

THE UNKNOWN REFLECTION IN THE MIRROR: THE ANXIETY

BY

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Introduction

Anxiety is a prevalent psychological disorder that often begins with a fear of the unknown, leading individuals to panic or seek constant companionship. It reflects an internal narrative that is disconnected from reality; one that does not exist, has never existed, and may never exist in any objective sense. This distorted perception is at the heart of the title of this paper.

Pinel and Barnes (2021) observe that clients with anxiety disorders often interpret their fears as absolute truths, even when presented with contradictory evidence. These individuals embrace their anxious thoughts as familiar companions—internal realities they believe they can manage independently, without external intervention. The most troubling aspect of anxiety is its tendency to trigger negative thought patterns. Clients often perceive danger in everyday circumstances, whether these dangers are rooted in thoughts, behaviours, or interactions with others. In Jonah's case, his anxiety led to intrusive worries about his sister becoming ill, his mother falling,

and his partner being involved in a fatal accident. Understanding anxiety through a more nuanced lens, specifically by applying the Biopsychosocial (BPS) and Cultural Responsivity and Social Justice (CRSJ) frameworks, alongside therapeutic counselling strategies, allows for a richer and more effective exploration of its causes and impacts.

Approaching anxiety from a biopsychosocial perspective entails examining the client's family history, lifestyle, and current state. Jonah's biological predispositions, behavioural patterns (e.g., persistent agitation), and socio-cultural experiences (e.g., workplace distress and irritability) all intersect to shape his anxious responses. Clients experiencing anxiety generally seek liberation from their troubling thoughts and the persistent "unknown reflection in the mirror." At this stage, the therapist's role is to build a strong therapeutic alliance characterized by active listening and empathy.

Active listening communicates to Jonah that his concerns are heard, while empathy provides him with the reassurance that his anxiety is understood and manageable. Through the CRSJ approach, this paper assesses the cultural and social contributors to Jonah's anxiety (e.g., his lifelong tendency to worry), and social justice helps evaluate his access to educational and occupational opportunities. Jonah's ownership of a local gallery and professional success illustrate his societal engagement despite his internal challenges. The conclusion of this paper will reflect on the effectiveness of these approaches in helping Jonah reclaim his sense of well-being.

Overview of Meta-theoretical Lens (CRSJ)

The Meta-theoretical Lens of Culturally Responsive and Social Justice (CRSJ) counselling, acts as a guiding framework for understanding the relational dynamics between the therapist and the client. Shebib (2022) notes that this lens helps therapists move beyond personal assumptions and self-centred perspectives; allowing them to appreciate clients' narratives within the context of cultural and social injustices. This approach requires the therapist to remain grounded in the socio-historical realities that shape the client's lived experience, particularly in cases involving conditions like anxiety, where underlying causes can be both systemic and personal.

Building on this assertion, the CRSJ Metatheoretical Lens emphasizes the integration of cultural sensitivity and social justice within therapeutic practice. It encourages therapists to intentionally assess the broader factors contributing to a client's distress, such as racial inequities, family expectations, immigration history, or economic exclusion, rather than viewing symptoms in isolation. Collins (2018) highlights that this framework; creates space for the client to feel seen, respected, and supported. Within such an environment, clients like Jonah, who is experiencing persistent anxiety, can begin to feel motivated and empowered to seek improvement. The therapist, using this approach, reinforces the message that although anxiety may feel overwhelming, it is also a manageable and temporary experience, and recovery is not only possible but expected.

Importantly, Arthur et al. (2019) argue that every counselling approach comes with both strengths and limitations, which practitioners must recognize to apply it effectively. One of the core strengths of the CRSJ approach is that it encourages deep reflexivity and cultural humility. This means that therapists are expected to remain open to learning directly from the client, especially when cultural narratives or experiences are being shared. Rather than maintaining rigid professional authority, the therapist adapts and evolves their approach in ways that honour the client's cultural background. This flexibility fosters mutual respect and enhances the collaborative nature of counselling.

However, one notable limitation of the CRSJ lens is that it demands extensive training and cultural competence on the part of the therapist. Since therapists often work with clients from diverse cultural backgrounds—each with its own beliefs, values, language, and symbolic artifacts—they must continually update their cultural knowledge base to provide effective care. In some cases, the cost or time commitment required for such training may discourage therapists from pursuing it. As a result, some may prefer to refer clients to colleagues with more specialized cultural insight, which, while understandable, may also limit direct exposure to valuable learning experiences.

