

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

PATIENT: It's a really unconstructive way that I find my mind working in this really unconstructive way. I can identify it's not productive and not constructive but I can't, I haven't really been able to find a way to change yet.

COUNSELOR: Ok.

PATIENT: Specifically, I just get really hurt about things that if I thought about it rationally they probably shouldn't hurt me as much as I feel that they do. And I respond proportionately to how much they hurt me but probably not proportionately to what actually happened.

COUNSELOR: Ok.

PATIENT: And the hard part is I'm able to recognize that. I just really haven't been able to adjust the way I receive and intake that information. I just do. I do get hurt so easily and so then I tend to get upset or disappointed and (inaudible at 0:00:47.6). So I was talking about this with this friend of mine and she said she'd experienced some feelings that were similar and so she was speaking with somebody and really recommended that I do the same. 0:00:59.4

COUNSELOR: Ok.

PATIENT: So I thought that we could start.

COUNSELOR: Ok. Well, I'm glad you're here.

PATIENT: I am too.

COUNSELOR: I think it's always really good that people wish to improve themselves and work on some of these things. Everyone has issues. And everyone has problems. You agree your different to do this. Did you ever get therapy before?

PATIENT: No. This is my first time ever.

COUNSELOR: Ok.

PATIENT: I'm kind of nervous but.

COUNSELOR: (inaudible at 0:01:25.0) So I guess, can you tell me a specific fact that would best illustrate?

PATIENT: Well yeah. I'm living with my fiancé now. So poor guy has to like bear the brunt all of my creepiness and my... No, he'll do something just that suggests that he's not distracted or really like emotionally connecting. Which I really value really connecting with people. And I think it's like, "Oh, he's not listening to me right now. Which means he doesn't love me. Which means I'm not worth loving. Which means I'm a bad person." And it's just this like slippery slope of thoughts. 0:01:59.9

COUNSELOR: Right.

PATIENT: And I try to think of them and like that doesn't necessarily follow logically from what just happened. But sometimes I can't stop myself and be rational .It just happens so fast and I get so worked up.

COUNSELOR: Right. So let's sort out the topic a little. So what does he do that makes you think?

PATIENT: Ok. For example, I could be talking about something that's really important to me. Like how I'm stressed out at work or having trouble with something. And he does, "Um hmm, um hmm, ok." And then just like get up and walks away and starts doing something else. He might still be listening. He might be. But I'm

just like, "You're not solely purposed on what I'm saying to you. And this is really painful for me to talk about. And so I feel like you're not supporting me." And so then I tend to like lash out and get defensive like, "How come you're not listening? This is really important to me. You don't love me." Kind of like that, in that range. 0:02:56.8

COUNSELOR: Right, right.

PATIENT: Which I just feel like it's happening more frequently than it should. And more frequently than he should have to put up with and I find myself feeling really disappointed in myself and upset with myself. And I treat him poorly as a result of it. Kind of this vicious cycle. Because I feel worse about myself. And then I'm worried was he hurt because of the way I react to him. It's not good. 0:03:19.3

COUNSELOR: Yeah, It sounds like you have very good insight into what's going on.

PATIENT: I feel like I do have insight. And it's just, I really want to come up with some like constructive ways to actually use that insight.

COUNSELOR: Right, right. But then I think that the moment it's happening that insight's not there.

PATIENT: It's not. It's just hurt and pain and anger.

COUNSELOR: Right. You get hurt and angry (inaudible at 0:03:41.1). How does it get resolved?

PATIENT: Like in the example with my fiancé, I have a wonderful fiancé. And he's like, "No. This doesn't mean I don't love you." You know like, "I have a different way of interacting with people. And I still love you. I still support you. All of my other actions demonstrate that." And then, I know it's kind of weird to him so he starts to ask questions like, "What do you need me to do to prove that I love you?" In which case I end up feeling less loved and it just kind of compounds. So, yeah. 0:04:16.3

COUNSELOR: So at the time that you're real stressed out and you're kind of venting or (inaudible at 0:04:21.8) and he is not 100 percent attentive to you and kind of get off into other things.

PATIENT: Yeah.

COUNSELOR: Then what thoughts pop into your head?

PATIENT: Well my thoughts are, it's like if I got up and walked away while you were talking to me, it would mean I was disinterested. (inaudible at 0:04:38.8) not disinterested not interested in what the person was saying. I wasn't really emotionally available for them. I have other things on my mind that are at the forefront of my mind because I'm acting on them.

COUNSELOR: Um hmm.

PATIENT: Whereas I'm learning that like he on the other hand, he is listening. He takes a while to digest it. He does other things while he's digesting so he can give feedback later. Or he can concentrate with like half his mind on what you're saying but also take care of things that need to be taken care of, like when you're under stress or something like that. 0:05:10.0

COUNSELOR: Right. So what you're telling me is that people have different way of doing things.

PATIENT: Right, right, yeah. I mean, but I'm not really accepting of in the moment. When I think about it, I'm like "Yeah, that makes sense. We're all different people. Obviously we have different ways of interacting." But in the moment it's like if you don't act how I would act, I get really disappointed and hurt.

COUNSELOR: Right.

PATIENT: So it's kind of, I really want to develop some kind of strategy or game plan so that like when I'm in the moment I can think as lucidly as I can like with events that happen in the past.

COUNSELOR: Right, right. So at that moment do you think, he doesn't me or he shouldn't be doing this or he shouldn't be doing that. When your thinking starts, what's the emotion that you feel? 0:05:55.5

PATIENT: I just get so hurt. And I get to this point to where I'm feeling like if I was worthy of this person's attention or love then they wouldn't be doing these other things. So there's something about me that's making them unwilling to connect. Or that's making them unwilling to support me. So my immediate thought is always like they don't love me. I just always kind of jump to that conclusion so quickly.

COUNSELOR: Right.

PATIENT: And I mean it's almost to the point where like my fiancé you know is just like, "You're looking for ways to prove that I don't love you." And I mean that might have some validity. I feel like I do have such high expectations that the slightest veering off course really makes me question their motivations.

COUNSELOR: Right. So when you think that, when you're really convinced that someone doesn't love you of course you feel very, very, hurt.

PATIENT: Right.

COUNSELOR: Very pained.

PATIENT: Right. 0:06:56.2

COUNSELOR: So a theory that we use here, the reason why you feel the unhealthy emotions we call it. Unhealthy means you're very, very hurt. It could mean anxious. It could be depressed. The reason why you think this, have these feelings is the way you think about things. If you're thinking, "He really doesn't love me. He doesn't love me enough." Then you're going to feel very, very hurt.

PATIENT: Right, right.

COUNSELOR: So how we change that unhealthy emotion to healthy negative emotion is we change our thinking about things.

PATIENT: Ok.

COUNSELOR: Right? So that's kind of, that's the philosophy I will do here.

PATIENT: Ok. Yeah, it sounds perfect. Because I know maybe some of these feelings won't necessarily stop. But I know there are more constructive ways to think about things.

COUNSELOR: Right. So it's not like you let's say someone hurt you, we don't want you to be indifferent about it.

PATIENT: Right.

COUNSELOR: You can be disappointed. But we don't want you to feel so hurt that you're doing thing that are mean or you're distressed.

PATIENT: Right.

COUNSELOR: We'll see that unhealthy negative substitute a more healthy one, right?

PATIENT: Yeah, right.

COUNSELOR: And we'll do that by looking to see what our irrational reasons are.

PATIENT: Ok. 0:07:58.2

COUNSELOR: Ok? So why do you think you act irrationally?

PATIENT: Oh God. Well, I think a lot of it stems back to like, I've always had, like the song says cast out concepts of confidence issues. And so I really do tend to immediately jump to I don't deserve to be loved. I mean I'm not worthy of this and that's why it's not being shown. Which I know is not true. I mean my close friends and family demonstrate every day they love me.

COUNSELOR: Right.

PATIENT: And I know they love me. It's just when I get hurt I just immediately go back to that kind of disturbing, like comforting feeling of I just don't deserve it. That's why this is happening to me. It's just so familiar that it's comforting even though it's a negative thing.

COUNSELOR: Right, right. Only from the positive that you get out of feeling this way or thinking this way.
0:08:57.7

PATIENT: Well, I mean in a certain way like, positive? Well in a way it kind of allows me to keep the other people who I'm interacting with blameless. Because I mean like if I'm not deserving of their love then it's not their fault that they don't love me. And I think so highly of the people I'm close to that I would rather the fault to lie within me than within them. And so I think that's (inaudible at 0:09:34.1).

COUNSELOR: All right. In thinking that way, how does this advantage to you?

PATIENT: Well I mean it's really putting me in a hard position because not only, like I'm not allowing people to love me. Like no matter how much they demonstrate that they do, I'm always questioning that. And so it's never like, I never am able to have the sense of satisfaction of yeah, they do love me. Like even the really positive things in my life are like, they are acting like they love me now but last week they did that thing that they must not. So it's really preventing me from ever feeling secure or loved. Or really feeling like I really do connect with people. 0:10:20.8

COUNSELOR: Right, right. So how do show, do you love people? You do right?

PATIENT: Yeah I do. I do. I love the people in my life just so deeply. They are the center of my world.

COUNSELOR: Right. You sound like you do. Just the way you describe your fiancé it sounds like you love him a lot.

PATIENT: Yeah.

COUNSELOR: Your pain gives him pain because of there's a lot of love there.

PATIENT: Yeah.

COUNSELOR: So can you define for me what your definition of you loving someone is like?

PATIENT: Oh my God. I tend to be a person who feels things really deeply, be it positively or negatively. And when I really love someone I kind of get this ecstatic feeling like just thinking about them. It radiates. I just, it's just an amazing feeling. And I just want them to be happy. Like I'm willing to do whatever is necessary to make these people happy. I mean because I love them to see them happy. But also in some kind of selfish sense to be able to see them happy. Because that's what reinvigorates me. 0:11:24.8

COUNSELOR: Um hmm.

PATIENT: Yeah. So it's really, it's just that overwhelming concern for their, for them to be happy.

COUNSELOR: Um hmm.

PATIENT: And like a problem recently I was with my fiancé. We were fighting. We're a couple that we're always nitpicking and stuff like that. And I was honestly like, I love him so much that I don't want him to have to endure this kind of thing. And so like I'd rather be without him and have him be happy than be with him and have him be miserable. And I was so convincing myself that he would be happier elsewhere that I was like forcing this on him. Like we shouldn't be together. This is hurting you. Even though what's best for

him in his mind is for us to be together. And probably really is best for us to be together because we love each other. So it's just, yeah it's really unproductive. 0:12:19.2

COUNSELOR: Um hmm. That's how you should love. You should love passionately (inaudible 0:12:23.6) about it. You know you love him that much that he went away when (inaudible at 0:12:29.4) and said that. He almost believed (inaudible at 0:12:32.3).

PATIENT: Yeah.

COUNSELOR: Now just like a couple of minutes ago we said people do different things.

PATIENT: Right.

COUNSELOR: So how many examples do you know who show love differently? Do you know who show they love someone, it could be the movies, it could be real life. You know for sure this person love someone but they show love differently than you do. How do they show love? 0:12:51.0

PATIENT: My father, he's such a wonderful man and he shows my sister and I that he loves us, so much love and so really, really supportive. But he's like always pushing us to be the best that we can be. Like I really helps me to say that because I don't want to be pushy, like expects all these like great things and is dissatisfied at the job. But he just realizes our true potential and really pushes us toward them. Like really forces us to knuckle down and accomplish what we could. And I would just be more content to be like however you're happy. Like it doesn't matter if you're kind of half assed something as long as you're like happy with what you do. And so he does that. Or like, (inaudible at 0:13:46.1) we live together in a very small apartment. But my fiancé is very quiet and very subtle about how he loves. So if I were to say, "Oh, I love you." Like I say it to a lot of people and I generally mean it. But you know it takes him a while to say something like that or to just express it like emotively as I do. Some people are like spastically, oh my God, I love you. Whereas he would just be more like after a while like, well, I really love you. 0:14:18.9

COUNSELOR: Um hmm. Right.

PATIENT: So I mean both he and my dad do it differently. But like I know I'm acting like that they both so really love.

COUNSELOR: Right. And I think just by hearing you talk about it it's not like you said I mention it a lot. It's more like (inaudible at 0:14:36.6) other people's feelings, other people's thoughts. So what's the point of doing too much (inaudible at 0:14:39.6) kind of your ideals and how you see things onto them.

PATIENT: Yeah.

COUNSELOR: Right?

PATIENT: Yeah.

COUNSELOR: If they don't do that then you take it as an expression of how they feel about you.

PATIENT: Exactly. I mean that is exactly, and that's what I've come to realize like if people don't act how I would in a certain situation, I am, I'm like holding them to these really rigid standards of what it would be for me, of what love would be for me. And if they don't act in a way that would be how I would act. I'm just like that means they don't love me. I just read so much into certain attitudes and reactions that isn't there. Because that's not how their mind is thinking. That's not how their heart is working. 0:15:18.1

COUNSELOR: Right, right.

PATIENT: And one of those things I'm able to talk about and see when I'm not in it.

COUNSELOR: Right.

PATIENT: And when it doesn't involve me. Like if were talking about my Dad loving somebody else, like I can totally say it. When it's about me or my fiancé's feelings about me I just immediately jump to, "Oh,

they're disappointed." Or they don't love me.

COUNSELOR: Um hmm. So, ok, so it's good. So what do you think gets in the way of you thinking rationally in that situation?

PATIENT: It's just overwhelming sense of hurt. But I feel like it is so easy to hurt me. And so easy for me to be hurt really, really deeply just because I'm so out there with my emotions it's so expected. And when I feel any kind of rejection or you know, anybody shows me love in a different way I mean it just like hurts me to the core where I literally can't function or think about anything other than the hurt. It's just like this feeling of like I'm drowning because it just overwhelms me like a wave would. And then I just have to kick and fight against this feeling and that's when I act out and I say mean things when I normally wouldn't. It's my only way of trying to survive it because it's so painful. 0:16:49.2

COUNSELOR: Um hmm.

PATIENT: And I mean I have a pretty good pain tolerance for physical pain but like emotional pain devastates me. Like literally just my body collapses on itself. My whole brain stops functioning and it's just a throb.

COUNSELOR: Right, right.

PATIENT: And I just want to find a way that I can take like every day occurrences and thoughts and actions and make them into something that's not just so completely debilitating for me. Like so that my mind can still work while I'm being hurt. Because I realize I'll still always be hurt. Which is ok, but I just want to be able to think and not go into immediate survival mode. 0:17:31.4

COUNSELOR: Right, right. How often does this happen?

PATIENT: It does happen fairly frequently. Right now, so my fiancé and I are living a 800 square foot bungalow. We sleep in a full size bed. So it's like always together. So there's lots, there's just so many opportunities for little things to trigger me.

COUNSELOR: Um hmm.

PATIENT: So I feel like you know something happens every other day where I just hurt so badly that I react badly.

COUNSELOR: Um hmm.

PATIENT: And I mean I think that's part of why I'm coming in now rather than earlier because I think this is something that I always struggled with but now it happens so frequently because I'm so exposed to things that will trigger me.

COUNSELOR: Right, right. 0:18:25.3

PATIENT: So and that's just what's so worrying. You don't want to be, you don't want to be feeling like that every day. So.

COUNSELOR: That's, I understand what you're saying. I feel your pain.

PATIENT: Ok.

COUNSELOR: Yeah, so that's very frequently when things happen you're going to like think (inaudible at 0:18:42.7) of things to walk away and feel rejected and feel like nobody loves you. That's an automatic conclusion you're jumping to.

PATIENT: Right.

COUNSELOR: So that's your thought. What can you say to dispute it?

PATIENT: I kind of tired this. I tried doing this like little mantra. Because he's really trying too, trying to think of ways to get it so that it doesn't hurt me.

COUNSELOR: Right. 0:19:03.6

PATIENT: And you know I try to keep in my head he loves me. So he would never intentionally do anything to hurt me. He loves me. He would never do anything intentionally to hurt me.

COUNSELOR: Uh huh.

PATIENT: And I try to repeat that. And like I've found that I can't quite, I can't conquer that fear yet.

COUNSELOR: Why not? Why don't you just let it, why don't you let this mantra work?

PATIENT: I think it really is because there's hurt shuts off my brain. Like I have to disconnect from it somehow. Just because it's so painful. And so my brain stops thinking and I'm just feeling. And all I'm feeling is hurt. And so I'm not getting my rational thoughts of, "You know, you said you love me five seconds ago. And you know he loves me every day." And that king of thing. 0:19:57.9

COUNSELOR: As a woman, I don't think that no matter how much he says he loves you, how much he says (inaudible at 0:20:05.0) your convinced that no one can love you.

PATIENT: Wait, I don't believe it.

COUNSELOR: Right, exactly, exactly. You don't believe it.

PATIENT: Yeah.

COUNSELOR: I mean right now right now that emotion's out. You can't rationalize it. All you are is, I don't say emotion, but the moment you're convinced in your head that he doesn't love you.

PATIENT: Right.

COUNSELOR: But you think that you're not really disputing the thought.

PATIENT: You're right.

COUNSELOR: You're not really buying into it.

PATIENT: Right, yeah exactly. That's one thing I want to discover is what that saying is or what that thing is that I can connect with that actually puts it into perspective and makes it real rather than just these thoughts that are not based on anything.

COUNSELOR: So let's think about now. Did you say it is love, how can you dispute it?

PATIENT: Oh my God, how can you dispute that?

COUNSELOR: Um hmm. Just for a second. You can't be biased when you're in love. 0:21:02.6

PATIENT: Yeah.

COUNSELOR: You want (inaudible at 0:21:03.6)

PATIENT: Yeah.

COUNSELOR: You know how hard it is to do it when you're in love.

PATIENT: Right. I mean that's completely true. I mean this has been so worrying to me that I have been trying to think about it even when I'm not upset.

COUNSELOR: Right, right.

PATIENT: And that, I think this is really like the kicker, I'm not sure what those things to be telling myself or those things to be thinking are that we'll just think that just because I really still am not sure that I do deserve to be loved or if that's even possible for someone to love me.

COUNSELOR: You know what do you have to do to be loved?

PATIENT: I don't know. Like not, it's (inaudible at 0:21:56.9) like I see this as a serious feeling in myself. That I think this way and I'm not strong enough to even take control of my thoughts and my actions and you know, that I'm weak. And then you think like why would people love someone who can't even control what they're thinking and saying and doing. And so I come back to that thought. And so it completely makes sense to me in that moment. Like you're acting crazy right now. Why would anybody love a crazy person? He can't possibly love me. It's kind of my worst thought. Maybe it's like, nip it in the bud and get rid of all those premises or like convince yourself that one of those premises is false so that you believe the conclusion is false. Or find something in there that doesn't logically follow. 0:22:54.1

COUNSELOR: So do you have to be 100 percent lovable to be loved?

PATIENT: Probably, I mean no. Right? No, right. But for me, yeah. It's always, it's always been this way. No matter where I'm just like I don't want, I've always felt this way for a really long time. I don't want to be with anybody right now because I don't want to be with somebody who would accept me as I am right now. Because I'm not good enough right now. And I think that's kind of the thought that's carried though. You know like nobody should want me if I'm not perfect.

COUNSELOR: Right, right.

PATIENT: Even though I don't expect that of the people I love.

COUNSELOR: Right. That is the last thing you'd want. If you're not 100 percent perfectly lovable then you don't care to be loved.

PATIENT: Yeah, right. 0:23:48.2

COUNSELOR: So when will you get to the point where you're 100 percent lovable?

PATIENT: I have all sorts of like quirks and wisdom but it'll never make me like 100 percent like normally lovable. I know some people like quirks and stuff like that but something like this, like these really deep hurts and this tendency to really like hang on to bad stuff I think is like a serious obstacle. And I think it is something that's preventing me from being loved. And that's why it's like one of those things I want to work out. Just because I don't know how somebody can love me with as many flaws as I have. And even though I know I'll never be able to get rid of all my flaws and even though I don't expect other people to.

COUNSELOR: Right, right. 0:24:39.6

PATIENT: It's a weird, weird (inaudible at 0:24:42.5).

COUNSELOR: Um hmm. So I think you are, you can actually think this is weird and still you hold on to it so tightly.

PATIENT: Yeah.

COUNSELOR: Because if you give it up how would your life be different?

PATIENT: Oh God. I actually imagine it would just be really liberating. Like because I could finally be like, "Ok, I'm not 100 percent lovable but this person still does in fact love me." And you could just accept that and be ok with that. That would be huge. I think that would be radically different if I were able to think that way. And I really, I do desire to think that way. I'm just not sure how to train my mind to think that way.

COUNSELOR: Right. When you're so used to thinking one way for so long it's very hard to make that change. Especially if it comes very fast.

PATIENT: Yeah. 0:25:42.2

COUNSELOR: It's hard to kind of step out of yourself and then try to think differently.

PATIENT: Yeah.

COUNSELOR: Right?

PATIENT: Yeah.

COUNSELOR: So I understand it's so wonderful we had this talk and it's wonderful you understand it. Of course you can't do it but I think you want to.

PATIENT: Right, exactly. That's completely what it is. Because I know where I need to go.

COUNSELOR: Right.

PATIENT: And I really know how awesome it would be once I got there. And I keep trying these little things and none of them are working and none of them are really getting at that base problem. And I just can't crack how to get at that.

COUNSELOR: Right. So what else have you tried?

PATIENT: I mean like I kind of tried the mantra thing. I really tried like analyzing how it is I feel about other people. You know like I love my Mom. I love my sister. I love my best friends. I can readily admit that all those people have flaws.

COUNSELOR: Um hmm.

PATIENT: And I love them so passionately. And you know it's kind of like, look at how much you love those people. It's ok and it's totally possible to love people who aren't 100 percent lovable. 0:26:41.3

COUNSELOR: Right. But they're not you though.

PATIENT: But they're me. Completely. Right. And you know so I kind of tried dissecting it out like that or you know I do have like, let's make a catalogue of all the different things that people do that show that they do love you.

COUNSELOR: Great.

PATIENT: And I'm like yeah, they do all those things. But they can't actually love me because I'm not lovable. You know it's a mute thing. No matter how rational I try and be or what strategies I really try.

COUNSELOR: Right, right.

PATIENT: So yeah. That's what I really want to work on. Finding, talking it out with somebody so that I can find some kind of strategy.

COUNSELOR: It's not like you need (inaudible at 0:27:26.1), which is (inaudible at 0:27:30.0) all that we mentioned. You tried to work at it.

PATIENT: Yeah.

COUNSELOR: So it's going to be a lot of work

PATIENT: Yeah. Because that's something that I really want to do. I know I owe it to myself and I know I owe it to the people who love me.

COUNSELOR: Right.

PATIENT: Because I mean they shouldn't have their pure intentions questioned either. Like they do love me. They shouldn't always be forced to prove it again and again and again and again to an impossible standard. So I'm just really now starting to see how it adversely affects myself. But not only myself but those around me. 0:28:00.4

COUNSELOR: Right.

PATIENT: And so that's I think what really motivated me to like step it up and do something.

COUNSELOR: Ok, good. So I think one thing, part of (inaudible at 0:28:11.7) a lot of work should be done at home when you're not upset. Because when you're making behavior changes or habit changes and thinking that comes so natural to you and you don't have to work at it. So usually we all look forward at the end of the session. Look at it and find out what worked, if it didn't work we try different things and go on.

PATIENT: Ok.

COUNSELOR: Ok you already said that you hurt pretty often. Every other day because you're really in a close relationship with your fiancé.

PATIENT: Yeah.

COUNSELOR: So I would think one thing to maybe track down those times when you do get upset.

PATIENT: Ok.

COUNSELOR: Yeah, so you know, I'm not expecting you not to be emotionally upset. It's going to happen. I shouldn't hold you to that standard either. Because why should you not get upset? It's something you've been doing for a long time.

PATIENT: Yeah.

COUNSELOR: Don't be, what I'm trying to say is, you tend to beat up yourself when you become that way. 0:29:01.2

PATIENT: Yeah.

COUNSELOR: But it's almost like why would you expect less now? Why would you not expect that if that's the way you've been all along?

PATIENT: Right. That makes perfect sense.

COUNSELOR: You could just say it's hard that for how long?

PATIENT: Three or four years?

COUNSELOR: Ok. It's not going to change overnight.

PATIENT: Yeah.

COUNSELOR: But keep telling yourself I'm working at it. I'm working at it.

PATIENT: Yeah, right.

COUNSELOR: Now will that be enough for you?

PATIENT: Working at it is good.

COUNSELOR: It's good.

PATIENT: Yes.

COUNSELOR: It's a start.

PATIENT: And I'm ok with a start. If only if it's like, you know it's a step in the right direction. Even if it doesn't work I'm at least trying something. Like I'm just really concerned. I want to invest enough and know I'm working on it.

COUNSELOR: Right, right. The reason I'm asking is because you tend to have the perfect idea...

PATIENT: No,

COUNSELOR: That's what I'm saying. It's not going to happen immediately.

PATIENT: Right, right.

COUNSELOR: It's not going to happen fast. It's a habit you've had for 24 years. For that to go away you're going to be working to fight it. But quit beating yourself up over it every time you don't succeed or you don't get the outcome that you want then you find that you get deeper set back or down about it. 0:30:04.8

PATIENT: Right.

COUNSELOR: The first step is like always difficult because of allowing yourself saying I thought this was really going to change overnight. Where you're at, this was the right direction.

PATIENT: Right

COUNSELOR: But if that's the right direction, you know.

PATIENT: Yeah. I mean it doesn't make sense to be like 24 years of thinking is going to change in a single day. And I do realize that. I know I'll probably still get a little bit down. Like, oh come on Kelly, you can do better than this. But that is something that I have given, tend to be trying to do recently, is things like, "Ok, this is an isolated event." And but it's a behavior, it's an attitude I've become comfortable with.

COUNSELOR: Yeah, yeah.

PATIENT: And so it's almost, it's like kicking a bad habit. It is kicking a bad habit.

COUNSELOR: Right. Absolutely.

PATIENT: And so I need to be ok with making small steps. And I fought those in other people so I should be able to do it. 0:31:02.5

COUNSELOR: Right, right.

PATIENT: I'm going to try it. 0:31:05.4

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: How was your week?

PATIENT: It was good. It was really good. Wish it had been a little warmer. Other than that it was good.

COUNSELOR: Really?

PATIENT: Yeah.

COUNSELOR: (inaudible at 0:00:15.2) I guess.

PATIENT: Yeah.

COUNSELOR: So how did that go?

PATIENT: Well here's the thing. I didn't have a whole lot of opportunity to use it. There was only one time where I really felt like I was going off the edge. So —

COUNSELOR: Okay.

PATIENT: There were a couple of times when I did the "don't talk to me now." Like we had the whole "don't talk while I'm panicked" mode kind of thing.

COUNSELOR: Yeah.

PATIENT: So there were a few times where I got a little bit panicky and I was just like, "All right. Just give me a second."

COUNSELOR: Mm-hmm.

PATIENT: And then you know, breathe. Kind of walk away. I did the water thing once.

COUNSELOR: Okay.

PATIENT: And I could come back. And it felt really different. It felt like I was able to stop that kind of thought process from going on. Like it allowed me to just disassociate for a second and then come back. There was only time I was really over the edge and felt really frustrated. And I actually consciously was like, "Okay. These are the things I'm supposed to be doing. I'm supposed to be walking away, saying I can't talk right now, splashing water in my face, (inaudible at 0:01:27.0).

And it really — it was so frustrating because I went, "This is the perfect opportunity." And we literally, my fianc and I, were walking out the door to meet people literally two minutes later. And I'd just done my makeup. So I was like, "I can't splash water on my face." (Laughing) (inaudible at 0:01:46.0) So I really thought in my head, "You're in panic mode. Be silent for a second." [0:01:53.0]

COUNSELOR: Mm-hmm.

PATIENT: And so I was quiet. Even though I was wishing I could go splash my face. I was just quiet for a second. Took a deep breath. And then just forced myself, just kissed my fianc, "Okay let's go out and have fun." And we went out and had fun. And it like stopped there.

COUNSELOR: Wow. Mm-hmm.

PATIENT: So that was the one time — it would have been a great excuse to actually do it. And I really thought about it. I really like those techniques. (inaudible at 0:02:21.3)

COUNSELOR: You know what's amazing? You were able to think about this in the moment of the heat.

PATIENT: I know! I know! It was crazy. It was. It totally was because I feel like I'm so on board with this. Like this makes a lot of sense to me. And things like I was doing to a smaller degree before but I didn't really realize how powerful they could be.

COUNSELOR: Mm-hmm.

PATIENT: And so it just makes sense to me that they would work. And so I was really excited to kind of try it out. (Laughs) But the few times where I was like, "Okay. Be quiet. Don't say anything for a minute." And then it's miraculous because I thought I would sulk. I thought I would be quiet. Go somewhere to be by myself. And like, ugh. [0:03:02.6]

COUNSELOR: Yeah.

PATIENT: Be kind of whiny. But I told myself it was proactively being alone. I was choosing to be alone. To be quiet.

COUNSELOR: Right.

PATIENT: And that was something I surprised myself with my ability to do.

COUNSELOR: Right. So when you're quiet, what was going with your thoughts?

PATIENT: Really I was like, "This is panic mode. This is where I have to calm down and step back. Don't talk. Don't say something right now because we know it never goes well when you say something. So just don't talk. Breathe for a second." Breathe. And then I would just do it for a few seconds. And be like, "Okay." So this is while I was in panic mode. Like this is while I was freaked out. [0:03:49.0]

COUNSELOR: Wow, that's great.

PATIENT: Yeah.

COUNSELOR: You're right. When you're talking and yelling in panic mode you're not really communicating well.

PATIENT: Uh-uh.

COUNSELOR: No it's panic that's communicating.

PATIENT: Right. (inaudible at 0:04:00.7) out of my control. There is nothing you can say to a person who is out of control. (inaudible) doesn't understand like they're in control of their faculties.

COUNSELOR: Right.

PATIENT: So it's really helpful because now like my fianc I can be like a couple of seconds, "Okay this is why I just acted like that." So now he's not like (inaudible 0:04:23.8), he's like "Oh." Because before it just seemed random to him. Like of all of a sudden I would just freak out. Because he didn't understand what was going on in my head. So I now I feel like he's getting a better sense of what's going on in my head. And me talking about it is giving me a better understanding of what's going on in my head.

COUNSELOR: Right. Okay. So I think that's really good. (inaudible at 0:04:44.5) relationship too.

PATIENT: Right.

COUNSELOR: Like you're letting out your anger or whatever is going on with your fianc and he has to come to you. (inaudible at 0:04:53.9) You have different strategies to work on. Like managing your panic mode. [0:04:57.2]

PATIENT: Yeah.

COUNSELOR: So now what about the cognitive process that gets you into the panic mode? How is that going?

PATIENT: It's been going pretty well. I feel amazingly in control of my thoughts. Recently.

COUNSELOR: Okay.

PATIENT: There is an exception that I find kind of frustrating.

COUNSELOR: Okay.

PATIENT: And that is my dreams. Because I feel like when I'm awake I still do the stop it, stop it, stop thing when I start going down a bad road. And I can stop myself from thinking that.

COUNSELOR: Okay.

PATIENT: But when I have a dream about (inaudible at 0:05:34.6), it's hard because I don't feel like I have any control over what's going on in the dreams. And (inaudible at 0:05:43.0) situations. It's about stuff that no longer is really affecting me in my everyday life. But when I dream about it, I feel like I go back to my old way that hurt me. So then I wake up and I'm down. Which is just kind of hard to keep having to pick yourself up. It'd be great after a night's sleep if I could just be — happy would be wonderful. But even just neutral. But it's hard for me to start from a low point and then have to build up. [0:06:14.1]

COUNSELOR: Okay. (inaudible at 0:06:15.8) You know your dreams are not real but you feel that it's real. And when you wake up and (inaudible at 0:06:22.0) because you feel like it's real.

PATIENT: Exactly. And felt that. I had to talk myself down from just wanting to wring my fianc's neck because of something that happened in the dream. It's something that we've talked about before. Back when I was really concerned about my relationship with my fianc and was like I needed this perfect love. I felt so threatened by all this stuff. This ex-girlfriend of his really symbolized to me like his willingness to leave and choose someone else and all that kind of stuff. [0:06:57.0]

COUNSELOR: Mm-hmm.

PATIENT: So now like when I'm awake I'm okay with it. And if I start feeling it I'm able to stop myself. Whereas it used to be all those repetitive cycles. Now the dreams. It's so weird because three nights in a row I've dreamed about this same person.

COUNSELOR: Mm-hmm. Are the dreams the same contact?

PATIENT: No. It's not the same contact. It's just varying degrees of the same thing.

COUNSELOR: Okay. The varying degrees of the same thing.

PATIENT: But it's always the same person who has always represented this feeling to me. And it's really like, "Oh come on!" I just kind of, not mastered, but took the reins in what's going on in my conscious but I don't want to be undermined by (inaudible at 0:07:45.0) dreams.

COUNSELOR: Right. Right. You had three nights in a row.

PATIENT: Right.

COUNSELOR: Actually very interesting. This is sort of different but the way to treat this is sort of the same thing. People who lived through trauma. They have a mega flashback. But these are people (inaudible at 0:08:02.5) nightmares and they'll wake up from it and they feel like they're reliving it. [0:08:06.8]

PATIENT: Right.

COUNSELOR: So people with those nightmares, we make up like a narrative of the dream. So you write the narrative of the dream. And the only difference is we change the outcome or the ending.

PATIENT: Oh, okay.

COUNSELOR: So you're recreating the ending. And when you go to sleep at night, you review the end that you created for yourself.

PATIENT: Oh.

COUNSELOR: Because a dream is a creation of your mind.

PATIENT: Right.

COUNSELOR: So you could almost have a control over it. (inaudible at 0:08:38.1) with your dream as well.

PATIENT: (inaudible at 0:08:38.4)

COUNSELOR: And it's amazing. You could be (inaudible from 0:08:42.3 to 0:08:46.3). We did this.
(inaudible)

PATIENT: Really?

COUNSELOR: Yeah.

PATIENT: That's phenomenal.

COUNSELOR: Right. Because you're changing the outcome. The reason we have a (inaudible at 0:08:52.8) feeling afterwards is because of outcome. Right?

PATIENT: Right.

COUNSELOR: What happened in the dream. So it's really powerful because you can rewrite the dream.
[0:08:58.7]

PATIENT: Yeah.

COUNSELOR: How you want it to happen.

PATIENT: I like that. So (inaudible at 0:09:02.4) outcomes aren't even that horrible.

COUNSELOR: Okay.

PATIENT: It's just that feeling of being powerless to control where my mind is at. That powerless is what's really irking me. Because I feel like I'm doing so well at being able to do it.

COUNSELOR: Right.

PATIENT: It's almost like her sheer presence in my dream automatically brings me down. It's not necessarily a bad outcome like George leaves me and goes to her or something like that. She's just there. And she's just the symbol of so much that caused me so much pain. And so then—I don't know.

COUNSELOR: So let's talk about what she means to you.

PATIENT: Yeah.

COUNSELOR: So why has she so symbolized the hurt?

PATIENT: Well because it was really, really hard when she was in the picture. Like when she was involved in the picture I didn't know how my fianc felt about me at that time. So it felt like a lot one sided. I mean he didn't know how I felt about him either. But I felt like asking (inaudible at 0:10:12.9) and then he had this other person who I had this history with. And so then it just kind of came to symbolize like him choosing something over me or him thinking something was so much better for him than me. So that's what it really reminded me of. Just how easy it would be for him to like leave and find something else that was good. I guess. [0:10:35.9]

COUNSELOR: Right.

PATIENT: So that's why back a few months ago I would be having these dreams every night. And so that's why they were so draining. Because I would just wake up and feel like shit. Especially because back then I thought that would signify like yeah he can he leave you. He didn't choose you. And now I realize that that was me. He obviously did choose me. And stuff like that. It's just kind of the emotion that's attached to what they used to mean to me.

COUNSELOR: Mm-hmm.

PATIENT: If that makes any sense.

COUNSELOR: (inaudible at 0:11:08.2) going on here. You're really triggered by emotion.

PATIENT: Yeah. Exactly. (inaudible at 0:11:13.8) I want to break that tie. Because I can, like in my waking life, I can think her name and not be like, "Oh my God!" When I used to — that would've been my reaction.

COUNSELOR: Right. (inaudible at 0:11:24.4) You'll retrain yourself that way.

PATIENT: Right.

COUNSELOR: So now you think of her and then not have a reaction?

PATIENT: Yeah.

COUNSELOR: Because what are you telling yourself now? [0:11:30.9]

PATIENT: It's weird. Because literally George means something different to me now. Like that light switch moment of like I am okay without him. I can survive without him. It really was freeing for me. And so now I view him in a totally different way. And I'm like, "Wow. He does love me." Like "Wow. He is choosing to be here." And it's so like, "Okay that was in the past, but he's making the active decision day after day after day to be here." So it really doesn't faze me as much anymore.

COUNSELOR: Right.

PATIENT: And so I mean I guess I just have to somehow train myself not to associate or to have the disconnect between the dream and the emotion again.

COUNSELOR: Right. How would you do that?

PATIENT: I mean—I guess if really going over the stuff in your head before you sleep works, like reviewing that stuff that I know now. [0:12:34.7]

COUNSELOR: Right.

PATIENT: Honestly it's fine. This is where he wants to be. This is where he is. I'm very secure in where we are. I'm very secure in what my understanding of love is, what he means to me and what I mean to him. Just kind of like repeat those things. Which I do sometimes during the day if I get a little freaked out.

COUNSELOR: Good. Good.

PATIENT: So maybe if I do that before I go to sleep. Does that really help if you do it?

COUNSELOR: Yeah. I'm trying to see what the association with the girl is. Do you think about her a lot during the day?

PATIENT: I used to.

COUNSELOR: Used to. Okay.

PATIENT: I don't anymore. It's frickin' awesome. I did. I used to think about her all the time. Like she really was the personification of all that was bad in my life. Like she was the personification of all (inaudible at 0:13:20.8). I put her on a pedestal. Like she is perfect. But he has me. This whole comparison thing. Like her judging me being inadequate kind of stuff. [0:13:34.5]

COUNSELOR: Right.

PATIENT: And so I thought about her all the time. I was always comparing myself to her. What did she do for her Mother's birthday? I have to do something ten times better.

COUNSELOR: So do you talk about her with him now or did you in the past?

PATIENT: I have in the past. It was mostly during those like freak out moments. Because I would go at her. Because she was just like literally the personification of evil. Like she was the easiest thing to return to. I knew I could hurt him the fastest. I knew I could vent my pain. So yeah. (inaudible at 0:14:10.8)

COUNSELOR: Do you still personify her as the ideal (inaudible at 0:14:13.5)?

PATIENT: Well to some extent. Not to the same extent. I totally recognize she's human and has a ton of failings. But there is a little bit of like — because we're different. I'm like well she has a lot of these qualities that I don't have. So I recognize the qualities that she possesses that I don't have and like kind of wish I had some of those. But I don't think she's perfect by any means anymore. It's not like, "Oh my God. She's stunning. And brilliant." And you know. [0:14:52.7]

COUNSELOR: Right. Right.

PATIENT: She's much more human.

COUNSELOR: That's good.

PATIENT: Yeah.

COUNSELOR: (inaudible at 0:15:02.3) pedestal. Then you kind of compare it to an ideal. Of course you're going to fail then.

PATIENT: Right. Exactly.

COUNSELOR: You're never going to meet up to the standards.

PATIENT: Right. Right.

COUNSELOR: And (inaudible at 0:15:11.9) But you are not in her shoes. You're making assumptions. (inaudible at 0:15:18.3)

PATIENT: Horribly way off assumptions. (inaudible at 0:15:22.8) "Oh my God. She's perfect." And (inaudible) mad. And I know it's not true.

