Good Will Hunting: A Psychological Analysis

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The 1997 drama, *Good Will Hunting,* is rife with psychological themes and issues. The purpose of this paper is to explore the film through a counseling lens, specifically looking at the two main characters, Will Hunting and Sean Maguire. This paper will analyze these two characters through specific theoretical lenses as well as develop an initial treatment plan for each. For Will Hunting, I will use a cognitive behavioral approach as well as a psychodynamic approach. For Will's therapist, Sean Maguire, I will use a humanistic/person-centered and subsequently an existential approach. Throughout the paper, I will cover topics related to therapeutic goals, the role of the counselor, the major characteristics of the therapeutic relationship and technique, treatment strategies, and multicultural considerations.

Client Analysis: Will Hunting

Demographic & Background Info.

At the start of the movie, Will Hunting is 20 years old. He's an able-bodied white male who has grown up in a working-class environment in Southie (South Boston). Will has endured a history of physical abuse during his childhood spent in foster care, where he bounced from home to home. We soon learn that Will is also a mathematical genius, displayed through his ability to solve a highly complex problem left on a Harvard chalkboard. Will came across the math problem during his shift as a janitor at Harvard. It also comes to light that Will has a long criminal record, mostly consisting of assault charges as well as one charge of grand theft auto. Will has a close group of male friends whom he's grown up with in Southie. These friends are bound together by their unwavering loyalty to one another and their sense of humor.

Presenting Problems

It becomes clear soon into the film that Will has deep-seated trust issues as well as tendencies to emotionally detach. As a counselor, I notice how Will avoids any feelings of vulnerability or intimacy due to his unresolved childhood trauma. His coping mechanisms involve aggressive and violent behavior as well as hiding in and behind his intellect. His friends, though his main source of support, encourage his aggressive tendencies.

Although I am not equipped to diagnose, nor will that be part of my job as a school counselor, for this paper, I will cautiously diagnose Will with Post-Traumatic Stress Disorder. First, Will meets criterion A1 of the DSM-5's diagnostic criteria for PTSD, as he directly experienced repeated physical abuse as a child in several of his foster homes (American Psychiatric Association, 2013). He mentions having cigarettes put out on his skin as well as being beaten with a wrench by his foster father, showing that these were not isolated events. Subsequently, Will meets criterion B1 as he consistently recounts details of his abuse in a detached and sometimes sardonic way. Will also experiences intense psychological distress when he does confront his traumatic past, meeting criterion B4. For example, in one scene, his therapist, Sean, tells him that the abuse he dealt with is not his fault. Sean repeats this message at Will until it really sinks in, causing Will to collapse in his arms, sobbing. Will also displays characteristics of avoidance as detailed in criteria C1 and C2. Will avoids thoughts and feelings about his trauma by deflecting personal questions with humor or aggression, and avoids any and all external reminders by resisting therapy or intimate relationships. He is extremely against going to therapy in the first place and mocks his first three therapists before finding Sean. He also pushes his romantic interest, Skylar, away when their relationship begins to deepen.

He meets many of the criteria D, such as having exaggerated negative beliefs about himself and others. He thinks that people will always leave him because he's not good enough. He blames himself for the abandonment and abuse he endured, meeting D3, experiences consistent anger, shame, and fear due to the abuse, meeting D4, and struggles to form any healthy attachments with people outside of his immediate friend group, meeting D6. Additionally, Will meets criterion D7 through his inability to accept praise from people like Dr. Lambeau, the Harvard professor who discovered his math abilities, or Skylar. Criteria E1 and E2 are also met as Will displays angry outbursts (beating someone up on the basketball court, punching walls, and frequently yelling), and acts recklessly (picking fights and sabotaging job opportunities). His symptoms are not caused by substance use or a medical condition, they clearly cause significant impairment in his social and professional life, and the duration of his symptoms has lasted well over 1 month.

