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Synopsis
Project Report
Internship Report

On

mapchelp@gmail.com
Client No. 3

Name: [Blank]

Age: 20 years Date of birth: 13.12.1997

Gender: Male

Educational Qualification: Graduate

Occupation: Student

Income: Not applicable

Marital Status: Not married

Whether client stays with parent: Yes

Whether client stays with spouse: No

How many siblings: Nil

What is the position of the client in the family: only child

Anyone in the family is suffering/has suffered from any physical disorders: No

Referred: Self
Presenting Problem: Though he is 20 years old only he is attracted to elderly ladies. (Gerontophilia)

Date of onset of the problem: 1 year back.

Precipitating factor if any: A neighbour lady lured him one year back and had illicit relationship for 3 months.

Duration of problem: One year.

Any counselling taken: No.

Intensity of the problem:
Has to take leave from work place/school/college: No.
Cannot carry on even the routine work: Sometimes gets distracted.

Does not want to do anything: Yes, sometimes spend hours day dreaming.

Interview with family members:
Mother: Expired one and half year back in an accident.
Father: Has reserved relationship. Talks only if necessary.

FOR EDUCATIONAL USE
Brothers/sisters: single child.

Friends:
How many friends does patient have: very few
How does he relate to them: cordial relation

With neighbours: cordial relation

With school and classmates: not in touch with them

With any authority figure: with respect

Educational History:
How was the client in studies: persistently above average student.

Was the client always meeting teachers and parents' expectations while studying? Yes.

How was his performance: consistent

Was there any sudden deterioration in study or academic performance during any of the classes? No.

During school or college days did the school authorities had any complaints regarding client's performance: No
MENTAL STATE EXAMINATION.

1) Appearance: A young boy who just finished his teens, neatly and attractively dressed.

2) Movement and behaviour: Erect posture, swift movement when walking, easy and long strides, greetings done making eye contact and firm handshake.

3) Affect: He looked confident.

4) Mood: His mood was neutral, neither sad nor happy.

5) Speech:
   - Volume: normal, neither too high nor too low.
   - Speed: normal.
   - Length of answer: as much it is required.
   - Appropriateness of answer: answers were clear.
   - Clarity of the answers: very clear and to the point.
Gerontophilia: is the primary sexual attraction to the person who is elder than oneself. The person with such attraction and sexual preference is Gerontophile. The word Gerontophilia was coined in 1901 by Richard von Krafft-Ebing. It derives from Greek: geron meaning old man or old woman and phile meaning “love”.

Gerontophilia is classified as a paraphilia but is not mentioned in the Diagnostic and Statistical Manual of Mental Disorders or International Classification of Diseases.

The prevalence of gerontophilia is unknown.

Gerontophiles are motivated by senile, sadism, decreased vulnerability of elderly or social group which are factors that may not involve a sexual preference for elderly. Gerontophilia can also be expressed with consenting elderly partners in a legal context.

Research on gerontophilia is limited to a small number of case studies, beginning with a paper by French physician Charles Fere in 1905. Fere described a 24-year-old man who rejected an arranged marriage with a 22-year-old beauty in favor of a 62-year-old woman. Such studies commonly report that the subject had an early sexual experience with a much older woman.
Client's Name: Sushil Mehta

Date: 23 Oct 2017
Time: 1.00 PM

Session No. 1

Purpose: Rapport Building And Understanding The Problem

Start of the Session: A neatly dressed smart-looking young man in his early thirties enters the counsellor’s cabin. He shakes hands with the counsellor with a smile and also acknowledged my presence. He took his seat. His body language was that of a confident person. Thus, the counsellor didn’t waste much time and after initial introduction asked him the purpose of his visit. This question, took Sushil a little and he looked little hesitant.