COUNSELOR: Right.

PATIENT: But I just needed to make somebody perfect to compare myself to and make myself feel shittier.

COUNSELOR: Right. Now when you think about her, what pops into your head automatically?

PATIENT: Now it's just her name. Her face. And just the fact that she was associated a little bit with pain. But it's not like the living pain. Like literally when I used to see her I freaked out. But now I just think name, face, that little bit of ugh, you know. (Laughter) [0:15:58.4]

COUNSELOR: Right. How long has it been since she was in the picture?

PATIENT: A year.

COUNSELOR: A year. Okay. So now you're engaged. There's no need for her to come into the picture.

PATIENT: Right. Exactly.

COUNSELOR: So (inaudible at 0:16:17.0) What do you try to do when she comes into your head? Acknowledge it? Like next?

PATIENT: Yeah. That was the "stop it, stop it, stop it" thing. Because I know I get worked up. If I let myself think about her, I get worked up.

COUNSELOR: Right. (inaudible at 0:16:28.7)

PATIENT: Right. (inaudible)

COUNSELOR: So basically you're acknowledging that it pops into your head. Okay acknowledge it. Like next thought.

PATIENT: Yeah. (inaudible at 0:16:39.6) car passing by.

COUNSELOR: Because thoughts, you can have a thought. Right, that's natural.

PATIENT: Yeah.

COUNSELOR: Like you're in a fight against it you just get more stressed out and worked up. So just acknowledge it. (inaudible at 0:16:49.3) Hold on. Next one. Next one.

PATIENT: Yeah.

COUNSELOR: (inaudible at 0:16:53.6) your thoughts that way.

PATIENT: Yeah and I like that. I feel like I have been able to effectively do that. (inaudible at 0:17:01.9) This is was like a stumbling block I wasn't sure I was ever going to get over. I didn't ever think I would become okay with it. It's almost like I honestly thought of it as people do an affair. Like how am I ever going to trust this person again? How could they have betrayed me like this? Will I ever be able to see them in a certain light? And so that was a like a really big part of what was concerning me about our relationship. And now I can. And it happened so much more easily. I thought maybe in ten years the pain will start to diminish. [0:17:34.0]

COUNSELOR: Mm-hmm.

PATIENT: But really, it is now.

COUNSELOR: Right. So what changed in you?

PATIENT: It was the fact that I didn't have to idealize love anymore. Like that's what it was. I wanted somebody like so perfectly. Like virginal in all senses. Never ever liked anybody before. Never touched. Like having somebody that didn't live in the real world. (inaudible at 0:18:03.5) You know what I mean?

COUNSELOR: Mm-hmm.

PATIENT: And knowing like okay, he has needs like he wanted other friends. Like makes perfect sense. You did the same thing. And it's just much more real world. And I'm like okay. And I'm able to get over it. It's not a huge obstacle. It's just part of normal, everyday life.

COUNSELOR: Right, right. And it's more based on reality.

PATIENT: Right. Right.

I :(inaudible at 0:18:32.9)

PATIENT: Right exactly. Which I'm very slowly realizing. (inaudible at 0:18:36.5) I'm kind of learning that throughout my life. And love was honestly my last stronghold. It was the one thing I had left that was idealized. And so now I'm just starting to finally be real about that too. [0:18:48.4]

COUNSELOR: All those fairy tales. (Laughing — inaudible conversation at 0:18:52.5)

PATIENT: They do. They do. It's horrible. But this is great. I like real love.

COUNSELOR: Right. Right.

PATIENT: And real relationships. So now if you want to recreate the dreams, what would it look like? Like what happens? We're supposed to rewrite the ending?

COUNSELOR: Right. Well rewrite the dream.

PATIENT: Rewrite the dream.

COUNSELOR: Let's do an example.

PATIENT: Okay. So in my example dream. (inaudible at 0:19:26.6) I was having a dream that (inaudible) still there. Now my fianc's ex-roommate — it's his best friend who going to be his best man. I had sex with this guy too. He is still friends with this ex-girlfriend and her friends. And he brings them as his dates to the wedding. [0:19:50.2]

COUNSELOR: Mm-hmm.

PATIENT: So he's at the rehearsal dinner making his best man speech with this ex-girlfriend right beside him like "Oh you know, they were a great couple." And making a speech. Because it's kind of well understood how (inaudible at 0:20:06.3) in that so it would be a betrayal to me if the best man brought these people. In the dream George, he starts to stand up for me, "You know, Matt you can't bring these people here. They can't be part of our wedding." You know, like, oh that's so great. And then the best man, Matt, is like, "You've really changed. You're whipped. You wouldn't have been like this before." And then that was the dream.

COUNSELOR: Okay. That was the dream. So how could we rewrite that dream? [0:20:40.6]

PATIENT: I can't just (inaudible at 0:20:46.4).

COUNSELOR: (inaudible) You're rewriting it. It's your dream.

PATIENT: Oh my God. I would choose not to dream about that at all. (Laughing) Okay. So like honestly I would dream — I mean I'm fine with having wedding dreams even though they're stressful. We're having my rehearsal dinner. Even having Matt, this guy who I'm a little bit nervous about making a speech, stand up and make a speech. Even if he just said something simple and brief and not even personal, I'm just going to breathe this huge sigh of relief. (Laughs) (inaudible at 0:21:24.0) horrible. So like even that would be an okay dream.

COUNSELOR: Okay.

PATIENT: But it's like completely writing her out.

COUNSELOR: Write her in and then change it.

PATIENT: Yeah. It's her fault.

COUNSELOR: Yeah.

PATIENT: But it's not like she's doing anything horrible. It's just the fact that she's there.

COUNSELOR: Right.

PATIENT: (inaudible at 0:21:40.0) dream like I hope she's there at the rehearsal dinner and then catches on fire spontaneously. [0:21:44.7]

COUNSELOR: (inaudible at 0:21:48.0)

PATIENT: Right.

COUNSELOR: We're cutting off the ties with your negative mind right? (inaudible at 0:21:56.3)

PATIENT: (inaudible) She's going to be really gracious, okay? She's going to come and she'll pull me aside and say, "Thank you so much for allowing me to be here. I was really concerned about coming because I wasn't sure if it was appropriate. I wasn't sure where we stood. But you guys are so meant for each other. I am so happy for you and I want to be here to celebrate your special day."

COUNSELOR: (inaudible at 0:22:22.7)

PATIENT: I think what would make me happiest is if she was not in my dream.

COUNSELOR: Right.

PATIENT: To be perfectly honest. But if she has to be in my dream I would rather her be nice. And it would be good too if I were gracious. Like, "Thank you for coming." Or that you could be here or whatever. And don't worry about the past. It's all behind us and we're all good.

COUNSELOR: Okay. So that could be one. There are so many different things too. (inaudible at 0:22:53.4) He brings her and your fianc says, "This is not appropriate." And he asks her to leave. And she comes to you like, "I'm really sorry. I just sincerely congratulate you guys. I give you a million dollars and leave you guys to be happy." (Laughter)

(inaudible at 0:23:08.2) This is your dream. (inaudible) But you could do different things that makes you feel okay. (inaudible at 0:23:17.7) Sort of cut the tie. [0:23:22.1]

PATIENT: Right. I got you.

COUNSELOR: (inaudible at 0:23:26.6) past. I'm moving on. You moving on kind of thing.

PATIENT: I do too. That's really good. And that's what I really want. She's not hung up on the past. So something like that where it's like "Cool, good luck you guys." (inaudible at 0:23:40.2) I'm not going to be around anymore.

COUNSELOR: Right.

PATIENT: That's good. I feel bad saying that. I feel like I'm demonizing this poor person who doesn't deserve it. But you know what I mean? I think just the separation of the past. Just be like that was all it was. That's cool. We both get it.

COUNSELOR: Right. And you could even imagine her turning around and walking away with somebody else. (inaudible at 0:24:10.7) She's walking away from your life. That's the past.

PATIENT: Yeah. I like that. The walking away.

COUNSELOR: Turning around walking away. She could be walking with somebody else. She's gone. She's gone to her life. [0:24:21.5]

PATIENT: Yeah. Exactly. So if I think about these things before — I mean that's really supposed to help?

COUNSELOR: Yeah. Are you having this dream three nights in a row? Is it all the time you're having these dreams? Like was it just unique to this week?

PATIENT: It was really weird. It was unique to this week because I haven't had them in awhile since I was really low.

COUNSELOR: (inaudible at 0:24:50.5) If you're not having it everyday. If it's not a habitual thing, don't worry about it. But this is something you can do if it ever happens.

PATIENT: Okay. I like that. Yeah.

COUNSELOR: If it ever happens you can just wake up and rewrite the dream. (inaudible at 0:25:04.7) imageries in your head.

PATIENT: Okay.

COUNSELOR: But you don't have to practice every night or anything like that.

PATIENT: Okay. Good. I like that. Because honestly that was my one real downfall this week—was that just the presence of the dreams because I felt so good in my waking moments. I felt like really together.

COUNSELOR: Right. So tell me like how many times you went up to that cliff. You said there was a decrease from before to now?

PATIENT: Oh yeah.

COUNSELOR: How would you classify it? [0:25:34.5]

PATIENT: Okay. Before I was going up to that cliff multiple times a day.

COUNSELOR: Wow. Okay.

PATIENT: I mean I would lose it at least once a day.

COUNSELOR: Okay.

PATIENT: And more often a lot of times. And now it was only that Friday night one where I was really like — I got the physical symptoms. That was the only time this week I got physical symptoms.

COUNSELOR: That's great.

PATIENT: Yeah.

COUNSELOR: Even then you were able to stop it a little, right?

PATIENT: Yeah. Stop it from getting full blown out. Right and like I've started to get (inaudible at 0:26:11.4) I don't even know what to say. And then I cooled down. I have little ones obviously. But I don't feel they're like cliff ones. I'll get a little sad. Or something like that. But it's not just completely irrational. Just anger and physically draining.

COUNSELOR: Right. Right.

PATIENT: So.

COUNSELOR: Okay. So that's good. (inaudible at 0:26:33.3)

PATIENT: I'm really enjoying this. [0:26:35.4]

COUNSELOR: Well that's excellent.

PATIENT: Life is really good again.

COUNSELOR: I'm really glad.

PATIENT: Me too.

COUNSELOR: So if you're used to doing certain things for so long, like you're learning a new behavior or a new way of thinking which is really great and powerful, what happens is then you kind of let go—things get better which is great. And you kind of let go of the new way of thinking and the old way kind of creeps up on you.

PATIENT: I know. I'm scared of that.

COUNSELOR: It's good to think of ways—it's good to think of obstacles. What will be the time when the old way of thinking will kind of creep up? Prepare for it ahead of time so that you know when to expect it.

PATIENT: Right. And that's something I've really liked about having this what to do if I go off the cliff, because knowing I have those strategies made me so much less likely to even start going off the cliff. You know what I mean? Knowing I could just nip it in the bud.

COUNSELOR: Great, yeah.

PATIENT: So let's see. Situations where — let's see. So I haven't talked about this. (inaudible at 0:27:43.9) stress recently. And my boss is a vocal person who very strongly believes in constructive criticism. [0:27:52.1]

COUNSELOR: Okay.

PATIENT: And I appreciate that because I really want to learn and get better. I've never been particularly awesome at taking criticism. Mostly because of my tendency to want to be perfect all the time so it's really hard when people point out I'm not. And so recently she's been giving me a lot of constructive criticism and a lot of criticism. Just flat out criticism. To both myself but mostly my direct boss. And I find myself in moments like that — I get really worked up. It's me being attacked and it's someone I really care about. I really care about my boss. My direct boss. Getting attacked. Like no recourse really. I mean there is nothing you can really say. You just have to sit there and take it.

COUNSELOR: What do you do? Like what's your job? [0:28:51.1]

PATIENT: Oh I'm sorry. (inaudible at 0:28:55.1) I work at (inaudible) Discovery Channel. I'm a telecommunications officer. So I work with the employees for those networks. Like this is computer systems and that kind of stuff. So I found recently that's a big stressor. My immediate boss, who I like so much, now can't take all this criticism anymore and has told me privately that she's leaving because she can't take it anymore. So like now I'm just feeling really (inaudible at 0:29:30.9). Now it's not like the personal relationships that are at the forefront of where my stressors are coming from but really in the professional sphere where I don't have somebody who I can say things to. Like I'm starting to get really upset.

COUNSELOR: Mm-hmm.

PATIENT: And so I'm kind of doing the "don't panic" thing in my head. Like just breathe, don't panic. This will be over. She'll say what she's wants to say then you're out. But I'm finding that harder to deal with because it's not somebody you can communicate with about it. [0:30:05.8]

COUNSELOR: Yeah.

PATIENT: And so I can see that becoming an issue. Well there have been a couple of times where I just go in the bathroom after work and cry. Or my boss just tells me about her (inaudible at 0:30:16.4) and like cries on my shoulder.

COUNSELOR: Oh my gosh. It's not good. It's not good.

PATIENT: So like I don't want to deal with that kind of thing as well.

COUNSELOR: Okay so what kind of criticism is she giving you? Is it your work? Got to do better or ?

PATIENT: Work. (inaudible at 0:30:34.4) person out. It's so unprofessional. Horrible. My direct boss will offer some kind of suggestion or her point of view and she'll be like "Why are you so resistant? Have you always been such a resistant child? Did you treat your parents like this?" Like it's not appropriate. And I recognize that. And yet she just does these things. It's like attack, attack, attack. Or if she says you said something and you're like, "I don't believe I said that. I was trying to say this." She'll say "I heard you say it. Let me call people on the phone and ask how many people heard you say what I heard you say." You're like, "All right." (inaudible) [0:31:15.3]

COUNSELOR: How long have you been working there?

PATIENT: Eight months.

COUNSELOR: And how do other people cope with her?

PATIENT: My boss and I are the only two that directly report in to her.

COUNSELOR: Oh okay.

PATIENT: People are afraid to go to her because she does have kind of snappish responses. Which is sad because we're the training department so people are supposed to come to us and ask questions. But people hesitate to do so because they kind of get criticized or scolded. She's the kind of person in a meeting where she'll be like "Shhh. Stop talking. Is there something you want to share with the group?" And you're like, "All these people are over the age of eight!" (Laughs) It's just kind of like a fearful atmosphere.

COUNSELOR: Okay.

PATIENT: And like it's just hard because it's not something — you can't be like, "You know, this is really unprofessional." So it's being able to hold in my feelings of what I feel to be just outrage. Because I have to. [0:32:20.7]

COUNSELOR: How are you able to not, up to now, for six months?

PATIENT: You know, I sit there. And I do have times when she's looking at me and I have tears welling in my eyes. And I look down and I'm just like, breathe. You'll be out of here in a few minutes. Breathe. You can do this. Like saying that in my head. And then I get out and I'm like so drained. Like we cry. My boss and I go out and get lunch. And just be like, "Oh my God. Can you believe we're working there?"

COUNSELOR: Right.

PATIENT: So that's kind of how I deal with it. The thing is I'm worried to do some of the things in my head like where I talk to myself. Like stop it. Stop thinking this. Where I'm talking to myself. Because often I have to respond quite quickly to what she's saying to me. So I don't want to stop paying attention to what she's saying to me.

COUNSELOR: Right. Right.

PATIENT: So that's kind of what I've been struggling with.

COUNSELOR: Okay.

PATIENT: (inaudible at 0:33:13.9) lately.

COUNSELOR: Okay I think you're right. You have to be alert to respond back to what she's saying. So I think (inaudible at 0:33:21.1) concentration.

PATIENT: (inaudible)

COUNSELOR: (inaudible at 0:33:23.5) like Oh my God. (Laughing) I think the fact that you're losing your boss too that has probably been tough on you. [0:33:31.2]

PATIENT: Yeah.

COUNSELOR: But that means they're going to have to hire somebody.

PATIENT: Probably not. We're in a hiring freeze. I think I'm going to have report directly in to this crazy lady.

COUNSELOR: Right. I think that by acknowledging that it's her. And not take it personally.

PATIENT: It's her. It is. It's her. And I'm able to say that. Like this (inaudible at 0:33:51.4) This isn't you. This is decent work you're doing. You're not trying to be resistant. Or stuff like that. And that does help to some extent. But especially since my self confidence has been kind of eh lately. And then to have somebody be

like, "You suck. You suck. You suck." You're like — no matter how much you don't respect that person hearing it enough you're like, "Oh shit, do I suck?"

COUNSELOR: Right. Yeah. Yeah.

PATIENT: And so that's kind of where I worry about my strength faltering a little bit. [0:34:22.9]

COUNSELOR: Yeah. Okay. And I feel like that's a tough one. Because it's not (inaudible at 0:34:28.1). It's a power difference.

PATIENT: Right. Right.

COUNSELOR: So it's not like you talk about it. You kind of have to suck it up and deal with it. I think the best is (inaudible at 0:34:40.4). (inaudible) talking about it. After hours you don't feel good about it.

PATIENT: No.

COUNSELOR: So we could talk about (inaudible at 0:34:49.6 to 0:34:53.4). Disappointment. Annoyance.

PATIENT: Okay.

COUNSELOR: Like frustration.

PATIENT: Okay.

COUNSELOR: Because I think anybody in that situation would feel that way. Right?

PATIENT: Right.

COUNSELOR: But then you don't want to get panicky.

PATIENT: Right.

COUNSELOR: When you're really anxious and you're really depressed.

PATIENT: Right.

COUNSELOR: So do you want to learn how to manage that?

PATIENT: Yeah. That would be good.

COUNSELOR: (inaudible at 0:35:08.0)

PATIENT: Yeah. Yeah. That makes perfect sense. I just want to get to that point where I'm not—like I'm somebody who is kind of vocal. Like if something is not fair, I'm just kind of like, "Come on, that's not fair." And so I'm just worried that I'll be so drawn up in my panic that I'll be like, "Hey that's not fair to my boss." And I'll be like axed. (Laughs) [0:35:30.9]

So I think those emotions, those negative emotions are more (inaudible at 0:35:39.0).

COUNSELOR: Yeah.

PATIENT: But that's the thing. I don't want to get into a situation where I say something I don't want to say.

COUNSELOR: Right. And what happens if you tear up and stuff? Does she get (inaudible at 0:35:49.5)?

PATIENT: Um—

COUNSELOR: Or does it bother her at all?

PATIENT: Sometimes she recognizes it and backs off a little bit. More often she'll be like, "Oh can you handle this?" Like, "Are you okay?" And you're just kind of like, "Oh, yes."

COUNSELOR: How often does this happen? The criticisms?

PATIENT: Fairly frequently. They seem worse on my poor boss. Like I kind of feel guilty that she bears the brunt of this. But I mean multiple times a week. So like (inaudible at 0:36:26.2). But I mean it's a job. And I'm thankful I have a job. And I don't want to seem like ungrateful. [0:36:31.4]

COUNSELOR: Right. Right. I agree. But (inaudible at 0:36:37.7) negative emotions. It could be frustrated. It could be annoyed. It could be disturbed. It could be bothered.

PATIENT: Yeah.

COUNSELOR: But let's not get to the (inaudible at 0:36:44.3) depression.

PATIENT: Right. Right.

COUNSELOR: You need to kind of remind yourself all the time it's her. (inaudible at 0:36:50.0) imperfections. I'm not like that. I can't do this perfectly. I'll never be able to live up to her standards.

PATIENT: Right.

COUNSELOR: Even if you're perfect she'll find ways to criticize you.

PATIENT: Right. It's her.

COUNSELOR: Yeah. Kind of always bring that to her.

PATIENT: Yeah. I like that.

COUNSELOR: Mm-hmm.

PATIENT: Yeah. Exactly. Because no matter — like if I did something perfectly, she'd (inaudible at 0:37:11.9) So like I think that's a good way to think about it. It takes some of the responsibility off my shoulders.

COUNSELOR: Right.

PATIENT: And I think that'll help a lot.

COUNSELOR: And you're not a perfect human being. There is no way to be perfect. Remind yourself you ain't perfect and that's okay.

PATIENT: It is.

COUNSELOR: It's okay. Because (inaudible at 0:37:30.7). She's not going to be happy with anybody.

PATIENT: Right. Right. And it's comforting to know it's not like me she's judging. It's not me that's creating these negative feelings in her. I know that. [0:37:42.7]

COUNSELOR: Yeah. (inaudible at 0:37:44.2) It's like hard to remove yourself from that.

PATIENT: Right.

COUNSELOR: So I think before going in, remind yourself of that.

PATIENT: Yeah.

COUNSELOR: Remind yourself of that again. And that helps. A lot actually. Every job you work with people who could be like that.

PATIENT: Right.

COUNSELOR: (inaudible at 0:38:04.2)

PATIENT: Right.

COUNSELOR: Now before I go in I tell myself (inaudible at 0:38:09.5). It's nothing personal. It's really not. If she's in a good mood, she's in a good mood. If she's not then (inaudible at 0:38:15.1).

PATIENT: Yeah exactly.

COUNSELOR: I remind myself of that before going in.

PATIENT: Yeah.

COUNSELOR: I got in a better mental state.

PATIENT: I like that.

COUNSELOR: (inaudible at 0:38:22.9) again.

PATIENT: Okay. I like that a lot. Yeah because it's weird that that's kind of nice actually. That that's become my primary focus. I'm no longer concerned with my personal relationships and it's my work relationships which I value less. If that makes sense. You know what I mean? [0:38:41.1]

COUNSELOR: Yeah of course.

PATIENT: So it's kind of a nice break.

COUNSELOR: Mm-hmm.

PATIENT: It would be good to get some control over that.

COUNSELOR: Right. So (inaudible at 0:38:48.4) this week.

PATIENT: Yeah.

COUNSELOR: Okay.

PATIENT: So if had a dream — I'm not going to do this super proactively — but if I do have a dream, rework it in my head.

COUNSELOR: Right.

PATIENT: Rewrite like the walking away. I like that one.

COUNSELOR: Yeah. If you have a dream, rewrite the dream. And then walking away.

PATIENT: I really like the idea with the boss of just bringing some perspective to it before and after. [0:39:26.8]

COUNSELOR: Yeah. Before and after the meeting. How should I phrase this? Before and after the meeting think of -

PATIENT: It's not you or it's — maybe it's not you, it's her. That sounds horrible and childish.

COUNSELOR: No.

PATIENT: What you're saying is no matter what you do she'll find ways to—

COUNSELOR: Right. Find something wrong.

PATIENT: Right.

COUNSELOR: I think in her way she thinks she's being helpful.

PATIENT: Right. Right. So I don't think—

COUNSELOR: When you say it's (inaudible at 0:40:14.3).

PATIENT: Right. Right. What you're saying is, she thinks she's being helpful by criticizing and not just being critical.

COUNSELOR: Right. Which is good — (inaudible at 0:40:23.0) In her way. So no matter what you do, she'll find a way to say something is wrong. [0:40:28.8]

PATIENT: Right. Right.

COUNSELOR: So it's really not about you.

PATIENT: No. It's about her way of communicating.

COUNSELOR: Yeah.

PATIENT: Yeah right. That makes sense.

COUNSELOR: It's nothing personal to you. (inaudible at 0:40:38.1) the same thing.

PATIENT: Right. Right. Okay.

COUNSELOR: In short, it's not you. It's her.

PATIENT: I like that. It's short and snappy. It really worked well.

COUNSELOR: Yeah. Even though it's cute it'll help you (inaudible at 0:40:38.5) these things. Yeah.

PATIENT: Mm-hmm. And like it's something I can repeat in my head. All right. I like it. And then I'm just going to keep trying like my whole not trying to get to the cliff thing.

COUNSELOR: Yeah. Just try not. And even if you go over the cliff, try the same skills. You need to practice these things.

PATIENT: Right. Exactly. Exactly. I'm not going to make myself (inaudible at 0:41:14.0)

COUNSELOR: Right. And that's perfectly good. But when you get there you have tools to help you with it.

PATIENT: (inaudible at 0:41:22.7) Can I ask what you guys do with those?

COUNSELOR: Oh yeah. I was going to show you. So basically week after week is to chart symptom distress and to chart your interpersonal relations. And we track how well you do each session. So I'll actually show you how you're doing.

PATIENT: Really?

COUNSELOR: Yeah.

PATIENT: That would be really cool. Because you know some days I can feel like all right sometimes.

COUNSELOR: Mm-hmm.

PATIENT: And I feel like I have a general trend towards getting better.

COUNSELOR: Mm-hmm.

PATIENT: Because you kind of know. (inaudible at 0:41:53.7) And I feel like I have a general trend.
(inaudible conversation from 0:41:55.7 to 0:42:01.8)

PATIENT: That's really cool. Thank you.

COUNSELOR: No problem. All right. And I will see you next week. Have a good one. [0:42:13.2]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: (inaudible 0:00:03.4) what are you going to do?

PATIENT: I'm going to get up and I going to spot my water on my face.

COUNSELOR: Uh-huh.

PATIENT: And then I'm going to be like, okay, I need to get my (inaudible 0:00:11.9) on the situation, I will be back, yeah.

COUNSELOR: Okay.

PATIENT: And then I'm going to leave hopefully, you know, the cold air will hit me in my mouth and (inaudible 0:00:27.8). And then I mean is my next step like just repeating those things to myself?

COUNSELOR: It is.

PATIENT: Physical sensation.

COUNSELOR: Okay.

PATIENT: Right?

COUNSELOR: You're going to (inaudible 0:00:38.4).

PATIENT: Lose my control.

COUNSELOR: (inaudible 0:00:42.1).

PATIENT: This is not, you know, this is not real.

COUNSELOR: Right.

PATIENT: And I have control of it, I'm going to calm down. You focus, you be focusing on the physical sensation but (inaudible 0:00:51.0) your thoughts.

COUNSELOR: Okay. Yeah, I like that, yeah.

PATIENT: So then, you know like, I'll just, I'll start moving then I think that's really good because being reminded of like the really physical things, I think you're right because I have always found that like running or like having sex or something like that is more able to like get me out of that mind set.

COUNSELOR: Right, right.

PATIENT: And also the other reason why -

COUNSELOR: Yeah.

PATIENT: your emotions, your behavior, I think they are collected.

COUNSELOR: Yeah.

PATIENT: So that's why when you're emotionally upset you feel it physically.

COUNSELOR: Right.

PATIENT: So you're not able to kick in automatic what you're thinking, usually we kick in automatic what you're thinking.

COUNSELOR: Uh-huh. (inaudible 0:01:32.5). That really does, that really makes sense actually.

PATIENT: Okay. And so then once I get my physical back, you know like, I, I stop breathing heavily and that kind of thing -

COUNSELOR: Uh-huh.

PATIENT: is that when I start? I mean is that a good time to start thinking again or like?

COUNSELOR: We're talking (inaudible 0:01:54.8).

PATIENT: Or (inaudible 0:01:58.6) do right now? You find what your rationale thinking is (inaudible 0:02:06.2). Okay. And if you find (inaudible 0:02:07.2) you're going to stop, going to rationale, you know, (inaudible 0:02:12.5) rationale thoughts. (inaudible 0:02:17.9) go back and talk. (inaudible 0:02:21.6).

COUNSELOR: I like that role.

PATIENT: Yeah. Because it's not helping anybody. It's just not helping you, I don't think it's a good (inaudible 0:02:29.7) to help you (inaudible 0:02:32.2).

COUNSELOR: I agree, I agree. No, I think that's really, really a good idea.

PATIENT: Uh-huh. Because for some reason when I get in that (inaudible 0:02:42.4) I just feel like (inaudible 0:02:44.0). And that's so wrong because I'm not in a productive frame of mind.

COUNSELOR: Right. (inaudible 0:02:49.5) yeah.

PATIENT: But that's not the only path we're going to.

COUNSELOR: Right.

PATIENT: It's just an option.

COUNSELOR: Right, right.

PATIENT: Like you're use to doing one reason I've learned (inaudible 0:02:58.8).

COUNSELOR: Okay. (inaudible 0:03:00.8)?

PATIENT: Yeah.

COUNSELOR: (inaudible 0:03:06.5).

PATIENT: I really have looked at, it's sensible but to stop it.

COUNSELOR: Uh-huh.

PATIENT: (inaudible 0:03:16.6) just over minor things, you know, like I start freaking out a little bit (inaudible 0:03:21.9). So I really like that one and also I really like, I'm not perfect -

COUNSELOR: Uh-huh.

PATIENT: but, you know, and don't like to say (inaudible 0:03:37.2) but like, I'm not perfect but that's okay, I'm still darn good.

COUNSELOR: That's good.

PATIENT: That kind of thing.

COUNSELOR: How are you (inaudible 0:03:46.5) that now?

PATIENT: Much more so then when I started.

COUNSELOR: Uh-huh.

PATIENT: Uhm, yeah like it's funny, you know, I was filling out this form today and I would like to see my answers changing or -

COUNSELOR: Good, uh-huh.

PATIENT: and so it talked about like I feel like I'm worthless or stuff like that and I know a couple of weeks ago like I was the same way frequently, you know, almost always and now I'm like, you know, (inaudible 0:04:12.1). But a lot of times I'm like you did that really well or, you know like it's becoming much more balanced and just much more like real I feel like.

COUNSELOR: Good, good. (inaudible 0:04:24.0) the same?

PATIENT: Yeah.

COUNSELOR: (inaudible 0:04:26.5)?

PATIENT: Yeah.

COUNSELOR: And once your limit you feel (inaudible 0:04:29.6). That's good, that's really good. Actually, (inaudible 0:04:39.9) what works for you and whatever that sticks in your mind and use that tool as a reminder. (inaudible 0:04:45.2) to stop it (inaudible 0:04:47.5).

PATIENT: I mean it's almost kind of funny like, it makes me stop taking myself so fricking seriously. Oh my God, you're actually having to tell yourself like stop (inaudible 0:04:59.7). It's just kind of looked funny to me.

COUNSELOR: Good (inaudible 0:05:04.7).

PATIENT: Yeah. So I'm (inaudible 0:05:05.6) like, okay, you can control your thought like you know (inaudible 0:05:09.6). People take that a little too seriously.

COUNSELOR: Yeah.

PATIENT: (inaudible 0:05:14.1). Because when you're laughing at something (inaudible 0:05:21.8).

COUNSELOR: Exactly.

PATIENT: And so now like sometimes when I do feel a little scared I recognize all those negative feelings, I recognize how irrational they are and why, why was I believing this thing that doesn't really make sense.

COUNSELOR: Right, right. And I also like (inaudible 0:05:40.9) how you said you realize that the (inaudible 0:05:42.7) was imperfect.

PATIENT: Yeah.

COUNSELOR: I think that's good too.

PATIENT: Yeah. But it is and I mean it's phenomenal that like finally I'm getting that. It's so, I mean I've always felt like I've fully known that.

COUNSELOR: Yeah.

PATIENT: I just would not allow myself to (inaudible 0:06:00.6), you know I just feel like sometimes I'm such an idealist, I'm not there to be something for (inaudible 0:06:04.3).

COUNSELOR: Uh-huh.

PATIENT: And it's (inaudible 0:06:05.3) not that thing like it's going to be perfect and so I kind of feel like that was my last refuge like that was my last like delusion that I could have.

COUNSELOR: Uh-huh.

PATIENT: And so now I'm just realizing that like it's a real thing, it's like real tangible thing that's going to have flaws and going to have, you know like, imperfections.

COUNSELOR: Uh-huh.

PATIENT: It's really powerful and so I've seen how that makes it perfect, like I've really started using (inaudible 0:06:34.4) and particularly at least not driving me crazy.

COUNSELOR: Uh-huh.

PATIENT: And I felt like, you know that's kind of lovable because you know like even if it's not like good it's like still an imperfection.

COUNSELOR: Yeah.

PATIENT: I'm like okay with it, it's like it comes along with this person I love.

COUNSELOR: Uh-huh.

PATIENT: You know so it's not like throwing out the whole (inaudible 0:06:55.4).

COUNSELOR: Right, right. Wow, that's a big shift in your thinking.

PATIENT: It is and it's really, it's really empowering.

COUNSELOR: Yeah.

PATIENT: If nothing is perfect then there's no way I should expect myself to be.

COUNSELOR: Right. (inaudible 0:07:12.8) what's the fun in that?

PATIENT: See, yeah, it wouldn't be like I don't know I was thinking of this weird analogy but the love, the idea of love I had before was kind of like a Botox version of love (inaudible 0:07:30.9). It's just like to me it looked good but it's not real.

COUNSELOR: Yeah.

PATIENT: I mean like I don't know like that's one way I think about it and it kind of like amuses me too because, you know it's so fake and it can't last. You know there's a (inaudible 0:07:44.3) that work Botox like can't smile or -

COUNSELOR: Yeah.

PATIENT: you probably can't tell the difference.

COUNSELOR: Right.

PATIENT: And so I feel like that version of love, like if it describes you by the universe it doesn't mean anything.

COUNSELOR: Right, right.

PATIENT: You know those fairy tales and love stories are (inaudible 0:07:57.7). Like I mean (inaudible 0:08:06.2). Culture (inaudible 0:08:10.6). But they are just a snapshot if you really look at it like a love story (inaudible 0:08:16.5) your whole life, you wouldn't be so perfect, right? No, it's too human in your relationship with each other, like boundaries are usually (inaudible 0:08:23.7).

COUNSELOR: Right, right.

PATIENT: (inaudible 0:08:25.5).

COUNSELOR: Yeah, it's very good.

PATIENT: (inaudible 0:08:30.8).

COUNSELOR: Yeah.

PATIENT: (inaudible 0:08:33.1). Or take cold shower.

COUNSELOR: Uh-huh.

PATIENT: And dealing with the situation.

COUNSELOR: Yeah. And I really like the, I do not talk when you're in panic mode, like I really like that. Don't talk when in panic.

PATIENT: (inaudible 0:09:00.4).

COUNSELOR: Yeah.

PATIENT: I think is, yeah, I think any couples, you know when you're like (inaudible 0:09:08.7).

COUNSELOR: Right, right.

PATIENT: (inaudible 0:09:18.5). Yeah, I really like those.

COUNSELOR: Uh-huh.

PATIENT: And I'm really glad like that we're kind of addressing this because I do feel like I'm making so much progress like the normal feeling and so like now being able to walk into a room without (inaudible 0:09:46.4).

COUNSELOR: Yeah.

PATIENT: I'm able to feel really empowering.

COUNSELOR: Yeah, definitely. (inaudible 0:09:54.0).

PATIENT: Just more strong emotion. (inaudible 0:10:00.5).

COUNSELOR: Let's focus on the physical symptoms.

PATIENT: Yeah, I really like and I like (inaudible 0:10:05.7) it's all connected.

COUNSELOR: Yeah.

PATIENT: Because like then if I'm able to break any part of the cycle then I can break the cycle.

COUNSELOR: Absolutely. Okay. So first (inaudible 0:10:15.6) situation?

PATIENT: Yeah. Only because (inaudible 0:10:20.6). And I actually haven't felt that way like in the past like -

COUNSELOR: Uh-huh.

PATIENT: a couple of weeks.

COUNSELOR: Okay.

PATIENT: But ever since that, that switch went off -

COUNSELOR: Yeah.

PATIENT: I haven't really felt that desire.

COUNSELOR: Right.

PATIENT: Like and to be honest even though I was feeling those things -

COUNSELOR: Uh-huh.

PATIENT: I feel like no matter how irrational I get there is still some rationale boundaries I'm not capable of crossing.

COUNSELOR: Right, okay.

PATIENT: And especially with this one I think I'm going to be able to throw it out, you know?

COUNSELOR: Yeah.

PATIENT: (inaudible 0:10:59.3).

COUNSELOR: It's not you're, I mean (inaudible 0:11:01.0) -

PATIENT: Yeah.

COUNSELOR: but it's not like your like (inaudible 0:11:03.9).

PATIENT: But you know I mean I think that, I think this is really like really good and I want to do stuff like, because when I do get really (inaudible 0:11:15.3) like. Like once, I did this one time and I just, I was sorry with myself because I did it because (inaudible 0:11:22.5) just because like -

COUNSELOR: Uh-huh.

PATIENT: my emotions and I don't want to doing stuff like that (inaudible 0:11:29.6) that's like (inaudible 0:11:31.9) it was the sound and the breaking and the, you know like it kind of snapped me out of a shell almost, you know?

COUNSELOR: Yeah.

PATIENT: And so I want a constructive way to, I don't want to (inaudible 0:11:44.2).

COUNSELOR: Yeah.

PATIENT: Constructive way like bring myself to attention.

COUNSELOR: Right, yeah I feel (inaudible 0:11:51.2).

PATIENT: So that you tell before (inaudible 0:12:01.6) just (inaudible 0:12:04.3). But he knows what he needs to do.

COUNSELOR: Right. Yeah, I think that's really good.

PATIENT: Instead of just walking out in anger.

COUNSELOR: Right.

PATIENT: (inaudible 0:12:14.1).

COUNSELOR: You're clear of what's happening here.

PATIENT: Yeah.

COUNSELOR: No I really like that. I really like that I'm excited.

PATIENT: I mean hopefully I won't even have to get to the part (inaudible 0:12:28.0) but if I get even

COUNSELOR: Well, I think you need to get to the point because you know what you're (inaudible 0:12:35.), you're going to get to the point, yeah you are. You have to learn it now. Try different things now. I agree, yeah. (inaudible 0:12:45.3) to get yourself there.

PATIENT: No honestly if I, if I even start feeling like, feeling like this from a few things.

COUNSELOR: So when you feel that physical symptom (inaudible 0:12:55.8)?

PATIENT: Yeah.

COUNSELOR: Oh, this is good.

PATIENT: And honestly like I do, I really want to thank you because it's so much of a change how I was feeling a few weeks ago.

COUNSELOR: Yeah.

PATIENT: Sometimes like you know (inaudible 0:13:11.6).

COUNSELOR: You can do it but it just helps (inaudible 0:13:16.5) to keep you uncomfortable and kind of (inaudible 0:13:19.7), that kind of thing.

PATIENT: Yeah.

COUNSELOR: And help with that way.

PATIENT: It is (inaudible 0:13:23.3) having to come back and report to you like yeah I did try this and this is how it worked.

COUNSELOR: Great.

PATIENT: I huge so thank you.

COUNSELOR: Well, good I'm glad. Alright. And so I will see you next week?

PATIENT: Uh-huh.

COUNSELOR: Alright, alright.

PATIENT: (inaudible 0:13:36.2).

COUNSELOR: Oh good. (inaudible 0:13:44.2).

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: All right, so what are we working on today? How (inaudible).

PATIENT: Good, good. Last time we talked a lot about kind of the acceptance of, you know, like when I'm feeling bad like, "If that's frightening (ph), it's going to happen," and that kind of thing?

COUNSELOR: Right.

PATIENT: Just kind of empowering myself by researching more so I felt less like vulnerable.

COUNSELOR: All right. 0:01:02.2

PATIENT: And then, and then also kind of not being like overly assertive but just more speaking to my doctor (ph) being verbal with my concerns and stuff like that, and it's been really good. I really had—it took for me because some days I come in here and I feel like I'm being (inaudible at 0:01:25.1) well I leave here feeling like, "Oh my God, you're really a petulant child." Like you know what mean. Like I know like I have this (inaudible at 0:01:32.7) like, "No I can't do this, this is hard," you know, like not kind of like sure. And then I come in here, even if I'm like a little bit resistant like, "Oh it's not that easy. You just can say it and it'll happen." I end up leaving here and be like, "I think about it and there really isn't anything stopping (ph) me." And so when I'm able to like grasp that, it works, it works wonders. It's really, it's really happening. Like in the past week just with the whole acceptance thing it's like it's going to happen...

COUNSELOR: Right.

PATIENT: and life doesn't suck because of it. I'm like, "I'd rather not be there but you know there're so many other good things going, it's not—it's doable," and I, I think that really helps me a lot. And my stomach hasn't gotten better

COUNSELOR: Right.