Overview of the BPS Framework

Ghaemi (2019) describes the bio-psychosocial (BPS) model as a comprehensive human directive that guides therapists in understanding the multifaceted experiences

of their clients. This approach recognizes that mental health is influenced by interplay of biological, psychological, and social factors, especially in cases of anxiety. Rather than isolating symptoms, the BPS model promotes a holistic framework that considers how these domains interact in shaping a person's mental state, behaviour, and coping mechanisms. It enables therapists to understand not only the symptoms presented by the client but also the deeper systemic, cognitive, and physiological dynamics at play.

Kinderman (2019) reinforces this by noting that to appreciate the utility of the biopsychosocial model fully, each component must be examined independently and then as a unified whole. From a biological perspective, the model examines the role of genetic predisposition, neurochemical imbalances, and physiological conditions, such as chronic illness or hormonal fluctuations that may contribute to anxiety. For example, abnormalities in brain chemistry or a family history of mental illness can predispose an individual to experience heightened or chronic anxiety.

Psychologically, the BPS model emphasizes cognitive processes, behavioural patterns, and emotional responses. It addresses how a client manages trauma, stress, or low self-esteem, and how maladaptive thought patterns can reinforce anxious responses. Meanwhile, the social component of the model highlights the influence of environmental and cultural contexts, including family dynamics, socioeconomic pressures, systemic oppression, and community relationships. These factors

collectively shape how a person experiences, interprets, and responds to life stressors.

One notable strength of the bio psychosocial model is its historical and person-centred approach. It goes beyond symptom-based analysis to consider the client's lived experiences, personal reactions, and behavioural history. This makes it especially effective in individualized care planning. However, a key limitation of the model is that it requires interdisciplinary collaboration to be fully effective. In therapeutic contexts where access to psychologists, psychiatrists, or medical specialists is limited, implementing the model holistically becomes challenging, especially when clients require formal diagnosis or pharmacological intervention. Without such support, the therapist may face challenges in delivering fully integrated care.

Overview of the Disorder of Anxiety

Uba (2024) emphasizes that anxiety cannot be formally classified as a disorder unless specific defining characteristics are present. Anxiety, as distinct from general worry or depression, presents with recognizable physiological and psychological symptoms that allow therapists to make an informed assessment during clinical sessions. One prominent indicator is rapid heartbeat and accelerated breathing. When a person experiences anxiety, there is an increase in both blood flow and oxygen circulation throughout the body. This reaction is part of the body's fight-or-flight response, which prepares the individual to confront or escape perceived danger. This physiological arousal can cause

the heart to race and breathing to become shallow or quick, even in the absence of an actual threat.

Another common symptom is excessive sweating. Clients often report sweating profusely during anxiety episodes, regardless of ambient temperature or physical exertion. Even when they attempt to wipe away the sweat, it tends to persist, exacerbating feelings of discomfort and self-consciousness. In addition, clients with anxiety frequently report tightness or pain in the chest. This sensation arises from muscle tension associated with the body's state of hyperarousal. Because the muscles are bracing for danger, taking deep breaths can feel strained or painful, as the chest area becomes rigid and constricted.

Case Description

Jonah is a 35-year-old cisgender gay man living in Ottawa, Canada, with his partner, Stephen. Both are employed at the National Gallery of Canada, where Jonah works as a curator and Stephen as an archivist. In addition to their professional roles, they co-own a smaller gallery business, which has proven financially successful. They are currently considering transitioning this venture into a full-time enterprise. Jonah's interests include dining out and attending cultural events, which he typically enjoys as part of his routine lifestyle.

Jonah sought counseling primarily due to persistent anxiety and excessive worry, which have begun to disrupt his emotional stability and day-to-day functioning significantly. He described a heightened

sense of agitation and a persistent feeling of being “on edge.” Although he has historically been a focused individual, Jonah now reports experiencing a loss of control over his thoughts and emotions, often feeling too overwhelmed to engage in everyday activities such as dining out or walking the dog. He also expressed a fear of external threats, which at times leads him to isolate himself indoors. At work, Jonah finds himself “blanking out” and has noticed increased irritability toward his colleagues, an uncharacteristic shift in behaviour that concerns him. In addition to emotional dysregulation, he now struggles with sleep disturbances, waking two to three times during the night, which contributes to daytime fatigue and a reduced capacity for concentration.