Theoretical Approach I: Cognitive Behavioral Therapy (CBT)

In order to treat Will, I would consider using a CBT approach, specifically Acceptance and Commitment Therapy, or ACT. The primary goals while using this therapy with Will would be to increase his psychological flexibility, meaning "the ability to focus on and engage in what we are doing, opening up and making room for our thoughts and feelings, and taking action (Corey, 2024, p. 302). Uniquely, the main focus of ACT is not to reduce symptoms, but to help the client reframe their challenges and help them let go of their need to avoid troublesome events (Corey, 2024). Instead of changing the way Will thinks, ACT can help him change the way he responds to his thoughts. ACT helps the client detach from their cognitions and observe them for what they are, "transient" and "unavoidable" (Corey, 2024, p. 302).

In ACT, the client and the counselor are seen as equals, “fellow travelers in the journey of life” (Corey, 2024, p. 303). The counselor is not seen as an expert or a superior; rather, an equal who is helping to guide the client towards identifying their values and committing to action to enact these values in their daily life (Corey, 2024). It is important in ACT that the therapeutic relationship is equal, authentic, and that both therapist and client are willing to be active participants in therapy. I think a down-to-earth person like Will Hunting would react well to the lack of hierarchy. The therapist should be nonjudgmental and model acceptance for the client (Corey, 2024). ACT is one of those approaches that doesn’t stress specific techniques but takes a more process-based approach. That being said, Russ Harris, an expert and advocate of ACT, describes in his 2019 book, *ACT Made Simple*, six major components of the therapy: contact with the present moment, cognitive defusion, acceptance, self-as-context, values, and committed action.

In therapy with Will, I would employ tools like journaling, using metaphors and visualizations, and homework. According to empirical research, ACT is effective in treating a number of disorders, including PTSD (Batten & Cairrochi, 2015; Hayes & Lillis, 2012; Podina & David, 2018, as cited in Corey, 2024). Not only is ACT effective in treating a wide range of diagnoses, but its focus on values also allows for multicultural treatment, as everyone, regardless of their background, holds values. That being said, people from a collectivist culture might struggle initially with expressing individual values. Fortunately, this doesn’t apply to Will Hunting, and I think the egalitarian and nonjudgmental approach of this therapy would be appealing to him.

Theoretical Approach II: Psychodynamic Therapy

Another therapeutic approach that I think would be applicable to Will Hunting is psychodynamic therapy. The conscious and the unconscious mind, early childhood experiences, and transference are all themes explored in psychodynamic therapy (Corey, 2024). For Will, a major therapeutic goal would be to help him unearth unconscious thoughts related to his traumatic past and bring them to consciousness. This would ultimately help Will understand his defense mechanisms (repression, denial, compensation) and find healthier ways to cope. During the psychodynamic process, Will would come to understand the reason for his anger and resistance to intimacy and, in turn, reduce his symptoms of aggression, emotional detachment, and avoidance. Will's psychodynamic counselor should enter the relationship as neutrally as possible. By acting as a "blank screen" (Corey, 2024, p. 76), the counselor provides Will with an opportunity to project past thoughts/feelings onto them. This transference relationship for Will would bring to light his childhood abuse and encourage self-awareness. The psychodynamic counselor would pay close attention to how Will treats them, when he resists, and make interpretations based on that.

As Will has a relatively severe trauma history, therapy should proceed at a pace that doesn't end up overwhelming and retraumatizing him. Therapy would start with establishing a strong rapport. The therapist would likely have to spend some time building trust with Will and not being deterred by his initial resistance. As trust is built, the therapist would begin gently exploring Will's defenses and showing him how they protect him against unconscious fears associated with rejection and abandonment. As the sessions progress, it's likely Will will display some transference. The therapist should make Will aware of this (with compassion and no judgment) and encourage him to reflect on how this might affect his other relationships. It would also be important to incorporate techniques like free association to gain further understanding of

his unconscious thoughts. By encouraging clients like Will to speak freely and without censorship, the psychodynamic therapist can gain an authentic understanding of their client while also making inferences based on when they *do* choose to censor themselves (Corey, 2024). Lastly, Will and his therapist should spend time on the process of working-through. During this process Will can start to accept his "defensive structures and recognize how they may have served a purpose in the past" (Corey, 2024, p. 79). This will enable Will to let go of these old patterns and give him the conscious freedom to make new choices.