PATIENT: but, but my attitude towards it has made it a little bit easier

COUNSELOR: to kind of deal with

PATIENT: to kind of deal with, yes—I mean you have to, you have to deal with it so.

COUNSELOR: Right, because whether you like it or not it's there.

PATIENT: Exactly.

COUNSELOR: Right.

PATIENT: Exactly.

COUNSELOR: Well that sounds good.

PATIENT: Yeah.

COUNSELOR: So now when you're getting those moments of feeling frustrated, like what's going on, like what's the difference between that and this?

PATIENT: Like I'm able to make some serious progress, especially when things are going pretty well. And then like four or five things go wrong I'm like, "Oh God, I can't deal with all of this," you know what I mean and that's kind of when actually I'm doing like, "Oh this is hopeless, oh."

I had one moment like that this week. I walked out of the house—it was one of those days when it was pouring—I was soaking wet, waiting for (inaudible at 0:03:19.2) appointment. It takes like two times longer—usually there. And I go home open a beer and pour it and I get beer all over my clothes (inaudible at 0:03:27.8) and now I'm like, oh. And I had one of those kind of like down moments. But it takes something like crazy bad stuff like that to get me to that point.

COUNSELOR: Okay.

PATIENT: And even then like I could take in stride for a few minutes, you know what I mean.

COUNSELOR: (inaudible). So you don't get to a point where you're going off the going off sort of an the edge but?

PATIENT: Right, and it's awesome. And like one thing I've really noticed is I don't have—like sometimes I'll be sad or kind of distraught, but never angry. Like that used to be—it was a consequence of whatever emotion I was feeling, I got to be angry at somebody or something or myself and none of the anger is there. Like I haven't yelled at anybody—all right I used to yell at (inaudible) all the time. And I've only yelled at him in like weeks and weeks and weeks and its like so great to have that part of it gone. I feel it's still teamwork but (inaudible at 0:04:20.3).

COUNSELOR: Yeah, yeah.

PATIENT: And I'm like, you know, cursing God or the world. (inaudible) I have all these (inaudible at 0:04:26.9) little things happen it's just like, "Oh man this sucks," and then being able to like move on.

COUNSELOR: Right, that's great.

PATIENT: Yes.

COUNSELOR: So now what happen that you don't get angry anymore?

PATIENT: I mean it was honestly, a huge part of it, that whole life switch thing and it really, it completely revolutionized like the whole way I think because for a while, I was totally resistant about like coming to do something like this and worry about thinking rationally and all this kind of stuff because I was like, "Oh my emotions are the core of life, it's what makes everything worth living," and, you know, you have to just feel the emotions to their full effect and stuff like that. You know I'm learning that emotions are great and wonderful, you have them and you should them, but they also need to be accompanied by some thought, like probably a rational thought. And just like me growing to accept that rational thoughts or like I was willing to live by and with them, I mean they just complement emotion and they just kind of give some grounding to emotion

COUNSELOR: Right.

PATIENT: which I thought would, like, devalue the emotion before. And so now that I've accepted that, I feel like that's kind of where the anger's gone, it's no longer like just a surge of emotion that I have no tools to control it. But like I have these thoughts like, I can just sort of channel the emotion or turn things on and off.

COUNSELOR: Right and that's the (inaudible at 0:05:58.5) of the model.

PATIENT: Yes.

COUNSELOR: Because emotions are strong, you feel emotion

PATIENT: Yes.

COUNSELOR: and that's all great. You have to kind of control the thinking. And it's very interesting because when you first came in, you thought you couldn't do it. You really thought you couldn't do it.

PATIENT: I really didn't think I could. But (inaudible) to realize I need to have control over these emotions.

COUNSELOR: Right, right. And you do have control of your thought.

PATIENT: Yes, I do. And that's (inaudible at 0:06:23.8) huge.

COUNSELOR: Right.

PATIENT: Like grasping that. And grasping that like—rational thinking is good. Like I honestly was one of those like hippy idealist people who were, like, "Yeah emotion that's all that really gives meaning to life," but now I'm understanding this whole other side of the world. Like it's so crazy, you know what I mean, doors are kind of opening. 0:06:46.1

COUNSELOR: Right. And how has this benefited you? I mean you've mentioned a lot of situations, right? 0:06:49.1

PATIENT: Yes. I mean honestly it's, it is (inaudible). I feel so much more in control over myself and what I'm feeling and how I'm acting. And then it's made me much more able to accept how things are, not like being complacent, but accepting things as they are and then working strategy to deal with that.

COUNSELOR: Right. 0:07:12.8

PATIENT: And like this one thing that's been really good has been like all the different scenarios we have. So you know you and I talk pretty okay: how are we going to handle dreams, how I'm going to handle when I'm going off the cliff, how am I going to handle everyday life.

COUNSELOR: (Overlapping).

PATIENT: And so I feel really well equipped to deal to a lot of different situations. So I mean that's, that's fantastic.

COUNSELOR: That's great. Does your fianc e notice the difference?

PATIENT: Oh God. It so great like he just keeps smiling and (inaudible) it's so good to have you back. And like I feel this (inaudible). I feel like me, like even I'm very much more self aware of me than I ever was before because I had these (inaudible at 0:07:52.4) thoughts that I never questioned before; now I have so.

COUNSELOR: It's also a growing experience too.

PATIENT: Oh it completely is. And I, I mean, I can't tell you enough about it because—I talking to my mom the other day just telling her about all of these things she was just like flabbergasted like how much I've learned in such a short period.

COUNSELOR: (inaudible) and you're working very hard at it.

PATIENT: Yes. But I want to, yes.

COUNSELOR: You're working hard, you're really thinking about, so that's why you're able to express progress.

PATIENT: Yes. So now everything's (inaudible at 0:08:23.8), which is great. But I was not always like that.

COUNSELOR: (inaudible) you're going to fall again.

PATIENT: Yes.

COUNSELOR: Because the way you've been thinking, the way you've been kind of like dealing with things

PATIENT: Right.

COUNSELOR: has been the way you've been for how many years?

PATIENT: (inaudible at 0:08:36.4).

COUNSELOR: And you just got to be aware of thinking and it's great, it's (inaudible at 0:08:40.3).

PATIENT: Yes.

COUNSELOR: (inaudible) and you might (inaudible) and that's natural. People do that all the time. 0:08:44.7

PATIENT: Right.

COUNSELOR: But it's important to not get down on yourself remember like what you've learned, remember what processing will work

PATIENT: Yes.

COUNSELOR: instead of going back to where you started, is always helpful.

PATIENT: I agree. Yes. And I'm (inaudible) trying to do is like really integrate them into the way I live and way I think so that it's more second nature to come back to that in the hard times. Just like you, I mean, you've been recognizing the whole time.

COUNSELOR: Right. That's good.

PATIENT: Yes.

COUNSELOR: It's because you're working very hard at it that's why you're getting, you're seeing where the changes (inaudible at 0:09:11.7).

PATIENT: Yeah it's great it's really good.

COUNSELOR: Yes. And now last week you mentioned that you felt like you were stretched thin. Last week

PATIENT: Yes.

COUNSELOR: your focus was not at work, (inaudible at 0:09:21.0) relationship

PATIENT: Yes.

COUNSELOR: (inaudible at 0:09:23.8) that?

PATIENT: Sometimes I am stretched thin but I feel that I, but I try to make myself focus on more things, you know like (inaudible) just because when I try to devote so much energy I do let, to all these different things, I do feel a little bit weaker. I mean I am expanding more energy when I do that. So I've been trying to just like think about one thing at a time and like (inaudible) my (inaudible) a little bit because before, you know, I have had people e-mailing me about (inaudible) when I was at work and I'd be like stressed out at work, the wedding and then I would be really, really tired (inaudible) and then now I'm just like, okay, this—I won't let myself be involved (inaudible at 0:10:08.9).

COUNSELOR: That's great.

PATIENT: Yes.

COUNSELOR: So you're working (inaudible). That's great.

PATIENT: Yes. It is.

COUNSELOR: That's great.

PATIENT: That's really good.

COUNSELOR: So when you're thinking more logically, rationally (inaudible at 0:10:22.6) working so that when don't allow your emotions to get in the way, that's when it works for you?

PATIENT: Yes. Right. Exactly. Exactly. I mean I still do have times, obviously, with the emotions are like really strong, but I haven't had anything that I haven't been able to tackle yet. I haven't had any emotions or just maybe forget everything (inaudible at 0:10:42.5). Even if I have a little bit of emotion (inaudible at 0:10:48.5) at least I can remember if I should be doing this even if I can't at this moment, you know?

COUNSELOR: Right, right.

PATIENT: So I think that I am getting there.

COUNSELOR: Yes.

PATIENT: I'm starting to get there.

COUNSELOR: And it's all just (inaudible) interesting fact that you (inaudible) you feel things much more strongly. 0:10:58.0

PATIENT: Yes.

COUNSELOR: There are people think (inaudible) don't feel that much.

PATIENT: Yes.

COUNSELOR: So you got to get a balance (inaudible)?

PATIENT: Right.

COUNSELOR: (inaudible) think more (inaudible) could feel more. So for you, you feel more.

PATIENT: Right.

COUNSELOR: So feeling is great, right? It's a high of a high being the ultimate goals of a low. Yes, right.

PATIENT: Right.

COUNSELOR: So it's a good (inaudible) also a good balance of the two.

PATIENT: Yes (inaudible). 0:11:17.4

COUNSELOR: Other people might not really feel much, they might think more. And that might make people a little bit mechanical.

PATIENT: Yes.

COUNSELOR: So for those people (inaudible) feel more (overlapping).

PATIENT: (inaudible) can you do that?

COUNSELOR: Yes I mean you could

PATIENT: I mean do you have like techniques and stuff to help those people who are more thinkers? 0:11:32.8

COUNSELOR: Right. I mean you help them to kind of think about (inaudible) it's more like

PATIENT: Okay.

COUNSELOR: see how other people feel kind of thing you know.

PATIENT: (inaudible) yes.

COUNSELOR: It's (inaudible) more scenarios right.

PATIENT: Right.

COUNSELOR: It's that kind of thing.

PATIENT: I do understand that because I've been noticing now a lot more my fianc e is very much that way. And so like that's also been a really eye-opening experience it's like learning to kind of see the world through how he sees it, which is so different. And I know he's gotten a crash course.

COUNSELOR: (Overlapping).

PATIENT: I understand like for somebody who's really a motive like by living with me and

COUNSELOR: Yes. I can totally understand the distinction you're talking about.

PATIENT: It's amazing how differently two people can see the same exact (inaudible). 0:12:16.3

COUNSELOR: Does he talk to you, does he sees it that way or is it with?

PATIENT: It used to be infer orating to be (inaudible at 0:12:23.4) I'm like, "How can you not see this?" like you know, "It's right there," and he would be doing the same thing like, "Why are seeing that, that doesn't exist." But now that I'm a little bit more in control of things and I feel like the kind of strategies and thoughts that we've developed make me more able to understand what he's talking about. And so I can still, so I am learning to see more, why he sees what he sees. In the same way, I've learned to see how he possibly could.

COUNSELOR: Right. Right. And that's good. And the other thing is there are some gender differences.

PATIENT: Right.

COUNSELOR: And (inaudible) I think more but I deal more.

COUNSELOR: Right.

PATIENT: They got sort of a guy expectation on their (inaudible) so there is definitely a gender difference.

COUNSELOR: Yes. (Overlapping)

PATIENT: But yes. And that's another (inaudible at 0:13:09.9) I think is great is just being able to understand another segment of the population so much better than I did before because I was so, I won't say blah, egocentric basically and not like, you know, like emotion is right, feeling as deeply is the best thing to achieve and like it's been so (inaudible noise).

COUNSELOR: So now let me ask you (inaudible) strong emotion?

PATIENT: Yes.

COUNSELOR: Now what about (inaudible) black and white or you have streak of gray in middle. (inaudible). 0:13:44.3

PATIENT: Yes. Like it was very much like absolute

COUNSELOR: Okay.

PATIENT: you know what I mean like my idea of the absolute (inaudible) that we talked about.

COUNSELOR: Right.

PATIENT: or like or (inaudible) check and so I'd be happy and it's like giddy with happiness, you know what I mean? Just—and then I would have a low with it with just, you know, like down slope despair type of low.

COUNSELOR: Right.

PATIENT: I mean I don't want to say it's like, I mean (inaudible) manic depressive like but the highs and lows were just really extreme.

COUNSELOR: Right.

PATIENT: And I have a hard time kind of staying in the middle, like in a moderate place, but I can move up and down like really quickly.

COUNSELOR: Right.

PATIENT: So yes.

COUNSELOR: (inaudible at 0:14:32.1)

PATIENT: That's exactly how I feel.

COUNSELOR: That's how you feel.

PATIENT: Right.

COUNSELOR: Like you got your high and very low

PATIENT: Right.

COUNSELOR: but there's not no shades of gray in the middle.

PATIENT: (inaudible).

COUNSELOR: So now (inaudible). (inaudible) absolute when things are not absolute, things in the world are not absolute.

PATIENT: No.

COUNSELOR: Right. So when things are great it's great, but when things are bad they go really, really bad.

PATIENT: Right.

COUNSELOR: Now to regulate your emotions better so you can feel somewhere in the middle.

PATIENT: Exactly right.

COUNSELOR: Now does that look like in your life?

PATIENT: Well I think it's like putting parameters on the low. Like recognizing like, okay this is bad, but it's not like world (ph), I mean, kind of bad, it's not something like you know like that I love being part of kind of bad. Like (inaudible) I stomped my toe or something like that. And so it's just kind of that emotional but not—it's like that rational check on the emotion. And then I mean I don't know if this is faulty but (inaudible) I hesitate to put it—a cap on the (inaudible) one, is that healthy, is that?

COUNSELOR: No that's great, that's fine.

PATIENT: Okay.

COUNSELOR: As long as you, as long as you say it or as long as you're not compartmentalizing and saying, "If I'm not this happy, then I'm not happy at all." 0:15:52.1

PATIENT: Yes. Right.

COUNSELOR: As long as you're not saying that, (overlapping) great feeling right.

PATIENT: Right, right, right.

COUNSELOR: (Overlapping) there's a cross negative but for you to get out of despair and like (inaudible 0:16:01.9).

PATIENT: Yes.

COUNSELOR: So if it's negative, I then kind of check (inaudible) the rational check, I mean that's good.

PATIENT: Right.

COUNSELOR: So recognizing that they're not like (inaudible) joy

PATIENT: Right.

COUNSELOR: People are not like so happy all the time (overlapping 0:16:17.8) in the middle all the time.

PATIENT: Right.

COUNSELOR: (inaudible).

PATIENT: And I think that's one of the things I may not have—that is one thing that's going to be harder for me, because it always has taken that low (inaudible). That's when I—a lot of times I will say I'm happy or then I'm like, "Oh but I'm not," you know happy (overlapping).

COUNSELOR: Yes.

PATIENT: And so I think that's one thing I'm going to have to work at. 0:16:39.0

COUNSELOR: I think (inaudible) really, really low (inaudible).

PATIENT: Yes.

COUNSELOR: (Noise) feeling happiness all the time.

PATIENT: Yes.

COUNSELOR: (inaudible) are like that. (inaudible).

PATIENT: Yes. I mean that's when a lot of like (inaudible) like (inaudible) that kind of mentality where like I have be at this level high, I have to do these things to get me where I need to be to be

COUNSELOR: Right.

PATIENT: (inaudible).

COUNSELOR: Most of the time you can't have that.

PATIENT: Right.

COUNSELOR: And then you're kind of going down.

PATIENT: Down (inaudible), yes.

COUNSELOR: And I think it (inaudible) your relationship too because you mentioned that was a switch. You're not going to have this perfect, pure relationship all the time. You're not. And over time you (inaudible at 0:17:31.7) that either.

PATIENT: Right.

COUNSELOR: I think you work at it, you have to constantly try, right.

PATIENT: Yes.

COUNSELOR: But I think as long as you're not thinking absolute, you'll be in a much better place emotionally.

PATIENT: Yes I do too.

COUNSELOR: You know.

PATIENT: I definitely do too. And I (inaudible at 0:17:47.9) myself. That is one thing I always tended towards that. And so I think that's going to be something I'm going, I going to have a struggle with a little bit.

COUNSELOR: Right. But can you identify some situations where you find yourself saying, "I need to be a little more happier. I want a little happy?"

PATIENT: Yes like sometimes like I will be perfect, like I will be contented, you know, like middle of the road happy. 0:18:15.1

COUNSELOR: (inaudible).

PATIENT: And I like have to jolt myself although this isn't, you know, not doing something that makes me really, really happy. And so then I'll destruct my happiness and then when I, my contentedness to like strive for different acts of happiness like I stay on the couch reading a good book really enjoying that and having a nice time. I'm like, if I was really, really happy when I go out and go dancing. So I go out and go dancing and if it's happy but it's not like, "Oh my God this much, like, this is so working off the couch for me." I'm like, "Oh gosh (inaudible)."

COUNSELOR: Those are very good examples. So what can you do differently now with that example? 0:18:53.0

PATIENT: Well I mean I can be like okay so (inaudible). I'm having a good time. I can do that. I can go dancing later if, you know, if the mood strikes me or I really want to go dancing—go dancing but don't have any expectations about where it's going get me or don't make any like comparisons like I would have been happier if I had stayed on the couch or

COUNSELOR: Right.

PATIENT: but it was worth it.

COUNSELOR: Right. And also I think it sounds like you kind of just, (inaudible at 0:19:16.4) your happiness at the moment?

PATIENT: Yes.

COUNSELOR: And when you do that, you remind yourself (inaudible) this is good, this is fine, and leave it at that.

PATIENT: Yes.

COUNSELOR: Well you don't need to achieve or agree on happiness.

PATIENT: Right.

COUNSELOR: Right. You know people find happiness in little things right

PATIENT: Yes.

COUNSELOR: or being more content with things?

PATIENT: Right. 0:19:39.7

COUNSELOR: So what about, if we're now talking about happiness and joy, what about boredom, do you get bored?

PATIENT: Yes.

COUNSELOR: And what do you do if you're bored?

PATIENT: Well when I get bored I've learned to do some of the things that were like when we were talking about like getting myself (inaudible at 0:19:56.9) distracted. But sometimes I get bored. I mean I think everybody does, but then I start feeling like crappy because I'm bored and I'm like, (inaudible at 0:20:10.1) bored until I feel bad about myself and then I don't do anything. Do you know what I mean (overlapping) dig yourself into that rut and then you're like, "Oh but I'm so unhappy that I am in this rut, but I just have to stay in this rut," kind of thing. I do that (inaudible at 0:20:20.8).

COUNSELOR: So now boredom is that like if you're (inaudible) compliment, do you think it's absolute?

PATIENT: Yes.

COUNSELOR: It's like really bad for you or is it kind of, can we bring the boredom in somewhere in the middle?

PATIENT: I mean yes. I think it can be brought somewhere like into the middle. Like I'm not doing like torturous work year after year after year, like that would be painful.

COUNSELOR: Right.

PATIENT: But like just not having something to do for a couple of hours or just not doing something hugely like productive for few hours. 0:20:49.0

COUNSELOR: That's boredom.

PATIENT: That boredom but that's, that's livable, like that's okay.

COUNSELOR: That's right, part of life.

PATIENT: Right. Right. Yes so characterized boredom is somewhere in the middle?

COUNSELOR: Yeah, right, yeah. (inaudible).

PATIENT: The thing that you just mentioned everyone sort of goes through that.

COUNSELOR: Yeah. (Overlapping) like normal everyday boredom (inaudible).

PATIENT: Yes.

COUNSELOR: (inaudible at 0:21:11.0) about all the emotions that you're able to feel is in the middle range. 0:21:14.0

PATIENT: Yes.

COUNSELOR: Are there other emotion maybe.

PATIENT: (inaudible). Like I think there's a neutral like, you know what I mean? Like there's just a, not particularly having a great time, nothing horrible has happen I'm just

COUNSELOR: Okay.

PATIENT: Okay. Yeah.

COUNSELOR: So do you more okay moments, how often do you have that?

PATIENT: I don't really let myself have okay moments.

COUNSELOR: Yes.

PATIENT: Because okay moments I either have to fix them and make them supper happy moments or I fell like I (inaudible) having an okay moment and then (inaudible). 0:22:00.1

COUNSELOR: Right. Now I think we should increase more okay ones, right?

PATIENT: Yes. Right.

COUNSELOR: So okay moments are okay.

PATIENT: Yes, yes.

COUNSELOR: And how can you get yourself into okay moments?

PATIENT: Like am I striving to get into an okay moment (Overlapping)?

COUNSELOR: (inaudible).

PATIENT: Oh okay.

COUNSELOR: So you're already in one, you're already in one and then it's just that you're not looking come out of it sort of thing.

PATIENT: Okay. So I would imagine it would be something like how we do it like or how I thought about stomach—it's happening—okay this isn't bad. Like just saying like, okay, if this happens this is finalized this isn't horrible. 0:22:38.0

COUNSELOR: Right.

PATIENT: I mean just kind of like the acceptance (inaudible) like a (inaudible).

COUNSELOR: That's exactly what it is. It's a (inaudible) thing.

PATIENT: Yes.

COUNSELOR: Because you're not fighting it. As long as you're acknowledging that it happened

PATIENT: Yes.

COUNSELOR: okay (inaudible at 0:22:44.4) okay.

PATIENT: Right.

COUNSELOR: It's not, you know (overlapping) so when you're doing that and you hold to the absolute again

PATIENT: Right.

COUNSELOR: then you want to increase more of the okay moments.

PATIENT: Yes. That makes sense.

COUNSELOR: Right. So what puts you into okay moments or what kind of—you know, it could be situation or it could be thinking?

PATIENT: A lot, a lot (inaudible) it's just like, okay, not particularly investing in what I'm doing and I find (ph) that particularly stimulating. It's not horrible. It's not like I'm stuck. So I'm just kind of like (inaudible at 0:23:29.5), and then outside of work, if I don't have anything going on, and I'm kind of tired to the point where like I will actually initiate something like with reading a book or something if I was just like sitting there, that's okay, that's okay.

COUNSELOR: Those are excellent examples. Okay. Now you're at work, and it's not horrible, it's not (inaudible), it's okay, just kind of getting by

PATIENT: Yes.

COUNSELOR: then what happens to you normally? (inaudible).

PATIENT: Normally. So normally I plan

COUNSELOR: Okay.

PATIENT: so like I plan (inaudible at 0:24:10.8) so I kind of escape the okay and I go like, all right so when we get work I going to do this and this and this, and then it'll be happy and then—so I just kind of think about that and just like shut off. So those are like my ways, I guess, of dealing with it.

COUNSELOR: Okay. Now what would you like to do differently about it?

PATIENT: I mean I don't know if it's like important that I should like really experience the okay moment or whether it's okay to just (inaudible at 0:24:41.8). I mean.

COUNSELOR: (inaudible). What's going on when you shut off your?

PATIENT: Like I just—it becomes (inaudible) like I might (inaudible) thing like (inaudible) I'm not invested in it. I just want to like actively in the moment like that is one time when my emotions are not going in every direction.

COUNSELOR: Right. So it's all like in this case you allowed yourself to have an okay moment.

PATIENT: Yes.

COUNSELOR: (inaudible) allow yourself (inaudible) okay moment. 0:25:12.8

PATIENT: Yes.

COUNSELOR: Because you—I think it's good that kind of planning all what's going to happen (inaudible).

PATIENT: But then

COUNSELOR: Yes.

PATIENT: This is all fun.

COUNSELOR: Well that's great it sounds good.

PATIENT: Okay.

COUNSELOR: But since you are allowing yourself a couple okay moments

PATIENT: Yes.

COUNSELOR: in that situation.

PATIENT: I guess it works because it's (inaudible) I think I do.

COUNSELOR: Right. And although you're not feeling those

PATIENT: That's right.

COUNSELOR: you're not feeling those up and downers, why should you, because you're allowing yourself to feel okay.

PATIENT: Yes. I think yes because I have to, but I know like when I'm outside of work, I could be doing something that would make me happy.

COUNSELOR: That's right. (Overlapping). So let's go to that outside of work, it's not like you're doing the okay thing at work. 0:25:43.4

PATIENT: Yes.

COUNSELOR: So now outside of work you (inaudible) going on.

PATIENT: Right.

COUNSELOR: (inaudible) just like nothing (inaudible). What can you do (inaudible)?

PATIENT: I think like I can't just time myself. It's okay to just hang out. This isn't hurting anybody, this isn't hurting me; I'm fine. I'll have happier moments in the future; this is cool for now.

COUNSELOR: Right. (Overlapping)

PATIENT: Yes.

COUNSELOR: But I'm fine, I'm comfortable, this is good. I mean I am purely happy all the time.

PATIENT: Right. And even if I strive for it, something will happen (overlapping). So it happens, I'll just enjoy the moment now.

COUNSELOR: Right.

PATIENT: I'll be content.

COUNSELOR: Yes. (inaudible).

PATIENT: Yes.

COUNSELOR: For you to increase (inaudible) moments a little bit more.

PATIENT: Yes, I could, yes. I (inaudible) be really good. Yes. I like that.

COUNSELOR: (Overlapping). Let's kind of summarize. Well for you this week, we're going to increase okay moments outside of work, okay.

PATIENT: Yes.

COUNSELOR: I'm not striving for complete happiness.

PATIENT: Yes.

COUNSELOR: All right. Anything else (inaudible at 0:27:09.5)?

PATIENT: I really like that one. And I also like sort of the, not strive for complete happiness but for setting perimeters on the bottom. 0:27:20.0

COUNSELOR: Right, in which you've been doing.

PATIENT: Yes.

COUNSELOR: Set perimeters on the negative switch, I'm going to say (inaudible) negative emotions.

PATIENT: Yes. Right. Because I can, I can have negative emotions that are thought based.

COUNSELOR: Right. You need to have like a middle of the road, a bottom and top and in the middle.

PATIENT: So like it does

COUNSELOR: Right.

PATIENT: it makes sense.

COUNSELOR: Right. If something sad happens...

PATIENT: Right.

COUNSELOR: It makes sense for you to be sad. 0:27:47.4

PATIENT: Right. (inaudible).

COUNSELOR: You'd be weird if you weren't sad.

PATIENT: Right.

COUNSELOR: But it's not your sole (inaudible 0:27:53.5)

PATIENT: Right.

COUNSELOR: that becomes a little problematic.

PATIENT: Right. Right.

COUNSELOR: So it's true that we could feel full range of emotions and that's very healthy.

PATIENT: Yes.

COUNSELOR: But when you're also feeling absolute emotion, then you get yourself in kind of a dangerous situation.

PATIENT: Yes. Right. I can totally see that.

COUNSELOR: And I see that (inaudible) you can bring up examples from your life of (inaudible). 0:28:13.9

PATIENT: Yes.

COUNSELOR: Yes. Of course.

PATIENT: Yes, I like it.

COUNSELOR: And how are things going with you in terms of work? I know you had bad thoughts.

PATIENT: She's so crazy. Now she's so herself and I know it isn't me. I keep doing that, you know, like it's not, it's not you it's just the way she acting right now. And like it's nice because it is kind of absurd, like some of it's just absurd. So I'm kind of like seeing (inaudible) stories when they're older, you'll like to tell your kids about your (inaudible). You know what I mean.

COUNSELOR: Yes.

PATIENT: Like it's just kind of like (inaudible). 0:29:01.8

COUNSELOR: Good.

PATIENT: Yes. So I mean it's (inaudible) but again I am like accepting it because I have to and that's (inaudible).

COUNSELOR: That's great. So are you dealing with your supervisor leaving? Did she leave yet or?

PATIENT: No, she's still looking to get out. So that's probably going to happen by this summer come. But I've started, I've also started making plans for what I'm going to do maybe in the future so, or at least start thinking more seriously about it, so it kind gives me an out. You know I don't feel like this (inaudible) be all.

COUNSELOR: Right. (inaudible at 0:29:38.0) pretty good plan to have.

PATIENT: Yes.

COUNSELOR: So what are your plans like when you're?

PATIENT: Well I've always wanted to go back to school. I really, I really do want to go back to school and I'm starting to look into some different things but I am interested in and I'll learn more about and so I'm looking at different like classes here and stuff like that, getting involved in some more like volunteer programs and stuff that's kind of are in line with my interests.

COUNSELOR: And what are your interests.

PATIENT: I really, I always really (inaudible), I really like people. I'm very much like a people person I think goes along with my whole emotion. (Overlapping)

COUNSELOR: (inaudible) connect very well with people.

PATIENT: Exactly. And so I—my mom is a special education teacher and so I was always around (inaudible) so like I'm in this program called (inaudible) where they pair you up with an emotionally challenged or physically civil person and you just like (inaudible at 0:30:39.0) and hang out with them.

COUNSELOR: Yes.

PATIENT: And so I'm doing that online and then I'm going to do that also, like you know, one-on-one.

COUNSELOR: Great.

PATIENT: I was involved in (inaudible) so I really like that. And then I actually like this whole experience. I've also been kind of drawn to social work. And so my—but I've been kind of thinking about career—oh no, no, no—career paths and just believe that I can (inaudible) and learn like what talents and gifts they have could be best used.

COUNSELOR: Yes.

PATIENT: So something like that, I think, would be good, a little bit dangerous because I know how emotionally like sapping that can be, like that kind of profession. And I'm a little bit worried about my, my tendency to go with my emotion, how that could (inaudible). But something like that would be interesting. And then to be perfectly honest, like, what I'm learning here could help me so profoundly that I'd be really interested in like learning more about like this kind of thing.

COUNSELOR: Yes, that's a great idea. So it's (inaudible) it's just sort of written in the same kind (inaudible) line.

PATIENT: Right.

COUNSELOR: (inaudible). Because I did a lot of groups and kind of do different things.

PATIENT: Yes.

COUNSELOR: That's good.

PATIENT: Yes. I think so too. I've been so long—like I've planning on going back to school and (inaudible) and I've been putting it off like for real like my job and stuff. It's not (inaudible) so that's not why I should be investing like so much time. So I can accept that part of my life through my acceptance being at work and outside with others.

COUNSELOR: I think it's good that you experience (inaudible)

PATIENT: Yes.

COUNSELOR: because you don't learn things (inaudible).

PATIENT: Right, right.

COUNSELOR: I think you need to have the experience (inaudible).

PATIENT: Exactly and I think that's so the way it was in my case and like just thinking about the future like in dealing with people, I think I'll be able to be so much more empathic knowing what it's like (inaudible at 0:32:43.2).

COUNSELOR: And also I think that you know, I think it's just (inaudible) that you should like, like you have boss who's very (inaudible) I think

PATIENT: Right.

COUNSELOR: but what it teaches you like

PATIENT: Yes.

COUNSELOR: or to like to deal with people like that too.

PATIENT: Exactly.

COUNSELOR: Everyone's going to be loving and great to you, people are going to be tough on you. It's a harsh world out there.

PATIENT: It certainly is.

COUNSELOR: (inaudible) just saying that we (inaudible) match the world. (inaudible) go along with that or (inaudible). Just like live life in a better (inaudible).

PATIENT: Yes.

COUNSELOR: Right.

PATIENT: Yes, and I'm really loving being bold to like start to connect.

COUNSELOR: Yes.

PATIENT: Because, I mean, I don't want to sound like some crazy fanatic about you guys, you know you really have helped me with changing my thought, how I (inaudible) different things. 0:33:28.8

COUNSELOR: (inaudible) feels like (inaudible) it's because you were going away and you weren't thinking things rationally.

PATIENT: (inaudible).

COUNSELOR: Now you got the tools, you're able to think very rationally.

PATIENT: Yes.

COUNSELOR: (inaudible) call an eye-opening kind of thing.

PATIENT: It is. (inaudible) the first thing I thought before the (inaudible) make (inaudible) problem.

COUNSELOR: Yes. We come in, everyone come in with (inaudible) (overlapping). (Laughter). Yes, that's the society we live and you can't help that.

PATIENT: Right.

COUNSELOR: And if you choose to believe it, you have a choice (inaudible). It's just (inaudible) you have a choice. You choose to believe it, then you got to deal that way.

PATIENT: Right, right.

COUNSELOR: But then, you know, it's like (inaudible) with teaching other people and you don't (inaudible) yourself at how you teaches other people.

PATIENT: Right.

COUNSELOR: So we actually (inaudible) ourselves

PATIENT: Oh (inaudible).

COUNSELOR: and talk about our rational beliefs and how (inaudible).

PATIENT: Yes.

COUNSELOR: (Overlapping) rational belief or than any other (inaudible).

PATIENT: Right. Yes. It sounds really great.

COUNSELOR: Well good.

PATIENT: Yes.

COUNSELOR: Well I let you (inaudible)

PATIENT: Yes.

COUNSELOR: and like (inaudible) situation, but you my fault basically, You might take a step back, (inaudible at 0:34:35.5) it could be yourself, it could be, you know, it could be anything.

PATIENT: Yes. Yes. I think some triggers are like, if I fall a little bit for some reason, I think I'll get really—I still have that tendency, I think, where I come down really hard on myself and I feel really bad about it. So I just need to be weary of keeping that in check.

COUNSELOR: Yes.

PATIENT: Like I'm not doing the whole slippery slope thing like (inaudible) one little thing, which I've been doing a lot better at but I mean like I know it has been like a problem (inaudible) because I start making like real, real, casual progress, and I know it's hard sometimes when I fall a little bit. And like I recognize that. So it's when those things start to happen being able to like use what I've learned enough to cut it off.

COUNSELOR: Right. And also if you don't fall, you're not going (inaudible).

PATIENT: Right. 0:35:38.7

COUNSELOR: And you need to fall a couple of times to get stronger to just get better.

PATIENT: Yes.

COUNSELOR: If you never fail, like how you get better?

PATIENT: Yes.

COUNSELOR: Right?

PATIENT: (inaudible).

COUNSELOR: Right. So if you do (inaudible), you've got to do better next time

PATIENT: Yes.

COUNSELOR: kind of thing.

PATIENT: Yes, I like that way of thinking. And I know there are like trigger things I need to learn to disassociate things from (inaudible), like one bad thing happening and like another one, you know, three things that are bad happening in the span of hour. I'm like, "Oh my God the world's against me." I still going to have that tendency, I know, to just have (inaudible) like into one (inaudible) very huge issue of (inaudible).

COUNSELOR: Right.

PATIENT: And like (inaudible) too.

COUNSELOR: It is. It is completely, because now you're looking for bad days. You're looking for evidence (inaudible). Okay.

PATIENT: I can be good at finding evidence but (Overlapping)

COUNSELOR: So what can you do in those situations?

PATIENT: I think I need to just like, like take the moment, I really like the whole like (inaudible) and I said to here like stop when think about and be like I just felt, okay so I just felt that was it, unrelated to the fact that, you know, I'm going to trip again in two minutes.

COUNSELOR: Exactly.

PATIENT: Like something like that. Yes and just like (inaudible) like this obviously has there's no (inaudible) relationship. 0:37:19.2

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

CLIENT: Thought you said videotape.

THERAPIST: Oh, (laughter).

CLIENT: No, do you know (inaudible 0:00:06.5), I was like oh, okay, okay, okay.

THERAPIST: Yes, no. It is just for honestly (inaudible 0:00:11.1) get listened to by anyone but me.

CLIENT: Right. It is just to review and whatever, yes.

THERAPIST: Yes, just to make sure I know what is going on.

CLIENT: Yes, yes no problem.

THERAPIST: Sure.

CLIENT: Then you will know that is fine.

THERAPIST: So how was your trip over here, are you close?

CLIENT: Yes, well I am from Chicago and I am living on 17th Street.

THERAPIST: Okay.

CLIENT: Yes, it is kind of an interesting story, I can tell you. It is part of the reason why I am here.

THERAPIST: Okay.

CLIENT: I have been living in Portugal, Lisbon for the past year and a half.

THERAPIST: Wow.

CLIENT: Yes, I was working actually in finance. Well, I am one of those people I never I didn't know what I wanted to do out of college. So I started tried a couple of things, whatever. I wound up landing a pretty good job at HSBC. I am not I knew I probably was not the finance type.

THERAPIST: Yes.

CLIENT: But it seemed like a good opportunity to try it, so I did. I did not like it immediately. So about a year later I decided, okay. I do not know why, but I wanted to move to Seattle. I had been there a few times. I fell in love with the city.

THERAPIST: Good.

[0:01:17.4]

CLIENT: I was actually planning on transferring that job that I hated to Seattle just to get there whatever. I mentioned it to a friend. She was kind of in a weird position. She could not find a job. She is a lawyer. I would we just spoke about moving there and then randomly we spoke about moving to Portugal. It was just random, random, random. We wound up realizing we could go there and teach English make a living whatever.

THERAPIST: Wow.

CLIENT: And so basically we did not really plan it very much. It was kind of just we found this program, we could do a teaching English Foreign language thing. Got a job through them. It sounded really good, so we just went for it.

THERAPIST: This is a friend from HSBC or a friend?

CLIENT: This is a friend from high school.

THERAPIST: Okay.

CLIENT: Yes, and we did that, and before we were concerned about the whole visa issue, because you can only really stay in Europe three months without a visa and then it is an issue. So we asked the school and kind of they told us, once you get here we can work it out, blah, blah, blah. So we are great, perfect.

THERAPIST: Oh, so they did not set up the visa beforehand?

CLIENT: They did not.

THERAPIST: Okay. (Laughter).

[0:02:22.5]

CLIENT: So I think you know where this is ultimately going, so yes so we went. By August, this was April of today. I do not even know what year, 2007, 2006.

THERAPIST: Okay.

CLIENT: By August of the same year my friend was kind of like I want to be a lawyer. I am sick of teaching. I do not like it, I want to leave. I felt completely opposite. I was like I really like teaching. I just discovered this.

THERAPIST: Wow.

CLIENT: I really love Portugal. I love being in a different place where I am learning different things, our cultures and, blah, blah, blah. I want to stay. So at that point it was like I decide either I am staying by myself, and trying to really work it out here or I am going home, try to get a visa and I have only been there for fourish months so the chances of me going home, and then coming back after I already started making a little -

[0:03:13.0]

THERAPIST: So you were there the fourth month and were you there before the fourth month?

CLIENT: No.

THERAPIST: Okay.

CLIENT: Yes, but that was the thing, it was I can either go home, and work this out legally.

THERAPIST: Yes.

CLIENT: Or -

THERAPIST: And if you (inaudible 0:03:22.8) realize that you were there a month (inaudible 0:03:25.2).

CLIENT: Exactly and there might be a problem. So and everyone always said, I mean, it is stupid. I mean, I am old enough to know that you should not really listen to it what other people are saying whatever. But it really was not an issue for Americans. These people would come in and out of the country years, and years, and never get stopped, and I believed it. I wanted to believe it more than anything, you know?

THERAPIST: Yes.

CLIENT: And so I never did. I never did that. I wound up getting a job at this English academy. They also said oh yes, your visa you can get your visa. So I was great, six months to a year, fine. I am going to be here. So spring rolls around this past year, and I was like I had to ask for some reason I just checked up on the progress of it, and the director of the school said, "Oh they denied the visa." This really weird, shady kind of guy so I kind of think he might have been lying the whole time and whatever.

THERAPIST: Yes.

[0:04:18.7]

CLIENT: So that was that. At the same time that this happened I had, okay. I also had besides this job a private client base. There was really this one guy I had since the beginning who referred me yes.

(Crosstalk)

CLIENT: Yes, yes that who referred me all these other private clients, which was great.

THERAPIST: To teach English or to do finance?

CLIENT: Teaching.

THERAPIST: Okay. I was (laughter).

THERAPIST: Actually no because they were they are investment bankers, all of them.

THERAPIST: Oh, okay.