Jonah admitted that he has always been somewhat “worrisome,” a personality trait aligned with generalized anxiety. However, he also disclosed a documented history of treatment for anxiety disorder. According to Sperry and Sperry (2020), anxiety can only be diagnosed when significant symptoms persist over several weeks or months. Jonah exhibits key symptoms of Generalized Anxiety Disorder (GAD), including chronic muscle tension, sleep disturbances, and emotional exhaustion. Emotionally, Jonah experiences persistent worry, intrusive thoughts about potential harm or loss, and a strong tendency to avoid public spaces and social gatherings. These symptoms have disrupted his daily functioning, diminished his quality of life, and eroded his sense of joy, forcing him into social withdrawal. His preferred coping mechanism has become prolonged rest

and remaining indoors, both of which further reinforce his isolation.

Notably, Jonah identified the **death of his father** as a significant emotional trigger that reignited unresolved grief and intensified his anxiety. This life event appears to have catalyzed his current condition, worsening his sense of vulnerability and emotional instability. In summary, Jonah's presentation aligns with the diagnostic features of Generalized Anxiety Disorder, marked by pervasive worry, functional impairment, and emotional dysregulation. His case also highlights the interplay between grief, relational dynamics, and psychosocial stressors, elements that should be addressed in the treatment plan.

CRSJ and BPS Approach to Counselling

It is considered ethically inadequate for a counselor to neglect an assessment that draws on comprehensive frameworks such as the Biopsychosocial (BPS) and Culturally Responsive and Social Justice (CRSJ) models. These approaches are essential in revealing that a client's behaviours and emotional responses are rarely arbitrary; rather, they are often deeply rooted in specific triggers. As Wade and Halligan (2020) note, counselors must resist the temptation to engage in speculative interpretations. Instead, the professional integrity of the therapeutic process relies on the therapist's ability to apply structured theoretical lenses to understand the nuances of the client's condition. It is in this context that Jonah's case is analyzed.

From a **biological perspective**, Jonah's symptoms of generalised anxiety disorder, including chronic stress, muscle tension, sleep disturbance, and irritability, suggest possible hereditary influences. Although there is no recorded family history of anxiety, a closer examination reveals that Jonah's father died from a cardiac-related condition, which may have been exacerbated by prolonged stress and worry. This familial pattern implies a potential genetic predisposition to anxiety-related illnesses. Thus, Jonah's current struggles could reflect inherited traits, further validating the need for early intervention and proper management to avoid health deterioration similar to that experienced by his father.

Psychologically, Jonah's condition manifests in cognitive distortions and emotional dysregulation that are characteristic of generalised anxiety disorder. Gone (2020) asserts that anxiety often takes root in the subconscious, transforming perceived unreality into felt reality through emotional fear. This is evident in Jonah's recurrent worry, hypervigilance, and catastrophic thinking, all of which disrupt his cognitive functioning and emotional regulation. He openly acknowledges the irrationality of his fears, yet feels powerless to control them, a hallmark symptom in the diagnostic criteria for anxiety disorders. Additionally, Jonah experiences emotional flatness, unpredictable mood swings (emotional lability), and frequent dissociation or "blacking out" at work, further highlighting the psychological strain he endures.

The **social dimension** of Jonah's experience also contributes significantly to his anxiety. According to Sperry and Sperry (2020), a significant life disruption, such as bereavement, can permanently alter one's perception and social functioning. The death of Jonah's father was a pivotal event that shifted the emotional dynamics of his family, leading to heightened worry and emotional vulnerability. Jonah has a close relationship with his mother and three sisters, and since his father's passing, he has developed intrusive thoughts about their well-being, fearing illness, accidents, or helplessness. His imagination often projects worst-case scenarios involving his mother falling with no one around to assist, or his partner being involved in a fatal accident.

In addition, workplace stress has intensified Jonah's anxiety. His concerns about potential job loss at the National Gallery, where both he and Stephen are employed, have triggered fears of financial instability and professional decline. He worries that losing their jobs would force them to vacate their apartment and abandon their jointly-run studio, a thought that brings him considerable distress. Interestingly, Jonah acknowledges that these fears are unfounded, often describing them as "silly" concerns, as affirmed by his partner. Yet their emotional weight continues to weigh heavily on him.

CRSJ

Tervalon and Garcia (2020) assert that the Culturally Responsive and Social Justice (CRSJ) framework

empowers individuals with a profound sense of cultural and social belonging, regardless of their sexual orientation, belief systems, or ideological backgrounds. It challenges the prevailing structures of marginalization by promoting inclusion, equity, and respect across diverse identities and backgrounds. This framework is reflected in the lived experience of Jonah, a 35-year-old cisgender gay man, whose personal and professional journey illustrates how CRSJ values translate into real-world support and affirmation.

