

case study:

## ANGER & BLAME SHIFTING

Robert Baral  
2/14/2004 AD

TABLE OF CONTENTS

I. PRESENTATION OF THE PATIENT

II. ASSESSMENT OF THE PATIENT

III. THERAPY FOR THE PATIENT

IV. PLAN OF CARE

V. BIBLICAL FOUNDATIONS FOR INTERVENTION

VI. FINAL OBSERVATIONS

## I. PRESENTATION OF THE PATIENT

We are presented with a case involving a married man who shows a consistent pattern over many years of adultery which he attempts to hide from his wife behind the cover of a “sham recovery.” Counseling is first begun with a Minister who attempts to hold the patient to accountability for his sexual promiscuity. This was abandoned after he was confronted by his wife about a particular adulterous adventure, becoming greatly angry at being “caught.” The patient then accepted therapy under a Christian counselor. He offered that his continuous adultery was the result of a childhood home with little love or emotion; being sexually abused in his youth at a neighbor’s home; his wife being too restrained sexually.

## II. ASSESSMENT OF THE PATIENT

Primary individual assessment clearly shows the emotional characteristic of anger when confronted; aggressive social function and manipulative behaviors to maintain his deceit; a justified self-perception; strong blame shifting to relieve guilt. Secondary individual assessment reveals fear only of being exposed; avoidant only of taking responsibility; blaming all but himself; contentment with his superiority of manipulation to maintain deceit; self-criticism only when he is unable to sell his deceit to others. Tertiary individual assessment shows worry only of his deceit being exposed; social functions are superficial to support his self justification; rationalization of his narcissistic actions due to his victim status at the hands of others; is autonomous in that he answers only to himself; a constant web of denial to relieve guilt.

## III. THERAPY FOR THE PATIENT

Therapy was conducted individually for the patient alone. The course of counseling was generally smooth, except for the patient’s attempt to control the agenda. He continued to blame his wife for his appetite for adultery. The patient had a conflict of will with leadership at a weekend therapy retreat, which he minimized with his therapist. The therapist concluded the patient was being grossly deceitful. Wishing to address the patient’s concerns about his wife, it was arranged for both spouses to attend therapy together, to which the patient agreed. However, when the couple attended a therapy

session together, the patient exhibited an angry mood and slyly worked to change the topic. He never returned for therapy after this session.

#### IV. PLAN OF CARE

In view of the patient's narcissistic attempts to rationalize away his adulterous behavior at any cost, choosing a diagnostic model for any future therapy is difficult. The patient should admit a high degree of responsibility for causing his problems, yet he refuses to admit any. The patient should have a high degree of responsibility for solving his problems, yet he refuses to acknowledge any.

In the blame shifting model of behavior, this patient's activating cause is not his sexual promiscuity itself, but rather the behavior being exposed. All personal attempts to resolve guilt - what little there may be - involves blaming others in his life both past and present. Self justification is maintained by magnifying the faults of his spouse, while denying that he has any. The patient manipulates social interactions so that all blame is transferred to others. This system of deceitful self-justification fails only when the patient is confronted directly with realities that contradict his deceit. This yields anger - only at being exposed - resulting in the patient leaving therapy.

Analyzing the failures of the phases of counseling in this case offers the insight to rebuild a more effective therapy strategy, should the patient return for further sessions. The therapist's involvement in this case may have offered faulty inspiration. The patient was not the victim past and present at the hands of others, contrary to his self-portrayal. Feeling sorry for the patient based on his later apparent web of deceit and blame shifting lead to failure to accurately assess the patient's truthfulness, motivations for entering therapy and manipulative drive to provide cover for his ongoing adultery. Thus the gathering of inventory was flawed until the failed end of therapy.

