Scenario 1: Generalized Anxiety and Overthinking

Situation: A 26-year-old woman experiences constant anxiety, racing thoughts, and restlessness, especially at night.

Conversation:

Doctor: You mentioned last time that your mind doesn't stop running at night. Can you tell me what goes through your mind when you try to sleep?

Patient: I start replaying the whole day... every little mistake I made. I keep thinking, "What if I embarrassed myself?" or "What if something bad happens tomorrow?"

Doctor: That sounds like your brain is stuck in a loop of "what ifs." Does this happen only at night or also during the day?

Patient: Mostly at night, but during the day too, especially at work when something unexpected happens.

Doctor: Anxiety often exaggerates uncertainty. It's like your brain is trying to protect you by imagining every possible danger. Let's try something — can you challenge one of those "what ifs"?

Patient: Maybe someone would think I'm stupid.

Doctor: And if that happened, would it mean you are stupid — or that you just had a human moment?

Patient: Probably just a normal mistake.

Doctor: Exactly. We'll work on reframing those anxious thoughts over time. You're not your thoughts; they're just mental noise.

Therapy Focus: Cognitive Behavioral Therapy (CBT) for reframing negative thoughts.

Scenario 2: Depression After Breakup

Situation: A 30-year-old male struggles with self-worth after a recent breakup.

Conversation:

Doctor: You mentioned last week that you've been isolating yourself. How are things this week?

Patient: The same. I can't find the energy to talk to anyone. Everything reminds me of her.

Doctor: That sounds very painful. When you say "everything," what's the hardest reminder?

Patient: Music... the songs we used to listen to. I avoid them now.

Doctor: Heartbreak can feel like grief — you're mourning a part of your life. Avoiding those feelings can make them stronger. Would you be willing to sit with one of those songs this week, just once, and write down what emotions come up?

Patient: That sounds hard, but maybe I can try.

Doctor: You don't have to force healing. We'll take it one emotion at a time. Your pain is valid — but it doesn't define your future.

Therapy Focus: Grief processing and journaling through emotional triggers.

Scenario 3: Relationship Conflict and Communication Issues

Situation: A couple argues frequently due to miscommunication and emotional distance.

Conversation:

Doctor: When your partner says things like "You don't care about me," what do you

usually feel?

Patient: Angry. Because I do care, but it feels like nothing I do is enough. **Doctor:** So underneath the anger, there's frustration and maybe hurt?

Patient: Yes, exactly. I feel unseen.

Doctor: That's important — sometimes anger is a mask for hurt. Can we try a role-play?

Tell me how you feel, but instead of saying "You never listen," start with "I feel."

Patient: Okay... "I feel ignored when I talk about my day and you're on your phone."

Doctor: That's a powerful and calm way to express your needs. Let's practice this more —

it builds connection instead of defensiveness.

Therapy Focus: Emotionally Focused Therapy (EFT) and communication skill-building.

Scenario 4: Exam Pressure and Self-Doubt

Situation: A 19-year-old college student feels extreme stress before exams and fears disappointing parents.

Conversation:

Doctor: How's your sleep this week?

Patient: Barely any. I keep studying late, then panic because I feel like I'm forgetting

everything.

Doctor: Sounds like the pressure is overwhelming. What do you think your parents expect

from you?

Patient: They've always said, "You're our bright one." I'm scared to let them down.

Doctor: That's a lot to carry. But do you believe your worth depends only on your grades?

Patient: I guess not... but it feels that way.

Doctor: Let's challenge that thought. Imagine if your best friend failed a test — would you

see them as a failure?

Patient: No, of course not.

Doctor: Then why be so harsh on yourself? Let's build some self-compassion habits

before exams — short breaks, affirmations, and breathing exercises.

Therapy Focus: Self-compassion and CBT for performance anxiety.

Scenario 5: Trauma and Nightmares (PTSD)

Situation: A 32-year-old woman experiences recurring nightmares after a car accident six months ago.

Conversation:

Doctor: When you wake up from those nightmares, what's the first thought that crosses your mind?

Patient: That I'm back in the accident. My heart races, and I can't breathe.

Doctor: That must be terrifying. Your body is reacting as if the danger is happening again

— that's how trauma memories work.

Patient: I know it's over, but it doesn't feel over.

Doctor: Exactly. Let's practice a grounding exercise. Look around this room — name

three things you see right now.

Patient: The painting... your desk... the clock.

Doctor: Good. That's your mind coming back to the present. We'll keep reinforcing your

sense of safety here and at home. You are safe now.

Therapy Focus: Trauma-focused CBT and grounding techniques.

Scenario 6: Workplace Burnout

Situation: A 35-year-old IT employee feels emotionally exhausted and detached from work.

Conversation:

Doctor: You said you feel numb even during weekends. What does that numbness feel like?

Patient: Like I'm running on autopilot. Even things I used to enjoy don't matter anymore. **Doctor:** That's a common sign of burnout — emotional exhaustion and detachment. How many hours do you work a week?

Patient: Around 60. There's always something urgent.

Doctor: That's unsustainable long-term. Let's identify what's within your control. Could you delegate or set a limit for daily tasks?

Patient: I could, but I'm scared to say no to my manager.

Doctor: Boundaries are not rejection — they're protection. Let's practice assertive ways to communicate limits.

Therapy Focus: Stress management, boundary-setting, and self-care planning.