# Angelica Ruden

## Session: 2025-07-14

### Subjective

Angelica attended today’s session expressing significant distress and emotional turmoil related to a recent early miscarriage, which occurred at almost five weeks gestation. She described the experience as “gut wrenching” and akin to “watching my dog die,” indicating a profound sense of loss and trauma. She reported feeling “not right” and being engaged in “mental warfare” with herself, constantly searching for answers as to “why that would happen to me, especially my first time ever.” This quest for answers is compounded by the lack of clear explanations for early miscarriages, contributing to her distress and feelings of uncontrollability. Angelica articulated a pervasive fear of trying to conceive again, stating, “I don’t know if I can handle that again.” She noted that she goes through “waves” of emotions, some days feeling fine, and others “I like, cry,” particularly when she calculates how far along she would have been. She connected this to her prior experience of her dog’s tragic death, describing the miscarriage as “similar on part of the same emotions, but I feel like that was like, traumatizing.” A prominent theme was her self-blame and “confirmation bias,” wherein she recalled having a “weird feeling” before trying to conceive that she would have an issue, and now feels, “See, I fucking knew that was gonna happen.” She questioned, “Did I do it to myself? Did I fuck myself up with the mentality?” This reflects a powerful internal narrative of fault and a struggle with personal agency versus external circumstances. Angelica also reported feelings of shame and embarrassment surrounding the miscarriage, stating she “didn’t tell anyone” except her gynecologist friend, and observing that the experience “is almost shamed” in society, leading to isolation. She expressed difficulty accepting support from her partner, Justin, acknowledging he has been “really supportive” but believing “he can’t understand it” because he did not physically experience it, or the subsequent hormonal shifts. Beyond the miscarriage, Angelica discussed significant ongoing family dynamics, specifically concerning her mother’s manipulative and unsupportive behavior. She recounted a recent incident where her mother refused to help her sister, who was stranded without a phone across the country, highlighting her mother’s “spiteful” and controlling tendencies (“she likes to… see I told you”). Angelica detailed her role as the rescuer and emotional caregiver for her sister in these situations, feeling like “I’m her mother too, in ways.” This has created a sense of burden and “agitation and aggravation,” leading her to maintain an “arm’s length” relationship with her mother. She described feeling hypervigilant when her mother is present at social gatherings, “listening to her conversations and hearing what she was saying to people,” which prevents her from enjoying herself. She expressed a desire to “let it go and let it be what it’s going to be,” but struggles with the perceived need to control her mother’s behavior to avoid personal embarrassment. She acknowledged having “grieved a past relationship that I wish I had” with her mother and is now accepting the reality of their dynamic.

### Objective

Angelica presented to the session alert and oriented, with generally clear speech and logical thought progression. Her initial affect was somewhat subdued but became more animated as she began discussing the impact of the miscarriage. She exhibited visible signs of distress, particularly when recounting the emotional and physical aspects of the loss. Her tone shifted between a raw expression of grief and frustration (“gut wrenching,” “mental warfare”) and a more analytical, almost detached recounting of the facts of the miscarriage and medical system. When discussing the self-blame related to her “confirmation bias,” her voice carried an undertone of exasperation and self-criticism. A notable shift in her demeanor occurred when she transitioned to discussing her family dynamics. While her emotional tone remained serious, there was a clear emergence of frustration, resentment, and a degree of exasperation when describing her mother’s behaviors. Her communication style became more direct and assertive in this context, demonstrating a different facet of her personality than the vulnerability shown around the miscarriage. She demonstrated strong insight into her mother’s manipulative patterns (triangulation, lack of accountability) and her own trauma response (hypervigilance). Despite the challenging content, Angelica maintained good eye contact throughout the session, except for brief moments of reflection, suggesting high engagement and an internal processing of difficult material. The overall presentation indicates a client grappling with significant recent loss while simultaneously navigating long-standing complex family challenges, demonstrating resilience in her capacity for self-reflection and candid sharing.