The lesson to be garnered here is that, in counseling married couples experiencing difficulties, some joint initial and ongoing sessions to collect data and evaluate its veracity is a must. Having collected flawed data, the interpretation of that data was

flawed. Accepting the patient's constant blame shifting for his sexual promiscuity upon an unloving childhood home; being sexually abused as a youth; having an emotionally & sexually repressed spouse - lead to a fundamental misunderstanding the source of this patient's behaviors. Indeed, it was not apparent that the patient was a narcissistic master of deception and manipulator - desiring only to continue his adultery undiscovered - until it was too late to build a more effective counseling strategy.

Faulty data likewise lead to faulty implementation. The object should not be "How can we facilitate the patient's blame shifting for his adultery onto others past and present?" Rather, it should be to recognize the Absolute Truth that adultery is a forbidden sin before GOD; that all men are tempted by lusts of the flesh, but we need not give into those temptations; that unrepentant adulterous sin endangers one's eternal soul to everlasting damnation; that our Lord JESUS CHRIST offers to take our sins upon Himself; that we should follow in His steps; that we must allow GOD to be the King of our souls and not ourselves.

Homework between sessions should not facilitate how to continue the patient's web of deceit to provide cover for his continuing sexual promiscuity and defilement of the marriage bed, but rather to seek GOD's Word for Truth, Conviction and Repentance in prayer, worship and study of Scripture. The intention of the therapist seems to have focused too much on enabling the patient's continued adultery, rather than on working to lead him to repent for his sins - for which he alone is responsible in the choices he made - and confronting him with the true wicked nature of adultery.

#### V. BIBLICAL FOUNDATIONS FOR INTERVENTION

Instruction should have rested on Biblical Truths that convict the sinning soul, rather than on ineffective flawed perspectives of human pity. PSALM 24:3-4 - "Who shall ascend into the hill of The LORD? or who shall stand in His holy place? He that hath clean hands, and a pure heart; who hath not lifted up his soul unto vanity, nor sworn deceitfully." HEBREWS 13:4 - "Marriage is honorable in all, and the bed undefiled: but whoremongers and adulterers GOD will judge."

Further, JAMES 1:12 - “Blessed is the man that endureth temptation: for when he is tried, he shall receive the crown of life, which The Lord hath promised to them that love Him.” ROMANS 6:23-24 - “But now being made free from sin, and become servants to GOD, ye have your fruit unto holiness, and the end everlasting life. For the wages of sin is death; but the gift of GOD is eternal life, through JESUS CHRIST our Lord.”

Further, I PETER 2:21-25 - “For even hereunto were ye called: because CHRIST also suffered for us, leaving us an example, that ye should follow His steps: Who did no sin, neither was guile found in His mouth: Who, when He was reviled, reviled not again; when He suffered, He threatened not; but committed Himself to Him that judgeth righteously: Who His Own Self bare our sins in His own Body on the tree, that we, being dead to sins, should live unto righteousness: by Whose stripes ye were healed. For ye were as sheep going astray; but are now returned unto the Shepherd and Bishop of your souls.”

## VI. FINAL OBSERVATIONS

The final conclusions of the therapist re the narcissistic and deceitful nature of this patient are correct, but the sin nature of all fallen man and the delivering Power of The Cross are overlooked. Thus true hope for this patient and his wife to live restored lives as husband and wife is not offered. The latitude for understanding this patient must include the realization that all violations of GOD’s Moral Laws are sins; that all men are sinners before GOD; that all men require the atoning Blood of The Savior. Thus, the patient will not be made to feel that he alone is the only sinner on the face of the earth; that there is hope via the grace of The LORD; that The Creator of heaven and earth still loves him and calls him to be truly reborn into a new life of righteousness as a Christian man.

If the patient could be induced to return to therapy - knowing his true deceitful blame shifting nature - further sessions should be conducted equally between individual counseling for both spouses with joint counseling. The foundations of the nature of the

sin of adultery from Holy Scripture, the Divinely ordained special nature of the marriage bond, and the need to repent in JESUS CHRIST for such sins should be emphasized. The patient's previous deceit should be confronted outright. However, this need not be done with cold insensitivity, but may be pursued with sensitive encouragement of introspection using the Love of GOD in Bible reading, prayer and teaching.