Jonah disclosed that he declared his sexuality at the age of 15. Contrary to the experiences of many LGBTQ2+ individuals who often face familial rejection, Jonah was met with compassion and acceptance. His mother and three sisters not only refrained from criticism or judgment but also offered full support, allowing him to develop a healthy and open relationship with his partner, Stephen. This familial acceptance is a crucial expression of CRSJ in action, demonstrating how cultural responsiveness within the family unit fosters emotional stability and psychological well-being.

Moreover, Jonah's broader social environment in Ottawa, Canada, further reflected the CRSJ ethos. Living as a gay man in a predominantly heterosexual society did not impede his access to rights, employment, or public socialization. He maintained a professional role as a curator at the National Gallery of Canada and co-owned a thriving private gallery with Stephen. His sexual orientation was not a barrier to participation in public life; instead, he was welcomed at social venues,

patronized by art lovers, and respected for his artistic and professional contributions.

CRSJ thus provided Jonah with a strong foundation for social integration and personal fulfillment. He was not reduced to his sexual identity but evaluated based on his merit, creativity, and collaborative spirit. His relationship with Stephen was socially acknowledged, and the community warmly received their joint venture. In essence, CRSJ ensured that Jonah experienced not only acceptance but affirmation—he belonged, not despite who he was, but as a full expression of it.

Case Conceptualization

Sperry and Sperry (2020) emphasize that the foundation of any effective case conceptualization must be grounded in the 5Ps model. This framework provides a structured way for therapists to gain insight into the origins, patterns, and progression of a client's presenting concerns, especially when the issues involve complex or overlapping disorders such as anxiety. In Jonah's case, applying the 5Ps model offers a comprehensive understanding of how his anxiety emerged, developed, and is currently being maintained, while also identifying protective factors that may aid in recovery.

The first component, **Presentation**, focuses on the observable symptoms and behavioural manifestations of Jonah's anxiety. Jonah has reported significant emotional distress, including excessive worry, fear, and persistent physical symptoms such as muscle tension,

agitation, and fatigue. His anxiety has disrupted his social life, leading to avoidance of previously enjoyable activities such as dining out, attending social events, or walking the dog. Additionally, he experiences disturbed sleep patterns and increased irritability at work, which is uncharacteristic of his prior professional conduct. These symptoms indicate a heightened and pervasive state of anxiety that is negatively affecting multiple areas of his functioning.

The second element, **Current Predisposing Factors**, addresses Jonah's background and emotional predisposition. Jonah described himself as someone who has always been prone to worry, a trait that appears to be longstanding. He was raised in a peaceful and accepting family environment, where his sexual orientation was acknowledged and supported from an early age. His mother and three sisters provided him with emotional stability and security. However, despite this strong foundation, the recent death of his father significantly destabilized his emotional equilibrium, exacerbating his tendency toward excessive worry and contributing to the intensification of his anxiety.

Next, the **Precipitating Factors** identify the events or circumstances that triggered the escalation of Jonah's anxiety. In his case, the sudden death of his father from a heart attack, just 12 months prior, served as the primary catalyst. This traumatic loss marked a turning point in Jonah's psychological well-being. Following the bereavement, Jonah began to experience intrusive and irrational fears concerning the safety and well-being of

his loved ones. He became increasingly anxious that his mother might fall, that his sisters might become ill, or that his partner, Stephen, might suffer a fatal accident. Financial and professional insecurities compounded these fears, as Jonah began worrying about job loss, eviction, and the collapse of their art business. These cumulative fears triggered a marked decline in his social and occupational engagement.

The fourth component, **Pattern**, explores behavioural tendencies and coping mechanisms that have maintained Jonah's anxiety over time. Jonah has developed avoidance behaviours, withdrawing from public outings and everyday activities due to an exaggerated sense of external danger. For example, he has grown hypervigilant about his partner's safety, constantly monitoring traffic updates and catastrophizing routine events. This avoidance has reinforced his belief that staying indoors offers protection, though it also perpetuates his isolation and anxiety. His disrupted sleep pattern further erodes his emotional resilience, contributing to chronic fatigue and heightened irritability.