### Assessment

Angelica is currently experiencing significant grief and trauma symptoms following her recent miscarriage. Her description of the event as “gut wrenching” and comparing it to the death of her beloved dog highlights the depth of her emotional pain. The “mental warfare” and relentless search for answers, despite the inherent biological ambiguity of early miscarriages, indicates a struggle with acceptance of uncontrollability and a drive for cognitive closure. This is exacerbated by her self-blaming “confirmation bias,” a cognitive distortion where she attributes fault to her own premonitions, reinforcing a narrative of personal responsibility for an uncontrollable biological event. This pattern is consistent with features of complicated grief, where self-blame and a perceived lack of control can impede healthy mourning processes. The shame and embarrassment she feels about the miscarriage, compounded by societal silence, contribute to her isolation and hinder her ability to seek and receive full emotional support. Beyond the miscarriage, Angelica is grappling with deeply ingrained, dysfunctional family patterns, particularly in her relationship with her mother. Her mother’s controlling, spiteful, and unaccountable behavior creates an environment of unpredictability and emotional insecurity for Angelica. Angelica’s role as rescuer and her hypervigilance around her mother are classic trauma responses, developed to predict and mitigate perceived threats or embarrassing situations, preventing her from genuine enjoyment in social settings. Her acknowledgment of grieving the “past relationship that I wish I had” with her mother demonstrates significant insight and a process of psychological detachment, which is crucial for establishing healthier boundaries. This struggle between an ingrained desire for maternal support and the painful reality of her mother’s behavior forms a core conflict that impacts her self-worth and capacity for uninhibited self-expression. From an ACT perspective, Angelica is exhibiting significant experiential avoidance, particularly regarding the painful emotions of grief, fear of future loss, and the “not knowing” related to her miscarriage. Her “mental warfare” is a form of cognitive fusion, where she is caught in a struggle with her thoughts and feelings rather than observing them with distance. Her self-blaming thoughts (“Did I do it to myself?”) are examples of fusion that prevent her from taking valued action, such as trying to conceive again. From a Narrative Therapy lens, Angelica is operating under a dominant story of personal defectiveness or bad luck, especially regarding the miscarriage, which she has internalized. The family narrative around her mother’s behavior also positions Angelica as a responsible “mother-figure” or “babysitter,” a story that limits her personal freedom and joy. The therapeutic goal is to externalize these problems and co-construct alternative narratives of resilience, agency, and unconditional self-worth. Existential themes are prominent in Angelica’s wrestling with the inherent unpredictability of life, the “loss of what if,” and her search for meaning in the face of uncontrollable loss. Her desire for “answers” reflects a deep human need to impose order on a chaotic world, a struggle that is central to the existential experience of confronting absurdity. Her emerging capacity for perspective-taking, recognizing others’ hidden struggles, also aligns with an existential awareness of shared human suffering.

### Plan

• Acceptance and Commitment Therapy (ACT) Interventions:

• *Continue to utilize ACT to address experiential avoidance related to grief, fear of future loss, and the "not knowing" of the miscarriage. Encourage mindfulness practices to foster psychological flexibility, allowing her to observe difficult thoughts and emotions (e.g., self-blame, fear of re-experiencing) without becoming fused with them or allowing them to dictate her actions.*

• Introduce values clarification related to parenthood and family to help Angelica connect with what truly matters to her, allowing her to take committed action towards her goals (e.g., trying to conceive again) despite the presence of fear and uncertainty.

• *Foster self-compassion for her experience of miscarriage and her struggles with self-blame, differentiating between "clean" pain (natural grief) and "dirty" pain (suffering created by resistance and self-criticism).*

• Narrative Therapy Elements:

• *Continue externalizing the "mental warfare" and "confirmation bias" to help Angelica understand these as separate entities rather than intrinsic flaws, reducing self-blame and increasing her sense of agency.*

• *Co-construct alternative narratives of resilience by highlighting her strengths in navigating complex family dynamics and her capacity for empathy towards others. Explore past instances where she has overcome adversity or demonstrated personal strength, challenging the dominant story of "bad luck."*

• *Explore how her current "babysitter" role within the family might be a story she can revise, empowering her to define her boundaries and relationship with her mother on her own terms.*

• Dialectical Behavior Therapy (DBT) Skills:

• *Introduce Distress Tolerance skills (e.g., radical acceptance of what is outside her control regarding the miscarriage; TIPP skills for intense emotional waves) to manage the discomfort of "not knowing" and the waves of grief without resorting to unproductive "mental warfare" or isolation.*

• Explore Interpersonal Effectiveness skills for navigating her relationship with her mother. Focus on setting clear boundaries, expressing needs effectively (DEAR MAN), and practicing self-respect (FAST) to reduce her hypervigilance and enable her to enjoy social situations more fully.

• Reinforce Emotion Regulation skills to manage the anger and frustration stemming from family conflict, helping her respond thoughtfully rather than reactively, further empowering her in these dynamics.

• Existential Exploration:

• Continue to process the existential themes of loss, lack of control, and meaning-making in the face of life's unpredictability. Validate her search for answers while gently encouraging acceptance of inherent ambiguity where no answers exist.

• Explore how the miscarriage, despite its pain, might offer new perspectives on life's fragility and the importance of cherished values, guiding her toward deeper meaning.

• Homework: Angelica will practice mindfulness for 5-10 minutes daily, focusing on observing thoughts and feelings without judgment, specifically noting any self-blaming thoughts without engaging with them. She will also identify one small boundary she can practice in her interactions with her mother this week.

• Next Session: Continue processing miscarriage grief, specifically addressing the fear of re-trying and the practical steps she can take, while also exploring further strategies for managing complex family relationships.