Given Will's background and his personality, he would likely be resistant to psychodynamic therapy. In fact, in the film, we see Will explicitly mocking the psychodynamic analyst. He pretends to be uncovering repressed memories of sexual abuse while lying on a couch, looking up at the ceiling. As he breaks out into a rendition of "Afternoon Delight," it becomes clear that he thinks this form of therapy is a waste of his time. However, a more contemporary approach to psychodynamic therapy could be quite effective in treating Will, as it is less formal in some ways and involves a more authentic and face-to-face therapeutic relationship. The focus on targeting Will's root issues and the potential for long-term, deep healing make this a promising choice.

Client Analysis: Dr. Sean Maguire.

Demographic & Background Info

The next part of the paper will focus on Will's eventual therapist, Dr. Sean Maguire. Sean is a middle-aged white male who teaches psychology at Bunker Hill Community College. Similarly to Will, he grew up in South Boston and, it turns out, had also experienced childhood abuse. Sean, however, is highly educated; he has a Ph.D. in psychology and is able to maintain a

professorship. More recently, three years prior to the start of their relationship, Sean's wife died of cancer. Sean is a deeply reflective therapist who challenges but respects Will Hunting.

Presenting Problems

The loss of Sean's wife has left a lasting and troubling impact on him. It seems that Sean holds unresolved grief from this loss that contributes to his emotional openness and relationships. While not necessarily pathological, his grief seems to have gotten stuck. This incomplete grief is causing him emotional distress and impacting his ability to move on. Again, I don't consider any of his behaviors to be disordered, but for the sake of this paper, I will give an incomplete and reluctant diagnosis of Prolonged Grief Disorder.

Sean meets criterion A for PGD as his wife passed away over a year ago (APA, 2013). He also meets criterion B through his persistent preoccupation with the loss of his wife, although it's not possible to know the duration or length of these symptoms. Criterion C can also be met, tentatively. Sean speaks about his loss as if his identity was significantly changed, and appears not to have pursued any romantic relationships since her death. In addition, he is still experiencing intense emotional pain related to her death. In terms of criterion D, although Sean is able to function relatively normally in his professional life, the underlying grief seems to impact him socially. Criterion E is highly subjective, though one could argue that Sean's grief may exceed what is typical for his cultural norms. That being said, everyone experiences grief differently, and even within a culture, expressions of grief can vary significantly. I chose PDG because I think there is the most symptom overlap; however, regarding criterion F, I wouldn't negate the possibility of Major Depressive Disorder or PTSD.

Theoretical Approach I: Person-Centered Therapy

When treating Sean, I would first use a person-centered approach. Rogerian, or person-centered therapy, emphasizes unconditional positive regard, genuineness, and empathetic understanding. The client is in the driver's seat, and the therapist is sitting next to them, assisting them in their inherent ability to "engage their own resources" (Corey, 2024, p. 206).

In person-centered therapy, Sean's therapist would encourage him to identify and clarify his own goals for therapy, as opposed to the therapist imposing them on him. The broader therapeutic goals are not to "fix" Sean but to help him gain self-awareness and self-actualization (Corey, 2024). As his therapist, I would encourage Sean to reconnect with a more authentic version of himself that may have gotten lost after years of grief and isolation.

In a person-centered approach, the role of the therapist is to help facilitate growth in the client rather than acting as an expert or authority (Corey, 2024). Several core qualities must exist in a person-centered therapeutic relationship in order to produce change. These include: congruence, unconditional positive regard, and accurate empathic understanding (Corey, 2024). As Sean's person-centered therapist, I wouldn't diagnose him or impose my own direction; rather, I would trust Sean's own inner capacity for healing.

The nature of the person-centered therapeutic relationship involves a high level of mutual trust, understanding, and empathy. With Sean, I would spend as much time as needed strengthening our trust so we could get to a place where he feels comfortable being fully authentic. Sean is struggling with incongruence in his life as there is a disconnect between his intellect and his emotional vulnerability, due to his unresolved grief.

The process of a person-centered approach is less focused on technical strategies and more on the relationship between the client and the therapist. As Corey writes, "The therapist's ability to establish a strong connection with clients is *the* critical factor determining successful

counseling outcomes" (2024, p. 212-213). Additionally, the active listening skills of the therapist contribute to the "presence" of the therapist (Corey, 2024), an important therapeutic factor. Making sure to address any rifts or growth in the therapeutic relationship, known as immediacy, is another "highly valued" factor of person-centered therapy.