CLIENT: So they liked me I think, because I had an understanding of -

THERAPIST: What you need to do.

CLIENT: Yes and so he refers me this guy who I meet at the same time the director tell me I do not have the visa, who is my age. I immediately was just okay. Something can happen with this something could possibly happen, you just knew.

[0:05:01.9]

Long story short we are now dating. He was just here in Chicago. I came home in August, and planned on going back the second week or last week, and staying indefinitely without a visa again. And he was here for three weeks visiting. It was amazing, and just we have only been together two months. So this is the second month, and it was just amazing.

So he goes back. He had actually end up extending his visit, and we go back together. And I am stopped. I was stopped at immigration.

THERAPIST: Oh my God.

CLIENT: And put in like a holding area. It was not a jail but I mean, it is the closest I have ever been to jail.

THERAPIST: Yes.

CLIENT: So I like to say it was jail with all these other people who were illegal, and stopped or for whatever reason they were detained, and I had to stay overnight and then was sent back here. Yes and I do not know, my boyfriend he is very, very rational and I am very, very emotional.

And that is the only really big difference between us. I mean, there are other differences, but there are easy differences. This one is just he does not understand the way I think sometimes, and the truth is I do not understand the way I think sometimes (laughter).

So but whatever but it is everything is so black and white to him, and sometimes it is frustrating for me. Because while I think you should be more rational than I usually am in those situations, it is not things are not always that simple.

[0:06:36.9]

And it is really, really scary, sad, emotional situation for me, although I knew it was possible the whole time. I just feel like sometimes knowing that you are doing something wrong or knowing that something is possible does not make it easier when it happens.

THERAPIST: Yes.

CLIENT: Just generally speaking.

THERAPIST: Did he realize that, that was a possibility (inaudible 0:07:03.2)

CLIENT: No, I neglected to tell him that, but he was not angry. The thing is that he is really understanding, and I probably would have been really angry with him for not telling me, and all this, but it was not an issue.

The issue was my reaction to the situation. Not just with him, but with my family, with myself, like there are some situations where there are I do not know why, but I literally react like the world is ending, and I can not get out of my own way.

THERAPIST: Kind of like catastrophic thinking?

CLIENT: Yes, and I mean, for the first three days I was not hysterical, but on the verge of tears at every second. Anything made me cry, I could barely function.

THERAPIST: And when were you sent back, when was this?

CLIENT: Oh God, what is today? Today is Wednesday.

THERAPIST: Oh so this is -

CLIENT: Okay. So last Wednesday.

THERAPIST: This is really recent?

CLIENT: Yes.

THERAPIST: Okay.

CLIENT: So last Wednesday at this time I was in the immigrants holding area and then I was sent back Thursday morning. So yes, so it is one week and right now I mean, I would say since about Sunday-ish I have been so much better to the point where I am -

THERAPIST: Yes.

[0:08:15.7]

CLIENT: I do not know, should I really talk to someone about this, because you know sometimes you call people, because you are in such a panic state. And then once you feel better sometimes you are I do not know if I really need it. But it is not just this situation. There are others that I think I over react in, and there have been many others.

THERAPIST: Okay.

CLIENT: And then there are just other things that I other ways that I react to other situations, not as catastrophic, but I just do not think it is a, I do not know.

THERAPIST: (inaudible 0:08:46.6).

CLIENT: It is positive, but it is not helping, and it is really, it is hurting the people around me, and it hurts me more than anyone.

THERAPIST: So what is your boyfriend's name?

CLIENT: Fernão.His name is Justino (ph?). It is like a really --

THERAPIST: Spanish?

CLIENT: Yes, it really old school accent too, yes.

THERAPIST: Okay. And where have are you basically not allowed back into Portugal ever?

CLIENT: Yes, oh yes. Sorry forgot to mention that. So I am not allowed back into Portugal until November 1st.

[0:09:11.7]

THERAPIST: Oh, so you -

CLIENT: Yes.

THERAPIST: I have a date that you (inaudible 0:09:15.3)

CLIENT: I do. I can go back (inaudible 0:09:17.5).

THERAPIST: Wow. That could be a lot worse.

CLIENT: I know because at first...

THERAPIST: I thought you were banned forever.

CLIENT: The lady, the policewoman that she told me, because she was telling me in English so I was just I can not deal with this in Portuguese.

THERAPIST: Yes.

CLIENT: I am sorry, and she was just her English was not perfect. She was like, "You can never come back to Portugal." And then there was a pause until November because (laughter) her English was not great. And I was (inaudible 0:09:43.6) (laughter) (inaudible 0:09:41.70).

But yes, so it is not the worse thing in the world, but the way that I reacted, you would have thought -

THERAPIST: Yes.

CLIENT: They banned me from the country and I lost everything that was important. You know like, everything.

THERAPIST: So your plan at this point is to go back in November or -

CLIENT: That is another that was another source of stress and sadness or whatever, is that first of all, the visa process is not easy. And it is not the easiest process regardless.

THERAPIST: No.

CLIENT: The easiest thing for me to do, well, the easiest in terms of not having to pay and, blah, blah, blah, would be if I could find some (inaudible 0:10:22.0) school to sponsor me, but while I am here it is difficult, because I cannot go there interview. I cannot whatever, so I have my boyfriend and the student who referred me there to kind of helping me try to look into options there.

[0:10:36.8]

It does not seem very likely. The other action is to study. That is a problem, because I have no money, which I mean, schools are really, really cheap there. But I think in order to get the visa you have to prove that someone is financially responsible for you.

THERAPIST: Yes.

CLIENT: If you do not have a certain amount of money.

THERAPIST: Yes.

CLIENT: And the other issue there is my parents do not have a lot do not have money. And I mean, they have I do not know. They really do not. They have nothing and I do not know that they are going to be able to even show even if they say to me, look we will help you out but we cannot pay for the school aid. We will write the letter stating we have -

THERAPIST: Yes.

CLIENT: Enough money. I do not even think they have money in the bank to do it.

THERAPIST: Okay.

CLIENT: So it is the other issue that is like oh. Another issue is that my boyfriend he is really wonderful. He is everything I ever wanted in a person. Really, I cannot mean, he is amazing. For me he is just perfect but he has a family problem. He comes from a family a very traditional, conservative strict Roman Catholic family.

[0:11:48.3]

And he is the polar opposite in every way from them. So that has been a problem for him just within his own family, but they are also extremely wealthy and they control. It is his fault, and the truth is I do not know the full story, but somehow he is 28 years old, and he still is kind of under their control.

And I am not judgmental about it, because he is so great, and he is not a loser, and he is trying to find his own way without ruining his whole family relationship, that I am not angry about it. But for example, he is not allowed to stay out past nine o'clock on the weekdays and he is 28 years old and it is just -

(Crosstalk)

THERAPIST: (inaudible 0:12:31.1) parents?

CLIENT: Yes, I mean, they will not even let him (inaudible 0:12:33.5)

THERAPIST: That happens from what I heard in other countries.

CLIENT: Yes.

THERAPIST: I know some people in France. It seems like more common.

CLIENT: Yes, I think it is.

THERAPIST: To do that until you get married, and then you move out especially if you are a student (inaudible 0:12:45.8).

CLIENT: Right. The thing is -

THERAPIST: Again, that must be hard (laughter).

[0:12:50.6]

CLIENT: Yes, I mean, now I am thinking I am beating myself, beating myself, beating myself up over the fact that I am not there right now. We had such a wonderful three weeks together. He stayed in my apartment.

THERAPIST: Yes.

CLIENT: That was great. And then if I went back, we would not even be able to see each other. I probably would be working until nine o'clock every night, which I was doing last year, and he cannot even stay out.

THERAPIST: Well, how was it working when you were there?

CLIENT: The thing was we started dating at the end of June, beginning of July. He had just finished law school there. He was taking the bare equivalent to the Bar Exam, and so he was studying everyday. I did not realize that they allowed him he was allowed to stay out all night, because they thought he was studying.

THERAPIST: Yes.

[0:13:35.4]

CLIENT: But that was really why and then the parents have a summer home, and they were there the rest of July, so they did not know what he was doing. And I mean, the thing is he is trying to figure out a way to well he is trying to figure out what he wants to do.

He decided that he does not want to be a lawyer, which is fine. They forced him into it whatever, but he does not know yet. He is trying to figure it out, but once he does have a plan, he is hoping that whatever the plan is, he can somehow incorporate going abroad for (inaudible 0:14:09.2) maybe or somewhere for the next year.

THERAPIST: Okay. So maybe instead of (inaudible 0:14:14.4) he could -

CLIENT: Maybe but it is so up in the air.

THERAPIST: Especially since his family has a lot of money it will be -

CLIENT: Here is the thing, it is easier I think it might be easier for him even just to do a study in English program.

THERAPIST: Yes.

[0:14:25.0]

CLIENT: It would be great because his English is great, but he could certainly improve it.

THERAPIST: And they are not getting (inaudible 0:14:30.5) America aside from school is very difficult from personal experience, but -

(Crosstalk)

THERAPIST: I think it is pretty much you get accepted to a school.

CLIENT: I think work visas, yes and then they kind of have to give it to you. Any work visa unless you cannot financially, whatever and then he can whatever, but yes in getting work visas to go anywhere is extremely difficult. But anyway, yes so that is the issue and -

THERAPIST: So what would you like to work on here?

CLIENT: I would like to work on, well -

THERAPIST: That (inaudible 0:15:09.5) is very interesting (laughter), but I just want to make sure we are addressing what you want.

CLIENT: Yes.

THERAPIST: You want to address here.

CLIENT: The thing is I want to work on my reaction to situations like this, because my immediate reaction is so excessive. And although I do feel like it is justified in some ways depending upon the situation, it is still excessive. The carrying on, the crying, the calling people nonstop because I am like desperate to talk.

[0:15:35.6]

It is too much and it is okay to a certain extent but at the point really where people are seriously worried about you, it gets to be scary. And I am like I never been suicidal or anything like that, but it is a state of panic, and to the point where I cannot do anything. I do not want to do anything and it is too much.

THERAPIST: And how often would you say like an incident like that. I mean, that was probably one of the bigger ones just because it was so much more traumatic, yes.

CLIENT: And a little bit more traumatic, yes.

THERAPIST: Yes.

CLIENT: Well, not often. The thing is not often but -

THERAPIST: Would you say once a month, once every three months?

CLIENT: No. I mean, whenever anything life changing happens. I would say like break up with a boyfriend. I do not know. A lot of times it is like if I am forced to do something, it is not even though. I was going to say if I am forced to do something I do not want to do, but it is not, because I have to do things I do not want to do a lot.

THERAPIST: So this is all in preparation of another incident in being able to cope more?

CLIENT: Yes, exactly being able to cope with...

THERAPIST: Functionally.

[0:16:42.6]

CLIENT: Yes, or even for example I am lucky enough to not have experience a death in my family of a close family member. But if I did, I do not know. I mean, I am not sure I would be able to cope with it, and unfortunately it is something that just happens in life, and although difficult, and I cannot even image it happening. It is -

THERAPIST: Okay.

CLIENT: Going to happen.

THERAPIST: Okay.

CLIENT: So -

THERAPIST: Let me tell you a little bit about what we do here, because it is funny you were talking about being more rational. Do you know what type of therapy that we do here?

CLIENT: Yes. It is random because -

(Crosstalk)

CLIENT: In the past I had this therapist that I used to go to.

THERAPIST: Okay.

CLIENT: But she is very, very, very expensive, and she was in my health insurance plan at one point. The thing is I cannot, she is \$300 an hour or something.

THERAPIST: Aye, Yi, Yi.

CLIENT: Insane. She is wonderful but, and she had once suggested me that I contact this institute for another reason. I think it was a family issue or something a while ago. So I just randomly looked just to see, and I just saw the Rational Motor Behavioral Therapy and I was like oh my God, this is wonderful.

[0:17:48.3]

(Laughter).

CLIENT: It is like this is it and so it was exactly what I feel like I need.

THERAPIST: Right. Can I ask you about your prior experience with therapy and, why you were going?

CLIENT: Yes.

THERAPIST: And what your experience was like?

CLIENT: Yes, it is kind of interesting, but it was boyfriend related.

THERAPIST: And this was how many years ago?

CLIENT: The first time I think I was around 20, 21.

THERAPIST: Okay.

CLIENT: That was almost ten years ago. It is scary, yes. Yes.

[0:18:17.2]

THERAPIST: Okay. So that was then.

CLIENT: Yes.

THERAPIST: And then you were seeing someone more recently or no?

CLIENT: No, I was not seeing, he was the only one.

THERAPIST: So it was the only time?

CLIENT: Well, I guess yes then more recently. I guess the last time was about two years it was when I was working at HSBC, and I had this awful, awful boss.

THERAPIST: Yes.

CLIENT: Just awful everyday and I could not ended up I was having difficulty coping and then crying all the time. And so I started seeing her, and she actually took my insurance at the time so.

THERAPIST: Great, okay.

CLIENT: Yes, so.

THERAPIST: And what were your experiences like in therapy? Was it you coming in and talking the whole time, was there a lot of back and forth, did you have homework assignments?

CLIENT: Never homework assignments. Maybe assignments like try to think about this when you are in a situation that, type of thing.

THERAPIST: Okay.

CLIENT: More back and forth. More me talking as I tend to dominate the conversation anyway whether you like it or not. But yes, a little bit back and forth kind like how we have been.

THERAPIST: Okay.

CLIENT: Going so far.

[0:19:21.8]

THERAPIST: So this is a similar -

CLIENT: Yes.

THERAPIST: Experience so far?

CLIENT: Yes.

THERAPIST: Okay. Now I can start talking about RABT and how I think it could be helpful for you.

CLIENT: Right.

THERAPIST: Basically RABT is founded by Albert Ellis, Ellis Institute.

CLIENT: Right.

THERAPIST: So you are where it started.

CLIENT: Yes.

THERAPIST: It is kind of exciting for me as well. (Laughter)

CLIENT: Yes, no me too.

THERAPIST: It is very similar to CBT, Continuative Behavioral Therapy.

CLIENT: Okay.

THERAPIST: Which is kind of like, what most people know about as imperatively driven research. They do research on the psychology and they say, okay this is what is working.

CLIENT: Okay.

THERAPIST: So RABT and CBT had a lot in common...

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Come in.

CLIENT: Hi.

THERAPIST: Hi, (inaudible 0:00:02.0).

CLIENT: How are you?

THERAPIST: Good, how are you?

CLIENT: Good. It's so humid.

THERAPIST: I know, I thought it was me.

CLIENT: It can't be.

THERAPIST: Like.

CLIENT: It's disgusting.

THERAPIST: Yeah, (inaudible 0:00:11.3) sweating, the train was (inaudible 0:00:13.1).

CLIENT: I really hated it. No, I was just like (inaudible 0:00:16.5) there's never any (inaudible 0:00:18.2), like it's the driest -

THERAPIST: Nice.

CLIENT: Fine net and so when I come back here I think it seems even more, you know what I mean?

THERAPIST: Yes.

CLIENT: It's easier if I get some for some reason. But anyway ...

THERAPIST: It should be fall soon enough I guess.

CLIENT: Yeah, I know, I mean I thought it was turning quickly like a few weeks ago, but then I don't know.

THERAPIST: Yeah. So they are cold images?

CLIENT: Not as cold as it gets here but anyway I have updates.

THERAPIST: Okay.

CLIENT: Updates and then I don't have anything to talk about. But so I told you whole situation and then what happened was, actually Thursday, so like right after we saw each other.

THERAPIST: Yeah.

CLIENT: I was, I thought about everything and just like I mean I don't know there's an issue with my parents like I mean they do alright but they never really saved money and like got a house and everything so what I would really like to have assets but they don't have a lot of money in the bank and we got over this like. I don't know if you're familiar with the Chicago Housing Authority apartments, they would like be the really hard to come by like basically government apartments and if you qualify and you're on a list and you like basically like win the lottery you can get these apartments and there are certain ones that are coops, so you buy them. And you only, it cost like \$28,000 something and you basically buy an apartment and you have to pay like maintenance fees but it's a very, very low cost. So anyway we qualified for this apartment, we're getting it, its \$28,000 and this, but this complex is have, is going private like within the next year or so. So we're going to buy this apartment for \$30,000 and be able to like flip it basically for whatever like market value is on the apartment.

THERAPIST: Wow.

CLIENT: Which is crazy because even though, I mean it's not the nicest building in the world or anything like that but it's a Chicago apartment.

THERAPIST: Where is it?

CLIENT: It's near LaSalle Street.

THERAPIST: Oh definitely.

CLIENT: Like, yeah I mean its fine.

THERAPIST: Yeah, that's, you know (inaudible 0:02:21.3).

CLIENT: Yeah, people have to like people work there.

THERAPIST: Yeah.

CLIENT: Or whatever so. Anyway, so the story was that my parents are paying for it because my sister and I have no money so whatever. And it's basically like all of their, the rest of their money that they have saved. So it's not a big deal I mean like they do alright, so like they're okay with what they have and whatever, but the point is that they're not going to be able to pay for me nor sponsor me for a visa because you have to prove that you've a certain amount of money in the bank and blah, blah, blah.

THERAPIST: Put it on current assets or any biggies.

CLIENT: No, it's money it's in the bank. So they aren't going to be able to do that even if I want to study which is basically the only way I can go back. So I don't know like I'm really, really, really irrational sometimes and I really I over react about like stupid things a lot. But in some situations like I don't know I can pull it together and not be that upset like I was just kind of like well this is the situation, you know what

I'm going to do. So anyway I told my boyfriend and I was basically, at the same time I looked up programs in Chicago for him to study like English, whatever, because I didn't really know how to put it to him but it's something we talked about before we even got together so it was something he was interested in before we started dating. So I told him the situation, I told him what I found and he basically like agreed instantly and thought it was like a really good idea. And so now we're working on him coming to Chicago instead of me going there. So yeah so like that and like he has a really awful like family situation. His parents are really controlling (0:03:58.9)

THERAPIST: Yeah.

CLIENT: or whatever and ...

THERAPIST: He'll probably like to get out of that (inaudible 0:04:04.4).

CLIENT: It's better for him and there's no disadvantage in this situation for him and for me like, you know I've been there (inaudible 0:04:11.5) a year and a half like I mean I kind of needed to move on too in one way or another and it's not, it's not as easy when you're living in another country, you know?

THERAPIST: Uh-hmm.

CLIENT: Like to like I don't know move up in your career or whatever so I mean in other way, in some ways it's, in a lot of ways it's better for me too.

THERAPIST: Okay.

CLIENT: So that's the story, so it's good. So he's probably, he's coming in October regardless to look for an apartment and hopefully ...

THERAPIST: Who's living in the apartment that you're buying?

CLIENT: No one yet because we were signing, we're closing tomorrow.

THERAPIST: Is that something that you and your sister are going to live in, I don't really understand what you're saying?

CLIENT: Well, it's under both ... like I have an apartment in Northwest, it's also a Housing Authority apartment, I don't know how we struck gold in all these like lotteries.

THERAPIST: So you have two?

CLIENT: Yeah, we can't keep both.

THERAPIST: Yeah.

CLIENT: Because they're like government but still ... well, actually, yeah, no we can't keep both. Actually the one uptown already went private, it's not a coop though it's only a rental so we don't own it.

THERAPIST: Oh okay so you're renting it.

CLIENT: Yeah, yeah. (0:05:10.4)

THERAPIST: But for like a lower fee -

CLIENT: Yeah.

THERAPIST: then it should be or something?

CLIENT: Like it's a really, it's a huge one bedroom, we pay like oh \$1,000 a month or something.

THERAPIST: Wow, nice.

CLIENT: Yeah, it's huge. Anyway, so when I went to Lisbon, my sister moved in. I mean the apartment is only in my name and she's not on the lease but this apartment ...

THERAPIST: Is your sister older or younger?

CLIENT: She is two years younger.

THERAPIST: Okay.

CLIENT: This new apartment we're both on the lease. And this is another issue, I wrote down like all my things this week that I stressed over and we can talk about but that's another issue. But then there was something that happened yesterday that I think deserves the -

THERAPIST: Attention.

CLIENT: focus, yeah. So yeah the thing is like my sister has in this apartment and she has a boyfriend who she is super, super, super serious with and I would say she probably spends one night if that a week in that apartment.

THERAPIST: In the?

CLIENT: In the northwest apartment.

THERAPIST: The one that you live in together, right? (0:06:02.0)

CLIENT: Well, I live with my parents now.

THERAPIST: Okay. And she's living in the one that's in your name?

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: And it's fine because I was away and whatever so. But she's never there and I have two cats and like I adopted them and like the deal was when I went to Lisbon she got her own apartment which she was living with my parents and they were killing each other before so she got the apartment and she had to take care of the cats. So she's never there, the cats are like neglected which makes me, because I'm like the biggest animal lover so I'm going to go there after this now and I just play with the cats for hours. But anyway the thing is like she wants to move to this apartment downtown which I don't have a full time job right now so I'm not going to fight it because it's like it's not fair. I mean like I mean it would be a (inaudible 0:06:50.5) for me to pay for it although I should be able to regardless because it's like \$400 a month I mean, you know. And but like the thing is her boyfriend lives in Northwest, she works in Northwest, like this apartment is on in the financial district, like she's never even in the apartment on the Northwest so I highly doubt she's going to be in this one. (0:07:11.3)

THERAPIST: Okay.

CLIENT: And so I don't know, my sister is volatile and she's like very, she's just crazy. Like we could spend years talking about my sisters. And she just like, she starts fights, she doesn't know how to talk to people like properly and it starts fights and the whole family is like fights over it and just a huge issue.

THERAPIST: Okay.

CLIENT: So that was another, that was a fight. But I don't think it's ... the thing is the thing that bothered me about that situation was that my, I got, I get angry really quickly in certain situations and I think like that needs to be addressed. Because like I think I told you last time, I'm not an angry person like I don't walk around like angry at the world all day but like I get, I don't know I have a bad temper or something I don't know for certain things that I don't think are worthy of that type of reaction. (0:08:02.7)

THERAPIST: Yeah.

CLIENT: But anyway we can talk about yesterday it's stupid. So everyday I speak to my boyfriend, he calls me from Lisbon because his parents don't know that we're together, this is, I feel like, we don't have enough time to discuss all these issues, it's just so ludicrous and I don't care because I know, I know the way he is and I know the way he has described them and like, I know the way Portuguese people are and especially like they're super conservative like traditional Portuguese people and whatever it's not an issue. But because of that he has to call me like when they're not around so that and the other thing is he doesn't want them to know that he's coming here and I'm a big part of the reason because then they might just say like no you can't go and whatever.

THERAPIST: (inaudible 0:08:49.4) probably financially.

CLIENT: Yeah, I mean at the very least they're going to say like we, we'll give him x amount of money for a year which they have to do for this (inaudible 0:08:56.5) or whatever.

THERAPIST: Yeah.

CLIENT: So yeah they have some kind of control administration so he's being careful which is fine, I don't really care. But anyway we talk everyday and so he told me the other night and he said I'll call you tomorrow meaning yesterday. And then he like, when it got to a certain hour and he hadn't called like I started to get like okay well maybe he was busy today. There are actually reasons why he wouldn't be able to whereas other guys like you might be (inaudible 0:09:27.1).

THERAPIST: Yeah, (inaudible 0:09:27.7) of the distance you don't know what things are.

CLIENT: Yeah so I was like alright you know I'll wait a little while or whatever sees what happens and he still didn't call. And it's just not like him, you know like at the very least like he would send a message or something just saying that he can't.

THERAPIST: Does he text sometimes?

CLIENT: Yeah, like I can't talk now but I'll try to call you later, I can't talk today I'll call you tomorrow and he didn't. So like 7 o'clock our time which is like 1 o'clock their time in the morning, I sent, I called him but it was like a missed call because they do that there I don't know why we don't do it but like they just call like it rings like twice and then the other person calls you back. It's just kind of like to say I'm trying to get in touch with you. (0:10:06.4)

THERAPIST: Okay.

CLIENT: I don't know why it's such a big deal.

THERAPIST: Do you (inaudible 0:10:09.0) to call to him?

CLIENT: Yeah. And he didn't call me back and I was just like okay that's really weird because if at any time he should have texted or something to let me know.

THERAPIST: Yeah.

CLIENT: So then I knew something was like wrong or I thought something was wrong and I started freaking out and I was like I couldn't work, I was at my friend's store working, I don't know if I told you but like I'm helping her on her new store she has a fashion line she was going to store it like downtown so yeah I've been helping her or whatever. And I was working in her store and like for the last, I think for the last two hours that I was there I was like obsessing, obsessing, obsessing, like I wrote down notes, I tried to like reason with myself, like I tried to do like the worksheet.

THERAPIST: Really?

CLIENT: Yeah.

THERAPIST: Do you have it with you or?

CLIENT: Yeah, I don't think I did a very good job.

THERAPIST: Well, I can help you, you know to do it.

CLIENT: Yeah, the thing is also I did it, well I wrote it in my notebook but I used the worksheet. It didn't really help but I think maybe because I'm not use to or something, I don't know. (0:11:06.6)

THERAPIST: And also, you know we'll do it together a few times.

CLIENT: Yeah. I doodle so much it's ridiculous. Yeah, the thing is that it's weird, it's like I know in the moment that I'm being irrational, like I'm fully aware that it's like so ridiculous the things that I'm thinking, yet for some reason they like I can't think that.

THERAPIST: I think that's really common because people you can say is a logical you can say -

CLIENT: Right.

THERAPIST: this doesn't make any sense, but I think in the end what helps a lot of people ... well we can go through it together and we can dispute it together.

CLIENT: Okay.

THERAPIST: You know the irrational beliefs.

CLIENT: Yeah.

THERAPIST: And then I think I have one argument that for me has always seemed to work.

CLIENT: Okay.

THERAPIST: Okay?

CLIENT: Well, okay. So first of all, the first thing the activating thing which is that.

THERAPIST: So this is about the missed call? (0:12:00.4)

CLIENT: Yeah.

THERAPIST: Or lack of kind of.

CLIENT: Well, the lack of ...

THERAPIST: And he still hasn't contacted.

CLIENT: And he hasn't.

THERAPIST: And he still hasn't contacted you?

CLIENT: No, no, well he had, he did contact me last night eventually 4 o'clock in the morning and I was just like he had a fight with his mom and had to leave the house and like met friends and whatever. I'm like the thing is I totally understand it and I wasn't angry like at that point I was just like okay understandable I kind of had a feeling it had to do with the family in someway.

THERAPIST: Yeah.

CLIENT: But he was out with his friends, I mean he's not only party animal like crazy guy whatever so.

THERAPIST: (inaudible 0:12:34.3).

CLIENT: So it's not like yeah right and it's not like that but it just the point is like he did have the ability to call because he wasn't in the house and that kind of annoys, still annoys me. And I just think it's really

inconsiderate because like, fine you said you were going to call and it's not the biggest deal in the world that you didn't earlier, but it's just like ...

THERAPIST: Yeah, and then once you found out.

CLIENT: Yeah, you can just send a message, like I can't talk to you now I'll try to call you later. (0:13:01.6)

THERAPIST: So the next day, because you had already gotten in touch with him, he calls you at 4 in the morning our time?

CLIENT: Last night yeah.

THERAPIST: Our time, okay.

CLIENT: No his time, his time, his time.

THERAPIST: His time, wow he was out at 4 in the morning.

CLIENT: Yeah. Well, they do that I mean it's really late I don't know why they eat dinner like at 11 o'clock, it's ridiculous you know.

THERAPIST: Okay. So he had called you.

CLIENT: Yeah, he calls.

THERAPIST: And now this is yesterday?

CLIENT: Yeah, yesterday.

THERAPIST: At the store that you were having your (inaudible 0:13:26.3)?

CLIENT: Yeah.

THERAPIST: Which one you want to work at, because I mean in the moment I can understand I mean we can work on those irrational thoughts too but I think what's bothering you is that like the next day it was still plaguing you.

CLIENT: Well, I think what bothers me the most is how, my reaction or my over reaction to like the fact that he didn't call like.

THERAPIST: So what were you ... yesterday in the store, what was bothering you your over reaction?

CLIENT: No the fact that he hadn't called.

THERAPIST: Okay, so the same issue?

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: That same thing but then like the things that I was thinking for example these are like the things that were going through my head. Although I wrote this down I said like most likely it has something to do with his family why he's not calling. The things I was thinking were like he doesn't want to come Chicago any more and he doesn't want to tell me. He doesn't want to be with me any more and he doesn't want to tell me. Maybe, this is like really scary because I was walking home and thought this, maybe something happened like he got into an accident and he's like in the hospital and like no one knows to contact me because they don't we're together and like I can't even go there and like yeah. Like other the things that are just ridiculous, like just ridiculous, like there's no basis for those thoughts.

THERAPIST: But those I mean to me I see two issues.

CLIENT: Uh-hmm.

THERAPIST: And I think that we're going to definitely work on the one right now that's your concern but I don't know if we have time today, it sounds like there is also a lot of concern that you even have these thoughts. You're kind of beating yourself up.

CLIENT: Yeah and I do that too. So after, that's the other problem once I have these thoughts that I have beaten myself up and I'm like crazy part of myself. (0:15:07.0)

THERAPIST: We'll call like a secondary emotion you know.

CLIENT: And I also beat myself up over doing the missed call because then I was like why would you even bother, clearly he can't call so now you just sent him this call and look like a stalker or look like a crazy person and then I beat myself up over that for like hours.

THERAPIST: Okay.

CLIENT: So it's a lot ...

THERAPIST: So which one do you want to work on?

CLIENT: Maybe we should take it out of a hat or something.

THERAPIST: Well, which one do you think is upsetting you the most?

CLIENT: Well, I guess right now my reaction to him not calling.

THERAPIST: Okay. The ... what emotion would you say, you know the fact that because even the next day -

CLIENT: Yeah.

THERAPIST: he did call. So was that, it wasn't that he didn't call it was that he didn't call when he was suppose to -

CLIENT: Right.

THERAPIST: when it was convenient for you guys to talk?

CLIENT: Right.

THERAPIST: And when you had made an agreement to talk?

CLIENT: Yeah, more or less yeah.

THERAPIST: And I think the thing that seems to bother you the most is that not only did he not call when you agreed to call but as soon as he was able to call he still didn't call. (0:16:08.0)

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: Yeah, yeah.

THERAPIST: So it's not that he didn't call it's that he, he didn't call at soon as his convenience.

CLIENT: Right.

THERAPIST: In your opinion obviously.

CLIENT: Yeah, I just think it's inconsiderate, it's not the worst thing in the world if you do ...

THERAPIST: Well that's, that's not the activating event, the inconsiderate because that's your -

CLIENT: Right, that's how I see it.

THERAPIST: (inaudible 0:16:28.3) of the event.

CLIENT: Yeah.

THERAPIST: Okay. So that would be event. So it's also important when you're doing this kind of thing to make it specific because it's not that he didn't call, it's that he didn't call as soon as can ...

CLIENT: Right, he didn't call.

THERAPIST: Right?

CLIENT: Right.

THERAPIST: Okay. And what do you think the emotion that you were feeling was? It's hard to pin it down.

CLIENT: It's not depression, it's not depression, I think it's more like an anxiety.

THERAPIST: Okay. (0:17:00.4)

CLIENT: I think that's old anxiety.

THERAPIST: Was it anxiety or was it anger?

CLIENT: Anxiety.

THERAPIST: Anxiety.

CLIENT: For sure.

THERAPIST: So it was, what were the thoughts that were going on? You were saying before what if he has changed his mind?

CLIENT: Yeah, it's almost like I'll tell you the more specifics but almost like if you could put like a line of like here are the like least bad things that could possibly happen that were and you like went down the line and then here really is the absolute worst, it's like anything that's in that category like I was thinking.

THERAPIST: Okay.

CLIENT: Like the dumbest things like he's not coming to Chicago any more he doesn't want to tell me. His parents won't let him come to Chicago any more and he doesn't want to tell me. He doesn't want to be with me any more and he's too scared to tell me, which is crazy even just because he's like the most straight forward honest person he never has hesitated to tell me anything.

THERAPIST: Okay.

CLIENT: Even when it's like not the most positive.

THERAPIST: Well, I'm going to tell you a little psychology education as we call it.

CLIENT: Right.

THERAPIST: It sounds so terrible it's like I'm educating you.

CLIENT: No I like it. (0:18:01.2)

THERAPIST: The difference sometimes that you consider between CBT (inaudible 0:18:09.7) and REBT, it's kind of what you were doing with yourself was the CBT like. There's really no evidence to back up these

statements.

CLIENT: Right.

THERAPIST: REBT, I'm not just going to stop with that thought I'm going to pursue that thought further so what do you think was the strongest thing that you were trying to, that created the most anxiety? That he doesn't want to be with you any more?

CLIENT: Yeah.

THERAPIST: That was the one.

CLIENT: Because in some way.

THERAPIST: You think it was.

CLIENT: Other things are related.

THERAPIST: Yeah.

CLIENT: He's not coming to Chicago any more, well, why well, he's, he doesn't want to come to Chicago.

THERAPIST: He doesn't love me enough to make this choice?

CLIENT: The parents not letting him is more of like that's out of my control, you know but I don't know.

THERAPIST: Or you could say no because some people I mean some people give up you know their financial ties.

CLIENT: Yeah. So yeah.

THERAPIST: The thought that he doesn't love me enough to -

CLIENT: Yeah, probably.

THERAPIST: to like to stand up for us and stuff?

CLIENT: Right.

THERAPIST: Is that the biggest?

CLIENT: Probably yes.

THERAPIST: Or is that he doesn't love me at all?

CLIENT: I don't know. Yeah, probably just at all.

THERAPIST: Okay.

CLIENT: He doesn't care or love or like he doesn't care enough about this ...

THERAPIST: To make it.

CLIENT: Yeah to make it work at all.

THERAPIST: Because you know in some way that there was love before. Are you confident about that?

CLIENT: Well, we're not really at the stage where love has been expressed.

THERAPIST: Okay.

CLIENT: But strong feelings for sure.

THERAPIST: Okay.

CLIENT: Yeah.

THERAPIST: Okay. So it's mostly he doesn't care about me enough.

CLIENT: Yeah.

THERAPIST: Or he doesn't care about me any more.

CLIENT: Yeah.

THERAPIST: Is that the thought?

CLIENT: Yeah.

THERAPIST: Okay. Now I know if he doesn't care about you any more then what? So he doesn't care about you any more.

CLIENT: I mean nothing like. (0:20:00.7)

THERAPIST: Nothing, is the (inaudible 0:20:01.7)?

CLIENT: Well, I would feel bad, I mean I would feel I would be really sad.

THERAPIST: You feel sad. Or are you saying, because you said, I understand that's a healthy emotion when something happens, you know what I mean?

CLIENT: Yeah.

THERAPIST: What you care about. Are you saying maybe sad or are you saying that would be awful?

CLIENT: Yeah, it would be awful, it really would be, it would be awful.

THERAPIST: Are you saying, if he didn't love me any more or didn't care about me any more that would be like catastrophically, if he didn't love me any more then I would have wasted all that time span, I can't believe I spent all this time thinking about him and all the money and all like does it get out of control like that?

CLIENT: I don't know, the thing is like right now I, I say no because I don't, I'm not in that situation, like I can't and my because I can be rational like I'm just like well it's not the end of the world like yeah it would suck, it would suck, but you know I have this here, I have that -

THERAPIST: Oh no.

CLIENT: this.

THERAPIST: But we've already established that you're probably saying -

CLIENT: Like if I were ...

THERAPIST: it's awful, because I have -

CLIENT: Yeah.

THERAPIST: I have a pretty strong feeling you're saying it's awful. (0:21:01.2)

CLIENT: Yeah.

THERAPIST: Often with anxiety there's the catastrophic thinking -

CLIENT: Yeah.

THERAPIST: that goes along with it.

CLIENT: Okay. If I were in that situation, if that were to happen I probably, yeah.

THERAPIST: Okay. Is there any of it I couldn't stand it if he didn't love me? Like it would be just unbearable?

CLIENT: Yeah, I mean let's put it this way, the fact that he wasn't calling me was unbearable and I couldn't stand it so I'm sure if something happened where we weren't together anymore, yeah.

THERAPIST: Okay. Crazy.

CLIENT: It would be that same unbearable like I can't stand this.

THERAPIST: And then I think there's even a fourth rationale, I think you have a lot of irrational thoughts on the list.

CLIENT: Yeah.

THERAPIST: There would be like -

CLIENT: Yeah.

THERAPIST: that it goes down to because you can't just stop with a thought it's what does that thought mean to you? You know if that was true would you say, you know (inaudible 0:21:44.0) kind of say let's suppose it's true.

CLIENT: Right.

THERAPIST: Because we all get to be irrational (inaudible 0:21:48.1).

CLIENT: Right.

THERAPIST: So I think there is also another thought that because you mentioned before that you kind of (inaudible 0:21:54.3) down yourself -

CLIENT: Yeah.

THERAPIST: frequently. So there is also that thought if he doesn't care at me it's because I'm not worth it, I mean I ... (0:22:01.4)

CLIENT: Yeah, I think that's ...

THERAPIST: I'm a terrible person.

CLIENT: Yeah.

THERAPIST: Worthless.

CLIENT: Yeah, yeah which is weird because I don't feel like I think that, but I think that that's just the bottom line, like once you get down to it.

THERAPIST: Well, I think sometimes it takes an event for that feeling to come up you know?

CLIENT: Yeah.

THERAPIST: That might not be how you walk around all day, but it could be how you've learned to cope in these difficult situations.

CLIENT: Right.

THERAPIST: Sort of go to.

CLIENT: Right.

THERAPIST: I failed the test because I'm worthless.

CLIENT: Yeah.

THERAPIST: I ... she broke up with me because I'm worthless.

CLIENT: Right, no I think it's true.

THERAPIST: So which one do you think is the strongest? Is the one that's causing the most anxiety?

CLIENT: Of those things we listed?

THERAPIST: Yes, I mean they could be all and we can work on them all -

CLIENT: Yeah.

THERAPIST: but it sounds like that would be awful is pretty bad, the I couldn't stand it is pretty bad, and the self doubting is pretty bad.

CLIENT: I think yeah, I think the not be able to stand it is like it's so weird for me to talk about it when I'm not in the situation because it just seems to ridiculous but it's so awful at the time. (0:23:06.1)

THERAPIST: That you couldn't stand it if you couldn't ...

CLIENT: But I can't like function like I'm just obsessing so much that -

THERAPIST: Yeah.

CLIENT: it's like that, you know what I mean?

THERAPIST: Okay.

CLIENT: And also the self like ...

THERAPIST: The self doubting that I'm worthless.

CLIENT: Yeah, the self doubt, I'm worthless, like I guess that yeah.

THERAPIST: Okay. So which would you like to work on first?

CLIENT: Maybe the I can't stand it.

THERAPIST: Okay. Well, you're here.

CLIENT: Yeah.

THERAPIST: So empirically you stood it.

CLIENT: Yeah, I know.

THERAPIST: Right? Could you stand if he didn't love you or if he didn't care about you as much as you assumed he did?

CLIENT: Yeah, I mean I know I could, I know I'm not going to die because of it, it has happened to me before and I've been able to stand it, but it's just in that moment it's so awful and like ...

THERAPIST: Are you saying something else because are you saying something like he must love me, he got, he has got to make his decision, does that come up at all? Like it has to work out. (0:24:09.6)

CLIENT: Yeah.

THERAPIST: It has to work out ...

CLIENT: I think I do that a lot like it has to work out it has to be the way that I want it to be.

THERAPIST: So those are demands as well -

CLIENT: Yeah.

THERAPIST: that you're putting on.

CLIENT: Like, for example, this whole situation with him coming here even like in my head. It's okay to be positive I think, it's good -

THERAPIST: Yeah.

CLIENT: like especially when you have positive whatever. But to just have the view point this has to work out like with no other like options, like you're sitting yourself up for like a real, like a big disappointment, you know.