### Supplemental Analyses

### Tonal Analysis

**Shift 1: From Deep Grief to Exasperated Self-Blame. Angelica’s tone when first discussing the miscarriage was marked by deep sadness and a raw, “gut wrenching” quality. As she introduced the concept of “mental warfare” and her “confirmation bias” (“See, I fucking knew that was gonna happen”), her tone shifted to one of exasperated self-criticism and a subtle underlying anger directed at herself. This shift revealed the internal conflict and the cognitive wrestling she engages in, where grief over the loss transmutes into a frustrating battle with self-blame and a perceived lack of agency. This is clinically significant as it highlights how her cognitive patterns amplify her emotional suffering, moving beyond simple grief into a more complex internal struggle that impacts her sense of self-efficacy.**

**Shift 2: From Vulnerable Grief to Assertive Frustration. A distinct tonal shift occurred when Angelica transitioned from discussing the miscarriage to recounting her mother’s unsupportive actions with her sister. Her voice, while still serious, gained an edge of assertive frustration and even indignation (“What am I supposed to do? Like, I can’t not help the girl!”). The volume and pace increased slightly, reflecting her strong emotional reaction to her mother’s perceived injustice and spitefulness. This shift is significant as it demonstrates Angelica’s capacity for assertion and anger in the face of external relational challenges, contrasting with the more internalized and self-directed emotional struggle she experiences with the miscarriage. It highlights a core tension: her ability to advocate for others (her sister) and express anger at external injustices, versus her difficulty in fully accepting her own lack of control and letting go of self-blame in personal, unmanageable situations like the miscarriage.**

### Thematic Analysis

**Theme 1: Loss of Control and the Quest for Answers. A central theme for Angelica is the profound sense of loss of control, primarily manifested in her experience of the miscarriage. Her relentless search for “answers” to “why” it happened, despite knowing medical ambiguity, underscores her difficulty in accepting life’s inherent unpredictability. This theme extends to her desire to control her mother’s behavior and the perception others have of her mother (“I have to watch you and listen to what you’re saying”), reflecting a deeper need to manage her environment and prevent unforeseen negative outcomes. This theme is crucial as it points to her underlying anxiety about chaos and the unknown, and her coping mechanisms (self-blame, hypervigilance) to create a sense of predictability where none exists.**

**Theme 2: Shame and Internalized Blame. The theme of shame and internalized blame is deeply interwoven with both the miscarriage and her family dynamics. Angelica’s reluctance to share about the miscarriage and her statement that the experience itself “is almost shamed” reveals a societal and personal internalization of fault. Her “confirmation bias” further reinforces this, making her feel responsible for the outcome. Similarly, her hypervigilance around her mother stems from a fear of personal embarrassment (“Don’t embarrass me”), suggesting an internalization of her mother’s actions as a reflection on her own self-worth. This theme is critical as it highlights how external experiences of vulnerability and unpredictable events are interpreted through a lens of personal failing, impacting her self-esteem and willingness to be vulnerable.**

**Theme 3: Complex Family Systems and the Rescuer Role. Angelica is deeply embedded in a complex and dysfunctional family system characterized by her mother’s manipulative, spiteful, and unaccountable behavior. Angelica consistently adopts a “rescuer” role, stepping in to care for her sister when her mother fails to do so, and feeling like “I’m her mother too.” This dynamic, alongside her mother’s triangulation and lack of self-awareness, creates a persistent emotional burden for Angelica. Her choice to maintain an “arm’s length” relationship and her mother’s “loss of power” indicate positive shifts in boundaries, yet the emotional residue (e.g., hypervigilance, inability to enjoy herself) persists. This theme is vital for understanding the pervasive impact of early relational patterns on her current emotional well-being and her challenges in prioritizing her own needs over family obligation or perceived duty.**

### Sentiment Analysis

**Sentiments About Self: Angelica’s sentiments about herself were primarily negative, marked by a sense of internal conflict, self-blame, and vulnerability.**

• *Self-blame/Responsibility: Evident in "Did I do it to myself? Did I fuck myself up?" and the "mental warfare" description, reflecting a strong tendency to internalize blame for uncontrollable events.*

• *Fear/Vulnerability: Expressed through statements like "scared to, like, do it again," indicating apprehension about re-experiencing loss and a perceived lack of emotional resilience.*

• *Burden/Fatigue: Manifested in her role as "mother too" for her sister and the description of constant "babysitting" her mother, suggesting exhaustion from managing external situations and relationships.*

• Shame/Embarrassment: Implicit in not telling others about the miscarriage and explicit in her fear of her mother embarrassing her, indicating a concern for social perception and a desire to control her image.

**Sentiments About Others/External Situations: Angelica’s sentiments toward others and external situations were mixed but leaned heavily negative regarding her mother, with more nuanced expressions toward her partner and society.**

• *Resentment/Frustration (Mother): Strongly directed at her mother's "spiteful" behavior, lack of accountability, and manipulative tactics ("triangulate us against each other"), revealing deep-seated interpersonal frustration.*

• *Lack of Understanding (Partner): While acknowledging Justin's support, her sentiment that he "can't understand it" highlights a perceived emotional gap and a sense of isolation in her grief, particularly around the unique physical and hormonal aspects of miscarriage.*

• *Pessimism/Injustice (Medical/Societal Systems): Her critiques of the medical system's approach to miscarriage ("minimize it," "crazy to make someone go through that mentally") and societal silence reveal a sentiment of systemic injustice and a lack of compassionate understanding from broader institutions.*

• *Empathy/Compassion (Others in General): A positive sentiment emerged in her realization that "you don't know what that person's going through," indicating a growing empathy and understanding for the hidden struggles of others, fostering a broader perspective.*

### Key Points

• Grief and Trauma of Miscarriage: Angelica is experiencing acute grief and symptoms consistent with trauma following her early miscarriage. This loss is compounded by societal silence and her self-blaming cognitive patterns, which intensify her emotional suffering and lead to isolation. Addressing the existential themes of uncontrollability and the practical fears of re-trying are crucial.

