beautiful than anything we can imagine.

John 14:2 – We will be comfortable in heaven, for it will be our *home*.

Once I read God's Word, Shelia closed her eyes and drifted off to sleep. I prayed over her and left the room. I told her parents that I would be back next week if Shelia wanted me to visit. I gave them information to help prepare them for Shelia's impending death.

## **Session Four**

I received a call from Shelia's parents who informed me that Shelia had asked for me. I went to the home to find Shelia was in and out of consciousness. She asked me to pray with her and to read the 23<sup>rd</sup> Psalm. I could sense Shelia was at peace with God. She closed her eyes and never opened them again in my presence.

At the parents request I read Shelia's favorite Bible verses out loud. These verses were written in the front of her Bible. Her family gathered around her beside and softly sang her favorite Gospel songs. Shelia died with family and close friends gathered around her.

I assisted Shelia's parents in details concerning her funeral. Shelia had taken care of every detail with the help of her dearest friend. Her parents were relieved to know this and were being comforted by family when I left the home.

## **CONCLUSION**

The circumstances surrounding this case were somewhat unusual. As a member of the helping field it is important to listen, empathize, affirm, and direct those we counsel whether individuals are facing life issues or impending death issues. I learned so much from Shelia as I watched her work through her own grief process. I had only hoped that I had more time to work with her, to listen to her, to affirm her, and to prepare her to meet the Lord.

Since Shelia's death, I have visited several times with her parents. I have given them several books on coping with grief and loss and have encouraged them to attend a local grief support for parents of which I facilitate. Their minister, close friends, church family and relatives continue to support them. The parents express deep faith in God and acknowledge one day they will be joining God in Heaven and will rejoice with Shelia in His presence.

## CASE STUDY ON UNPLANNED PREGNANCY

### Personal Background Information

Name: Marilyn  
Sex: Female  
Age: 15  
Marital Status: Single  
Siblings: 3

### Reason for Seeking Counseling

1. Mother insisted daughter have counseling due to unplanned pregnancy
2. Daughter dealing with fear, guilt and shame
3. Mother and daughter seeking moral options for the arrival of the newborn

### Overview

Her A.P.S. report indicated that she was:

1. Phlegmatic in Inclusion
2. Melancholy in Control
3. Supine in Affection

Mother: Female  
Name: Doris  
Age: 41  
Marital Status: Widowed  
Employed: Book Keeper full-time at a local retail store

Her A.P.S. report indicated that she was:

1. Melancholy in Control
2. Phlegmatic in Inclusion
3. Melancholy in Affection

I received a call from a local pastor who received a visit from a widowed church member and mother of 4 children, who learned that her fifteen year old daughter is four months pregnant. Because the pastor had no formal training in this area, with the permission of the mother, he made the referral. I received from the pastor Marilyn's

Personal Data Information and her history and physical from her physician before the first session.

The pastor proceeded to inform me of the family's story. Marilyn is a quiet girl and often goes unnoticed among her peers. She makes good grades in school and is in several honor clubs and organizations. She is slow paced, stubborn minded and self-motivated. According to the mother Doris, Marilyn has been a dream child until after her husband (the children's father) died instantly in an automobile accident 1 1/2 year ago. The family went to a therapist for several visits and attended individual age appropriate grief support groups until the family schedule became too hectic. Doris works full-time to provide financially for the family and when she comes home she is preoccupied with housework, cooking, etc. The family over time started drifting apart, that's when Marilyn started seeing her boyfriend without Doris even noticing. The boyfriend and his family moved from the area and wanted no further contact with Marilyn. Marilyn was devastated. She was overtaken by fear, guilt, and shame and she didn't know who to turn to for help. She gained enough courage to tell her mother who was naturally crushed by the news and sought Christian based counseling

### **Session One: (with mother, Doris and her teenage daughter, Marilyn)**

I met with Doris and Marilyn for the first session to explain my method of counseling using the A.P.S report and relying on God's intervention in counseling with each individual. I administer the A.P.S. report and spent the rest of the session gathering information.

It was apparent that the family was once very close and did many activities together before the father was killed. He was the one everyone in the family looked to. Doris said he made the children laugh and made the children mind. He was respected and loved. Since his death, Doris never having to work outside the home had to go to work full-time in order to make ends meet. Her parents live nearby and assisted with car pooling details and help to monitor the children as much as possible. Individuals in Doris' church family have offered to help but Doris has been reluctant to accept help.