THERAPIST: Yeah. And it's funny because you have a lot of the disputing you know, but you're right you're still saying you know I'm disputing this -

CLIENT: Yeah.

THERAPIST: but it still doesn't feel inside.

CLIENT: Right.

THERAPIST: So that's what I'm going to try to give you the tools -

CLIENT: Yeah.

THERAPIST: to try to change that, you know.

CLIENT: Yeah.

THERAPIST: And it's going to take time and practice.

CLIENT: Right.

THERAPIST: That's the hard thing you know it's not going to be overnight. But you know does it make, like it doesn't make sense you said that if he didn't care about you any more that you couldn't stand it because you know you could stand it. (0:25:08.9)

CLIENT: Right.

THERAPIST: You stood that like thinking all night that he didn't, you know that he probably didn't love you, that's what we were thinking all night.

CLIENT: Right.

THERAPIST: Right?

CLIENT: Right.

THERAPIST: Okay. And so we said it doesn't make sense empirically.

CLIENT: Right.

THERAPIST: Does it logically make sense though that like just because he doesn't call, he doesn't love you?

CLIENT: No, no.

THERAPIST: There are a million things. And have you ever had a situation where you maybe had like a really terrible night where you were like I just can't, I don't want to talk because you know if you talk to that person you really have to talk about the issue and you kind of don't want to talk about the issue, has that ever happened before?

CLIENT: No.

THERAPIST: No, you want to talk to that person immediately?

CLIENT: Not only, it's not just that but I am always thinking about the other person and how they would feel so I always say to myself I don't want to talk to them but they're going to feel bad if I don't call, like if I just don't, you know what I mean, like because I would feel bad. (0:26:02.9)

THERAPIST: Yeah.

CLIENT: So I don't do that.

THERAPIST: Yeah.

CLIENT: I know that about myself.

THERAPIST: Well, what would you tell like a girlfriend of yours though if this had happened to her? Say you're right on (inaudible 0:26:11.5).

CLIENT: No.

THERAPIST: Maybe he doesn't love you any more.

CLIENT: I would say the same things that my friends tell me like stop being (inaudible 0:26:16.6), like you're being, over reacting.

THERAPIST: So it doesn't make sense.

CLIENT: No, it's for sure doesn't make sense.

THERAPIST: But lastly I think the most important one, because these are ones you're not buying.

CLIENT: No, it's not that it's that -

THERAPIST: In the moment.

CLIENT: I think those things while this is happening and it doesn't help me and I know them you know.

THERAPIST: But I think it's because you don't believe them. You're saying all of this is true but I know better.

CLIENT: Right (inaudible 0:26:37.6), maybe.

THERAPIST: Right?

CLIENT: Yeah, probably.

THERAPIST: So what, the last one is always what we call the functional dispute. How is this helping you? Is this going to help your relationship?

CLIENT: No, it doesn't help anything or any one around me -

THERAPIST: Is it going to make you more ...

CLIENT: (inaudible 0:26:52.9).

THERAPIST: Is it going to make him want to be with you more?

CLIENT: No.

THERAPIST: This crazy behavior?

CLIENT: No, it does not.

THERAPIST: No. Is it going to make people you want to be around yourself? It seems like you just want to escape yourself? (0:27:04.6)

CLIENT: Yeah, yeah.

THERAPIST: In these situations. So what can you think differently? Did you come up with any alternative rationale beliefs that you could think instead? That is the key.

CLIENT: Yeah (inaudible 0:27:19.1).

THERAPIST: Now that I have just identified that these are wrong but to come up with another one. So what is something you can say about stand in?

CLIENT: I don't know. That ...

THERAPIST: I'm saying he should have called me, if he loved me he would have called me, right?

CLIENT: Yeah.

THERAPIST: So I know, you know if, I know that he has busy things but if he doesn't call every time I expect him to I can stand it and it doesn't mean that his feelings have changed for me.

CLIENT: Yeah.

THERAPIST: Right? (0:28:01.7)

CLIENT: Yeah, but I don't know, I don't know how like maybe it's true that I just I know these things but I don't believe them -

THERAPIST: You've got to say it.

CLIENT: I don't know how.

THERAPIST: So say it, say it in a way. I want to hear you say it like you, say it a few times like you believe it. First practice, find one that works for you.

CLIENT: So, I don't know. Although -

THERAPIST: It's like.

CLIENT: I don't know. That's true I just don't see it.

THERAPIST: Okay, I'm sorry (inaudible 0:28:31.9).

CLIENT: (inaudible 0:28:32.4), it's a really weird name.

THERAPIST: (inaudible 0:28:34.6), okay. So if (inaudible 0:28:36.6) doesn't call when he says he does because this probably could happen again, right?

CLIENT: Yeah. And it will I'm sure.

THERAPIST: (inaudible 0:28:42.2) doesn't call when he said he would that doesn't, you know, I can stand it. You have to say I can stand it and it doesn't mean his feelings have changed for me, right?

CLIENT: Yeah.

THERAPIST: So.

CLIENT: Alright. If he -

THERAPIST: (inaudible 0:28:59.9).

CLIENT: If (inaudible 0:29:00.5) doesn't call me when he says he's going to I can stand it and it doesn't mean his feelings have changed. (0:29:08.6)

THERAPIST: I don't really buy that.

CLIENT: Well, what if it does mean his feelings have changed?

THERAPIST: Well, I think that's when we work on the worthless. Do you want to work on that part?

CLIENT: Okay.

THERAPIST: Well, say that a few times.

CLIENT: Okay. If he doesn't call, if (inaudible 0:29:20.3) doesn't call me -

THERAPIST: Because he doesn't really ... well, I'm saying that do you think the call means his feelings have changed?

CLIENT: The call or not call, no.

THERAPIST: No, you know what I mean?

CLIENT: No.

THERAPIST: Even if his feelings have changed he's still going to call you a few more times, don't you think?

CLIENT: Yeah.

THERAPIST: He's not going to just stop calling.

CLIENT: No I know it's true.

THERAPIST: He's feelings are going to change over time.

CLIENT: It's true. If (inaudible 0:29:38.2) doesn't call me when he says he's going to I can stand it, I forgot the rest.

THERAPIST: And it doesn't mean that his feelings ...

CLIENT: And it doesn't mean that his feelings have changed, it's obvious.

THERAPIST: Right? His feelings ...

CLIENT: The call doesn't ...

THERAPIST: His feelings are going to change for a long time he's not going to change in one day, right?

CLIENT: Yeah.

THERAPIST: So the call is not the determinant of the feelings. And I think in a long distance relationships, you know we take these little things to be the (0:30:04.2)

CLIENT: That's another thing.

THERAPIST: entire measure of love and affection.

CLIENT: Yeah.

THERAPIST: And it's still just a little thing, in love.

CLIENT: Right, right.

THERAPIST: It means a like because you get so little.

CLIENT: Right, but it's still not.

THERAPIST: You know, is the call a measure of love to you?

CLIENT: No.

THERAPIST: It isn't right now, no.

CLIENT: No it's not it's really not.

THERAPIST: Are you sure?

CLIENT: Yeah, I am, it's not.

THERAPIST: Okay.

CLIENT: And yeah, it's not at all.

THERAPIST: So maybe you can say that to yourself.

CLIENT: The thing is I wouldn't have mind if we didn't speak everyday. I wouldn't have mind if -

THERAPIST: It's just when to say.

CLIENT: it's like but if you say you're going to call, you're not some random guy I meet at a bar where I'm like is he going to call and I don't care whatever, I don't know. Like don't like just be considerate and send a text message but it's out of my control.

THERAPIST: People always have to act the way we want them to?

CLIENT: Yeah, I think that's another problem I have. I know it's not, it's out of my control.

THERAPIST: Every time you say should, you know people should do that.

CLIENT: Yeah.

THERAPIST: Why, why should he call when he says he's going to call? (0:31:05.6)

CLIENT: Because it's the right thing to do.

THERAPIST: Why is it the right thing to do?

CLIENT: Because that's what I think.

THERAPIST: Is what you think always right?

CLIENT: No, but how is it not right? How like ...

THERAPIST: Well, it doesn't necessarily always considerate but does the person you love have to be considerate?

CLIENT: No, I mean you would like them to be but.

THERAPIST: Just because you like them to be it doesn't mean they have to be.

CLIENT: Don't have to be. I mean there is something ...

THERAPIST: And he is most of the time.

CLIENT: Yeah, he's always considerate, I mean I just I don't, it's not something that happens often, you know I mean.

THERAPIST: But it could still happen more often?

CLIENT: Yeah.

THERAPIST: Could you stand it? I mean that would be something that you know if that started happening often and all you have is a long distance relationship you might say it's not worth it, maybe you know?

CLIENT: Right. No, it's true. (0:32:02.5)

THERAPIST: But here's another thing you know, if (inaudible 0:32:06.5) did in fact not love you any more, let's go with that one, would that mean that you're worthless?

CLIENT: No, it wouldn't.

THERAPIST: Are you sure?

CLIENT: It wouldn't but like once I'm removed from these situations because obviously like I said I would do for (inaudible 0:32:34.2) boyfriends and I love them and then we broke up and it felt like it was the end of the world and like once I'm removed from the situation like after time passes, it's like well obviously ...

THERAPIST: So you've survived a breakup with somebody that you have been involved with before? And (inaudible 0:32:49.1) you don't even, you haven't used the L word yet.

CLIENT: No.

THERAPIST: Do you know if you love him?

CLIENT: I'm confident about it yeah.

THERAPIST: Okay. But have you been more confident about other relationships in the past? Has the love been even stronger or at the time? (0:33:03.7)

CLIENT: Yeah at the time yeah.

THERAPIST: Okay. So you've survived breakups.

CLIENT: Yeah.

THERAPIST: Did you lose some worth along the way?

CLIENT: No.

THERAPIST: So empirically you don't seem to lose worth -

CLIENT: No.

THERAPIST: when that relationship comes to an end, right?

CLIENT: Right.

THERAPIST: And is it logical to think, you know, someone, if a relationship ends it's because I'm a terrible person?

CLIENT: No, but it's like when I say it that way I know like even in the situation when I'm crazy and obsessing and anxiety ridden, I know it's, I can answer it like that. But it's like I don't know, I don't know what it is, it's just like I won't, I'll be able to answer that fine but then I'll do things like if I hadn't done this maybe it would different. Like if I hadn't gotten deported from Lisbon, maybe this wouldn't be this situation which I think those are problems too because it just, it's like beating myself up, beating myself up. And in some ways it's at the bottom line it's well because I don't think I'm, you know I'm not worth (inaudible 0:34:16.7).

THERAPIST: Do you have to be perfect to have worth?

CLIENT: I think yeah. Well, I know the answer is no but I think -

THERAPIST: For you though?

CLIENT: I put that pressure on myself.

THERAPIST: Yeah.

CLIENT: And when I don't do something, like for example on Sunday night with him, this is another crazy thought I was thinking, we had the fight over the apartment, my family, we're driving home, we had brunch with my sister's boyfriend and his family. And it was my sister, her boyfriend, me and my parents in the car, we had a fight over this apartment and I was really like, because I got angry I was like annoyed about it whatever after. And I spoke to him and he kept interrupting me, speaking over me because like, you know like the conversation is delayed and whatever because of the distance and I got like snippy with him because I was just like and it wasn't even that bad but I just said something like hey I'm going to wait for you to finish and then I'll talk or something like really snippy. And he liked, he like knew immediately that I was (inaudible 0:35:17.6) and he was like annoyed about it and because of that I thought like maybe he's not calling because of that. You know like there's another irrational thing but the point is I was still beating myself up over that little tiny incident where the one time I ever said something to him that was like, you know in a negative tone.

THERAPIST: Yeah.

CLIENT: You know what I mean?

THERAPIST: Yeah.

CLIENT: And it's like I'm still beating myself up over it whereas other people probably would just forget about it.

THERAPIST: And so is your worth determined by what other people think about you?

CLIENT: Yeah, also, yeah.

THERAPIST: I noticed in your forms that you filled out, they were actually very helpful for me.

CLIENT: Yeah.

THERAPIST: I mean there was a lot of what I would I did not guess came up for social anxiety. (0:36:00.5)

CLIENT: Yeah, also.

THERAPIST: Which made you think that that's a problem for you?

CLIENT: Yeah, but in weird ways. Like I don't have problems, like I love meeting people, I love social events, but in certain social like events, I get very socially like anxious.

THERAPIST: And it doesn't prevent you from doing it but you're still uncomfortable?

CLIENT: Yeah, like I've reached the point, it used to prevent me from doing things, I reached the point where I don't let it stop me, really, certain things yeah but most things no, but I'm still uncomfortable.

THERAPIST: But it's because of how other people are judging you?

CLIENT: Right.

THERAPIST: And the worst is if your boyfriend is judging you?

CLIENT: Right. The closer the people are.

THERAPIST: But how does a judgment of some person affect your worth?

CLIENT: It doesn't.

THERAPIST: Do all people have worth?

CLIENT: I'm sorry, I'm sorry. Yes.

THERAPIST: But do you really think that?

CLIENT: I think they do, I think everyone has worth.

THERAPIST: Every human being? (0:37:00.6)

CLIENT: Maybe not really shitty people, I don't know. I mean -

THERAPIST: I don't know about that.

CLIENT: like a serial killer or something like that.

THERAPIST: You know some people argue that they do, you know that -

CLIENT: Yeah.

THERAPIST: just the fact that you're human and alive.

CLIENT: The thing is I like to think that. Just the fact that you're human and alive like gives you worth like maybe I personally don't like your behavior, I don't like, you know maybe you're not a good person, like you're a murderer or something but, but separate from those things like you have worth as a human. I think animals have worth, I mean for god sake like, you know ...

THERAPIST: Even in the animals?

CLIENT: Yeah. More than (inaudible 0:37:43.7).

THERAPIST: Even the dogs that fight, yeah.

CLIENT: Actually, which is kind of crazy but yeah.

THERAPIST: Exactly.

CLIENT: So

THERAPIST: So I am still not clear how someone else's judgment can affect your worth.

CLIENT: It doesn't but it's ... it doesn't and I know it doesn't but I still, I never thought, I'm not a perfectionist in like every sense of the word, but I still strive to be perfect and for some reason if I'm not it's like it's like awful. (0:38:15.0)

THERAPIST: And how is that working for you?

CLIENT: It's not actually at all, it's really not but.

THERAPIST: So is there anyway that maybe you can lower, it doesn't mean lower your goals if that's how you want to be but you demand yourself to be, it's not that you want to be it seems like you demand it.

CLIENT: Yeah.

THERAPIST: And when you don't meet that expectation, when you make a mistake in a relationship or you say something hurtful or you don't act in the way that you wish you would act all the time -

CLIENT: Yeah.

THERAPIST: but you demand yourself to act perfect all the time and then as soon as you don't you're worthless.

CLIENT: Yeah.

THERAPIST: Being perfect is kind of hard to do.

CLIENT: Yeah, it's really hard. (0:39:02.5)

THERAPIST: Why should you be perfect, who made you this special?

CLIENT: It's just that I just feel like I know so well like, number one I should be able to control my anger in situation, certain situations.

THERAPIST: Why?

CLIENT: Number two ... I don't know because it's stupid and it's unnecessary.

THERAPIST: Why, that still doesn't explain to me why you should be able to do that. I understand that you would like to -

CLIENT: Because I feel that -

THERAPIST: be able to.

CLIENT: yeah but it's like I know that it's not necessary and I know that's stupid and I know it's an over reaction.

THERAPIST: Well, this is something that we can get into next week, the secondary emotion because I think that's causing you a lot of distress after the fact and I have a lot of issues with you thinking that.

CLIENT: Yeah, I have a lot of issues with my thinking too so.

THERAPIST: I think you are a little hard on yourself.

CLIENT: Yeah.

THERAPIST: I have to say the fact that you already ... even doing your homework and the fact that you're able to, you know you have a lot more cognitive awareness than a lot of other people, you know you're able to think about your thoughts and to go over them and often I think people who have that it creates anxiety. (0:40:03.6)

CLIENT: Yeah.

THERAPIST: People with very low cognitive function generally don't get the same kind of anxiety and depression and like they're angry -

CLIENT: Oh really?

THERAPIST: because they aren't able to think about it -

CLIENT: It makes sense, yeah.

THERAPIST: and they can (inaudible 0:40:15.1) with that all the time.

CLIENT: I wish I had that.

THERAPIST: Well, no because you're not lashing out as much as you might be wishing you were lashing out.

CLIENT: Yeah.

THERAPIST: And then you're beating yourself up over having the thoughts that you want to lash out.

CLIENT: Yeah, I know. My thinking needs to be ...

THERAPIST: So I would say ...

CLIENT: (inaudible 0:40:34.0) or something.

THERAPIST: I mean we're going to work on the perfectionism but I want you to think about that some more like you know why you're holding yourself to these other standards and do you really need to be better than everybody else?

CLIENT: Yeah, I know.

THERAPIST: And I think thinking those things is not helping you to achieve who you want to be.

CLIENT: Right, it's true. It's for sure true.

THERAPIST: But also the fact that your boyfriend I think just understanding that, you know a phone call from him does not determine his feelings for you. (0:41:06.8)

CLIENT: Right.

THERAPIST: And you can stand it, even if his feeling had changed you could stand it, you know that.

CLIENT: Right.

THERAPIST: But let's assume that they haven't, you can stand it if he's not, if he's not living up to the expectations that you set for him.

CLIENT: Right.

THERAPIST: What a boyfriend should be?

CLIENT: Yeah.

THERAPIST: You can stand it right? Would you date him, would you still want to be with him and let him move to America if you knew sometimes he could be a little inconsistent?

CLIENT: Yeah, I mean.

THERAPIST: Then you can stand it then you know what I mean?

CLIENT: Right.

THERAPIST: Because if you couldn't then maybe it's not worth him coming.

CLIENT: Right.

THERAPIST: You're probably a little inconsistent sometimes.

CLIENT: Yeah, definitely. And maybe I don't know if it's true but maybe like, I don't know if I hold other people to the same standards that I hold myself but maybe that's another like that's one of the things like my expectations are so high like the same way I shouldn't beat myself up over once snippy comment or whatever like I shouldn't beat him up over not calling (0:42:10.1)

THERAPIST: Yeah.

CLIENT: just the time he said he, you know like it's, but I think it's another, so many things related but it's like when I don't get what I want, it sounds really bad because I'm not bratty like that, maybe I am. But like it's like I can't stand it, you know?

THERAPIST: But you can.

CLIENT: I know I can. But it feels like ...

THERAPIST: (inaudible 0:42:31.7). But every time, okay here's the thing, every time you say I can't stand it your body it goes into the physiological reactions. You're going to get madder, you're going to get anxious, your heart is going to start racing, you're going to start sweating, your fingers or your muscles are going to tense. It's going to then make you act more the way that you don't want to act.

CLIENT: Right, right.

THERAPIST: The anxiety or the anger. So telling yourself that is not working.

CLIENT: Right.

THERAPIST: Even if you don't believe it you need to practice telling yourself. Say it until you believe it and every time those thoughts come up, and they're going to come up over and over again, oh he didn't call you this is so annoying like I can't stand it when people don't call me when they say they're going to call, you know what I mean? You need to replace it with a new rational statement. (0:43:14.1)

CLIENT: Yeah.

THERAPIST: The old ones aren't going to go away, you have to replace them.

CLIENT: Yeah.

THERAPIST: And it's going to take practice. And they may never go away, right?

CLIENT: No, I know.

THERAPIST: They may never go away but as long as you can replace them with something else.

CLIENT: And like then deal with it properly.

THERAPIST: And think about and you know calm yourself down with these statements. It's okay we're pretty much done.

CLIENT: Are we? Yeah so.

THERAPIST: You know you've got to practice.

CLIENT: Right.

THERAPIST: Practice the statements.

CLIENT: Yeah.

THERAPIST: And that is what's going to help.

CLIENT: Yeah.

THERAPIST: Okay? And you can keep doing that, you know it's good, maybe, do you want another one?
(0:44:02.3)

CLIENT: Yeah.

THERAPIST: You can make a photocopy of it, make a photocopy of it and use it as much as you want you know?

CLIENT: Yeah. Did you have a chance to think about the books?

THERAPIST: Uh-hmm.

CLIENT: Okay.

THERAPIST: It called A Guide for Rational Living.

CLIENT: Okay.

THERAPIST: And it's downstairs. A Guide for Rational Living. And I think it's by Ellis. But you can ask for help, it's like one of the main like.

CLIENT: A Guide for Rational Living.

THERAPIST: Uh-hmm.

CLIENT: Okay.

THERAPIST: Do you want to write it down?

CLIENT: No, that's okay.

THERAPIST: You've got it, okay.

CLIENT: I'll remember yeah.

THERAPIST: Okay. So it should be downstairs. And that I think kind of has the general rules of RUT and if you like that they're ones that are more for anger and more for anxiety.

CLIENT: Okay.

THERAPIST: But that one kind of covers the four ranges of emotions.

CLIENT: Okay.

THERAPIST: And it's kind of a good introduction.

CLIENT: Alright good.

THERAPIST: Yeah?

CLIENT: Yeah, yeah. I like I don't know why but I like books.

THERAPIST: I'm glad that you like books.

CLIENT: I don't know why I like books but I didn't mean it that way but I like for these types of things I don't know.

THERAPIST: Yeah, it's helpful isn't it?

CLIENT: Yeah.

THERAPIST: It's a reminder at home. (0:45:00.0)

CLIENT: Yeah.

THERAPIST: Some people I don't know because you seem like really dedicated to the process, some people like to tape their own sessions -

CLIENT: Oh really.

THERAPIST: and then you can listen to it later, if it's something that you forgot or take notes on things like (inaudible 0:45:11.7) or something like that.

CLIENT: Yeah maybe, maybe.

THERAPIST: You can listen to the session later.

CLIENT: I think it would be helpful for me to write things down, I think.

THERAPIST: Yeah.

CLIENT: I don't know if I would want to listen to myself.

THERAPIST: Good.

CLIENT: Because I sound like (inaudible 0:45:22.4).

THERAPIST: But you know it might be, but you know it might be good to eventually listen and to be able to say oh catch what you're saying when you're saying it.

CLIENT: Yeah, yeah.

THERAPIST: It's good for me as a therapist to listen because I'm like oh I really missed the boat there.

CLIENT: Yeah.

THERAPIST: It provides you with what you don't want to hear.

CLIENT: Maybe. I'll start with, maybe I'll start with writing.

THERAPIST: Uh-hmm.

CLIENT: And then if I feel like I don't remember some things maybe I'll listen.

THERAPIST: Okay.

CLIENT: So, are we finished or?

THERAPIST: Yeah, we're finished.

CLIENT: Okay. No I didn't, I don't even know what time it is.

THERAPIST: I'll say it's 10:20.

CLIENT: Okay.

THERAPIST: Okay.

CLIENT: So, oh the other thing I wanted to ask you is if it's possible to change the time? (0:46:02.4)

THERAPIST: Okay. Are you free, I don't have any later morning because I have a 10:30 that I see after this. Do you have time on Thursday evenings?

CLIENT: Yeah.

THERAPIST: You do?

CLIENT: Yeah.

THERAPIST: Okay. I think right now I have one Thursday and I think it's at 6, would you like 5 o'clock or a 4 o'clock? No, because you don't have a job right now, right?

CLIENT: Yeah, no.

THERAPIST: But you know you may get one so.

CLIENT: Well, yeah. Maybe 5 o'clock.

THERAPIST: 5 o'clock.

CLIENT: If that is alright?

THERAPIST: Thursdays?

CLIENT: Yeah, should I tell them downstairs too or?

THERAPIST: I can tell them.

CLIENT: But not for this Thursday, for the following?

THERAPIST: Yeah. (inaudible 0:46:41.5).

CLIENT: Okay. Tomorrow is Thursday anyway.

THERAPIST: (inaudible 0:46:43.9) today?

CLIENT: What?

THERAPIST: Did you fill out an OQ? It's like that form, I'll tell them to give you, do you mind filling one on the way out?

CLIENT: No.

THERAPIST: It's just, it's like a form that kind of like says how you progress monitoring so I can have it.

CLIENT: Oh yeah.

THERAPIST: Chart it and I see how you're doing and see if things are getting better.

CLIENT: Yeah, no I just walked right in. (0:47:01.1)

THERAPIST: Okay.

CLIENT: They just wanted me to go up.

THERAPIST: Sure. I'll call them downstairs and ask them to give you one.

CLIENT: Okay.

THERAPIST: And you can look for the book too.

CLIENT: Okay. So next Thursday then at 5, right?

THERAPIST: Right, unless I call you and tell you otherwise.

CLIENT: Okay, thank you.

THERAPIST: Okay. Bye-bye. Have a good weekend.

CLIENT: Thank you, you too.

THERAPIST: Bye.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Come in.

CLIENT: Hi.

THERAPIST: How are you doing?

CLIENT: Good. How are you?

THERAPIST: Good. How are you?

CLIENT: I'm good. Sorry about last week.

THERAPIST: That's okay.

CLIENT: I actually had a visit from Ferñao. He came to visit Chicago.

THERAPIST: Oh my God.

CLIENT: Yeah, I tell you. But what happened is, I don't even remember what we talked... which is probably why I should write things down.

THERAPIST: What I have here. What we talk about here?

CLIENT: Yeah, but I mean like in terms of him. And him coming to Chicago and everything.

THERAPIST: Yeah. We were talking about... he was thinking...

CLIENT: He didn't call...

THERAPIST: It was about that whole thing. It was about that whole thing, and then we're back – if he had changed his mind...it was kind of about that. And he was planning on going to grad school here. [0:01:02]

CLIENT: Yeah. So basically the week that I think I saw you he was preparing all the stuff to be admitted into this program. It was a really confusing week. And then in the end, he was – on Thursday or Friday I think it was – he was looking at flights. And they were reasonably priced. And so he was like, 'I think I'll just come on Saturday.' It was so random. 'I found a flight. It's like 450, which is good because then in Euro it's even less. And, he was like, 'I'll bring the application and we can submit it at the school and then see what they say and have a better idea, because we're in person.'

So he wound up coming, which was... I couldn't even believe it. It was literally Thursday night (overlapping at 0:01:47) and it was like, 'This is crazy!' And it made me feel even crazier about the way I (inaudible at 0:01:52).

So he came. But what happened was he also wanted to find an apartment. So... [0:02:00]

THERAPIST: So he's really committed to this.

CLIENT: Yeah. So we wound up ...

THERAPIST: When is the program start... When can he go to school?

CLIENT: In September. Well really September 28th, it begins.

THERAPIST: What program is this?

CLIENT: But it is not a graduate program. It is a continuing education program. And it is just for English. Learning English.

THERAPIST: He want to improve his English first.

CLIENT: ...first. And the apply to graduate school. So we were looking for apartments for three days, all day. 10 apartments a day. It was a little bit difficult because he's foreign. So he doesn't have a social security number. He has no credit here. All these things that they usually ...

THERAPIST: What do they do for foreigners?

CLIENT: They basically told him that he has to pay 12 months rent up front.

THERAPIST: Is there any way his parents could sign, and their credit would be...

CLIENT: No. Because they don't have credit here.

THERAPIST: And you would have to be his ...

CLIENT: And I have really bad credit. I have no money in the bank. [0:03:01]

THERAPIST: And is he willing to do that?

CLIENT: Yeah. He's doing it. So that's – he can do it. Lucky for him. Whatever.

THERAPIST: So you found a place?

CLIENT: We found a place. Really nice.

THERAPIST: Is it close to... You're going to continue living at home and then... Because your sister got the apartment downtown years ago. The whole debacle.

CLIENT: The thing is, I thought about it, and she's never going to be there. And I'm probably going to end up working at the school where my mom works – like substitute teaching. Well I definitely am. And it is next

door to the apartment. So I'll probably end up staying there more than she does. And it'll just work itself out, I think.

THERAPIST: And you probably going to stay a bunch of times.

CLIENT: Yeah and she's (overlapping at 0:03:40). And she's probably going to stay with her boyfriend. So it will be fine.

So anyway, we looked mainly, not really in this area because he thought better to be closer to school. But in the end we found an apartment. It is so nice, though.

THERAPIST: Is that like Northwest? [0:04:00]

CLIENT: Yeah. I don't know how you feel about Northwest.

THERAPIST: It's a pretty good location. Whatever. (laughing)

CLIENT: It is kind of downtown, whatever. He doesn't care because he's ... whatever. But the apartment's a penthouse. It is a small building. It is seven floors, but it is a penthouse. And it is a duplex apartment, one bedroom, with a balcony on the first floor, and a terrace that is amazing. It is so nice. It is really big. And it has access to this bigger terrace that is on the roof. It is really, really cool. It has a view of the Empire State Building on the water. That's big.

THERAPIST: Is this a very expensive apartment?

CLIENT: It is... it is 2500 a month.

THERAPIST: For a one bedroom? That is a lot.

CLIENT: For here, for Chicago I think that is a steal, actually. For a duplex with a terrace and that stuff. But this wound up being a problem too because... It is going to work out, but I don't know. This real estate agent got involved and you kind of didn't like her, but once you're with them you can't especially if you apply with them, you can't really – there's nothing you can do. You're just with them.

The people who lived there before didn't want to give their security deposit up and the management company was going to use the security deposit to pay the real estate agent, and this whole nonsense mess. But it is going to... in the end we worked something out with the tenants.

THERAPIST: Is he still here?

CLIENT: He's not still here. He went home on Sunday. But he's going to get it in the end, so it's fine. So that day we were supposed to meet, I completely forgot and we were really looking for apartments.

THERAPIST: I think that is a forgivable excuse.

CLIENT: Well I don't know. It depends on your perspective.

THERAPIST: You're living your life. That's what the goal of therapy...

CLIENT: I know. It was great having him here. It was just like, I don't know. It is a little stressful because every time – well when he was first here for three weeks just visiting in August it was just a lot of sightseeing and running around and dah, dah, dah, dah. Whatever. And this time it was a lot of running around, looking for apartments, get the application together. So I'm looking forward to when he's here and it's not going to be constant craziness and chaos.

THERAPIST: So he's leaving his job as... he's in finance?

CLIENT: He – his family has a business. It is a real estate business. He works basically doing that. So he's leaving a family business. It is not the biggest deal.

THERAPIST: So it sounds like he's really excited to come.

CLIENT: Yeah I think he's really excited.

THERAPIST: So he's going to be here very soon.

CLIENT: He's going to be here – well he has his appointment with the visa people on the 18th. And they say basically it takes seven days, more or less. So probably by the 25th, the 26th he'll be here. So it's good.

THERAPIST: That's crazy. [0:07:04]

CLIENT: I know. It's crazy.

THERAPIST: So do you have any anxiety about him coming?

CLIENT: Yeah a lot. A lot.

THERAPIST: What would you like to work on today?

CLIENT: Well the thing is...

THERAPIST: Well we have today and tomorrow, so...

CLIENT: I know. I'm happy about that actually. Well the thing is I wanted to tell you – so yesterday we had a little issue with the phone again. The thing is, I was working at my friends store again – I don't know if I told you...

THERAPIST: Yeah that is where it was last time, wasn't it?

CLIENT: Yeah. And it gets really boring there at a certain time. And I think it adds to the anxiety because I just want to get out of there anyway. But I did the worksheet, because ...

THERAPIST: Oh. So that worksheet helped.

CLIENT: Yeah. The think is, is it helped for sure. It wasn't like I was completely free of all anxiety and worry but it definitely did not reach the state that it reached the last time. It didn't reach that level.

THERAPIST: Do you have the sheet? Or you don't have it with you? [0:08:01]

CLIENT: I do. I think I do actually. I've give it to you. It is somewhere. In this nightmare.

THERAPIST: It looks neat from up here.

CLIENT: Oh really? It's not. By the way, I bought this and I'm obsessed with it.

THERAPIST: You like it?

CLIENT: I really like it, it is really helpful.

THERAPIST: Good.

CLIENT: Yeah I'm going to get more books once I finish it. But anyway so it helps. And also – I had a little spat with – two little spats with this... one when he had already got home on Monday. And one when he was here. They were little things. It is also still like we're getting, we're learning about each other still. I can't really recognize his annoyance face and his angry face and differentiate. But I think it has been helping me deal with those things too because I didn't get as crazy as I feel like I would have before. [0:09:04]

THERAPIST: Okay so you...

CLIENT: Again not perfect.

THERAPIST: So why don't you give me an example, the situation at the store, I'm sorry. Do you not want to find it?

CLIENT: No I have it. Specifically...unless I left it there. Pretty embarrassing. (laughter)

THERAPIST: Don't think crazy...

CLIENT: He didn't call me. Psycho. I'll find it.

THERAPIST: I was thinking, when you were in the store it was a very similar situation. That you had called him and he didn't return... or he was supposed to... Was it the same situation? He was supposed to call you and he hadn't?

CLIENT: Yeah. He had to go somewhere, he was eating at a restaurant...

THERAPIST: And you knew that.

CLIENT: I knew it. And he said, 'I'll call you.' I said, 'Call me when you leave...'!

Oh here it is. And the only think I didn't really remember how to fill out was the constructive behaviors.
[0:10:00]

THERAPIST: That is okay. You don't always have to fill out everything, wow I like this.

CLIENT: I was really nervous. I had to fill out as much as possible.

THERAPIST: And the emotion you were feeling. Wow there is a lot of emotions.

CLIENT: Well the thing is, it is usually the strongest is always anxiety. But there is a little twinge of the other, so I just added them. It is not like severe anger, or whatever I put.

THERAPIST: And I think that is very important. But I think also something that is going to be helpful for you is to realize that there are different irrational beliefs for different emotions.

So sometimes it is good to have a clear emotion, and then you can work for each one. The way that we are trained to do it is, to go with the emotion that is probably the most dysfunctional. The one that is really the strongest emotion.

CLIENT: I think in my case it would almost always be anxiety.

THERAPIST: Okay so we'll go with anxiety. So let me make sure that these irrational beliefs go. So when you're feeling anxious, what are the thoughts that you're having?

CLIENT: With this specific situation?

THERAPIST: Yeah. What were the thoughts that you were having? [0:11:04]

CLIENT: The thoughts.

THERAPIST: Just the thoughts. Yeah.

CLIENT: That ...

THERAPIST: You're feeling anxious. He didn't call. He said he was going to call.

CLIENT: Generally, that something is wrong. Something is really wrong. Specifically from that he's out with friends and he doesn't care about calling.

THERAPIST: So Ferñao's (ph) out with friends and he doesn't even care that I'm waiting for him to call.

CLIENT: Yeah.

THERAPIST: And if he didn't care that you were waiting for the call, what would that mean?

CLIENT: That he doesn't like me anymore.

THERAPIST: So that is the one that goes with the anxiety. Say, because you have three different ones here. 'He must call because he said he would.'

Does that make you anxious, or is that the one that makes you a little mad and jealous or something like that? [0:12:02]

Because I think if I was thinking, 'He must call because he said he would' I guess you could get anxious from that.

CLIENT: Yeah.

THERAPIST: It is like you're a concrete person where the rules are the rules, are the rules. But I don't know if that is so much your case, or it is more like, 'He said he should call. What the hell.'

CLIENT: It is a little bit more anger, I think. Probably anger.

THERAPIST: So they can be related to different ones. And that is it awful that he hasn't called. And then because it is clearly wrong. And that could be more anger again because it (inaudible at 0:12:29). But it is awful that he hasn't called. Do you get into that because you had in the past, a tendency to get into catastrophic thinking.

So he doesn't call. That is kind of like, if he doesn't call then he doesn't care about me. If he doesn't care about me then he doesn't like me. If he doesn't like me then why am I even in this relationship.

CLIENT: Right. Then this is all worthless. Why am I doing all this work for his apartment, to help him, if he doesn't like... and it goes on and on and on.

THERAPIST: So there is mainly it is the catastrophic thinking.

CLIENT: Yeah.

THERAPIST: And then the ...

CLIENT: Definitely the catastrophic...

THERAPIST: Well maybe there is three, because is there the 'I can't stand that he hasn't called. I can't stand this.'? [0:13:06]

CLIENT: That was the only thing that was a little bit less than the last times.

THERAPIST: Good. Because you knew you could stand it.

CLIENT: Exactly.

THERAPIST: You had stood it last week.

CLIENT: Clearly this sucks and I hate it. And I kind of, it is giving me anxiety, but it is not the end of the world. Even if the worst thing happens I'll survive. That was the one thing that was a little bit better this time.

THERAPIST: So mainly this time it was really the catastrophizing (sp).

CLIENT: Yeah it is definitely that.

THERAPIST: The catastrophizing and the self-damning. Right?

CLIENT: Yeah. Yeah definitely.

THERAPIST: So it was mainly the catastrophizing and the self-damning. So that – he didn't call, obviously I'm a piece of shit.

CLIENT: Right. Exactly.

THERAPIST: And if he doesn't get rid of me because I'm completely worthless.

CLIENT: Yeah.

THERAPIST: So which one do you think is stronger? The one that makes you most upset? The one that causes the most anxiety. [0:14:04]

CLIENT: Of those two?

THERAPIST: Yeah. I guess they are kind of... I can see how they are related; 'If he doesn't like me, blah, blah, blah, he's never going to call, and this relationship is never going to work.' That is more the catastrophizing. 'Now what is all the point? Why is he even coming here? He says he's going to come. Is he really not going to come?' Is it mostly the catastrophizing that gets you so anxious?

Or it is the 'He doesn't like me. I'm such a piece of shit.'?

CLIENT: The thing is, when I read the book to – and they describe, I forget what they call it – universal self acceptance – or something.

THERAPIST: Yeah USA. Unconditional.

CLIENT: (overlapping at 0:14:43) unconditional is the opposite of that. I recognize that I do that, but I don't see myself saying the words – 'I'm worthless. I'm a piece of shit.' Even though I know what I am saying is equal to that.

THERAPIST: What do you think, it doesn't have to be the same. [0:15:01]

CLIENT: I don't know. Like, I'm not good enough basically. Something is wrong with me.

THERAPIST: So it's not like, it's not like 'I have no worth', but 'I'm not worth him.'

CLIENT: Yeah.

THERAPIST: Or, 'I'm not worthy enough to him. I have some worth to myself, but not enough for him.'

CLIENT: Yeah. Yeah.

THERAPIST: And I think that goes in the same regard. But I see how there is a differentiation.

CLIENT: That is why it is difficult for me to say, 'Well it is definitely the one that I'm worthless.' Because I think in a lot of ways I do feel I must feel that way about myself. Because after reading the book and seeing examples, I do do a lot of those things. But it is really difficult to say, 'Yeah it is because I think I'm worthless.' Do you know what I mean?

THERAPIST: Do you think the umm... Do you think, is it anxiety that he thinks you're worthless?

CLIENT: I think maybe that's it.

THERAPIST: So it's like...

CLIENT: Because we talked about that last time too. That the way I feel about how other people feel about me and view me. I think it is more that. [0:16:05]

THERAPIST: Yeah that 'he doesn't think I'm worthy.' And then I feel bad because of that.

CLIENT: Right.

THERAPIST: And it is the worry that he may be losing the feelings for you? You're not thinking, 'Okay he definitely doesn't love me. And he thinks I'm worthless.' Because that would probably cause you to be depressed. But the emotion that you're having is anxiety.

So it actually goes back to the catastrophic thing again. That this could happen. Or do you think that at the time he's out partying or out not calling you...

CLIENT: Which he doesn't even do. So it is even more irrational.

THERAPIST: But your thoughts at the time, is it that 'He's not calling right now so maybe he's losing interest, and maybe if he lost interest eventually he wouldn't think I'm worthy to stay. And then it wouldn't be worth the relationship.'

CLIENT: Yeah. It is that.

THERAPIST: So it is all, it all goes back to the catastrophic thinking. Right?