Person-centered therapy's emphasis on respect, unconditional positive regard, and the client's subjective experience are important factors when working with clients from marginalized backgrounds. Having the client as the leading agent of their own change is empowering for people who may not have power in many other aspects of their lives. Although Sean has a privileged identity in many ways, he struggles with feelings of inferiority and his own childhood abuse. The nonjudgmental and empathetic approach could help Sean overcome feelings of invalidation and inferiority.

Person-centered therapy does assume a rather Western concept of self as it promotes independence, autonomy, and self-actualization. These concepts may not track well with a client from a collectivist culture where more value is placed on the good of the community. Additionally, clients who expect their therapist to act as a leader, directing and teaching them expertly, may be disappointed with the highly collaborative nature of person-centered therapy. However, I don't think either of these concerns would apply to Sean.

Theoretical Approach II: Existential Therapy

Next, we will explore the treatment of Sean through an existential therapeutic lens. Existential therapy focuses on universal human issues like death, isolation, finding meaning, and freedom (Corey, 2024). This therapy emphasizes the client's personal responsibility and their agency to choose their path in life. Existential therapy is not as concerned with specific techniques, but takes a more philosophical and exploratory nature.

In existential therapy with Sean, I would aim to help him reclaim ownership over his life and feel empowered in his decision-making. The four essential aims of existential therapy as outlined in Corey, 2024 include: "(1) to help clients become more present to both themselves and others; (2) to assist clients in identifying ways they block themselves from fuller presence; (3) to challenge clients to assume responsibility for designing their present lives; and (4) to encourage clients to choose more expanded ways of being in their daily lives" (p. 176). For Sean, working towards these goals will help him reconnect with his own feelings and with his meaningful relationships (like with Will). It will also bring to light his inability to let go of the past, which is preventing emotional openness. I would also encourage Sean to take responsibility for how his life is going since the death of his wife. Once he understands that he is the sculptor of his life, he can become more active in reimagining his future.

In existential therapy, the therapist acts as a philosophical guide rather than an expert (Corey, 2024). When working with Sean, I would use empathic confrontation to help him become aware of how he has shaped his life. I would encourage Sean to explore what is most meaningful to him in life and provide him with space to reflect. Part of the job of the existential therapist is to "hold up a mirror" (Corey, 2024, p. 176) to the client, allowing them to confront themself. What's important is that the existential therapist is in tune with the client (Corey, 2024).

Similarly to the other modalities we've explored, existential therapy emphasizes an authentic relationship between client and therapist. Central to existential therapy is Martin Buber's concept of the *I/Thou* relationship (as opposed to the *I/it* relationship), which involves "direct, mutual and present interaction" (Corey, 2024, p. 178). Another important factor is for the

therapist to model authenticity for the client. For Sean and all existential therapy clients, the healing power comes through this connection, not through any specific technique.

Continuing in that vein, technique is not a focus of existential therapy. Instead, the therapist must get to know the client and tailor the sessions based on their needs. Philosophical conversations about life's meaning, death and freedom are encouraged, as is the use of lots of open-ended questions and reflection. There is much room for creativity and technique within this modality (Corey, 2024).

The universal nature of this therapy means it transcends most cultural boundaries, making it a powerful therapy. The flexibility and emphasis on the client's worldview and agency mean it can be used with people from a variety of cultural backgrounds. However, this focus on agency or freedom of choice can cause a disconnect when it comes to clients experiencing systemic oppression. For example, a Black client cannot simply choose not to be affected by racism. A poor client cannot will money into their bank account. In these cases, the therapist should focus on validating these constraints and emphasizing internal freedoms (Corey, 2024). As is true for all therapists, the existential one needs to practice cultural humility and sensitivity when discussing these topics.

In conclusion, *Good Will Hunting* provides an interesting case study of two characters with intersecting challenges. ACT and psychodynamic therapies could prove useful to a person like Will Hunting, suffering from PTSD. Will's therapist, Sean Maguire, though not necessarily diagnosable, could also benefit from his own time in therapy. Both person-centered and existential therapies are useful when processing grief.

References

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