Marilyn was pleasant but quiet during much of the session. It seemed apparent that she had much on her mind as she made eye contact with me and moved frequently in her chair. I could see Marilyn wanted to talk but was hesitate in her mother's presence. I arranged to see Marilyn for the next several visits to help her cope with her fear, guilt and shame. I informed her today that God loves her and that He wants her to place her trust in Him. Marilyn informed me that she is a Christian and that she knows what she did was wrong. I asked her to read several Scripture verses to include Matt. 12:31-32 to show Marilyn she has not committed the unforgivable sin, and Psalm 139 where God's Word clearly emphasizes the value the Creator places on each human life. I closed our meeting in prayer.

## **Session Two: (with Marilyn)**

Marilyn came into the office informing me that she had read the Scriptures I had asked her to read. Her frame of mind clearly showed she values her unborn child and wants to follow God's direction concerning his or her future. Before I began to explain her A.P.S. report, I felt God's prompting to allow Marilyn to talk freely about her problems, her feelings, her fears, her guilt, etc. I communicated my acceptance and understanding. I assured her that "all is not lost." I communicated my empathy and strived to affirm her as she struggles with fear, guilt and shame which were affecting her self-esteem and feeling of worth and value. I gave affirmation in five key ways:

1. Communicated God's love to her. Tell her repeatedly that God loves her unconditionally, whether she is pregnant or no, and that He loves her now as much as ever.
2. Convince her of my unconditional love with words and actions
3. Affirm her qualities ( i.e., sense of humor, sincerity, thoughtfulness, etc) and abilities ( i.e., intelligence, ability to work with children, musical talents, etc)
4. Help her realize that God can bring good out of her situation (Gen. 50:20)
5. Remind her that she is not alone and that there is time to make decisions carefully and rationally. People love her and are ready to reach out to her (parent, friends, pastor, etc)

At this point, the Holy Spirit directed me to lead her to repentance and Marilyn was receptive. I first prayed out loud for Marilyn asking God to open her heart to receive forgiveness and healing. Then Marilyn prayed. She repented of her sins asking God to forgive her and to give her spiritual restoration. I encouraged Marilyn to depend on God throughout her pregnancy for He will lighten her load (1 Pet. 5:7).

As our time came to close, I informed Marilyn that we will begin at our next appointment to look at her A.P.S. report and follow God's leading. I closed our meeting in prayer.

## **Sessions Three, Four, Five & Six (with Marilyn)**

I began each session in prayer and as the Holy Spirit led proceeded in the manner written. I began by informing Marilyn of her Inclusion tendencies. Marilyn is Phlegmatic in Inclusion. Marilyn agreed with all her traits and especially agreed with:

- #1 She has little need to socialize. She finds socializing wears her out because of her low energy
- #3 She is stubborn-minded
- #5 She tends to use her dry and wry sense of humor to keep people at a distance so they do not drain her energy

Marilyn taught of herself as lazy and selfish and realized during our session that this is not true. Her mother began telling her she was lazy and selfish several years ago and Marilyn started to believe it. Now she sees she needs a peaceful environment. However, she needs to stay involved with her family and life events and not become too overly

protective of her low energy that she will withdraw from life. She can learn to balance this with God's help. She needs to learn to express her thoughts and feelings and be willing to let God help her change her thinking in order to bring Him honor. She needs to understand that her dry and wry sense of humor can be irritating and hurtful to others. She must learn to use her sense of humor in ways pleasing to God. I emphasized to Marilyn that God has created each of us with strengths, talents, gifts, and weakness for His special purpose. Once we understand ourselves, our tendencies, needs and how we can meet our needs in ways pleasing to God, then we have balance in our lives.

I helped Marilyn identify the emotional needs and concerns that led to the pregnancy. It was clear she was rebelling against her mother and seeking love, approval and acceptance from her boyfriend. Marilyn said her mother (after her father's death) has given her little time and attention as she is "always at work or busy at home." Marilyn acknowledged she reluctantly helps out with chores or with her siblings and realized during our time today that she could do more to help her mother. We discussed this at length and came up with ways she could help out around the home thereby allowing her and her mother quality time together.