• Dysfunctional Family Dynamics and Hypervigilance: Her long-standing complex relationship with her mother, characterized by manipulation and lack of accountability, continues to be a significant source of stress and emotional burden. Her hypervigilance in social settings when her mother is present is a chronic trauma response that significantly impairs her ability to experience joy and presence. Reinforcing boundaries and reducing her felt responsibility for her mother's behavior are key therapeutic targets.

• *Self-Blame and Confirmation Bias: Angelica's tendency to blame herself for uncontrollable events (e.g., "Did I do it to myself?" regarding the miscarriage) and her "confirmation bias" thinking are core cognitive distortions that perpetuate her distress. Helping her externalize these thoughts and develop psychological distance from them is paramount for fostering self-compassion and moving forward.*

• Developing Personal Agency and Perspective: Despite significant challenges, Angelica demonstrates a growing capacity for insight, boundary setting (with her mother), and perspective-taking (empathy for others' hidden struggles). These strengths can be leveraged to increase her sense of personal agency in navigating both her grief and her complex family relationships, shifting her from a reactive stance to one of deliberate, values-aligned action.

### Significant Quotes

*"I like, have sex and stuff. Like, I understand why I have to go through the tribes and the tribulations of shit. Like, why can't, like, I just, like, it just be normal for me, right? You know,*" Angelica expressed this when questioning why she had to experience a miscarriage so early in her first attempt at conception. This quote is significant because it articulates her profound sense of injustice and her existential questioning of why hardship seems to be her lot. It reveals a deep yearning for normalcy and ease, contrasted with a perception that life consistently presents her with *"tribulations.*" This challenges her fundamental assumptions about fairness and the natural course of life, an existential crisis of meaning that complicates her grief process. *"I was like, saying to myself, I had like, some weird feeling before we even started trying, that I was gonna have like, an issue like that, and my whole confirmation bias shit happened to me. And I'm like, See, I fucking knew that was gonna happen, almost... Did I do it to myself? Did I fuck myself up? Did I with the mentality?*" This extended quote powerfully encapsulates Angelica's self-blame and cognitive distortions. It reveals her tendency to internalize external events and attribute personal fault through a lens of *"confirmation bias.*" This is significant as it demonstrates a core belief system where she feels responsible for negative outcomes, even those beyond her control, leading to intense self-criticism and a *"mental warfare*" that traps her in a cycle of rumination and guilt, impeding her ability to accept and process her grief healthily. *"I don't like feeling that way, like, I don't like feeling that. Oh, my mom's here now I can't enjoy myself. Like, I don't want to feel like that.*" Angelica made this statement when describing her hypervigilance around her mother at social events, preventing her from being present and enjoying herself. This quote is significant because it highlights the pervasive, insidious impact of her dysfunctional family dynamics on her personal well-being and her capacity for joy. It underscores the extent to which her trauma response (hypervigilance) has seeped into and compromised her social and emotional freedom. Her explicit wish to *"not feel like that*" indicates a strong desire for change and autonomy, providing a clear pathway for therapeutic intervention focused on boundaries and self-care.

### Comprehensive Narrative Summary

Today’s session with Angelica Ruden was a profound exploration of complex emotional terrain, intertwining the acute pain of a recent miscarriage with long-standing family dynamics and core psychological struggles. Angelica entered the session carrying visible emotional weight, immediately sharing the “gut wrenching” experience of her early pregnancy loss. Her narrative quickly moved beyond the factual details to express a deep existential struggle, articulated through her persistent “mental warfare” and frustrated quest for answers to “why” this had happened, especially on her first attempt. This search for meaning in the face of uncontrollable biological events revealed her profound discomfort with uncertainty and an intense self-blame, encapsulated by her belief in a “confirmation bias” that somehow her own premonitions had caused the miscarriage. This internal struggle highlighted her vulnerability to internalized shame, which, coupled with societal silence around miscarriage, led her to feelings of isolation and prevented her from fully accepting support, even from her otherwise supportive partner. As the session progressed, Angelica’s distress was further contextualized by the pervasive influence of her deeply dysfunctional family. Her vivid recount of her mother’s manipulative and unsupportive behavior toward her sister underscored Angelica’s ingrained role as the family rescuer and caretaker. This dynamic not only burdened her but also illuminated the hypervigilance she carries into social settings with her mother, actively monitoring her mother’s interactions to avoid personal embarrassment. This constant “babysitting” mentality prevents her from truly enjoying herself, revealing a chronic trauma response that compromises her well-being. Despite this, Angelica demonstrated remarkable insight into her mother’s lack of accountability and the need to grieve the “past relationship that I wish I had,” indicating a nascent yet powerful shift towards healthier boundaries and self-preservation. The session effectively wove together these disparate threads—the raw grief of miscarriage, the cognitive battle with self-blame, and the emotional toll of family dysfunction—to reveal a client at a critical juncture, navigating profound loss while simultaneously striving for greater emotional freedom and a more authentic sense of self, beyond the confines of past traumas and relational patterns.