CLIENT: Yeah. [0:17:02]

THERAPIST: Because it is not, 'He thinks I'm worthless that is why he hasn't called.' Because if you felt that, you probably wouldn't feel anxiety, you would feel depressed.

CLIENT: Yeah. And I don't think the main one is depression.

THERAPIST: Do you agree with my hypothesis?

CLIENT: Yeah.

THERAPIST: That it is worry about the potential of him losing faith in this relationship – or losing his amorous feelings that he had for you. So it is kind of catastrophizing. Which one is stronger? It's hard, I guess we'll go with – I think it is all one big catastrophe. Because he hasn't called. He hasn't called so then it means that he really might not be that serious. And then when he comes here he's going to lose interest all together, if he's not even thinking about it while he's away from me. It is like this pattern.

CLIENT: I think that personally, generally speaking, my issues that I'd like to work on. I think the unconditional self-acceptance entire issue is one. But I think that this is a really big one, and could be implemented a lot just in everyday life. I'm sure I do things like that with other situations that maybe I don't even realize because they're not as extreme. [0:18:20]

THERAPIST: But they are related to your worth issues, right?

CLIENT: Right. That is what I think.

THERAPIST: You lose your worth if someone's behavior changes.

CLIENT: Right. Exactly.

THERAPIST: Or you view someone losing their worth of you. Someone viewing you differently.

CLIENT: Right.

THERAPIST: And if someone viewed you differently, then you would feel like shit.

CLIENT: Right .

THERAPIST: But you have to wait for that to happen.

CLIENT: Exactly, yeah.

THERAPIST: And you're always worried that it's going to happen.

CLIENT: Exactly. That is the thing. I'm always worried about these things.

THERAPIST: You're always worried that people's feelings about you are going to change, or someone is going to view you differently. And then you will be worthless. Especially if someone you loved, the feelings changed.

CLIENT: Right.

THERAPIST: Okay so how do we dispute this. You were saying – because we're disputing, 'Is it really a catastrophe?' So we now we have to change – is it really a catastrophe? Because a lot of these your disputing was the awful. And they are good because I think all these were emotions that you have. But at the time we need to dispute the most pressing one first, which is the catastrophic thinking. [0:19:22]

So I guess is that logical, because he didn't call, that your relationship is coming to an end?

CLIENT: Right.

THERAPIST: So you can say...

CLIENT: That is very illogical. Yeah.

THERAPIST: Because he didn't call this once, that you're whole relationship is unraveling.

CLIENT: Right. And I think that I got there. I definitely... I don't think that I wrote it, but I got there. I was like, 'Okay this is illogical!' I think that helps me out with the other thing I told you that helps.

THERAPIST: Yeah and the third one you have that one. 'Even if he doesn't call it doesn't mean anything (overlapping at 0:19:52). From this one event.

CLIENT: It is meaningless. Yeah. [0:20:00]

THERAPIST: Okay. And I think something that can help you is the functional one, which is, 'How does this help?' Your goal is to have a successful relationship. And to feel good throughout the relationship.

CLIENT: Right.

THERAPIST: How does thinking, just allowing myself to engage in this catastrophic thinking, how does this help the future of my relationship with Ferñao (ph)? Can I call him Ferñao? (ph).

CLIENT: Yeah, yeah, yeah. Please. I think that I actually have gotten better, because I have – I've Ferñao's voice in my head telling me that in certain situations in the past two weeks, I guess. And so I think I have gotten a little bit better about thinking about it. But maybe not perfect. Do you know what I mean? Maybe it is not coming up as quickly as it should, or maybe I'm not thinking about it as much as I should, but it has definitely entered my mind.

THERAPIST: And I think that is always a good one to keep in mind because you know, if it went down to the moment and he was like, 'You need to stop or I'm going to walk out this door.' You'd probably stop and be like, 'This is stupid. I don't know why I'm getting so crazy.' But you allow yourself to get into this ruminative behavior. [0:21:10]

CLIENT: Right.

THERAPIST: So we have identified that and we know why it's not good. But now we need something that is going to get you out of it. Because just because you know it is not good, and you have the statements like, 'Just because this is happening it is not positive or negative.' But when you say something like, 'How is thinking this going to help me?' 'Is thinking this going to have him call me faster? And even if he calls me, does that mean my relationship is safe?'

Does it really come down to that you want to be able to control everything in your life, and make sure it goes the way you want it to go?

CLIENT: I think we're seeing some signs of that. (chuckling) I feel that too. When it doesn't happen it's like, but...but..., and I don't know how to function because I want it to happen the way I want it. I know that it can't be that way in life. [0:22:02]

THERAPIST: You mean you don't have the power to control how (inaudible at 0:22:05)

CLIENT: Yeah I know. And I know that, but yet I still go get crazy.

THERAPIST: But you don't believe that because you believe that, 'If I worry enough, I can control it.' (laughing)

CLIENT: Yeah. I think that – yeah I don't know why.

THERAPIST: 'If I could just ruminate on this a little bit longer, the situation will be solved.'

CLIENT: Or even, it will change. Nothing is going to happen.

THERAPIST: So you know that it is not going to change if you ruminate. You know he's not going to call you any faster. You know your relationship is not going to be any more successful. And it just drives you absolutely crazy.

CLIENT: Mm hmm.

THERAPIST: So what can you think instead? How about, ruminating on this is not going to help. Let's go find something else to do. How about, ruminating is not enjoyable. When I'm miserable it doesn't help our relationship.

The goal in a relationship is for both people to be happy, and right now you're going to be separate for a couple of weeks, right? And even when you're together, when he's in school there are going to be nights when he is going to be working, he might join a study group and see new girls in America. And you won't be the only American woman in his life. [0:23:06]

CLIENT: I know. I've thought about that too.

THERAPIST: So is acting like a crazy person help your relationship when you call every five minutes, 'Where are you?', 'Where are you?'

CLIENT: No it's not.

THERAPIST: So probably what is going to be attractive to him, you think?

CLIENT: Umm... well certainly if I'm not being obsessive and worrying over things. Because the truth is, it's obvious when I'm in that state, even if I don't tell people. You can see it all over my face. And he notices. And so if I'm not that way, and if I'm confident and mature.

THERAPIST: And is that the way you want to be? I mean that is wrong to even worry about what he is going to perceive of it.

CLIENT: No. Exactly. No. It is.

THERAPIST: Is that the way you want to live?

CLIENT: Yeah, of course.

THERAPIST: Not? Is that the way you want to live, in anxiety?

CLIENT: No. Not like that.

THERAPIST: So what can you do in these situations? You can tell yourself, 'This is not helpful. It is not functional to do this. It is not going to help.' And then you need, maybe for ruminative behaviors, the coping statements can work. Would relaxation tapes work for you? Have you ever tried something like that before?

CLIENT: I haven't.

THERAPIST: They sell some downstairs. And sometimes that can help decrease the physiological – because once you get your heart going... You can say those statements before, but once you're in that state sometimes it is helpful to have some relaxation techniques. Use the tapes the first time and then you can kind of use them on your own.

CLIENT: Are they breathing things?

THERAPIST: They are breathing... some of them – I think the one they have downstairs is called Progressive Muscle Relaxation, where it'll start like... I'm not very well trained in doing it myself. I should practice it more. But it will be like... want to try?

CLIENT: Oh yeah.

THERAPIST: Close your eyes. This is going to be a short version of it. You won't be very relaxed. (chuckling) This is where I'm not very good at my therapy skills.

Okay. So imagine all of the tension in your body right now. Put your hands on there.

CLIENT: Here? [0:25:04]

THERAPIST: Yeah. Relax. Imagine all the tension that you have is in the left hand and your fingertips.

CLIENT: I've done this before.

THERAPIST: And you hold it very tight. And then the tension moves, and then your whole arm feels warm, and ...

CLIENT: Yeah I've done this before, for sure.

THERAPIST: Did it work?

CLIENT: I don't remember why it didn't. I don't think it was in therapy actually. I think it was something. But yeah it works. It is just training yourself to do these things when you're in that... Training yourself to do anything when you're so used to getting into this frenzied state of anxiety is very difficult.

THERAPIST: That is right. But you're already starting. You're already doing a good job.

CLIENT: Yes. And I did try to – well first of all I did the worksheet because I was like, 'Let me fill out something!'

THERAPIST: And you can always do this wherever you are. You won't need this eventually.

CLIENT: Right. And then also I tried to read. And I did get into the book, which I was really surprised because at first I was reading it I was like, 'I'm still worrying, I'm still crazy, I'm (overlapping at 0:25:59)

THERAPIST: So you're reading it as a coping device. That is funny. I like that. [0:26:02]

CLIENT: And I was looking at the phone. But then, I got really into it that I didn't even notice when someone came into the store. So I feel like I can train myself.

THERAPIST: Do you allow yourself to get, when you're in that state, do you think, 'I have to be in this worried state or nothing is going to change'?

CLIENT: Yes.

THERAPIST: So you don't really allow yourself to do something else.

CLIENT: Yes. But that night, or I think it was yesterday, I did for five minutes find myself out of it. Which was good. I think. A good sign that it is possible to get out of it.

THERAPIST: Can you try to do something else, like call a friend and maybe not talk about that? Or would you feel like you had to...

CLIENT: I don't know.

THERAPIST: Or if you turned on the TV would you not be paying attention to the TV.

CLIENT: Yeah it is difficult. It is difficult to focus on something else for sure.

THERAPIST: Or something like, I guess reading is something that you kind of like, if you're not focused then you're on five pages and like, 'I don't even know what I'm reading.' So that can be a good thing. You could use these books, which obviously will reinforce that you're doing something good. You could read for pleasure. You could read something stupid, People magazine. I mean, I think these are just good coping behaviors to get. [0:27:04]

Some people who have more OCD-type issues, they wear rubber bands, and if they find themselves they 'snap' and it doesn't hurt very much because it is the protective kind. But if you get a real one. I mean you don't want to injure yourself. But to snap yourself out of it, say 'Okay I'm going to do something else now.' But to get yourself engaged in another activity. And you can always tell yourself, 'How is this helping me? Not even just our relationship. But how is this helping my – I need to function with or without Ferñao (ph) in my life.'

CLIENT: Yeah. It sucks.

THERAPIST: Right now he's not in it physically. And I can't control when he's going to call. Same as worrying about it is not going to make him call faster. And there is nothing I can do at this point, except make myself miserable.

Is your goal of life to make yourself miserable?

CLIENT: No.

THERAPIST: So you're actually working against your goals. [0:28:00]

CLIENT: I know. And I think also the same thing about control, I do with a lot of other things. Even with Ferñao's situations. It is not even my situation, like his visa situation. Or his getting an apartment. It is for sure not as intense as the way I feel when it is a personal relationship, but it is still a little bit of anxiety. Like this isn't going to work out. What are we going to do? Then our relationship is not going to work out because he's not going to come here. And it is too much...

THERAPIST: If you can't control something, what does that say?

CLIENT: I don't know. I think it is like...

THERAPIST: Is it awful to not be able to control...

CLIENT: Yeah. It is also...

THERAPIST: And if you couldn't control, is it catastrophic. Like if you couldn't control it was else can't you control in your life? And then if you can't even control these little things, then what is going to happen to the big things?

CLIENT: Yeah that. And I think it is also, if I can't control this then he's not ... Well it is only in this situation with him because it is relevant right now. If I can't control this, him getting the visa, or him getting this

apartment, then he's not going to come here because I – you know – because I didn't do... I guess in the end it is that I didn't do a good enough job. [0:29:14]

THERAPIST: So you have to do a perfect job every time. And you can't make a mistake.

CLIENT: It would be illogical. It is so irrational that I have trouble believing that I think this, this way. But it is clear that I do.

THERAPIST: So you want to make the right choice every time.

CLIENT: Yeah.

THERAPIST: What about – when you go to a restaurant, are you a person who likes to eat?

CLIENT: Yes.

THERAPIST: Do you order the same thing every time?

CLIENT: No.

THERAPIST: Because some people are worried, some people have the thing where, 'I'm worried to order something new because I feel like I'll make the wrong choice.'

CLIENT: No. My problem is I cannot make decisions.

THERAPIST: Because you're worried you're going to make the wrong choice.

CLIENT: Yeah. That is the problem.

THERAPIST: But you do like, generally, a lot of different types of food?

CLIENT: Yeah everything.

THERAPIST: What would happen if you imagine having to go to a restaurant and throwing a dart and seeing what it was, and then saying, 'I have to order this.'

CLIENT: I wouldn't like that. [0:30:06]

THERAPIST: Because you couldn't control the choice, and it could be a bad choice, and you didn't have time to think about it and think it through.

CLIENT: Mm hmm. For example, my dad, he has a fish business. So he sells fish to a lot of restaurants in Chicago. And so we've always gone to a lot of restaurants growing up. And sometimes because he knows the chef, they'll give us some things. Or they'll say, 'Oh we'll order for you.' And I hate it. I can't stand it. Really.

It is not by far the worst thing that has ever happened, but I can't – I feel like I enjoy the food less because I wasn't able to choose it.

THERAPIST: But isn't that sad?

CLIENT: Yeah it is sick. (chuckling)

THERAPIST: Because it probably is delicious food.

CLIENT: It is scary too.

THERAPIST: It is probably delicious food, but because you...

CLIENT: And could very well have been the food I would have chosen.

THERAPIST: So are there other examples you can think of something like this? Or was the food one... because I think about that too. Sometimes I am very controlling. Sometimes I will order the same thing, because well I know this one is good. And I don't know about that one. So I'm going to stick with what I know is good.

CLIENT: I think it is a lot of not making decisions in life because I'm afraid it will be the wrong decision. Like ...[0:31:08]

THERAPIST: And what if it was the wrong decision?

CLIENT: Well for example, I'm apply now – because I was in a major teaching English and I realize that I liked it. I am now applying to ESL teaching programs. I'm only applying to Finn because I can't get it together to do anything else. And it is like, if that doesn't work out this was the wrong decision. I was thinking it when I took the train to Finn, the Finn stop I was thinking it even more. Well what if this isn't what I like, and I just spent two or three years in this program doing something I don't like. And then I'm going to have this debt which I have to give back, which to be realistic is not that bad because Finn is not as expensive as other school, but it is money. It is money and wasted money. And what am I going to do after that if I decide I don't like it and don't want to teach anymore. Just like... [0:32:00]

And then thinking like that makes me not do it in the end.

THERAPIST: Makes you not make choices.

CLIENT: Yeah.

THERAPIST: But lots of people change careers, right?

CLIENT: Yeah.

THERAPIST: How do they get through it?

CLIENT: I don't know.

THERAPIST: How do they make a choice that could be wrong?

CLIENT: Thing is I'm not saying this is reason, because it is not. But I don't know a lot of people who have changed careers. At least not people my age.

THERAPIST: But you've changed careers already.

CLIENT: I've changed a million times.

THERAPIST: So you've made a lot of choices.

CLIENT: Yeah.

THERAPIST: And they've all been... Have they all been mistakes?

CLIENT: The thing is I'm really good at when they are actually mistakes, or they just didn't work out as planned. Seeing it in a positive way. I don't get very negative, like, 'Why did I do this. That was stupid.' I can see the good, the positive parts of everything. But it doesn't make me stop worrying about it, which is unfortunate because ...

THERAPIST: Because you're probably telling yourself that, 'Even thought it was okay the last time, this time it is going to blow in my face.'

CLIENT: That is true.

THERAPIST: But against all evidence.

CLIENT: Exactly.

THERAPIST: So what is the worst that could happen? You spend a lot of money on something. [0:33:14]

CLIENT: Yeah. Or more than that, it is like I failed at something. I didn't do...

THERAPIST: You failed because you changed your mind?

CLIENT: Yeah. Because maybe it didn't work. I made this decision. I've sat out on it. And now I've changed my mind again.

THERAPIST: What is more upsetting? That you can't seem to stick with something, or that you would make the wrong choice again?

CLIENT: Well I think it is not that I can't stick with something, it is more that I don't know what I ... I'm not 100 percent sure of what I want to do. I'm not like, 'I want to be a doctor.' And that is it and let's go. I don't know.

THERAPIST: Do you think it is possible to – what to you is achieved life? Is it about family and finding love and having children? Have a good career that is functional, or is it, 'I must have a really fulfilling job'. Family is after I've got that together. [0:34:14]

CLIENT: Yeah.

THERAPIST: So the fulfilling job is the most...

CLIENT: Yeah. And it's like, it is not – I don't have... Like I said, I didn't graduate college with a set idea like lawyer, doctor. My sister she has done events, because she went to hotel school and so she stayed with that. And I'm not necessarily saying that any of those people are happier because of this, but I don't know. I don't know what I'm saying, whatever.

THERAPIST: I know. I'm confused too. But if you – suppose you did make the wrong choice. And... well not the wrong choice, you made a choice to be an ESL teacher. And then seven years later you're like, 'I'm not really sure that this is my fulfilled job.' If you were happy at it, is that good enough? [0:35:12]

CLIENT: Yeah it is. But my fear is...

THERAPIST: So why would that be so awful?

CLIENT: It is not. But okay there are a lot of fears that go along with this, I don't think we have enough time. But, especially this career thing. But the thing is like I always had an idea that I would like teaching, but I never wanted to pursue it because in the social circle that I grew up with it is not a very...

THERAPIST: Prestigious.

CLIENT: Yeah. And teaching for many reasons is looked down upon. It is for certain ... in certain ways it is also like you don't have to be a genius to become a teacher, and I feel like I'm a really smart person and I could probably get a degree that is a lot more prestigious than teaching. And then I get down on myself because of that. It's like well I'm not – I can't think of the word. Like focused. Not focused, but ...

THERAPIST: Driven?

CLIENT: Ambitious enough. Or yeah, driven enough. Whatever. [0:36:10]

I don't know. I know all these other teachers and I like... I don't know... it's not like I feel like I'm better than them but in some ways I do.

THERAPIST: If the job wasn't called a teacher, and it was like something more impressive. Like you were the head of that department.

CLIENT: Yeah I would like that more. I know it really sound really shitty, and I don't like that I feel that way.

THERAPIST: It is what you are thinking. And you can help, if that is something you have a problem with how you're thinking, or you want to be more accepting of 'That is just how I think.' That is okay.

CLIENT: I don't like that I feel that way. And I feel like I shouldn't care.

THERAPIST: If teaching is really what you want to do, but it is the judgment of others that maybe prevents you from thinking that it could be the career for you? Is that kind of...

CLIENT: Yeah. [0:37:01]

THERAPIST: But at this point you feel that teaching would be fulfilling for you.

CLIENT: At this point I know that I at least like it and I've tried things in corporate America and not liked it. So I'm willing to give it a shot.

THERAPIST: Why do you feel like your choice is always your last choice? Suppose teaching isn't bringing you the full, there are other things that you can do from there.

CLIENT: Right. No it's true.

THERAPIST: Doesn't mean it's a waste. And even if you enjoy it, if you're like – I'd rather be the head of a department, or move on to working with special ed. populations. Or working with something more specific, something more challenging.' And there is always more training to take. These are practical problem solving. How can we help you. What would help you?

CLIENT: I don't know.

THERAPIST: Would it be that it doesn't, other people's judgment, I would prefer if other people could view me as, could view my job as successful? But if they can't I can get along on my own. [0:38:03]

CLIENT: Yeah I think it is mainly that other, the way other people view me, look at me. It is mainly that in that situation, with teaching.

THERAPIST: What would you tell a friend – what would you tell me; I want to be a teacher but I'm worried. All my friends, my parents, think it's a shitty job but I think right now it is the choice for me but I'm afraid to make the wrong choice. And I'm afraid of having my friends look down on me.

CLIENT: I would say you were being stupid.

THERAPIST: Why?

CLIENT: Because if you feel like you'd be happy doing it, and it is something you want to try you should try it. If it doesn't work, ultimately if it doesn't work out you can do exactly what you just told me. There is other training. There is other things you can do.

THERAPIST: So it would be nice if my friends didn't look down on me, and it would be nice if it was the right choice, but you never know 'til you try it?

CLIENT: It's true.

THERAPIST: I mean, if you didn't go try teaching you never would have met Ferñao. You never would have gone, lived in Portugal.

CLIENT: I know. If I look back on all the decisions I have made in my life they are all like that. If I didn't try this, I would never have gotten here. And I'm very good at seeing those things.

THERAPIST: So it is just the future. [0:39:05]

CLIENT: Mm hmm.

THERAPIST: So can you tell yourself, 'This choice is not the last choice I make in my life? This is just one choice. This is just one choice I'm making. This isn't the last choice I'll ever make.'

CLIENT: Yeah I think that is probably the best way to look at it. Just to add to the choice thing is though when also another thing I have trouble with when making decisions like this is; what if it doesn't work out. And fine I can accept that, and I can whatever. But then what? What the hell am I going to do. You know what I mean? It is a lot of that too.

THERAPIST: But you always have options, right? And having more education is never going to hold you back.

CLIENT: That is true.

THERAPIST: No one is like, 'Oh she's way too educated. She wants to be a waitress.' And the I think still people will probably hire you.

CLIENT: Yeah totally.

THERAPIST: So I think we're out of time so I think we're fine. [0:40:02]

So we talked about two things today. I think you're doing well with the work on the anxiety about the idea that; worrying about it is not going to help me, it is not going to help my relationship. And then I think to file that, to take a walk. Clear your head. Do you have a pet? You have pets right?

CLIENT: Cats.

THERAPIST: You're like my son. Can you play with them? Is that something that would take your mind off of it.

CLIENT: Yeah.

THERAPIST: They are entertaining. Go talk to somebody else. Go read a gossip column.

CLIENT: But you don't always have the ability to just shut everything else down.

THERAPIST: You mean like, where you're to be where you can...

CLIENT: Well I mean, if I was working...

THERAPIST: Well can you immerse yourself in the job? Aren't you doing a bad job at work if you're really thinking about...

CLIENT: Yeah.

THERAPIST: So can't you say, 'Okay I'll think about this later.' People who have a lot of issues worrying, I don't know if this will be helpful for you, allot themselves what I call 'worry time'. We're never sure about how effective it is, but a lot of people like it. [0:41:03]

CLIENT: How do you stop it...

THERAPIST: Oh no. But a lot of people say, 'I'm not worrying about it because I know I'll have time to worry about it later.' It is like knowing that you need time to worry about something, right? So you say, 'My worry time is 9 o'clock to 9:30 tonight.' And then my alarm will go off, and then I have to stop and then move on, and do the rest of my day. When you're at work – it is hard because this is related to contacts. But at work you say, 'Worrying about it now, or worrying about it three hours from now is not going to make a difference. So let me just get my job done, and then I can worry about it for half an hour, 15 minutes.' Is that something that would help you? Or do you feel like it is not that bad?

CLIENT: Maybe I could try it.

THERAPIST: I don't know if you're that bad yet. I think that you could be distracted.

CLIENT: I think I probably... If I can ...

THERAPIST: Keep reading the book.

CLIENT: I'm confident that if this book could have distracted me for a few minutes, that there is hope for me.

THERAPIST: And I think you don't allow yourself to be distracted. You feel like you deserve to keep worrying and the worrying is going to make the situation better.

CLIENT: Yeah I think I have to get that out. [0:42:02]

THERAPIST: So even if you... I think the thing with behavior, behavioral exercises, is that truth be told you don't always believe that they are going to work. But that is the whole thing. That is why we use them. Because the thoughts alone aren't always enough. You need the behavior to prove, 'Oh yeah. I did get out it for a few minutes.' And you did that on your own.

So now when you're worrying, even though you're saying, 'Oh that is not going to work.' It doesn't matter. 'This is what I'm going to go do. I'm worrying, now this is what I have to do. I need to find something else to do.'

You say irrational thoughts. It will calm you down enough to probably get out of the state, and then go find something else to do. You can use them together.

CLIENT: Yeah I think I can do it.

THERAPIST: Now one on its own is not going to work.

CLIENT: I can do it. Maybe this week was just like a fluke, but there are two other examples I didn't have time to tell you, that maybe I can tell you tomorrow, that I saw an improvement. A little, at least a slight improvement. So I think... [0:43:00]

THERAPIST: Good. I think you need to work on the positives. You're working on all these things. So tomorrow would you like to continue to work on the need for control, or do you want to work on more 'self-worth' issues. What would be most helpful?

CLIENT: Oh boy, I don't know. Maybe...

THERAPIST: Do you have another... you had two problems you wanted to talk about. What was the other one you wanted to talk about? One was the phone call issue and there was another fight that you had with Ferñao.

CLIENT: Yeah there was a fight.

THERAPIST: Were they related to the same thing, you think?

CLIENT: No.

THERAPIST: Okay. Would you like to talk about the fight tomorrow?

CLIENT: We'll talk about the fight and see where that leads us maybe.

THERAPIST: Okay.

CLIENT: Yeah. Because it is very different from the not-calling issue.

THERAPIST: Okay so we'll talk about that. I think we covered a lot of ground, you're doing really good work.

CLIENT: Thank you. I'm doing homework I think it is good.

THERAPIST: Actually here is another homework assignment.

CLIENT: Oh really?

THERAPIST: Do you have time to do this? You actually filled out just the front page. And then I don't know if you ran out of time. Oh shoot, I'm not allowed to give this to you. Is there any way that you can come in an hour early tomorrow, is that possible?

[0:44:10]

CLIENT: Yeah. What time are we supposed to meet? 4? I think you said 4.

THERAPIST: I've recently lost my calendar. Tomorrow I have an appointment at 3, 4.

CLIENT: So I can come at 3.

THERAPIST: And I'll call downstairs. I have a patient at 3 so I'll come down and bring it to you. Okay?

CLIENT: Fine. Perfect.

THERAPIST: So I will see you tomorrow.

CLIENT: Alright. Thank you.

THERAPIST: Bye Laura. Get home safe.

(unrelated material from 0:44:38)

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

CLIENT: Hi.

THERAPIST: Long time no see.

CLIENT: Yeah, I know, right. Sorry I'm late.

THERAPIST: That's okay.

CLIENT: I was rushing around.

THERAPIST: So what's going on?

CLIENT: Nothing. I just I had to go up...

THERAPIST: Did you get my message that I left for you?

CLIENT: No, today?

THERAPIST: Yeah, I left you a message. I was like please call me back before five. I left you a message around three a voice mail.

CLIENT: No, I didn't get it.

THERAPIST: So I left it on a different number.

CLIENT: I don't know. I think that will it would say on my phone but sometimes...

THERAPIST: Oh my god, I'm like thinking did I leave the message for the wrong person? I think I did. That's hilarious.

CLIENT: That's all right.

THERAPIST: I have to check that. I thought I left you a message. No, No, I left her I left her both messages.

CLIENT: Sometimes if I'm on the phone (inaudible at 0:00:51.7).

THERAPIST: Now I'm thinking that I left the messages for the wrong person. That would be ridiculous. Oh no, I'm losing my mind, I didn't leave a message.

CLIENT: Okay yeah, because I don't have a message but no, I said you don't have to call me back. We would talk about...

THERAPIST: Okay. And you could do it yeah, you can do it afterwards.

CLIENT: Yeah, I figured it would be fine.

THERAPIST: Sorry, I'm done.

CLIENT: No yeah, I can imagine. No, I had to go to my sister's apartment it's really my apartment.

THERAPIST: LaSalle Street?

CLIENT: No, the older. The LaSalle Street one we don't get we don't move until the end of this month.

THERAPIST: Okay.

CLIENT: So it's in Northwest and I have been fixing my resume. Well one, for the Finn thing and two, because I have to start applying to jobs and like whatever.

So I left and I was like I didn't give myself enough time and then whatever. So that's the story.

But yeah, I had I was thinking of something on the way over here that I wanted to talk about.

I know we said you were going to talk about something else today.

THERAPIST: Well we can talk about whatever you want to talk about. [0:01:58.1]

CLIENT: Yeah, well I have a couple of issues as usual. It was something okay. Well first I think this control issue of mine that needs to be really like addressed because for example today, I did not hear from Ferñao.

And well I just spoke to him but I didn't hear from him. And it's like its fine its fine until a certain point but then it gets I get really annoyed.

I wouldn't say angry or depressed or even anxiety actually. But its annoyance over not being able to control but you know what it is, it's control because I can't really like I could call him if I want but I never know if he's able to answer.

Because I told you his family issues and whatever so it's kind of like he's in control of this every day like when to call and whatever.

And I mean it's not a problem, he calls every day.

THERAPIST: (inaudible at 0:02:55.5).

CLIENT: No, no, no like I've told you, even those times when I've gone crazy, like he's eventually called. So it's not an issue and it's not like a power struggle where like...

THERAPIST: So did you eventually hear from him today?

CLIENT: Yeah.

THERAPIST: This was today?

CLIENT: Yeah.

THERAPIST: And what time were you expecting him to call?

CLIENT: I wasn't. I mean he normally calls at the time that he called.

THERAPIST: But you were thinking...

CLIENT: But I think it's just the fact that like everything is in his control. Like it's when he wants to call he calls.

And I'm making it sound like he's like a shitty person. Like when I want to call I'll call, it's not like that. But it's annoying for me, you know what I mean?

THERAPIST: A lot.

CLIENT: And I can't stand it sometimes. It's not that I can't (inaudible at 0:03:33.9)...

THERAPIST: (LAUGHING)

CLIENT: ...and sense it but like it's really frustrating. It's frustrating.

THERAPIST: But you're telling yourself I can't stand it as well.

CLIENT: I mean.

THERAPIST: You just said it right now.

CLIENT: I know, and it's really frustrating. And the thing is like then I start oh, this is what I wanted to tell you. Then I start thinking like well so he only calls me he calls me when he wants.

Well, you know, because he can control the time he can also kind of control the length of the conversation. Because depending upon the time and where he has to go, you know, whatever, that's another thing that's under his control. [0:04:09.0]

And then, you know, what if this like stressful talking on the phone situation added to the fact that we're so far away, added to the fact that we have all these other stressful things like his visa, and the apartment and the blah-blah-blah, you know, what if we're growing apart because of this.

And it's like start you know, it's the thinking and like the obsessing and the...

THERAPIST: (inaudible at 0:04:29.5).

CLIENT: ...catastrophic thinking.

THERAPIST: The catastrophic thinking. All right, so...

CLIENT: You know what I mean?

THERAPIST: Yeah. But I'm trying to figure out what is the main thing that is problematic? Is it that do you smell something really good? Is that you?

CLIENT: It's my lip gloss.

THERAPIST: Oh.

CLIENT: Yeah, it's like it's not lip gloss it's like ChapStick I don't know what to call it. Whatever, it smells good.

THERAPIST: I'm surprised I can smell it from way over here

CLIENT: Yeah, it's strong. It's weird, yeah.

THERAPIST: Okay, so is it that he is kind of able to control the situation that's the most problematic? Is that the kind of what kind of like what's the activating event here?

CLIENT: I think I don't know if this is going too far, but I think like in the end I don't have any control.

THERAPIST: Well not the thoughtful. What's the situation that prompts it?

CLIENT: Oh, what prompts it?

THERAPIST: So you're waiting for his call and he hasn't called you when you want to be called or it's just that you have to wait for his call?

Is that...

CLIENT: Yeah, that I have to wait.

THERAPIST: It's the general idea I have to wait for his call.

CLIENT: Yeah. But I don't know if this like calling thing I mean it's certainly an issue because I'm getting whatever about it.

But there's also the issue of not having any control over what eventually happens anyway. You know what I mean?

THERAPIST: All right, well let's just go with the activating (inaudible at 0:05:59.2) here because that's the... [0:06:00.9]

CLIENT: Yeah.

THERAPIST: ...I don't it starts when...

CLIENT: Control.

THERAPIST: ...I is it when he calls? I don't control when he calls or I don't control when we get to talk?

CLIENT: Both. I mean...

THERAPIST: Both, which one is...

CLIENT: ...really.

THERAPIST: Which one causes a bigger reaction out of you? Like the idea that I can't control when he calls or I can control when we talk.

Like I can't talk to him when I want to talk to him.

CLIENT: Yeah, that I think more.

THERAPIST: Yeah? It's not that...

CLIENT: But only until like a certain point at a certain point in the day. Like when it's like okay like maybe I have something that I want to ask him, it's like okay, I can't call because.

Well I could but whatever. It's just the whole situations is just annoying.

THERAPIST: Well then how often do you try to call him?

CLIENT: I don't usually because I usually just whatever.

THERAPIST: Okay so...

CLIENT: But I mean I've told him like...

THERAPIST: Have you ever called him before?

CLIENT: Yeah and I...

THERAPIST: And has he ever picked up?

CLIENT: Yeah but yeah, maybe once or twice. But really 95 percent of the time he's called me or more than that.

THERAPIST: So you're waiting you're sitting there waiting and you're saying like I can't talk to my boyfriend, my own boyfriend when I want to talk to him.

CLIENT: Right.

THERAPIST: That's like and what emotion are you feeling? You're sitting there waiting, you have something to say to him and you can't say it.

CLIENT: Anger.

THERAPIST: So it's anger?

CLIENT: Yeah.

THERAPIST: And what are your thoughts? Are you saying I should be able to talk to him?

CLIENT: Yeah, yeah I should be able to talk to him when I want to talk to him at least once in a while.

THERAPIST: It's not is it it's not fair?

CLIENT: Yeah. This is mainly the situation itself.

THERAPIST: Is there any anger at him like why can't he understand that I...

CLIENT: No, no because...

(CROSSTALK)

THERAPIST: You should be able to talk on my when it's convenient for me as well?

CLIENT: No it's not anger towards him.

THERAPIST: It's just anger at the situation?

CLIENT: If I felt for a second that he was like abusing this privilege like I didn't really want to say privilege, whatever I would be angry towards him. But he's not. [0:08:03.1]

THERAPIST: So you're just angry at the world?

CLIENT: Yeah, today especially.

THERAPIST: So it's not fair that I am in this relationship.

CLIENT: Yeah.

THERAPIST: Everybody else gets to talk to their boyfriends all the time and I can't even talk to him when I have something to say?

CLIENT: Yeah. It's more just like I should be able to talk to him when I want, period, you know.

Or I at least once in a while, every so often.

THERAPIST: And logically...

CLIENT: And then it's the catastrophic thinking after that.

THERAPIST: And logically you know that you can't talk.

CLIENT: Right.

THERAPIST: You can't always get what you want.

CLIENT: I do know that.

THERAPIST: Do you?

CLIENT: I do.

THERAPIST: Do you get whatever you want usually?

CLIENT: No well yeah. I think that's well I don't know. I think so actually. I think that's part of the problem.

THERAPIST: I mean I don't know if this is the same situation but the whole like I was thinking about the whole going to Portugal thing. You just assumed that you were going to get what you wanted in that situation which was to go back.

CLIENT: Right yeah, exactly.

THERAPIST: And you didn't think about that. Like you knew it was a possibility but you were like...

CLIENT: Exactly.

THERAPIST: ...I'm going to get what I want.

CLIENT: Exactly.

THERAPIST: So that's pretty dysfunctional to say I'm going to get what I want and...

CLIENT: Yeah and I think...

THERAPIST: ...the world can say that that's not possible but I'm going to get what I want.

CLIENT: And I think it's yeah, it's definitely true. There's no doubt about it. And this experience especially like the trying to go back to Portugal and not being able to make it the clearest it's ever been.

THERAPIST: And then if you don't get what you want then exactly what you want then it's catastrophic?

CLIENT: Yeah, yeah.

THERAPIST: Okay. So I want to get what I want and if I don't because it's initially anger and then anxiety, right?

CLIENT: Yeah. Well it's and yeah, it's definitely anxiety.

THERAPIST: Which one would you like to work on today, the anger or the anxiety? Because we've worked on the anxiety before. Would you like to work on the anger today?

CLIENT: Yeah maybe.

THERAPIST: I mean not to say that we don't need to work on the anxiety more.

CLIENT: It's just that I don't know maybe I'm not recognizing it. I don't know how I guess yes I do get angry, I do get angry and I'd like to work on that. [0:10:01.2]

I have other...

THERAPIST: Do you think it's not fair that you've been put in this relationship?

CLIENT: No, I don't think that. Not that it's not fair that I've been put in this relationship. I think it's not fair that the situation is the way that it is which...

THERAPIST: Which is you have to spend a month away from your boyfriend?

CLIENT: Yeah, yeah.

THERAPIST: That's pretty tragic. How are you surviving?

CLIENT: No, because the reason why that's a thought is because of the catastrophic thinking. It's like they go like this. Because then I start thinking this situation is not fair because what could happen is blah-blah-blah-blah, you know.

THERAPIST: But this isn't a specific situation. This is that I should get what I want with Hyman, if not it's horrible, it's awful.

CLIENT: Yeah.

THERAPIST: Why do you have to get what you want all the time?

CLIENT: I don't know. I don't know why I feel that way but I think it's I'd like to blame it on a little expression we have in English that is, where there's a will there's a way.

THERAPIST: So you think...

CLIENT: So I...

(CROSSTALK)

THERAPIST: ...if I work hard enough I should get what I want?

CLIENT: Yeah, exactly, which I know is not true. I mean there are plenty of people that work their asses off at things and either don't get it or whatever.

THERAPIST: But they all work. Have you ever worked really hard at something and failed? Not yet?

What happened with your job in finance in the end? I never kind of really knew why you left?

CLIENT: What happened was that well I started working with this one like group. And the woman that I was like directly under well I wasn't good at the job.

Well with her specifically because she was this big producer in this field or whatever and I couldn't keep up with work. I didn't understand it. I was thrown into it with no training or whatever.

So I wasn't very good at it and I worked my ass off. Like I was there 12 hours a day or more, like whatever.

So in the end the big boss like we spoke. And basically it was just like, it's not working with her but you're such a great worker and we really like you that you can maybe you can work with these other people instead. [0:12:01.8]

So while I did fail in some ways because I wasn't good with her, it wasn't like I really failed because I mean it's a pretty I mean they could have just thrown me out on my ass, like you know what I mean?

So I did something right. So it wasn't like such a big failure in my head.

And then when I worked with the other people it was like it was mortgage banking and like I mean the industry, I mean it's not the same, you know.

So like these people weren't they weren't generating enough money and like it was just that issue. So I wasn't making enough money.

And then it was just the fact that I knew I didn't like it. I didn't really want to continue.

THERAPIST: But in the other situation you kind of told yourself well, it kind of worked out which maybe it was a good coping, you know also you could have been sad or depressed about it.

CLIENT: Right, I mean...

THERAPIST: But there you kind of probably acknowledge that you had the will but there didn't seem to be the way...

CLIENT: No, that's true.

THERAPIST: ...in that situation.

CLIENT: It's true in that situation, yeah.

THERAPIST: and that can happen to people and it can even happen to you.

CLIENT: Yes.

THERAPIST: Why are you...

CLIENT: I'm sure I can think of other...

(CROSSTALK)

THERAPIST: Are you the hardest worker that you know?

CLIENT: No.

THERAPIST: No?

CLIENT: I'm not even close.

THERAPIST: But you work hard enough to get what you want most of the time?

CLIENT: If I...

THERAPIST: If you really want it?

CLIENT: Yeah, exactly. But if I don't care...

THERAPIST: If you really want a relationship...

CLIENT: ...I'm the worst worker in the world.

THERAPIST: And you really want your relationship Ferñao to work?

CLIENT: Right.

THERAPIST: So you're really working really hard but you still can't control your phone conversations?

CLIENT: Right, or anything.

THERAPIST: Is controlling the phone conversations is that going to make like what if you could control it? What if you could control like you say, I want Ferñao to call me now. Would that make your relationship stronger?

CLIENT: I don't know but I think in my brain what I start thinking is that the phone issue like us not being able to speak whenever we want whether it's him calling or me, is a stressor.

THERAPIST: Yeah.