This led us to her Affection tendencies of which she is a Supine. I explained each trait and she strongly agreed with all and especially with:

- #1 She requires and gives a great deal of love and affection. She does not initiate love and affection because she is afraid that her deep relationships will reject her but she will **respond** to her deep relationships.
- #2 She expects others to read her mind and know what she wants. Because of her high fear of rejection she does not communicate her needs for love and affection so her needs often go unmet.
- #5 She tends to internalize her anger and masks it as "hurt feelings"
- #7 She feels worthless and unlovable at times

I tenderly led Marilyn in this area because of her gentle spirit. I told Marilyn she needs to learn to express to her loved ones her needs for love and affections so her needs will not go unmet. She needs her deep relationships to recognize the special things she does for them because she will wear herself out trying to please them – to gain recognition, love, and approval. I told Marilyn it's okay to say "no" to her loved ones because they will still love her. Because Marilyn struggles with feeling worthless and unlovable at times – I emphasized God created her and loves her. She must learn to **receive** love, affection and approval from God. By receiving His love and approval this will lessen her fear of rejection from her deep relationships, and will her to be more direct in expressing her needs for love and affection.

Once we reviewed and worked through her Inclusion and Affection areas we addressed her Control area. Marilyn is Melancholy in Control. She agreed with all traits but wanted to look further at:

- #2 She expresses little control over the lives and behaviors of others, and will not tolerate control over her live and behavior.

- #5 She must have truth, reliability, order, and dependability from herself and others.
- #10 She becomes uneasy or anxious if she is solely responsible for anyone, including herself.

Marilyn could see that she needs to submit to her mother and other authority while maintaining control of her own personal life. She acknowledged knowing that her mother loves her and wants what is best for her. Her mother and loved ones need to provide her with truth, order, reliability, and dependability. Marilyn needs to not be forced into taking responsibility or making decisions with which she is uncomfortable. She must learn to trust God with her life and her future in order to reduce the fear of the unknown.

Through out these sessions I gave Marilyn materials concerning the development of her baby (fetal stages of development), the books *Sex, Guilt, and Forgiveness* by Josh McDowell and *You're What? Help and Hope for Pregnant Teens* by Karen Sandvig, and Scripture verses to meditate on to foster healing and wholeness.

### **Session Seven (with Marilyn and Doris)**

At the beginning of the session, I informed Doris (with Marilyn's permission) of Marilyn's needs as discussed in Session Three – Six and enlisted Doris' help regarding Marilyn's unmet needs. This proved to be very insightful to Doris and she agreed to do her part, as did Marilyn.

During this session we discussed moral options to prepare and to get in place what Marilyn and her mother's wishes are in regard to the newborn's future. Marilyn and her mother agreed that adoption was in the best interest of the baby and of their family. I assisted the family in calling a local adoption agency and an appointment was set to start the process next week.

I explained that no decision is easy but provided encouragement and assurance as Marilyn and Doris worked through their decision. Marilyn and Doris had discussed adoption at length many times during the past months and express confidence that this is God's will.

As the adoption agency provides counseling to clients to prepare them for birth and for what clients will face afterward, Marilyn and her mother ended counseling at this visit. They informed me that they will keep me informed as time progresses. I closed the meeting in prayer.

## CONCLUSION

I believe Marilyn came to understand during each counseling session of God's great love for her. When she realized His forgiveness, love and acceptance was for her, she received it, and He changed her life. She has released the fear, guilt, and shame associated with her pregnancy because of His unconditional love for her. Marilyn also realizes that she has much support and love through her mother, her siblings, her close friends, her minister, her counselor and especially with God.

I heard several times from Marilyn before she gave birth to learn she is growing in the Lord and receiving all the support and love she needs. The adoption agency provided compassionate personnel to work with her and to prepare her for all the changes she would be facing.

Marilyn gave birth to a healthy baby boy. He was placed with a young Christian couple who could not have children and wanted more than anything in life to be parents. This pleased Marilyn who voiced to me, "God is so good! I know he has special plans for the baby and his new parents. And I also know He has special plans for me. I remain in the Word and enjoy spending time with God each day. I have a deeper relationship with my mother and purposefully set time aside to be with each other everyday." Marilyn said the counseling sessions helped her get on the right path with God and with her family. She agreed that the A.P.S. report along with God's intervention through counseling was the key.

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