## Session: 2025-07-28

### Subjective

Angelica attended today’s session expressing a pervasive sense of “hyper fixation” on her recent miscarriage, stating, “I can’t… I feel like it’s like everything I just like… focusing on like that.” This intense focus, she explained, is primarily directed towards preventing a recurrence, leading to obsessive tracking of bodily metrics, particularly her temperature via an Aura ring. She described this behavior as a “fail safe” and a “pre mortem” attempt to control her body’s functions, a new manifestation of a long-standing pattern of attempting to control external situations. Angelica articulated feeling “disappointed in myself” and experiencing significant “shame” around the miscarriage, despite intellectually knowing it was not her fault. She described this internal experience as “going crazy” and carrying a “heavy thing,” isolating her as she doesn’t like talking about it with others, including her partner, Justin. She conveyed a deep internal conflict regarding communication with Justin, stating, “I want Justin to ask me about it, but I don’t, but I do, but I don’t.” This ambivalence stems from a perception that Justin doesn’t understand the depth of her loss, isn’t taking their desire for a family seriously (“why aren’t you taking this seriously?”), and often turns arguments back on her, blaming her approach. She specifically cited a recent hurtful comment from Justin, suggesting she was “just trying to have sex to have a baby now,” which made her “very not into it” and feel like he viewed her as “purely transactional.” This perception of a lack of shared commitment and emotional understanding from Justin exacerbates her internal distress and feelings of unsupport. She identified a pattern of initiating difficult conversations with a “snide comment,” which she acknowledges is unhelpful but feels is her only way to engage him.

### Objective

Angelica presented to the session alert and oriented, with clear speech and logical thought progression. Her demeanor conveyed a palpable internal tension, evidenced by her rapid speech when discussing her hyper-fixation and the discernible shifts in her tone as she navigated emotionally charged topics. While she maintained a generally coherent narrative, her descriptions of internal shame and relational distress with Justin were accompanied by subtle vocal changes—a quieted tone when discussing self-blame and a more frustrated, externalizing tone when recounting Justin’s perceived lack of empathy. Her focus remained consistently on her internal experience and her relational struggles, demonstrating significant engagement in the therapeutic process. She readily engaged in self-reflection, especially when prompted to explore the impact of her communication patterns, particularly the use of “why” questions. Her physical presentation did not suggest acute distress, but the intensity of her verbalization indicated a significant emotional burden.

### Assessment

Angelica continues to present with symptoms consistent with Adjustment Disorder with Mixed Anxiety and Depressed Mood (F43.23), with the recent miscarriage serving as a significant stressor that has intensified pre-existing control issues, self-shaming tendencies, and relational dynamics. Her hyper-fixation on monitoring bodily metrics through the Aura ring represents a maladaptive coping mechanism to regain a sense of control and prevent future loss, implicitly fueled by deep-seated shame regarding her body’s perceived “failure” to sustain the pregnancy. This behavior, while providing a temporary illusion of control, inadvertently exacerbates her anxiety and self-judgment. The session highlighted a critical communication breakdown within her relationship with Justin. Angelica perceives a profound lack of emotional support and shared commitment from him, which triggers her feelings of being unheard and unvalued. Her acknowledged pattern of initiating conversations with “snide comments” is a defensive strategy, likely rooted in past experiences of invalidation, but it inadvertently perpetuates a cycle of conflict and blame. Justin’s dismissive and transactional responses, particularly regarding intimacy, reinforce Angelica’s feelings of being misunderstood and deepen her emotional withdrawal. The miscarriage, a deeply personal and internal “death,” has created an experience of grief that Justin, from Angelica’s perspective, cannot fully grasp, leading to significant feelings of isolation. Angelica demonstrates growing insight into her self-shaming patterns and the impact of her communication style, particularly the accusatory nature of “why” questions, indicating a readiness for targeted intervention.

### Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to guide Angelica in differentiating between the “clean” pain of loss and the “dirty” pain created by her attempts to control and avoid unwanted internal experiences. We will work on defusion techniques to unhook from obsessive thoughts about the Aura ring metrics and future outcomes, helping her to observe these thoughts without becoming fused with them or allowing them to dictate her actions. The concept of “detaching from the outcome but not the experience” will be further explored to foster psychological flexibility around her fertility journey. Dialectical Behavior Therapy (DBT) Skills: Focus on improving interpersonal effectiveness and emotion regulation. We will introduce and practice “DEAR MAN” skills to help Angelica communicate her needs and feelings to Justin assertively, without resorting to indirect or “snide” comments that she identifies as problematic. This will involve role-playing scenarios to build confidence and develop a more effective communication repertoire. We will also utilize distress tolerance skills to manage her internal shame and frustration when she feels unheard or unsupported. Narrative Therapy Elements: Continue to externalize the “hyper-fixation” and “shame” as entities separate from Angelica’s core identity. We will explore how these “stories” have influenced her current experience and work towards re-authoring a narrative of resilience, agency, and self-compassion. The therapist’s observation regarding changing “why” to “what happened” will be reinforced as a powerful narrative shift. Existential Exploration: Continue to explore the existential themes of control and uncertainty, particularly in the context of the miscarriage. Acknowledge the profound internal loss she experienced, helping her to find meaning and acceptance in the face of uncontrollable life events. Homework: Angelica will practice replacing “why” questions with “what happened?” in her internal dialogue and, when appropriate, in her conversations with Justin. She will observe the subtle shifts in her internal experience and Justin’s responses. We will also discuss journaling her feelings about the miscarriage without judgment, specifically noting moments of self-shame and practicing self-compassion.

### Supplemental Analyses

### Tonal Analysis

**Shift 1: From “Okay” to Hyper-fixated/Anxious: Angelica’s initial “I’ve been okay” quickly transformed into a rapid, almost breathless description of her “hyper fixation” on the miscarriage. This tonal shift, marked by increased speech pace and a more agitated quality, immediately signaled the depth of her internal struggle, moving from a superficial report to an urgent unveiling of her obsessive thoughts and anxieties. This rapid shift highlights her difficulty in maintaining a composed exterior when discussing the core of her distress. Shift 2: From Distressed to Resentful/Accusatory: When discussing Justin’s perceived lack of seriousness regarding their shared goal of a family, Angelica’s tone became sharper and more pointed. Phrases like “why aren’t you taking this seriously?” were delivered with a clear undercurrent of resentment and blame, indicating a transition from internalizing her pain to externalizing her frustration towards her partner. This shift is clinically significant as it reveals her default coping mechanism of projecting her distress when feeling unsupported, a pattern that likely contributes to the relational conflict. Shift 3: From Hurt to Resigned/Defeated: Following the revelation of Justin’s hurtful “transactional” comment about sex for conception, Angelica’s tone became heavy, quiet, and reflective of deep emotional withdrawal. Her declaration of being “very not into it” and feeling “purely transactional” conveyed a profound sense of hurt and a resigned withdrawal from initiating intimacy. This shift underscored the immense impact of Justin’s words on her emotional and physical connection, signaling a potential for further relational estrangement if not addressed. Shift 4: From Insightful to Practical/Action-Oriented: Towards the end of the session, after the discussion about replacing “why” with “what happened,” Angelica’s tone became noticeably more hopeful and practical. Her statement, “I think that the whole Why, what happened thing isn’t gonna help me a lot, because I, instead of accusing myself, I can try and look at it in a different light,” was delivered with a clearer, more engaged vocal quality. This shift demonstrates a moment of agency and a willingness to adopt new strategies, indicating a significant step towards internal change and a reduction in self-judgment.**

### Thematic Analysis

**Theme 1: Loss of Control and the Quest for Predictability: A central theme was Angelica’s intense struggle with a profound loss of control, stemming from the miscarriage. This was vividly illustrated by her obsessive reliance on the Aura ring and temperature tracking as a “fail safe” mechanism. Her attempt to predict and control her internal bodily functions (“how am I gonna do it better next time?”) reflects a deep-seated anxiety about uncertainty and a desire to impose order on a fundamentally unpredictable biological process. This theme extends to her relationship with Justin, where her efforts to monitor his behavior (e.g., drinking) represent a desperate attempt to control external factors that she perceives as linked to her desired outcome, highlighting her difficulty in tolerating ambiguity and the inherent uncontrollability of life. Theme 2: Shame and Internalized Blame: The pervasive presence of shame was a dominant and emotionally charged theme. Angelica explicitly stated, “I feel shame still around it” and “I’m shaming myself.” This shame is deeply intertwined with her perception of her body’s “failure” to carry the pregnancy, leading to internal accusations (“what’s wrong?”). The therapist’s analogy to a “rape victim” further underscored the profound sense of being violated and at fault for a situation beyond her control. This shame also inhibits her ability to communicate openly, particularly with Justin, as she anticipates judgment or further blame, perpetuating a cycle of internalized suffering. Theme 3: Relational Disconnect and Unmet Needs: The session revealed a significant theme of relational disconnect and unmet emotional needs within Angelica’s marriage. Her perception that Justin is “not on the same page,” doesn’t “care,” or isn’t taking her experience “seriously” creates a profound sense of isolation and resentment. The “transactional” comment regarding intimacy was particularly damaging, highlighting a fundamental misalignment in their emotional and physical connection. Angelica’s ambivalence about communicating her needs (“I want him to ask me about it, but I don’t, but I do, but I don’t”) illustrates a complex interplay of desire for support and fear of further invalidation, demonstrating a long-standing pattern where her emotional vulnerability is not adequately met, leading to an externalized blame and an internalized burden. Theme 4: The Miscarriage as an Internalized Death: The therapist’s framing of the miscarriage as an “internal death” resonated deeply, highlighting the profound and personal nature of Angelica’s loss, distinct from Justin’s more external experience. This theme emphasizes that the miscarriage is not merely a failed attempt at conception but a traumatic event with lasting internal ramifications, impacting her sense of self, body image, and future hopes. Her continued “carrying around the ashes” signifies an unprocessed grief that remains a “heavy burden,” contributing to her hyper-fixation and sense of being stuck.**