Finally, **Protective Factors** refer to the strengths and resources that can support Jonah's recovery. Despite his current vulnerability, Jonah demonstrates numerous strengths. He maintains strong emotional connections with his mother and siblings, offering them support even in the face of his struggles. Professionally, Jonah is highly competent and remains actively involved in managing his shared art business with Stephen, with

whom he enjoys a deeply collaborative and affirming relationship. Their professional success, mutual inspiration, and long-term partnership provide Jonah with emotional grounding. Furthermore, his openness about his sexual identity, from as early as age 15, underscores a level of self-awareness and maturity that suggests the capacity for resilience and self-empowerment.

Ethnical Consideration

Ethical considerations are crucial in establishing a therapeutic relationship founded on trust, respect, and professional integrity. In the case of Jonah, several essential ethical guidelines must be observed to ensure that the counseling process remains client-centred, non-judgmental, and compliant with professional standards. According to the Canadian Counselling and Psychotherapy Association (CCPA, 2020), ethical codes help counsellors make fair and impartial decisions by guiding their understanding of the client's situational context and psychological needs.

One of the foundational ethical principles outlined by the CCPA is **respect for the dignity and rights of clients**, regardless of their identity, status, or sexual orientation (Standard A2). It would be unethical for a counsellor to judge or treat Jonah differently based on his identity as a gay man. As a client, Jonah is entitled to the same degree of acceptance, empathy, and professional care afforded to any other individual. The counselling space must remain inclusive and affirming, free from bias or moral

judgment. Any form of discrimination would directly violate the ethical mandate of impartiality and respect.

Another critical ethical guideline pertains to **confidentiality** (Standard B2), which requires counselors to safeguard all personal information disclosed during the therapeutic process. In Jonah's case, this principle is particularly relevant given the sensitive nature of his disclosures. He has shared deeply personal experiences, such as acknowledging that he has always been "a bit of a worrier," expressing feelings of constant agitation and being "on edge," and noting a perceived danger in public spaces that compels him to isolate at home. Furthermore, Jonah disclosed that he often "blanks out" at work and has become increasingly irritable with colleagues. These insights are crucial in understanding the depth of his anxiety and must be treated with strict confidentiality. Maintaining the privacy of these disclosures not only upholds professional ethics but also reinforces the safety of the therapeutic space.

The CCPA also emphasises the importance of **professional competence and referral** (Standard C1), especially when client care extends beyond the counselor's scope of practice. If, during assessment, it becomes apparent that Jonah may require medical intervention or psychiatric evaluation, such as for sleep disturbances or pharmacological treatment, the ethical course of action would be to make an appropriate referral. For instance, Jonah mentioned, "I used to sleep quite well, but now I find I wake up two or three times a

night.” Such a symptom could indicate a more severe anxiety-related sleep disorder requiring medical evaluation. As a responsible counselor, referring Jonah to a specialist for further diagnosis or medication management would be both ethical and clinically sound.

Conclusion

As the title suggests, “*The Unknown Reflection in the Mirror*” symbolizes the often-invisible struggles associated with anxiety disorders. These emotional burdens distort how individuals perceive themselves and their surroundings. In the case of Jonah, anxiety emerged as a persistent psychological response to traumatic loss, unresolved grief, and anticipatory fears. His experience demonstrates that anxiety is rarely arbitrary; rather, it is rooted in specific life events that overwhelm the individual’s emotional resilience and coping mechanisms. Counselors working within the **bio-psychosocial framework** recognize the complexity of anxiety by exploring its biological, psychological, and social dimensions. This multidimensional lens allows the therapist to understand the client not merely as a collection of symptoms but as a person shaped by genetics, cognition, lived experiences, and socio-environmental stressors. In therapeutic sessions, clients like Jonah often arrive with a heavy emotional burden—one marked by fear, uncertainty, and the longing for relief.

It is in this space of vulnerability that the **therapeutic relationship** becomes most valuable. Through **active**

listening and **empathic engagement**, the counselor offers not only validation but also the possibility of renewal. These core skills serve to reassure the client that their struggles are both understood and manageable. The counselor's role, then, is not to dismiss the anxiety but to guide the client toward healing by collaboratively identifying patterns, triggers, and strengths. Ultimately, anxiety can be addressed and transformed through consistent, client-centred counseling. With professional guidance, clients can begin to reclaim their **inner peace**, **social functioning**, and **sense of purpose**. Hope is not lost; rather, it is rekindled through therapeutic alliance, clinical insight, and the client's willingness to engage in the healing process. As Jonah's case illustrates, the unknown reflection in the mirror need not remain obscure—it can become a restored image of resilience, clarity, and self-agency.

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