CLIENT: You know what I mean? And because of that it's not I mean it's a little bit the control, but it's also just like even if he wanted to call anytime he wanted he couldn't, and it's like a stressor. [0:14:02.3]

And it's like there's so many other stressors. Like and then when we do talk it's always about like this apartment that he's getting or, you know, because we have limited time because you can't spend hours on the phone talking to somebody in Europe.

THERAPIST: Well do you guys have Skype or anything or no it was (inaudible at 0:14:15.2) in the past?

CLIENT: No because number one he doesn't have Internet in his particular room in his house, like it's ridiculous.

And he's not a big Internet person anyway. And because of the time difference it would just be it's difficult.

THERAPIST: I mean you only have a few weeks I guess left of this?

CLIENT: Yeah. But anyway, when we do talk it's always about like the apartment, the visa, and it's like I don't know.

I mean it's not the biggest ((inaudible at 0:14:41.7)).

THERAPIST: So then you sit there waiting for him to call then and he calls and you have to talk about business and stuff?

CLIENT: Yeah.

THERAPIST: So you get yourself all stressed that you're not going to talk and when you talk it's not even that enjoyable right now. You're kind of going to have to wait for a reward.

CLIENT: Yeah.

THERAPIST: So why are you getting so upset?

CLIENT: Because in my very dysfunctional brain I think that if we don't speak then that means because we have spoken every day since we've been separated that something will clear it means something is clearly wrong.

THERAPIST: Do you want to talk every day?

CLIENT: Yeah, I do.

THERAPIST: Or is it right now it's just stressing you out?

CLIENT: No, it's not stressing me out. I do want to talk every day. Like I we don't have stressful conversations even though we are talking about annoying things.

THERAPIST: Can he send you a text message ever?

CLIENT: Mm-hmm, yeah.

THERAPIST: Does he do that?

CLIENT: Yeah, sometimes.

THERAPIST: Could he ever tell when he's going to call. I mean that's like practical problem solving when I'm solving your problems.

But I mean sometimes so you're not waiting around all day.

CLIENT: The thing is though for me to tell him oh, could you send me a message to let me know when you're going to call?

Like we kind of have to acknowledge the fact that I need to know when he's calling.

THERAPIST: And you don't want him to know that?

CLIENT: I think it's kind of embarrassing. (LAUGHING)

THERAPIST: Why? He's going to find this out sooner or later. You'd just rather it be later?

CLIENT: Well the thing is what also pisses me off...

THERAPIST: Or am I going to cure you by then?

CLIENT: What?

THERAPIST: I'm going to cure you by the time he comes?

CLIENT: Hopefully. No, I'm just kidding. [0:16:02.8]

But I think I'm just going to tell like just keep talking and I don't know if we're actually going to make any like I don't know.

THERAPIST: Just keep talking.

CLIENT: But the other thing is that because I don't have a job right now and I have no focus, I feel like this whole thing is becoming my focus.

And also like if I did have a job like with my friend's store I probably shouldn't well, she doesn't care.

But if I had a job where I really cared about the boss and my performance, I wouldn't be able to talk to him whenever he was able to call necessarily.

THERAPIST: Well he normally calls you at night?

CLIENT: He's normally calling at like four o'clock, three o'clock, two o'clock our time which is like six, seven, eight or something like that there.

THERAPIST: Well if he called you right now would you excuse yourself and...

CLIENT: No, of course not.

THERAPIST: Would you say, "Can you call back in an hour?" Would you pick up or just...

CLIENT: No, I wouldn't pick up.

THERAPIST: Okay. Have you ever done that before?

CLIENT: Yeah.

THERAPIST: And what does he do, he calls back later?

CLIENT: Usually yeah, usually. Or whenever I have the time to call him back I'll call him.

THERAPIST: Okay. Well I think I mean some of it you nail on the head with that like you kind of view your relationship as the only thing that's going on in your life right now.

CLIENT: Right, right.

THERAPIST: And maybe that's not so functional.

CLIENT: Yeah, but that's like then I start thinking crazily again. Like I can't pick up the phone when he if he can only call at this particular time because of his situation, and I can't answer at that particular time because of my situation, then when do we speak?

And then do we speak? Will that change things? Will all blah-blah-blah, you know.

THERAPIST: So if you didn't talk for one day would it change things?

CLIENT: No.

THERAPIST: Well have you ever gone one day without talking?

CLIENT: Yeah, yeah.

THERAPIST: Do you think you could tell Ferñao like have you talked yet today?

CLIENT: Yeah.

THERAPIST: Do you think you could tell him like in an e-mail maybe something like; I'm going to be really busy tomorrow. Like I'm going out with my friends tomorrow at four or something or ((inaudible at 0:17:58.9) meeting with somebody and can't talk.

CLIENT: Yeah.

THERAPIST: Or you could tell him that the therapist I'm interviewing is like totally neurotic or something like that.

CLIENT: Yeah.

THERAPIST: And just see how you deal and go do something. Don't sit around your apartment.

CLIENT: No, I know.

THERAPIST: Would your relationship fall apart?

CLIENT: No, it wouldn't.

THERAPIST: But what would happen?

CLIENT: But then I feel like if I'm lying...

THERAPIST: Okay, so then you don't have to lie. You can does he know you see a therapist?

CLIENT: Yeah, he knows.

THERAPIST: Does he know you're a little anxious about the relationship?

CLIENT: No, I don't think so. He knows that I have these worrying problems but not about this in particular.

THERAPIST: What about revealing yourself a little to your boyfriend. I mean he's moving...

CLIENT: The thing is...

THERAPIST: ...across the ocean for you.

CLIENT: ...like I would love to and I don't feel like I can't tell him things or whatever. But because we're not in the same country I feel like I mean, I don't know. [0:18:55.6]

THERAPIST: So I think there's like two issues here. It's like the need or the desire to control the things in your life so that things don't get out of hand and you don't lose control of everything, you know.

And then there's also the desire to seem perfect to your boyfriend.

CLIENT: True, true, which is another problem.

THERAPIST: You know what I mean, most people find, you know, beauty in the details and the imperfections or what makes people lovable.

Does he have imperfections that you like?

CLIENT: Yeah.

THERAPIST: Like what?

CLIENT: Well actually I don't know if I like those. He I don't know if it's an imperfection.

I think that he's like immature but not in a bad way. Like...

THERAPIST: Okay, it can be cute sometimes.

CLIENT: It's cute. It's kind of cute and kind of not be cute.

THERAPIST: Okay. So maybe you don't love imperfections. Maybe that's a poor expression. But it's the imperfections and we tolerate them and then make the (inaudible at 0:20:06.5).

CLIENT: Right, but he's not perfect and I still like him even though he's not perfect. And there's a lot of like for example...

THERAPIST: You think he could think that about you or do you have to be perfect for somebody to like you?

CLIENT: No, I think he can but...

THERAPIST: No, but I think this actually something that goes on in your life because you have the judgments of others.

CLIENT: Yeah, definitely.

THERAPIST: Do you have to be perfect for people to like you?

CLIENT: I don't know if I think of it as perfect, but it's like my best self...

THERAPIST: (inaudible at 0:20:28.6) control.

CLIENT: ...and in control of any negative things, yeah.

THERAPIST: And if you weren't in control ever in (inaudible at 0:20:33.6)

CLIENT: The things is well I don't know if it's that but if I do make a mistake and it's, you know, not something little and silly, then I'm so hard on myself that I think that even if other people don't care don't whatever, I punish myself so much that maybe it makes me think that other people look at me that way, you know what I mean?

THERAPIST: Do like you like if you make a mistake would you tell your friends about it?

CLIENT: No I mean I don't know it depends. [0:21:08.7]

THERAPIST: So do they know that you are kind of anxious and a little crazy about your boyfriend or no?

CLIENT: Yeah, some of them. I mean not all of them but some of them, yeah.

THERAPIST: Some of them? Did you tell them or they just kind of figured it out on their own?

CLIENT: I tell them and they probably could figure it out, you know.

THERAPIST: What about how would you feel about because there's two problems at work here.

But I think sometimes the control thing is related to the perfectionism thing because you need to be perfect and in control of everything and then if you're not, you know, everything has to go the way you plan.

CLIENT: Yeah.

THERAPIST: And if it's not and people don't see you that way, things don't go that way, then somehow it's your fault and everything's going to fall apart.

CLIENT: Yeah.

THERAPIST: Like you're not trying hard enough for this relationship.

CLIENT: Right, exactly.

THERAPIST: What if I don't know if you think this is relevant, but what if you in the next conversation that you have or some course over the week, you reveal an imperfection to Ferñao.

I mean he must realize you're a bit there's something like with the whole how do you feel about because that was the whole thing you didn't want to tell him about the Visa issue and then you guys are back together.

CLIENT: I know.

THERAPIST: That was a pretty big chance that you were taking and then to not even...

CLIENT: Yeah.

THERAPIST: Was he angry with you?

CLIENT: He wasn't angry with me because of what happened. He was angry the reaction that I had when after it happened.

THERAPIST: Which was the...

CLIENT: Right.

THERAPIST: ...forget like...

CLIENT: Like hysterical like...

THERAPIST: He was angry with you about that?

CLIENT: Not angry he wasn't angry. He never actually got angry with me the entire time but he just felt like it was too extreme.

THERAPIST: Was he not angry? Are you sure he wasn't upset with not maybe angry but was he not upset that you didn't tell this to him? I mean wouldn't you be upset if he didn't tell you this?

CLIENT: Yeah, I'm surprised that he wasn't even angry or because I would have been livid.

THERAPIST: Did you apologize to him about it?

CLIENT: Yeah.

THERAPIST: And...

CLIENT: Yeah.

THERAPIST: Do you think that you could have a conversation with him about a flaw of yours that you're a little insecure about? I mean he's moving here for you. [0:23:16.6]

CLIENT: Yeah.

THERAPIST: He's probably do you think he's still going to move if you reveal an imperfection about yourself?

CLIENT: Yeah, I just...

THERAPIST: Have you like ever farted in front of him?

CLIENT: No.

THERAPIST: Would you do if you did that would he break up with you?

CLIENT: No, no, I'm sure he wouldn't.

THERAPIST: Does he do it in front of you?

CLIENT: Yeah. I can't and it will take me a while, you know.

THERAPIST: But do you know what I mean like things like this. Those are...

CLIENT: Of course, I mean he knows I'm not perfect. I mean it's clear. And I don't...

THERAPIST: But he keeps but you still try all the time.

CLIENT: Exactly, yeah.

THERAPIST: That must be exhausting.

CLIENT: Yeah.

THERAPIST: I can image why you're so anxious all the time and angry with yourself because it's impossible to keep that up.

CLIENT: Yeah, it's just that I don't know how to like not try to be that way, you know what I mean.

Like I don't know how to not act the way that I act.

THERAPIST: If you had to do like do you even care about what strangers on the street think about you?

CLIENT: I don't know, I never thought about that.

THERAPIST: Like if you had to go up to someone on the street and be like, hi I'm Andrea and I'm really neurotic.

CLIENT: Yeah, I would die.

THERAPIST: Die?

CLIENT: Yeah.

THERAPIST: A stranger you're never going to see again?

CLIENT: Yeah, I couldn't do it.

THERAPIST: No, that's what you have to do.

CLIENT: I couldn't.

THERAPIST: How are you going to ever reveal your flaws to your boyfriend who means a lot to you?

Do you think it would be easier to reveal (inaudible at 0:24:34.9) than a stranger?

CLIENT: No, a stranger probably. No, I don't know. I don't know. I think that maybe Ferñao...

THERAPIST: How do people reveal I mean there's some people who reveal stuff all the time don't they?

CLIENT: Yeah.

THERAPIST: Okay. So like sometimes I'm really insecure and (inaudible at 0:24:58.8). And you know, but I still would fart in front of my boyfriend.

How do you think I don't get embarrassed?

CLIENT: I don't know. I mean I've done that to I mean I've done that too. I mean...

THERAPIST: Well how do you not get embarrassed in the situation?

CLIENT: I don't know. I think it's just a comfort thing. [0:25:16.7]

THERAPIST: Is it? Or maybe it's that you're the comfort is knowing that this person cares about you and they don't appraise you on one act.

CLIENT: Yeah, it could be.

THERAPIST: It's like you live in this bubble filled with like all your perfect things and then when an imperfect thing comes along and the whole bubble pops.

CLIENT: Yeah, that's what I feel like really.

THERAPIST: Well why would one little thing take away from all the other good things about you?

CLIENT: Because that's I think it's because when I do even one little thing, I'm so hard on myself that and it's so extreme that in my head it seems like even bigger, you know what I mean.

THERAPIST: But this isn't working for you.

CLIENT: It is not it is not working at all.

THERAPIST: So do you want to change...

CLIENT: No, of course.

THERAPIST: ...or are you very committed to...

CLIENT: No, I want to change it.

THERAPIST: ...just keeping up this perfect image.

CLIENT: I want to change it. Like for example...

THERAPIST: Really? You really want people to know that you're not perfect? I mean I'm not buying you yet.

CLIENT: the thing is I know I'm not perfect. I know it. But obviously I try to be as perfect as possible, you know what I mean, in front of people.

I know when I'm not and I fail then I'm so hard on myself that it's like torturous. So yeah, I don't know.

THERAPIST: So wouldn't it be easier I mean I look at this like, you know, like Jackass.

Like they go out in the street all the time and make complete fools of themselves. So what's the difference between you and them?

Like them doing it and you doing something completely idiotic on the street?

CLIENT: I mean...

THERAPIST: How do they think it's funny...

CLIENT: ...maybe they just don't care.

THERAPIST: ...and you think it's embarrassing and humiliating and life-threatening or ego-threatening.

CLIENT: Yeah.

THERAPIST: What's the difference what makes the difference? [0:27:00.6]

CLIENT: I don't know. I mean they just don't care. They don't...

THERAPIST: So if they don't care they have some kind of different thoughts?

CLIENT: Yeah, they...

THERAPIST: What are their thoughts?

CLIENT: Not doing stupid things that's funny and not a reflection of their whatever.

THERAPIST: Who they are?

CLIENT: Yeah.

THERAPIST: As their ability as a human being doesn't depend on the actions of one day?

CLIENT: Yeah.

THERAPIST: And do you think, I must be perfect all the time?

CLIENT: Yeah, well...

THERAPIST: And if I'm not it's awful and people might see what a mess I am inside?

CLIENT: Yeah. But also, I mean, the things that Jackass people do are like that's voluntary. They're trying to look stupid and be funny or whatever.

(CROSSTALK)

THERAPIST: But I just asked you to try to be funny on the street and you said that that was unbearable.

CLIENT: But having an anxiety issue that's not like a one day thing, is different, you know.

THERAPIST: Yeah. Yeah. And it's harder if you have to spend a lifetime with these irrational beliefs that you're talking about.

CLIENT: Yeah.

THERAPIST: Do you think well here do you think it's irrational to think, I must be perfect all the time or I must maybe I'll change it to more, I must behave the best I can all the time. Is that irrational?

You don't think it's irrational.

CLIENT: I think that's the problem.

THERAPIST: And you want to know what that seems to be the part they're having difficulty?

CLIENT: Yeah.

THERAPIST: I don't think it's irrational to think. I really I'd prefer if I could present myself the best I could at the time.

CLIENT: Right.

THERAPIST: When you tell yourself I must...

CLIENT: Or I have to.

THERAPIST: I have to, I should be this way. When you don't you're breaking a law of (inaudible at 0:28:49.4).

CLIENT: Yeah, yeah, yeah I see.

THERAPIST: And are you going to be perfect all the time?

CLIENT: No.

THERAPIST: See you're setting yourself up for disaster.

CLIENT: Or failure, yeah.

THERAPIST: But if you said, I'd prefer it if I didn't act this way all the if I could present myself as best I could all the time. But if I can't I know that it's not going to affect the way people really view me. [0:29:08.5]

CLIENT: Yeah.

THERAPIST: And if it does maybe they're not people I really need to be around?

CLIENT: Right, yeah.

THERAPIST: Does that sound like something that you could tell yourself instead?

CLIENT: Yeah, I think that's better. Yeah, it's better.

THERAPIST: Because you're not going to from I care what other people think to, I don't give a shit?

CLIENT: right.

THERAPIST: That's unrealistic.

CLIENT: Right.

THERAPIST: And in some way we all kind of give a shit. Most people do.

CLIENT: Yeah, right. Yeah, I know it's definitely more realistic.

THERAPIST: So if you could change it from a demand to a preference. And if you change it from a demand to a preference, what would you feel instead of anxiety?

CLIENT: If I change it to a preference?

THERAPIST: Like right now, if you're like I'd prefer it.

CLIENT: Yeah, I mean no anxiety. Almost no anxiety.

THERAPIST: You probably feel maybe a little concern.

CLIENT: Yeah, concern but I mean not anxiety where it's like...

THERAPIST: And maybe what would you feel instead of anger at the world and at yourself?

CLIENT: If I couldn't maybe like disappointed.

THERAPIST: If the world didn't always meet your expectations? Just a little disappointed?

CLIENT: Yeah, disappointed.

THERAPIST: Instead of angry and infuriated at the world for not living up to your expectations and perfection.

CLIENT: Yeah.

THERAPIST: And setting you up to be perfect. You need to not only be perfect for yourself but you think the world should set you up so that you can have a perfect life.

CLIENT: Yeah.

THERAPIST: You will have expectations.

CLIENT: I know.

THERAPIST: Are you a god-fearing person?

CLIENT: No.

THERAPIST: No, (inaudible at 0:30:40.7). So like you don't have to like some people would say, you know, like that's expecting a lot. But that's expecting a lot for nature from the world.

CLIENT: Yeah, it's unrealistic.

THERAPIST: Why, is nature all-bowing to you? The weather patterns...

CLIENT: No, it's not.

THERAPIST: ...it's not going to rain on your wedding day?

CLIENT: No, I mean it might, yeah. No, it's true. It's annoying that I know all of these things but yet I can't you know, not that I can't but I haven't been able to. [0:31:09.5]

THERAPIST: What you need is something new to say.

CLIENT: Right.

THERAPIST: Because you know it. Every time you have to practice these I prefer it to be this way. But if it doesn't line up the way I want it, it's not going to change me, it's not going to make me cure.

Because it's really like you worried that things aren't going to line up perfectly for you and then it's going to present you as poorly.

CLIENT: Yeah yeah.

THERAPIST: You know if Ferñao doesn't call you on time then you might get anxious and it's almost like he's causing you to be anxious and getting mad at him too.

So you want to practice these? But I think I mean I think that we're hearing something that would be a good exercise. But if you don't feel comfortable with that yet...

CLIENT: I don't know, I mean I think I feel like I have like okay for example this is really 0 you're going to really think I'm crazy after this. But so obviously I can speak Portuguese because I've lived in Lisbon.

THERAPIST: He's speaking English and Portuguese together?

CLIENT: To sorry?

THERAPIST: Ferñao?

CLIENT: (inaudible at 0:32:10.8) keeps going. We speak English because I was he was my student, that's how we met or whatever, so yeah.

So we have never spoken Portuguese to each other. And like he's obviously wanted to speak Portuguese and then whatever although his English is great.

And I really was always reluctant to speak Portuguese to anyone in Lisbon except (inaudible at 0:32:37.8) people I wasn't as close with, and he can't understand.

And I still won't speak Portuguese with him. Like there are times when I feel like I'm almost...

THERAPIST: Are you giving yourself a homework assignment today?

CLIENT: What?

THERAPIST: Are you giving...

CLIENT: No.

THERAPIST: I think you just did.

CLIENT: No (LAUGHING). But you know what I mean, this is similar to what we were saying about just going what to someone on the street and saying, I'm Laura, I'm neurotic.

Truth is I would much more easily do it with a random person than someone I know, you know. [0:33:09.4]

THERAPIST: What would be so bad about speaking Portuguese to Ferñao? He would know that you're not perfect in Portuguese?

CLIENT: Yeah, exactly.

THERAPIST: But you know he's only with you because you've probably got Portuguese, right?

CLIENT: Yeah, I know.

THERAPIST: That's the reason he even started dating you.

CLIENT: Yeah, that's obvious.

THERAPIST: He's like shit, this girl speaks beautiful Portuguese. I could listen to her speak Portuguese but...

(CROSSTALK)

CLIENT: But it's also...

THERAPIST: It's like if she spoke in English I am going to puke.

CLIENT: My Portuguese is crappy because I was always so nervous about practicing that I I mean I know a time, I can understand whatever. I can speak but it's very difficult because I haven't practiced.

THERAPIST: and what if you speak Portuguese crappy. Suppose you suppose it never gets better and you're a crappy Portuguese speaker?

CLIENT: Yeah, I don't know.

THERAPIST: What's so bad about that?

CLIENT: It would be the end of the world I think.

THERAPIST: Because Ferñao would fall out of love with you?

CLIENT: No, not at all. In fact if I spoke any Spanish to Ferñao he would probably be the happiest person.

THERAPIST: So you think it would make his day and yet you're actively going against it and maybe making your relationship worse because he thinks you don't trust him or something.

CLIENT: Yeah, probably probably.

THERAPIST: So I think your homework assignment is for you to call him. If he doesn't pick up give him a message in Portuguese.

CLIENT: I couldn't. I couldn't. I won't be able to.

THERAPIST: Why?

CLIENT: I don't know. I don't know. It's if I could if we could accomplish one thing like in the next few months or whatever...

THERAPIST: No, that's your homework.

CLIENT: ...it would be to for me to get over it.

THERAPIST: Laura, well I think I'm going to view you as an imperfect student if you don't do that. I'm going to...

(CROSSTALK)

CLIENT: For some reason I would prefer you to think of me as shitty because I won't do it than for me to actually do it; I don't know why.

I don't know why.

THERAPIST: But do you think that this is how it's working for you?

CLIENT: It's not. It's really not good at all.

THERAPIST: But do you want to change?

CLIENT: yeah, I do.

THERAPIST: Then do you think this is going to happen on its own or do you think it's hard?

CLIENT: No, it's hard it's hard.

THERAPIST: Are you going to explode when you do it? Are you going to die? [0:35:01.8]

CLIENT: No, I think I would die of embarrassment a little bit inside.

THERAPIST: And then you'd get over it?

CLIENT: Yeah, I'd get over it.

THERAPIST: And what if you never had to do it again? That was the only time you ever did it, could you stand it?

CLIENT: I guess.

THERAPIST: And you know what though, the feeling that you're going to have afterwards might be embarrassment and humiliation.

But I think the feeling that you have afterwards that his opinion hasn't changed of you, maybe it's even...

CLIENT: His opinion if it sucks as the worse Portuguese anyone has ever spoken, he will still be so much happier than I tried.

THERAPIST: Do you want to make your boyfriend happy?

CLIENT: Yes, I do I do.

THERAPIST: So why is it so hard?

CLIENT: I don't know. It's just so hard, this particular thing especially. I don't know.

THERAPIST: I think I mean this is the whole idea of there's like behaviorism in psychology and some people are pure behaviorists and say, you know, if you can just change your behavior that's it, you're set.

There's no need to work out the cognitions because the cognitions change when your behavior changes and it's true.

I'm not a pure behaviorist. I think that there's plenty to work on.

CLIENT: Right.

THERAPIST: But I don't think that you're going to make the changes that you want to make if you can't do the behavior assignments.

CLIENT: Yeah, I know.

THERAPIST: And this is something for your goal. How much do you want to be better, to be more accepting of yourself?

CLIENT: I know. I know that the speaking Portuguese issue if I could work on that...

THERAPIST: Don't you think you could feel proud? Where there's a will there's a way, Laura?

CLIENT: Yeah, yeah.

THERAPIST: You could feel proud of yourself afterwards for doing that?

CLIENT: Yeah, I do.

THERAPIST: And it might make it easier to work in ESL.

CLIENT: I know. I know.

THERAPIST: And he would be great person to talk to all the time and help you perfect. I mean you're going to be practically living together.

CLIENT: I know.

THERAPIST: You could really improve your Portuguese.

CLIENT: I know. But then I start thinking like well, I've wasted so much time being worried about it and I could be so much better than I am that now I'm even worse than you know what I mean?

THERAPIST: Yeah, but...

CLIENT: Like it's just (inaudible at 0:36:54.8).

THERAPIST: ...that's dwelling on the past, not changing the future. You could dwell on the past forever and then you know what I mean.

Like you only have what's today forward.

CLIENT: Yeah.

THERAPIST: If you worry about what happened you could spend the rest of your life doing that and everything would be the same, you know.

I don't know; why don't you think about it? I would be impressed. Because we're not going to see each other for two weeks.

CLIENT: Really? [0:37:21.6]

THERAPIST: I know, I forgot to tell you this. I'm not going to be here next week.

CLIENT: Oh, okay, so then the next week. So Thursday, right?

THERAPIST: Yeah, that Thursday.

CLIENT: Thursday at seven, okay.

THERAPIST: The 27th.

CLIENT: Okay.

THERAPIST: So you know you have a week and a half to get some work done.

CLIENT: I don't know. I just I wish there was a magic answer.

THERAPIST: You just keep reading the book, there's a lot of shit did you get to the part about shameless acts yet?

CLIENT: No.

THERAPIST: That's a big I think that's a big part I know that's a big part about your book (inaudible at 0:37:47.5). But he really thinks that these are important things for acknowledging that your self-worth is not dependent on the actions.

I was once at a lecture and, you know, a behavior you have, that doesn't define you. And we tell the little kids that all the time, right?

Like you're not bad, you make a mistake.

CLIENT: Right.

THERAPIST: That doesn't make you a bad person.

CLIENT: Right.

THERAPIST: That doesn't make you a stupid person because you have because, you know, I don't think the situation is even stupid.

I was at a lecture with someone talking about REBT. And he was drinking his water in the lecture and then all of a sudden he takes a class of water and pours it on himself.

It's like (inaudible at 0:38:26.3) and it's like dripping down his sleeve. And the whole audience you know like.

And he was like okay, I did something completely stupid but do you think I'm stupid now?

You know if I sat here I'm not going to do it because I don't want to get wet, but if I did that to myself would you think I was stupid?

CLIENT: No, I wouldn't think you were stupid.

THERAPIST: So I did something that was a little stupid?

CLIENT: Right, exactly, that's it.

THERAPIST: Are you going to still come to me for therapy?

CLIENT: No I'm kidding yeah. Yeah, of course.

THERAPIST: You might think about it a little bit.

(CROSSTALK)

CLIENT: No, no, but I know what you mean. No, it's true I wouldn't think you were stupid, I would just, you know.

THERAPIST: But you think everybody is going to think that about you?

CLIENT: Yeah...

THERAPIST: And I think the only...

CLIENT: ...in certain ways.

THERAPIST: ...way you're going to start changing it, you know, we work on the cognitions and then maybe start (inaudible at 0:39:11.5) things. But I think you have a lot of time. You could try something out.

Try doing something with somebody on the street saying something stupid. Talking to someone in Spanish on the street, you know.

CLIENT: Yeah.

THERAPIST: But I think like leaving I mean you could even would it be easier to leave a message or talk to him?

CLIENT: Much easier to talk I think. Because a message I would think it...

(CROSSTALK)

THERAPIST: Okay. So, you know, call him and see if he picks up. Or when he calls you, answer in Spanish and speak, you know, like for two minutes in Portuguese because it doesn't have to be forever.

CLIENT: That's the thing. I think if I look at it like that like one minute, you know, or two minutes or whatever.

THERAPIST: And more than hi.

CLIENT: Yeah, exactly exactly. It seems more bearable. And I think once I get over just a shorter short time, I could maybe.

THERAPIST: I think you could definitely do it if you had to. If someone pointed a gun to your head and said speak in Portuguese to Ferñao or I'm going to kill you, you'd do it.

CLIENT: Yeah.

THERAPIST: You can stand it.

CLIENT: Yeah.

THERAPIST: You can stand the embarrassment.

CLIENT: I know.

THERAPIST: And some day it won't be embarrassing.

CLIENT: I know. And the thing is like he speaks English far better than my Portuguese but he makes mistakes.

And like you know what I mean, it's not like.

THERAPIST: Are you going to break up with him?

CLIENT: And it's not like I ever I just think I'm so much of a better person than some other people.
(LAUGHING).

Because there are people who laugh, you know. I mean not him or whatever but I don't know.

THERAPIST: All right. Well we're up but I really think that that's your homework.

CLIENT: I know.

THERAPIST: But I think keep reading the book.

CLIENT: I'm going to try really hard. I can't make any promises but I really am going to try.

THERAPIST: Practice the rational statements.

CLIENT: One or two minutes even. Or one if I could do one sentence like a full sentence.

THERAPIST: You can do it.

CLIENT: Yeah, all right.

THERAPIST: So no nothing for next week, okay.

CLIENT: All right, so the following week Thursday right?

THERAPIST: Yep.

CLIENT: All right. I'm so nervous about my homework.

THERAPIST: Oh, so you said you can stay, right.

CLIENT: Oh yeah, I can do that.

THERAPIST: So it's going to take a bit of a while like 40 minutes or so.

CLIENT: Oh really?

THERAPIST: No, it's longer. Maybe if you (inaudible at 0:41:20.4) I don't know.

CLIENT: Oh my god. So just this, right? Just me fill in the bubbles? Oh god, it is long.

THERAPIST: I know, there's a lot. If you want you can try half today and half next time.

CLIENT: All right, I'll see if I have enough time.

THERAPIST: It might be worth it to just get it over with so you don't have to do it (inaudible at 0:41:38.3).

CLIENT: Yeah. I just have to get back to my sister's apartment before 6:30 because I stole her boots. And if she finds out...

(CROSSTALK)

THERAPIST: I might steal them here.

CLIENT: Yes, they're real nice. They're so comfortable.

THERAPIST: Really, you're tempting me. I need boots. Maybe next week I'll have them.

CLIENT: This is the way out, right.

THERAPIST: Yes.

CLIENT: All right, thank you.

THERAPIST: Thank you Andrea. Laura, that's fine, thank you.

CLIENT: Bye.

THERAPIST: Bye.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

(inaudible at 0:00:09)

CLIENT: I know but, I mean, I really, if it wasn't I really checked, I looked to see like, if I could have canceled and just gone to the next one, I would have, but and I don't know why I didn't realize when I did it, that it was the same day that we meet.

THERAPIST: The problem is how many makeups are we working on, now? Or, this isn't a makeup.

CLIENT: This is one and then there's would, would be another.

THERAPIST: We may not be able to do the other one. You may just have to pay, just pay for the session.

CLIENT: All right.

THERAPIST: Because that's, you know, we can try to do makeups, but sometimes when it gets, you know, when you're missing a certain amount, it's just too difficult.

CLIENT: Yeah.

THERAPIST: To keep doing that, especially for scheduling purposes. We can keep trying, but eventually the schedule might become too tight to...

CLIENT: Yeah, no problem, I mean, I figure, if you can do it, but you know.

THERAPIST: (inaudible at 0:53)

CLIENT: No, I understand.

THERAPIST: If we can do it.

CLIENT: But yeah, I'm really sorry.

THERAPIST: That's okay. Before we get started I wanted to ask you, I don't have the consent form on me, right now, but basically there's, you know how I record your sessions?

CLIENT: Mm-hm.

THERAPIST: They're just used for me and my supervision, however, someone asked The Order for some research on our E-B-T practices and would like to have the tapes of us, like continuing tapes of patients. The (inaudible at 1:24) would be completely identified and completely used for research purposes. Would you be willing to participate in something like that?

CLIENT: I feel like, when you first told me, I was like, "Is this someone I know?" (Laughing) oh, yeah, yeah, it's okay.

THERAPIST: Okay, so I'll give you the form, next time I see you.

CLIENT: Okay. No problem.

THERAPIST: I know, it's a weird thing to think about.

CLIENT: Yeah, I like, "why do they want me?" you know.

THERAPIST: I know. (Laughing)

CLIENT: They want anyone, not me personally.

THERAPIST: Basically, just to work on the differences between our E-B-T and other forms of therapy.

CLIENT: Yeah, I don't mind that, at all.

THERAPIST: Okay.

CLIENT: So it's confidential, my information?

THERAPIST: Everything, you would be unidentified. There would never be a name, address, any (inaudible at 1:59)

CLIENT: If there was a bug in our meeting. (Laughing) (inaudible at 2:01).

THERAPIST: No, it's not going to be like a case study of you. It would be like, I'm sure that the data used would not be, like qualitative data would be like, verbal transcriptions and like telling your case story. This data would probably be something like, "Women are more likely to benefit from..."

CLIENT: Yeah, yeah, yeah, I hear you.

THERAPIST: Or from this style of therapy. It's more of, probably, examining what I'm doing, rather than you.

CLIENT: Cool. Cool, whatever. No problem, no problem.

THERAPIST: So how's everything going?

CLIENT: Good, good, a little stressful, in a good way, I mean, I'm happy, it's not like it's annoying and awful stressful, but this whole thing with who's staying in this apartment, like it just takes so long.

THERAPIST: So he still hasn't moved in.

CLIENT: No, he's in, it's just that he needs everything, and it's like, you know, today we had he had gotten a queen size box frame, for his bed, but he has two floors to his apartment. It's really small, but it has like a sleeping loft.

THERAPIST: Yeah.

CLIENT: And they couldn't get the box spring there, so they had to get two, split, like box springs, so like two twin size put together. That came, today. His television came today. He still didn't have a couch. He still doesn't have a desk. It's like... [3:14]

THERAPIST: Are you feeling like, responsible for doing a lot of that stuff for him because he's (inaudible at 3:18) or?

CLIENT: I don't know if I feel responsible. I like helping people, in general, so I don't know if it's really then, like, I mean, yeah, of course, he's my boyfriend, so I'm happy to, but I don't feel like he's putting the, the, like responsibility, on me, because he doesn't know...

THERAPIST: But are you putting the responsibility on you?

CLIENT: Yeah. Yeah.

THERAPIST: Are you putting too much, do you think, or is it...

CLIENT: Probably, but the thing is, I have nothing else to do because I'm not really working. I mean I'm not doing anything, so like, if I were, I wouldn't be able to do like, half of it, you know.

THERAPIST: So, in the percentages of what he's doing, versus what you're doing, for him, what's the percent? How would you break that percent up then? Like, are you doing 50-50? [4:11]

CLIENT: Yeah, I'd say 50-50.

THERAPIST: Okay.

CLIENT: That's what I mean. Its like, he's not, not that he would like, intentionally take advantage, but sometimes it's easy when like, you're, I mean, he has classes, like four hours a day. So like, he could just like, push everything off on me, if he wanted, but like, you know, I mean, it's 50-50.

THERAPIST: Okay. And more than my concern is, more than him pushing things on you, you pushing things on you.

CLIENT: Well, I don't really know. I mean, I think I probably, I'm doing more than like, I need to do, or you know, that anyone expects of me, but I'm not like, a crazy like, organized person, so I feel like I don't know like the bathroom needs to be cleaned, for a week, and like I said, I didn't do it every day, I still haven't, like...

THERAPIST: In his apartment.

CLIENT: Yeah like, I didn't say I would do it. Actually, we said we'd do it together, because I can't stand cleaning bathrooms like, even my own. So I mean, I don't know. I don't know, like I was supposed to do the laundry, too, or like bring the laundry, and I didn't do it. I mean, I don't know. There's a lot of things that, if I really wanted to be like, I could be doing it and I'm not. [5:22]

THERAPIST: Okay. Do you, are you feeling any kind of resentment towards him, for this, or no?

CLIENT: Um, no, not resentment. I just, I don't like being in the like, domestic position, and I feel like that's the position I'm in because I don't have anything else to do. But he is very like, we both believe like, equal like, sharing of responsibilities, and everything, like no matter what the situation is like, ones working, ones not, which obviously like, in like an ideal world, we'd both be working and doing our own thing, but until that you know, until that happens, the fact that I know things are like, more or less equal and he likes it that way, as well as I do, I think it's all right.

THERAPIST: But when you said I said is there some resentment, you kind of made a face. [6:13]

CLIENT: It's not resentment, it's just like, I wish I was going to school like, right now, or doing, you know, like working in a job that I want to work. Like, you know what I mean? Like, but, at the same time, I understand. I mean, it's temporary, this situation, you know, I know it's like, not like this is going to be the rest of my life.

THERAPIST: Okay.

CLIENT: I mean, I actually had an interview at Finn, yesterday, for the E-S-L program I'm at.

THERAPIST: Wow, that's fast.

CLIENT: Yeah, but then they don't let us know for four to six weeks. I don't really understand the point of the interview. I guess they just (crosstalk).

THERAPIST: Is it an MA program, what is it?

CLIENT: Yeah, it's an MA program. [6:47]

THERAPIST: In ESL education?

CLIENT: In ESL education, yeah.

THERAPIST: That isn't very long, to find out.

CLIENT: Really, you think so? I'm like, tomorrow, tomorrow. "Don't you know, right now, the essay was good? What do you need to know?" you know.

THERAPIST: Did you have to hand it you didn't have to give it to her to use, or whatever?

CLIENT: No, that, no, we it was like, you know, an essay, recommendation, whatever. And then...

THERAPIST: For me for, you know, for remember undergrad? Remember how long you waited?

CLIENT: Oh, yeah, it was months.

THERAPIST: Exactly. (Laughing)

CLIENT: But it was a weird interview. It was like the program coordinator and it was five girls, together, it was just like a conversation.

THERAPIST: I've been to interviews, yeah.

CLIENT: Yeah, whatever, I mean, that's fine. Then we had to write an essay.

THERAPIST: While you were there or?

CLIENT: Yeah, like a thirty minute essay, and actually, the thing is, I'm really bad at multiple choice test, but I was always, always good, really, really good, at those kinds of like, really quick essays. So I think I probably did all right. Although, I did think my essay was shitty because you know, I'm not used to writing essays, anymore, you know.

THERAPIST: It's been awhile. That's okay.

CLIENT: You know, I think it will be all right. Yeah, and the thing, last night, was for, do you know The New Teachers Project? [7:54]

THERAPIST: Vaguely.

CLIENT: It's like, a program that is really like, geared towards career changers and basically like, they place you, I mean, it's a really selective, competitive program. They place you in high needs like, basically like, crappy schools.

THERAPIST: Is it like Teach for America?

CLIENT: I think, yeah, somewhat like that, and they subsidize your master's program.

THERAPIST: Okay.

CLIENT: But they do send you like, (inaudible at 8:24) so it's not like the most expensive, or necessarily the best schools, anyway, whatever. And...

THERAPIST: So it's so it's associated with Finn, so if you got into Finn...

CLIENT: It's not associated with Finn. It's separate.

THERAPIST: But I mean, it would work along it would pay your tuition at Finn?

CLIENT: No, they're two separate things. The thing is, what I wanted to do the (inaudible at 8:43) program for because on the website, they had an online application and I started it, and they said, ESL was one of the high-needs areas, so whatever. But then, when I went, they said that they're not sure that it's going to be, this year. Now it's like special education and science. I'm like, certainly not qualified to teach science.

THERAPIST: So would this be a full time teaching job that they would set you up with?

CLIENT: Yeah, the thing that's different about this program, which is better than going through Finn, or whatever, is that you start teaching immediately and you get your master's while you're doing it, whereas without a master's or without this kind of program, you can't really teach. You have to get the master's first, then...

THERAPIST: Do you feel comfortable teaching without some education first, or like, is there an advantage to one or the other? Because you sound like you're really gung ho, you want, really want to just get into it and start teaching.

CLIENT: That's the thing, I mean, only because I want to get paid, but I don't really care about anything else, you know what I mean like, I'd prefer to have the degree, but.

THERAPIST: But it could be a little scare, being thrown into an inner-city school, having never taught before.

CLIENT: Yeah, well, I mean, I think like, I've taught I mean, I was teaching in Portugal. I was teaching in school, inner-city like, high needs school, and Chicago, is very, very different, but I think I'm comfortable enough in a teaching environment, where I could, where I could be all right.

THERAPIST: Okay, no I'm just trying to make you aware of...