### Sentiment Analysis

**Sentiments About Self: Angelica’s expressions regarding herself were overwhelmingly negative, marked by a pervasive sense of inadequacy and self-reproach. 1. Shame/Guilt: The most dominant sentiment, evident in statements like “I feel disappointed in myself,” “it’s like a shame thing,” “I’m shaming myself,” and her deep struggle with the question “is it gonna happen again?” 2. Helplessness/Lack of Control: Expressed through her descriptions of being “hyper fixated” and unable to “get myself out of it,” despite knowing her behavior is “ridiculous.” This highlights her internal struggle against compulsive patterns. 3. Internalized Burden/Suffering: Conveyed through phrases like “sucking my own self” and “it’s a heavy thing that I’m carrying,” suggesting a profound sense of isolation and unshared grief. 4. Confusion/Disorientation: “I feel like I’m going crazy,” reflects a disorienting internal experience where her thoughts and emotions feel overwhelming and uncontrollable. Sentiments About Others/External Situations: Angelica’s sentiments toward Justin and their relational dynamics were mixed but largely negative, reflecting resentment, hurt, and a sense of being misunderstood. 1. Resentment/Frustration (towards Justin): Manifested in statements like “he doesn’t care,” “why aren’t you taking this seriously?”, and feeling “drives me a little bit nuts” that he doesn’t consider her feelings. This reveals her perception of his emotional disengagement. 2. Hurt/Betrayal (from Justin): Strongly felt when she described Justin’s comment about her only wanting sex for a baby, leading her to feel “very not into it” and perceiving him as viewing her as “purely transactional.” This indicates a deep relational wound. 3. Pessimism about Communication: Expressed as “communication pattern is not ideal” and feeling that “every situation gets turned around to be back on me,” indicating a learned helplessness in effectively expressing her needs and a belief that she will be blamed. 4. Understanding but Still Longing (for Justin’s support): Despite acknowledging “he’s not gonna understand it completely,” there remains an underlying longing for his empathy and support, as evidenced by her internal conflict about whether she wants him to ask her about her feelings.**

### Key Points

• *Hyper-fixation as a Manifestation of Control and Shame: Angelica's obsessive tracking of fertility metrics via the Aura ring is a primary coping mechanism for managing the profound anxiety and shame associated with her miscarriage. This behavior, framed as a "fail safe" or "pre mortem," reflects a deep-seated need for control over unpredictable bodily processes, ultimately exacerbating her distress by reinforcing a sense of personal responsibility for an uncontrollable event. Addressing this compulsion is crucial to alleviating her anxiety and fostering a more accepting relationship with her body.*

• *Miscarriage as an Identity-Challenging Loss: The miscarriage represents not just a physical loss but a significant psychological and existential challenge to Angelica's identity as a woman and potential mother. The therapist's framing of it as an "internal death" underscores the profound, internalized grief she carries, which feels largely unacknowledged and unshared by her partner. This isolation amplifies her shame and prevents effective processing of the trauma, perpetuating her emotional burden.*

• *Dysfunctional Relational Dynamics Exacerbating Distress: The pre-existing communication issues and differing levels of commitment within her marriage have been severely exacerbated by the miscarriage. Angelica's perception of Justin's lack of empathy, his "transactional" view of intimacy, and his tendency to blame her communication style ("it's your approach") create a cycle of unmet needs, resentment, and emotional withdrawal. Addressing these core relational patterns is vital for Angelica to feel supported and to reduce her internalized shame, enabling healthier coping.*

• *The Power of Language and Internal Dialogue: The insight gained regarding the accusatory nature of "why" questions versus the open-ended "what happened?" represents a pivotal moment in the session. This understanding, applicable to both her internal dialogue and external communication with Justin, offers a tangible pathway for Angelica to reduce self-shaming and foster more productive, less defensive interactions. This linguistic shift can significantly impact her sense of agency and her ability to self-soothe.*

### Significant Quotes

• *"I'm just, like, really hyper fixated on it now. And like, I can't, like, I feel like it's like, everything I just like, like, focusing on like that. Like, that would happen. But, like, all right, how am I gonna do it better next time?" This quote is significant as it captures the pervasive and intrusive nature of Angelica's rumination following her miscarriage. It highlights her desperate attempt to regain control and prevent future loss by meticulously dissecting past events and strategizing for future outcomes. This "how am I gonna do it better" mentality reveals a deep-seated belief that the miscarriage was, at some level, within her control, leading to self-blame and obsessive problem-solving. It underscores the underlying anxiety and the maladaptive coping mechanism of trying to intellectually or behaviorally control an unpredictable biological process.*