The counsellor assured him, he can speak freely all the issues to her, and nothing shall go out of the consulting room. This brought back the lost confidence back on his face. He started: "Mom, this happened a year back with me. One afternoon, I was in my room, when the doorbell rang. Since it was June, I answered the bell and saw my neighbour away was standing at the door. She said she forgot to take the keys when she left for the market and so she has to wait out till her husband returns home around 6:30 pm. Then, she asked me, if she could sit at my place till 6. As she was my mother’s (late) friend and good neighbour of last 15 years, and an auntly figure to me, I..."
I invited her inside. Offered her a glass of water. She said, I can carry on with my activities and she is comfortable and will watch TV. So again I went back to my room. After about ten minutes she came in to my room and asked me if I would like to have something to eat. So that she can prepare it for me as she herself was feeling hungry. So she prepared some noodles and tea and we had it in the sitting room. After finishing the food on plate she cleaned the stuff cleaned the plates and came back to the sitting room where I was sitting and watching TV. She came and sat very close to me nearly her legs touching mine. When I looked at her she was unabashedly inviting me. After initial shock I gave in to the physical need. Since then whenever we got a chance we indulged in the act. This continued for three months and then her husband got a promotion with transfer and she left from my neighbourhood. But she left a big void in my life. For few days I was very sad but then I got back into my daily routine but soon I realised that now I have developed an attraction towards healthy elderly ladies. Even today dream having physical relationship with any lades I see and get attracted. I have lost interest in any other activities and keep thinking seeking attention of attractive ladies.

This is affecting my daily routine lost interest in other activities had physical relationship with few elderly ladies in those last 5 months but now I feel guilty all the time I want to lead a
normal life and become a successful life. Kindly help me out."

The counsellor heard his narration attentively, and when he finished she gave him a smile and said, "Sushil, I'm happy you came to me. Itself is a good sign that you understand, that what you are indulging into is a bad and wrong thing. We as a team can work out a strategy and you will soon leave this as a bad dream and move ahead towards a fulfilling and positive life. So "Are you ready to go with it?" The counsellor asked Sushil. Sushil said, "Yes m'am I want to be normal man soon."

The counsellor told Sushil, "Now, all our thoughts occur in our mind, but for every thought that occurs in our mind, we have equal opposite thoughts too. It's only a matter of practice and choice, that which though we want to develop and sustain in our mind. Now all these years you enjoyed the thought of your attraction towards elderly ladies. It developed and sustained in your memory system because daily you were enlivened in that thought, you were enjoying these thoughts and thus it remained as a habit with you. Now, since you want to come out the habit what you have to do is, everytime you get this thought of indulging physically with an elderly woman, associate those thoughts with the thought of developing the worst disease of AIDS."
So whenever you get the thought of pleasure
with a elderly lady associate it with the
shame, loss of money, pain, illness and social
stigma as a patient of "AIDS": This technique
of associating your fixation of elderly lady
with the worst disease "AIDS" naturally and
gradually you will develop an aversion towards
the pleasure thought of elderly woman.

Sushil asked, "Mr. Anand how long it
will take for me to get back to my normal
life"? The counsellor positively replied, "You
have already taken your steps towards it: with
a little extra effort and regular homework of
the given task will help you reach your destination
soon.

On this note, the counsellor gave him
the appointment for his next session after
15 days.

My observation: A young guy, with confidence and
determination in his stride entered the counsellor’s
cabin. After his initial hesitation to speak out
his problem, with counsellor he spoke everything
without hiding. Also his approach to seek a
solution for his problem: his feeling of guilt
and shame was clearly audible in his each
sentence. But since he himself knew what he is
undulging is not good, there was hope he could
be brought back to a normal life soon.

FOR EDUCATIONAL USE
My plan of action that he should start his thought process in finding a good job. He should enroll himself in enhancing his knowledge for getting a good job. He should mingle with boys and girls of his age. Also, he should always think about his social status if the people around him comes to know about his preference. Self-development and indulgence in activities which can make him preoccupied and everyday, the thought about elderly lady starts creeping in his thoughts. He should divert it by any other counter thoughts. Slowly he will be able master his own thoughts.

Therapy Recommended:

Genomaphilia is a compulsive sexual behavior. Thus, it would intercede. Cognitive behavior therapy or psychodynamic therapy (CBT or cognitive behavior therapy) is compulsive sexual behavior known greatly from treatment with substance use disorders identified subjected to sexual behavior.

Psychodynamic psychotherapy is compulsive sexual behavior understands the case conflicts that drug, dysfunctional sexual expressions, themes of shame, avoidance, anger or enshrined self-esteem, and efficacy are common. These therapy are individual therapy that focuses on reducing or controlling compulsive sexual behavior.