• *"I feel shame still around it like, I'm very like, feel like, I know it's not my fault, sure, but like, it's that fee. It's the feeling of like, is it gonna happen again?" This statement directly expresses Angelica's core emotional struggle: the persistence of shame despite intellectual understanding that the miscarriage was not her fault. The immediate follow-up with "is it gonna happen again?" links this shame to intense future-oriented anxiety. This quote is crucial for understanding the depth of her internal suffering, as it reveals how an external event has been internalized into a profound sense of defectiveness and vulnerability, leading to constant self-scrutiny and a fear of recurrence.*

• *"I want Justin to ask me about it, but I don't, but I do, but I don't." This quote profoundly illustrates Angelica's internal ambivalence and the complexity of her relational dynamics with Justin. It reveals a deep longing for connection and support from her partner, yet it is simultaneously inhibited by unspoken fears of invalidation, misunderstanding, or burdening him. This "push-pull" dynamic prevents authentic communication of her profound grief and needs, contributing to her isolation and perpetuating a cycle of unmet expectations within the relationship. It points to a history where expressing vulnerability has been met with responses that led to withdrawal.*

• *"He's like, Oh, well, oh, you're just trying to have sex to have a baby now... I think that, I think that really bothered me a lot, and they can't fathom why. Now I'm like, very not into it. Because I'm like, now I don't want to do it now, yeah? Because, like, now you're, that's, if that's the image in your head of me." This quote is highly significant as it captures a critical relational wound and its immediate impact on Angelica. Justin's dismissive and transactional framing of her desire for intimacy and conception is perceived as deeply invalidating, reducing her to a functional role rather than acknowledging her emotional depth and shared hopes. Her subsequent withdrawal ("very not into it") is a direct response to feeling objectified and misunderstood, leading to a profound disconnect in their physical intimacy. This statement reveals how a lack of empathy and a focus on outcome by one partner can profoundly damage the emotional and physical connection in a relationship, especially after a shared trauma.*

• *"Why can sound very accusatory, like, you know what I mean." This quote represents a significant moment of insight and agency for Angelica. It reflects her growing awareness of how her own communication patterns, particularly the frequent use of "why," can unintentionally create defensiveness and blame in her interactions, both with herself and with Justin. This realization is a crucial step towards adopting new, more effective communication strategies that foster understanding rather than conflict, offering a concrete pathway to address both her self-shaming and relational struggles.*

### Comprehensive Narrative Summary

Today’s session with Angelica provided a poignant and clinically rich exploration of the multifaceted impact of her recent miscarriage, revealing how this acute stressor has activated deeply embedded patterns of control, shame, and relational distress. Angelica entered the session consumed by a “hyper fixation” on preventing future loss, manifesting as an obsessive reliance on her Aura ring to monitor bodily metrics. This behavior, while seemingly a quest for control, functions as a maladaptive coping mechanism, driven by a profound sense of self-blame and shame for her body’s perceived “failure.” Despite her intellectual understanding that the miscarriage was not her fault, an intense internal dialogue, often characterized by accusatory “why” questions, perpetuates this cycle of self-criticism and anxiety, leaving her feeling “sucked in my own self” and carrying a “heavy burden” of unshared grief. A significant portion of the session illuminated the dysfunctional dynamics within her marriage to Justin, which are acutely exacerbated by the miscarriage. Angelica expressed deep resentment and hurt over Justin’s perceived lack of empathy and shared commitment, describing him as not being “on the same page” and not taking her experience “seriously.” His dismissive comment, framing her desire for intimacy as merely “trying to have sex to have a baby now,” was particularly damaging, leading her to feel “purely transactional” and profoundly disengaging her from physical intimacy. This transactional view from Justin reinforces Angelica’s long-standing fears of invalidation and amplifies her reluctance to express her true needs directly, instead resorting to “snide comments” that predictably trigger defensive reactions from him. This communication pattern traps them in a cycle where Angelica feels unheard and Justin feels attacked, ultimately deepening her isolation and confirming her belief that her emotional experience is too profound or “dirty” to be genuinely shared. From a therapeutic perspective, Angelica’s journey highlights the complex interplay between internal processing of trauma, the search for control in unpredictable circumstances, and the critical role of relational support. Her miscarriage represents not just a physical event but an “internal death,” a profound loss that challenges her identity and exposes core vulnerabilities. The session provided crucial insight into her tendency to internalize shame and externalize blame, patterns that maintain her suffering. The therapist’s strategic intervention regarding the shift from “why” to “what happened” offered a practical, empowering tool for Angelica to begin altering both her self-dialogue and her relational communication. This linguistic shift promises to unlock a new pathway for processing grief with self-compassion and fostering more authentic, less defensive interactions with Justin. The plan moving forward will integrate ACT to address experiential avoidance, DBT to enhance communication and emotion regulation, and narrative therapy to re-author her story of agency and resilience, helping her navigate this profound loss with greater psychological flexibility and relational connection.