CLIENT: But the things is, like with Finn like, the first year is just classes, so you could work, you know. Then the second year, they pull out like, clinical experience, and I kinda just want to be like I'm not trying to be shitty because obviously I like teaching. I love teaching and I think it's a really reputable profession, but like, I don't need to be spending two years of my life in a full time like, academic program and not get paid for a year of it. Like, I don't know, I just think that's really shitty. [10:29]

THERAPIST: Yeah.

CLIENT: I think it should but the thing is to have an option. They really try to push you towards student teaching, which is unpaid. But the other option is, if you find a job, they will substitute it and call it like, practicum, or something.

THERAPIST: Okay, as long as you get some supervision.

CLIENT: So yeah, you get supervision. It's the same, but you're to like, student teaching, you're teaching.

THERAPIST: Okay, so there's...

CLIENT: There's an option.

THERAPIST: So these are like, the two are these the only programs that you've applied for?

CLIENT: Yeah, basically.

THERAPIST: Okay and you both find out, probably, before the next semester, I guess. Four to six weeks.

CLIENT: Well, the thing is, the teaching fellows program, I haven't applied to. I haven't finished the application. I have to finish it by the 21st of October, and they tell you, really quickly, if you are invited for an interview, but they don't tell you their decision until like, the spring. [11:18]

THERAPIST: So that would be the difference between getting into Finn, would be...

CLIENT: Mm-hm. The thing is I, if I got accepted to Finn, I would go in January or February, regardless.

THERAPIST: Yeah.

CLIENT: And then if I then decided I wanted to do this teaching fellows program, I would just probably lose the money and the credits that went to (inaudible at 11:36) all semester, but...

THERAPIST: Okay, you would be willing to do that?

CLIENT: Yeah. I mean...

THERAPIST: And you like that program, the idea of the program? You may change your mind if you get an interview, you never know like, until you go on an interview.

CLIENT: Yeah, I really do like the Finn program, but...

THERAPIST: And you still have some time to see it. If you really like it, you could say, well, you know...

CLIENT: Right, screw the other one over. But the thing is, like I said, the teaching fellows program doesn't have ESL. So I basically have to...

THERAPIST: Oh, they don't?

CLIENT: No they-because it's not a high-needs area, anymore, so I would be applying to teach special ed, which...

THERAPIST: That's not your choice.

CLIENT: I like the idea of special ed, but realistically, teaching special ed, in any school, has to be difficult, especially considering that you don't have any...

THERAPIST: And then working in a high-need school.

CLIENT: Yeah, I mean, to add the...

THERAPIST: (inaudible at 12:24) I found that unfortunate like, what I've heard about Teach for America and things like that is a lot of time, honestly, the truth is that these people aren't prepared to go in. Like, they say, "Oh, we have like, this training program..."

CLIENT: Right.

THERAPIST: ...train for six months and then we send you off into the most difficult schools, where a teacher with experience for 30 years would struggle."

CLIENT: Yeah.

THERAPIST: So a lot of people I've heard because I have a friend who does Teach for America in Los Angeles...

CLIENT: Mm-hm.

THERAPIST: Which is a certainly...

CLIENT: Yeah.

THERAPIST: ...it's like one of the recovery school districts.

CLIENT: Right. That's awful.

THERAPIST: Actually she was special ed, there.

CLIENT: Oh, really?

THERAPIST: So and she loves it, actually. It's, she's like, found her calling. But from what I've heard, a lot of people feel kind of like the set these people up for failure.

CLIENT: Yeah, I mean...

THERAPIST: Send you in to only be like, "I never want to do this." when it's not, what was the most realistic like, job that you would get if you weren't in this program?"

CLIENT: Right. Right.

THERAPIST: And you're different...

CLIENT: Right.

THERAPIST: Because you're going to have no resources, and those districts don't really get...

CLIENT: Yeah.

THERAPIST: But just something to be aware of that, you know, it's going to be, probably, tough.

CLIENT: I mean, (inaudible at 13:26)

THERAPIST: I think you may be deluding yourself, a little that the ESL program will be it. I've had special...

CLIENT: No, the ESL program will be good.

THERAPIST: ...as the special. It could be as bad as the special ed population, with seriousness.

CLIENT: Yeah. With ESL, they're not necessarily in a high-needs school.

THERAPIST: Oh, okay.

CLIENT: Not necessarily, I mean, you could be, if you want. Yeah, I mean, yeah, it's...

THERAPIST: It could be something (inaudible at 13:48).

CLIENT: Yeah, the teaching is not, it's not easy, you know.

THERAPIST: Well, you've certainly got a very strong word. I mean, I'm my first training is as school psychologist.

CLIENT: Oh, really?

THERAPIST: So yes, I'm familiar with working in schools, and I am actually working in a school, right now, for emotionally disturbed children.

CLIENT: Oh, wow.

THERAPIST: So yeah, it's, you know, it's certainly, you work with (inaudible at 14:06) resources, even though you should have more.

CLIENT: Yeah.

THERAPIST: You would think, at a school like that.

CLIENT: Yeah.

THERAPIST: But you know, it can be very rewarding. It can be very frustrating.

CLIENT: Yeah, I thought about doing school psychology.

THERAPIST: Yeah.

CLIENT: That's a lot of years, I think. And the thing is...

THERAPIST: Plus three years, if you just want an MA.

CLIENT: Oh, cool, that's cool.

THERAPIST: You can get a master's in school psychology is a three year program, and then um, I'm getting a doctorate in school psychology.

CLIENT: Oh, coo.

THERAPIST: Then, once you have clinical experience, in the state of Illinois, when you're licensed like, this would be considered clinical experience then I could work in either the clinical or the school situation.

CLIENT: Oh, that's great. That's really great. No, it's really cool. Yeah, so I don't know, I mean, we'll see what happens. I think I would prefer the ESL program, just because, I don't know, it's really what I'm more, a little bit more interested in, and if you're like, if you're not that interested in special ed and a high needs school, it's you know.

THERAPIST: Yeah, so what's (inaudible at 15:04)?

CLIENT: Yeah.

THERAPIST: And then maybe something to stick to. And you never know, with the other program, the ESL might pop up again, as something that they need people.

CLIENT: Yeah. Well, so, we'll be in financial aid, anyway, right because I'm like, currently like, unemployed, so maybe they'll have mercy on me, you know. And also, I qualify for this grant which will end up paying for like, half of Finn's tuition, anyway because I've already got the BA, whatever.

THERAPIST: And you're definitely going to get the grant, or you think it should happen?

CLIENT: I mean, it's basically like if you have a certain GPA, or over, and I have like four points over, four points, point four, or whatever, and that's it, you just I'd fill out the fax the thing and, great, so hopefully it works out, whatever.

THERAPIST: Okay. And then you would get a job in the meantime?

CLIENT: Well, the other thing is I don't know if I told you this but I mean, this is so random and it almost seems like, too good to be true, but my mom works at a school, she's a school secretary, but she's worked in school for like, fifteen years, she knows a lot of people. And she, in the ESL department, in her school, I guess the head of the department went to some convention, an ESL whatever, and they told her that there was extra funding for ESL, and she didn't know, so she put in a request for a grant, to have someone come every day. Basically, you know how substitute teachers get paid like, a daily rate? [16:24]

THERAPIST: Uh-huh.

CLIENT: It's like that, you'd get, I'd get paid every day, but it's basically shadowing her, helping ESL kids with like whatever they need.

THERAPIST: And you get paid.

CLIENT: You get paid, like yeah, like a substitute teacher's rate, which is like fine.

THERAPIST: Mm-hm, that's good enough.

CLIENT: Yeah, it's fine, it's like \$150 a day, I mean, whatever, you know.

THERAPIST: And it'd be like getting some experience and see...

CLIENT: Yeah, like really good experience.

THERAPIST: Kind of really see if that's what you want to do, right?

CLIENT: Mm-hm. So if I could do that, while going to school, it'd be like, like...

THERAPIST: When would you find out about that?

CLIENT: My mom said she, the woman said, any day, you know, so I'm like, you know, hoping.

THERAPIST: So it sounds like everything's coming together. You know, I actually was concerned, because we hadn't really talked about career stuff, that much.

CLIENT: Yeah.

THERAPIST: So I was like, "I wonder if she is getting a job."

CLIENT: Well, the thing is...

THERAPIST: You sound like you're on top of it.

CLIENT: I'm like (inaudible at) I would be putting like, "almost always" next to like, "do you feel, you know, happy about your work, situation," or whatever, or unhappy, whatever because I would be really, like, down on myself if I had nothing, but if this works out too, it'll be amazing, it's like the perfect, and it's so rare to get an opportunity like that, in the board of ed.

THERAPIST: So it looks like things are going well. (inaudible at 17:30)

CLIENT: Yeah, depending on how it works out, you know.

THERAPIST: Like, you're working hard and you're pursuing other avenues, and if that doesn't happen, you know, you can go to Finn, you know, \$50 a day, big money.

CLIENT: Yeah, yeah, yeah, exactly, or like whatever, work in a store.

THERAPIST: Yeah. So, it sounds like you have a lot of options, and hopefully you'll hear back from Finn, and it sounds like you have the grades to meet their requirements, so maybe that...

CLIENT: Yeah, so hopefully it's okay. Hopefully.

THERAPIST: (inaudible at 17:54) and probably, compared to the other people, where other people have experience being abroad, and things like that.

CLIENT: The other people at the interview?

THERAPIST: Yeah.

CLIENT: It was, I was actually surprised. They were all like teaching, in some capacity, already. One was doing an ESL, in night school. Another was teaching in like, (inaudible at 18:15). You know that academy?

THERAPIST: No.

CLIENT: It's like, I remember I feel like it's always in the subways, whatever. Um, she's teaching there, another one's teaching, the other two were teaching. I don't know, it was really weird.

THERAPIST: So you were the only one without teaching experience?

CLIENT: It's like teaching experience here, yeah. I know like, I was interviewing (inaudible at).

THERAPIST: You were teaching adults, though, and...

CLIENT: Both children and adults, yeah.

THERAPIST: Oh, I thought it was only adults.

CLIENT: Yeah.

THERAPIST: Okay. So you'll see, right?

CLIENT: Well, yeah, I mean...

THERAPIST: Where did you go to undergrad?

CLIENT: University of Chicago.

THERAPIST: Okay, so you have a strong application.

CLIENT: Yeah, yeah, yeah, yeah, yeah. And actually, to be honest with you, the problem coordinator at the open house which was weeks ago, someone asked, "Like well, if I don't have this, blah, blah, blah," and he was like "well, basically, if you fit all of the requirements and you know like, everything is fine," he's like, "you're going to get in." so I feel like...

THERAPIST: Teaching problems aren't always the most difficult.

CLIENT: Yeah.

THERAPIST: But if it doesn't work out, you'll find other options, I'm sure. Finn's not the only school that has an ESL program.

CLIENT: No.

THERAPIST: You might have to wait for the fall, right?

CLIENT: Yeah. That the thing.

THERAPIST: Okay. And if you do...

CLIENT: I mean, it's not the end of the world.

THERAPIST: Yeah, you think that?

CLIENT: Yeah, really I do.

THERAPIST: Okay.

CLIENT: But I'm going to be really pissed because I'm going to have to think of something really quick, to do in the meantime, but...

THERAPIST: You can still [do that's a thing that comes with the school, right] (ph)?

CLIENT: The what?

THERAPIST: The ESL thing, you could do that for the year?

CLIENT: Oh, yeah, that's the great thing about it, so...

THERAPIST: I mean, if you didn't get in, you know.

CLIENT: Yeah, exactly.

THERAPIST: And then you'd build up your resume so you'd surely get in the next year.

CLIENT: It's like when you're kind of in limbo, where you don't know what's going to happen you know. That's what's annoying about it, is like, I don't know if it's definite.

THERAPIST: It sounds like, to me that you're dealing with it appropriately, and you're functioning well. [19:45]

CLIENT: Yeah.

THERAPIST: Or do you think that it's affecting you that you're not getting other things done and...would you say it's a dysfunctional level of anxiety, or would you just say it's like concern?

CLIENT: No. It's concern. It's not really.

THERAPIST: So it's healthy, right?

CLIENT: Yeah.

THERAPIST: You can't really do anything about it.

CLIENT: I mean, yeah, it's totally fine.

THERAPIST: All right, so let's move on to your homework.

CLIENT: Yeah, I didn't do it, again.

THERAPIST: I figured.

CLIENT: Yeah.

THERAPIST: But that's okay. You know, if...

CLIENT: I have to just tell you. This has been like a year and a half of a struggle, so I'm just warning you, it might not happen as quickly as we would both like.

THERAPIST: Okay.

CLIENT: But I will, I am trying.

THERAPIST: And I realize that. But I think, actually, because I did some thinking and I spoke about it, with my supervisor.

CLIENT: Mm-hm.

THERAPIST: And he raised a good point. You know, this problem goes well beyond Portuguese speaking, to an extent. Would you say it's kind of a history of having difficulty admitting that you've made mistakes?

CLIENT: Yeah. People, and it's funny, because people always say that to me, but I feel like I always admit when I'm wrong, or like if I make a mistake.

THERAPIST: But who do you admit do you really admit it to other people, or do you admit it to yourself?

CLIENT: I don't know if I... [20:58]

THERAPIST: I feel like you admit it to yourself, and then you beat yourself up about it.

CLIENT: Yeah.

THERAPIST: Do you tell other people when you've messed up, or do you keep it to yourself?

CLIENT: Ooh, that's tough. I don't know. I'm trying' to think of the last time I well, the last time I fucked something up royally was when I was deported. I told some people.

THERAPIST: How many?

CLIENT: Some friends.

THERAPIST: Over three?

CLIENT: Yeah.

THERAPIST: Okay, so you told a few people.

CLIENT: Yeah.

THERAPIST: But that was like a pretty major thing you had to (inaudible at)?

CLIENT: Yeah, I mean.

THERAPIST: What about everyday things. Like can you why don't we talk about what mistakes have you made since last that I seen you? Like, I mean they could be stupid things like, I fell going, you know, or had my, my dress tucked into my...

CLIENT: Well, I fall and break things, all the time, because I'm clumsy.

THERAPIST: Mm-hm.

CLIENT: I don't know...

THERAPIST: So is that not something that's embarrassing to you?

CLIENT: It's not embarrassing to me, for some reason. [22:02]

THERAPIST: What would be something that would be embarrassing to you?

CLIENT: Why is it so hard, there's so many things?

THERAPIST: (inaudible at 22:11) because I'm not quite sure if the emotion is embarrassment or "I can't stand to feel, kind of, like I've made mistakes." you know. Like a frustration.

CLIENT: Yeah. God um...

THERAPIST: Which causes like an anger with yourself, afterwards. So, I mean, because when we were talking about the softball thing, that was like a....

CLIENT: All right, I'll tell you one thing I can think of, only because there was an argument I had with (inaudible at 22:38) and it comes to mind. I don't know if this is what you're thinking of, but we had to install shades, and he did it, and I he wanted it really shittily done, and he knew that, and I knew that but I tried to pull it up, anyway, even though I knew I probably shouldn't have, and it fell down. He was really angry. And I don't think I accepted responsibility for that, actually. (Laughing.)

THERAPIST: What happened? You were like, "Well you didn't put it in right."

CLIENT: I have a problem. My brain has a problem, (inaudible at 23:12) my brain has a problem identifying when it's an accident and like, so are you responsible because it was an accident and there wasn't any like, mal-intent behind it, or are you just always responsible when you do something wrong?

THERAPIST: So not only is there trouble like, admitting when there's mistakes made, to other people, but there's also, kind of, difficulty in taking responsibility for something that went wrong, even if you didn't do it on purpose?

CLIENT: Yeah. Well, then I think, well I did take responsibility for it, because I apologized.

THERAPIST: Okay.

CLIENT: So I said, "I'm sorry. I know I shouldn't have done that. I should've asked," or whatever.

THERAPIST: So why did you say you didn't really take responsibility for it?

CLIENT: Because it was an accident, so like, you know, just get over it.

THERAPIST: Was he mad?

CLIENT: Yeah, he was mad. Well, I mean, he wasn't like he was just annoyed. He was like, just pissed off because he had to redo it. It was really annoying.

THERAPIST: So why did you do it? Why did you pull the...

CLIENT: Because I wanted light. It was depressing. The shade was pulled down.

THERAPIST: Was he working on it, at the time, and then you pulled on it?

CLIENT: Oh, no, no. He was in the shower, or something.

THERAPIST: Okay. And it was in his apartment. [24:20]

CLIENT: Yeah,

THERAPIST: So maybe it wasn't your place to pull that.

CLIENT: Yeah, maybe, but...

THERAPIST: So when he said did he come back and it had fallen, or he saw you do it?

CLIENT: No, he heard it, and he was like, "What did you do?" I was like, "Nothing." and I tried to fix it really quickly, but it didn't work. I think might have screwed it up more.

THERAPIST: So when he said, "What did you do?" you were like, were you like...

CLIENT: I said, I tried to pull the shade.

THERAPIST: You're like, "I'm sorry, you should've put it up right."

CLIENT: No, no, I said, "I'm sorry, I tried to pull the shade up and it fell." and he was like, "but you knew that it was going to fall." and I said, "Yeah, but I thought if I did it slowly that it would be fine."

THERAPIST: I don't know if that's the same thing that we're talking about.

CLIENT: Yeah, I'm telling you, I take responsibility a lot.

THERAPIST: Yeah, okay. So...

CLIENT: I try, at least.

THERAPIST: But what about remember when you were telling me the story about the softball.

CLIENT: Yeah.

THERAPIST: Like what if tomorrow, someone's like, "everyone's going to go play softball, in the park."

CLIENT: Yeah that's it, I know.

THERAPIST: Would you say, "I'm terrible at softball"?

CLIENT: I'd say, "I'm terrible at softball. I'm not playing."

THERAPIST: So it's not really, kind of, admitting when you make a mistake, but it's actually being observed doing the thing that you're bad at? [25:36]

CLIENT: Yeah, it's admitting...

THERAPIST: Because it's not, you can tell people, "I'm bad at Portuguese."

CLIENT: Right.

THERAPIST: That's not a problem.

CLIENT: No.

THERAPIST: It's the, actually performing.

CLIENT: Yeah.

THERAPIST: Something that you don't feel that you're competent in.

CLIENT: Yeah.

THERAPIST: Do you think competence is enough for you to feel like, what if you were competent at playing softball, would you do it, or would you have to be good at it?

CLIENT: No, competent.

THERAPIST: And the same thing goes with Portuguese, like if you felt more competent?

CLIENT: Yeah.

THERAPIST: Would that like, right now, you may be competent at Portuguese, but you don't perceive yourself to be competent.

CLIENT: Yeah, I think I probably am, especially if I practice just a little bit, but I don't think that I am, even if I am, yeah. [26:12]

THERAPIST: So what about practicing softball? You don't think that you could be competent at softball, even if you practiced it?

CLIENT: Yeah, maybe. But the idea of, we're all going to go play, which then has the idea, like, "Oh, we're all pretty good at softball, and we expect, you know, each other."

THERAPIST: But they're all like what if someone's like, "I've never played before."

CLIENT: Those bastards are always the ones that (inaudible at). I hate those people.

THERAPIST: But what if you went with three of your friends and it was like, and informal game?

CLIENT: My friends are all really good at softball, but...

THERAPIST: (inaudible at 26:41) is not good at softball. He's never played, right?

CLIENT: Yeah, but he's really athletic. He's like one of those pieces of shit that's good at everything.

THERAPIST: All right, so what if you went okay, so what if they were like, "we're going to go play softball," and (inaudible at) was like, "It's my birthday." so you have to do it, now, right?

CLIENT: You'd think that I would, but I probably wouldn't. I'd probably say, "I'll go and cheer, but..."

THERAPIST: All right, let's imagine that...

CLIENT: To be honest with you, if it was a group of people, maybe some of my friends who I knew were really good at softball and other people like (inaudible at 27:19) who've never played before, I think I might be willing to do it. And I'd feel like, "Look, I'm going to strike out. I'm going to be bad. I'm not going to catch the ball, but I want to play."

THERAPIST: Okay.

CLIENT: I think I would.

THERAPIST: So let's imagine that you know, you're going, you're going out to the plate.

CLIENT: Mm-hm.

THERAPIST: What's the most embarrassing part, like the, the, the batting, or the catching?

CLIENT: I think the catching would be the easy fall, like, and missing them is the most embarrassing.

THERAPIST: Okay, so like let's imagine that you are in the outfield, and here comes like, the easiest hit and run. (inaudible at 27:51)

CLIENT: Yeah.

THERAPIST: What emotion are you feeling, now because all your friends are around?

CLIENT: I don't know, fear, anxiety.

THERAPIST: Fear, anxiety?

CLIENT: Yeah.

THERAPIST: Okay. And what would go on if because there's the anxiety before, and then there's the, would you say, anger, afterwards? What would happen if okay, suppose the ball comes and like, one of those like (inaudible at 28:17).

CLIENT: That would be lucky, rather than it like, hitting my head, or like just dropping.

THERAPIST: So it could be, so it could be anything?

CLIENT: Yeah.

THERAPIST: So it hits you in the head.

CLIENT: Yeah.

THERAPIST: Or you just are like...

CLIENT: Or it (inaudible at). Yeah.

THERAPIST: What emotion would you feel, with everyone watching you?

CLIENT: I don't know, it could be anger, but I don't know if that would be the strongest one.

THERAPIST: It would be embarrassment or shame, what would be stronger?

CLIENT: Shame, maybe shame. Like shame and anger, mixture.

THERAPIST: Shame and anger, so...

CLIENT: Or more shame.

THERAPIST: Anger towards yourself.

CLIENT: Yeah.

THERAPIST: Not anger towards everyone else?

CLIENT: No.

THERAPIST: You're not saying, "Fuck you. Quit looking at me." [28:58]

CLIENT: No.

THERAPIST: "mind your business."

CLIENT: No.

THERAPIST: You wouldn't say, "Quit judging me."

CLIENT: Maybe I'd say, "These stupid people, why did they want me to play in the first place?" like I don't know.

THERAPIST: So there's like, a little anger, maybe, towards others. Mostly anger towards yourself...

CLIENT: Yeah.

THERAPIST: ...and shame. What do you think is stronger, the shame or the anger?

CLIENT: I don't know, I want to say the shame, but maybe it's the anger. I don't know. I have to think about it.

THERAPIST: So um, you're feeling angry?

CLIENT: Mm-hm.

THERAPIST: That's an emotion (inaudible at 29:39). What thoughts would be going through your head? Like, "I should have caught the ball" or...

CLIENT: Yeah, I mean...

THERAPIST: "I shouldn't have come out here, at all."

CLIENT: Yeah, probably, "I shouldn't have come here." I mean, that's...

THERAPIST: You knew it was going to go like this, why would you...

CLIENT: Yeah, but I'm just not sure that I would be that embarrassed, anymore, playing, I don't know, maybe I would be. It just depends on the people.

THERAPIST: I'm just using this as an example, because they're probably like thoughts that go through your mind in other situations.

CLIENT: Yeah, yeah, yeah, like, "I shouldn't have come. I shouldn't have done this. I should have just stayed on the sidelines."

THERAPIST: If other so why shouldn't you have come?

CLIENT: Because I suck at this and...

THERAPIST: So what if you suck at this?

CLIENT: Well, maybe these people wanted to win the game and I'm the person who...

THERAPIST: Okay, but they don't look at you angry, so what's wrong?

CLIENT: They're not they're trying to be nice. They're hiding their anger.

THERAPIST: Okay, so people are angry with you. That's kind of like the issue.

CLIENT: Yeah.

THERAPIST: What if people are disappointed with you?

CLIENT: I don't know. I just, I would feel bad, I don't know how else to...

THERAPIST: If people were disappointed with me, I couldn't stand it. There's probably some of that, right?

CLIENT: Yeah, maybe.

THERAPIST: Would it, if people were disappointed in me that would mean I'm worthless?

CLIENT: Maybe.

THERAPIST: Okay, is there anything else, like, "if people are disappointed with me, fuck them"? No. You wouldn't say that, at this point?

CLIENT: Yeah, probably, probably would.

THERAPIST: What's the strongest because I'm thinking that the strongest is, "I couldn't stand it." but I think that's the before you do something. And then like, you know the anxiety before, you have to perform something that you're worried about?

CLIENT: Yeah, yeah.

THERAPIST: "I couldn't stand to feel the..." and then in the moment, when it happens, it's the self loathing. [31:45]

CLIENT: Yeah, probably.

THERAPIST: So what if someone's disappointed with you? What's wrong with that? What does that mean?

CLIENT: Well, in this case it would be, "Oh, a lot of people are disappointed." but if someone was disappointed in me, I mean...

THERAPIST: Someone that you care about?

CLIENT: I would just feel like I did something wrong.

THERAPIST: Okay, have you ever disappointed someone before?

CLIENT: Yeah, yeah, yeah, yeah.

THERAPIST: And did they cut ties with you, immediately?

CLIENT: No.

THERAPIST: And have other people disappointed you?

CLIENT: Yeah.

THERAPIST: Do you cut ties with them?

CLIENT: Some yes.

THERAPIST: So because I think this is actually, I think you do have, you have a lot of intolerance for mistakes and imperfections in yourself...

CLIENT: Yeah.

THERAPIST: ...and remember, we talked about this, kind of, before, in the very beginning, when you first started coming to sessions that you also, sometimes, anger out towards other people.

CLIENT: Yeah.

THERAPIST: So there's a lot of intolerance of any mistakes being made.

CLIENT: Yeah, I think so. So then like...

THERAPIST: I think most of it is in yourself, but it extends outwardly.

CLIENT: Definitely.

THERAPIST: Right? (inaudible at 33:10) okay, so there's what was I saying.

CLIENT: About the intolerance for mistakes.

THERAPIST: Okay, so you've tolerated before.

CLIENT: Right. (crosstalk) my mistakes.

THERAPIST: Why would if everybody makes mistakes sometimes, Angela, everyone disappoints people, why is it not okay for you to do so?

CLIENT: I don't know, it's actually, I think about it now, it's really true. Like I really feel like it's the end of the world when someone's disappointed in me. Like, I say...

THERAPIST: So you think they won't love you, anymore? Is that kind of where it goes down to?

CLIENT: Maybe, maybe.

THERAPIST: But you know that they will, or most people will.

CLIENT: But now everyone, you don't know. You know what I mean?

THERAPIST: But, okay, that's true. If you disappointed someone, they could stop loving you, potentially.

CLIENT: Yeah.

THERAPIST: Depending on how big that disappointment is, right?

CLIENT: Uh-huh.

THERAPIST: But could they ever stop loving you even if you didn't disappoint them?

CLIENT: Yeah. (Chuckling)

THERAPIST: Yeah.

CLIENT: That's true.

THERAPIST: So like, I think it comes down to...

CLIENT: But I think if they okay, this is going to sound really stupid, but if they did stop loving me because, even if I didn't ever do anything wrong, then I wouldn't have to blame myself because I know that I didn't do anything wrong. But if I know that I made mistakes, sand disappointed them, it's much easier to say, "Oh, it's your fault." or you know, maybe not completely, but on some level.

THERAPIST: And what if you're not perfect? [34:31]

CLIENT: If I'm not perfect it's okay because nobody's perfect, but if my imperfections lead to somebody not loving me, or...

THERAPIST: But how would you ever know if it's you know, I think sometimes, like, okay, suppose you let someone down, and they broke up with you, would you say, really, the whole reason they broke up with you was because of the one incident?

CLIENT: No.

THERAPIST: Were there a lot of other things that are going on and they're like, this is the final straw? I mean, it would have to be a pretty big disappointment, for someone to say, "No, I don't love you anymore."

CLIENT: Yeah, of course, no, it's true.

THERAPIST: So you kind of take on a lot of responsibility, yourself?

CLIENT: Yeah.

THERAPIST: Like your one move, your one (inaudible at) edge, can make or break a whole relationship with a person.

CLIENT: No, it's not.

THERAPIST: But you believe it.

CLIENT: Yeah.

THERAPIST: So let's work with that. You know what I mean?

CLIENT: Yeah. Yeah.

THERAPIST: So...

CLIENT: (phone ringing) Sorry. [35:29]

THERAPIST: Hold on.

CLIENT: No, I don't know who it is, actually. I have no idea. Yeah, it's true.

THERAPIST: So right now you're telling yourself, kind of, "I must, I must not disappoint people because they might not love me anymore if I did."

CLIENT: Yeah.

THERAPIST: That's, would you say that that's kind of your major irrational belief?

CLIENT: I don't know because it sounds so stupid, like to say it like that, but...

THERAPIST: Say like, "I must not disappoint people because..." because it's unbearable to disappoint people and...

CLIENT: Yeah.

THERAPIST: I must not disappoint people is it mostly the people you care about?

CLIENT: I think it true, though, I think it is like either they won't like me anymore, or they won't love me. Like, you know, if it's a friend and I'm not, that I don't love, or whatever.

THERAPIST: They might not like you anymore.

CLIENT: They might not like me, but if it's someone that I love, they might not love me.

THERAPIST: And that would be more unbearable than someone just not liking you anymore. [36:20]

CLIENT: I think, no I mean, if it's a good friend, I think it's equal.

THERAPIST: All right, so someone more like, an acquaintance.

CLIENT: Oh, no I meant like. I don't know, because I do love my friends, but like you think of it...

THERAPIST: Yeah.

CLIENT: So, yeah, yeah, I think it's the same.

THERAPIST: Okay, so it is really, "I must not disappoint people, or make mistakes..." why do you think that your personal mistakes are so disappointing to other people, they have nothing else going on in their lives?

CLIENT: I don't know, I think it's because I'm so hard on myself when I make mistakes that I perceive it to be a much bigger mistake, or I don't know, affect people more than it does.

THERAPIST: So maybe it's the way you're thinking about it?

CLIENT: Yeah, probably.

THERAPIST: So the way you're thinking about it, it's kind of that catastrophic thinking again, that you have a tendency to, to do. So like, "Oh, I made a mistake, now they're not going to want to be my friend anymore. They're not going to want to live with me anymore."

CLIENT: Yeah.

THERAPIST: That would be horrible.

CLIENT: Yeah.

THERAPIST: So what if, what if they didn't want to be your friend anymore? What if they did want to break up with you because of a mistake you made? [37:29]

CLIENT: Well...

THERAPIST: Could you stand it?

CLIENT: I mean, yeah. Well, the thing is, if someone broke up with me over a mistake that I made, I think that I could stand it. Well, I don't know, but yeah, just say. But if a friend stopped like, wanting to be my friend because of a mistake, I don't know.

THERAPIST: Because friendships are supposed to endure more than relationships?

CLIENT: Yeah, like, I think maybe I couldn't stand it. Like that's never happened to me, actually, but unless I, I equally didn't want to be friends with them (Chuckles) you know, but yeah.

THERAPIST: So you know that...

CLIENT: Sometimes it think like, I have so many flaws, like I'm so imperfect and I made some many mis like I know you're not supposed to think about your past, or whatever, but like I've done so many shitty things, in the past that like, I have to be perfect now, not perfect, but like, because I've recognized that, because I've realized these things, I should focus on not making as many mistakes. You know what I mean?

THERAPIST: Yeah, but you know, when you focus so hard on not making mistakes...

CLIENT: Yeah.

THERAPIST: ...you probably make more.

CLIENT: Yeah, it's true. [38:46]

THERAPIST: Right.

CLIENT: And it's not like...

THERAPIST: You're worried about making mistakes.

CLIENT: I focus on it all the time, and I still make mistakes. You know what I mean? It's like...

THERAPIST: And you're (inaudible at) over the mistakes that you've made, in the past, and the future mistakes that you might make, that you're kind of, ruining potential relationships.

CLIENT: Yeah.

THERAPIST: You know, you said, you know, when (inaudible at) didn't call you, you assumed there was something that you did wrong.

CLIENT: Right.

THERAPIST: I must have did something wrong to make him..." but you put a lot of power on yourself.

CLIENT: I know.

THERAPIST: That your mistakes control the destiny of all these relationships. When people fall out of love, all the time, sometimes it's not even related to the person.

CLIENT: Yeah. That's true.

THERAPIST: Sometimes people change and, other people and friendships grow. What if you couldn't control this? What if friendships or relationships weren't invented and you being competent and perfect, all the time...

CLIENT: I don't know, I have a problem with that, I do.

THERAPIST: Yeah?

CLIENT: Yeah, because I feel like I think I do believe, although I know, on some level that it's not true that if I make less mistakes that I can keep things the way I want them. [39:51]

THERAPIST: You know, the when you say this, Laura, it's like, it's kind of like, the OCD person who says, "if I can only turn the door handle 20 times before I leave the house."

CLIENT: Honestly, sometimes I think I have OCD.

THERAPIST: Well, you know...

CLIENT: In weird ways, not the, the...

THERAPIST: Because they're thoughts that you have to control things for the world to go well.

CLIENT: Yeah.

THERAPIST: But you know, that wouldn't be entirely shocking because OCD is considered an anxiety disorder.

CLIENT: Oh, really?

THERAPIST: And a lot of psychologists would say, and this is just like (inaudible at 40:39). I don't know if you're going to care, but anxiety runs a whole continuum range, and you know, from OCD, general anxiety disorder, people who are prone to like, I can't think of the word, you know, when you're having a traumatic. What's it called? Post traumatic stress. You know, you're at risk for all these things, even OCD and eating disorders have been very closely linked because of the ritualistic behaviors.

CLIENT: Yeah.

THERAPIST: Like only eating certain things, having to do things a certain way.

CLIENT: Yeah.

THERAPIST: So there's a lot of commonalities between. So you can see that, but you would think if I told you, "fine, if you really want to control things, turn that door handle 20 times," you'd say, "that's ridiculous." right?

CLIENT: Right.

THERAPIST: And then you (inaudible at 41:14). No, if you do that, all your relationships are going to be fine. This is pretty ridiculous, right?

CLIENT: Yeah.

THERAPIST: It's not very logical?

CLIENT: No.

THERAPIST: Is your behavior logical?

CLIENT: No. (Chuckles)

THERAPIST: And when I point it out, do you think that then, you know, pointing it out, over and over again, to yourself, "that's really not logical to think this way," could help you from stop thinking that you have to be perfect, all the time to protect your relationships?

CLIENT: If I thought about it?

THERAPIST: Yeah, like if you start thinking that it's not really logical?

CLIENT: Yeah.

THERAPIST: You know, you have three disputes (inaudible at). It doesn't really make any sense, right?

CLIENT: Yeah.

THERAPIST: I mean, it makes a little sense, but not to the point that you have to be perfect all the time.

CLIENT: Yeah.

THERAPIST: You try hardest, but you know, you don't have to try so hard, right?

CLIENT: Right.

THERAPIST: And apparently you realize that you've made a lot of mistakes and it hasn't been the end to all of your relationships.

CLIENT: True.

THERAPIST: There are probably other components involved, other than just your, making the wrong choices, or disappointing people.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: And functionally, you say it's not really helping your life.

CLIENT: No. [42:19]

THERAPIST: It's not helping foster your relationships or hold relationships.

CLIENT: Uh-huh.

THERAPIST: There are a lot of reasons to change this.

CLIENT: Yeah.

THERAPIST: You know, some would say, "before you can really work on changing this, you need a new belief, because your irrational belief is the one that you think, all the time."

CLIENT: Yeah.

THERAPIST: Remember? Remember, like, "I can stand it. I can stand it if this happens." we talked about (inaudible at 42:38) you needed a new thought. So what could your new thought be, instead of, "I must be perfect." or "I must not make a mistake and disappoint people. Or else the relationship will be over and I'm worthless"?

CLIENT: I can try to not be perfect, but...

THERAPIST: I can try my best...

CLIENT: My best, but if I'm not perfect then, but if I'm not perfect it's, I mean, really, it doesn't matter. I mean like...

THERAPIST: I can still accept myself?

CLIENT: Yeah. I mean, I mean, I was going to say, "If I'm not perfect and I disappoint people, it's not going to be the end of the world. I can still accept myself."

THERAPIST: Yeah, I think that both of those are really important, because there's the catastrophising (ph) part, where you say, "oh no, I'm going to lose everything, blah, blah, blah. And everyone's going to hate me" to "I hate myself because I can't believe I let myself make a mistake again." [43:39]

CLIENT: Yeah.

THERAPIST: And the more you say that to yourself, the more mistakes you're going to make, and the more you ruminate about it, the more that you're likely you're going to start (inaudible at) people.

CLIENT: Yeah.

THERAPIST: With your crazy behavior.

CLIENT: Yeah, it's true. It's true.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: That way, like, you know, change your demand into a preference. "You know, like it'd be nice if I could make less mistakes, but if I can, it's not the end of the world and I can still accept myself." [44:05]

CLIENT: Yeah.

THERAPIST: How do you think you'd feel because you said, before you know, you felt a lot of anger towards yourself.

CLIENT: If I make a mistake?

THERAPIST: Yeah. What would you feel now, maybe if you're, if you're telling yourself that? Say you made a mistake, like you promised to meet (inaudible at 44:22) somewhere and you forgot. He was there for three house, by himself.

CLIENT: Um...

THERAPIST: Tell yourself, that statement, your rational belief.

CLIENT: I would, with, with that, and appropriating that, like if would, if I could've met (inaudible at). I would've liked to have remembered that kind of meeting with Lucy (ph), or whatever, um, but I forgot and it was an accident, and I said to myself...

THERAPIST: It's not the end of the world.

CLIENT: ...it's not the end of the world.

THERAPIST: I'll try to make it up to him.

CLIENT: Yeah. Yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: And everybody makes mistakes.

CLIENT: Yeah, there's something, I don't know if it's time because it's probably like running out. Yeah, um, just that, I think there are some mistakes, like, if that happened, although no, the truth is, I would feel really bad about it. [45:23]

THERAPIST: I think most people feel bad.

CLIENT: I mean, I know I'm a certain way, like I'm disorganized and like really clumsy, so certain things, I don't get as upset with myself for, although I do get upset, but there are others.

THERAPIST: Okay, so what are the things that are the most intolerable things, for you?

CLIENT: I think it's more like, if I lose my temper, or if yeah, I think it's more things like that, when I lose control of my emotions.

THERAPIST: What if you were like do you cry during movies?

CLIENT: Yeah, sometimes.

THERAPIST: Do you get embarrassed, when you cry during movies?

CLIENT: No, not really.

THERAPIST: Oh, okay.

CLIENT: But I think...

THERAPIST: Try to think of a way that you could let's try to think of a way, I mean, short of practicing Portuguese, you know, we don't have another example, so if you feel like that's too hard, right now, we can work up to it.

CLIENT: Yeah.

THERAPIST: But what is something that would be, you know, anxiety provoking? You know, thinking about, what if you said to (inaudible at), "we have to play softball in the park."

CLIENT: Oh...

THERAPIST: Going to like a batting cage.

CLIENT: Maybe, maybe, maybe I can do that. [46:34]

THERAPIST: Yeah.

CLIENT: I think I could possibly.

THERAPIST: You think you could do that (inaudible at 46:38)? I mean he has a lot of free time (inaudible at 46:40).

CLIENT: Yeah. It would be difficult because I have to be like, "Look, I'm really bad at softball, thus, I would."

THERAPIST: Would you say, "this is a therapy assignment"?

CLIENT: Yeah, I told him already, "I have to speak to my therapist."

THERAPIST: Oh, he knows. What'd he say?

CLIENT: He's known that I have a problem with this, for so long, that he's, yeah, he's basically waiting for me just to do it, you know, he's not saying like, "You're supposed to do your homework." but..

THERAPIST: So maybe you can go to the batting cage, this weekend?

CLIENT: Yeah, maybe.

THERAPIST: That could be fun for him.

CLIENT: Yeah.

THERAPIST: Right.

CLIENT: Well, he's tried to learn about baseball, this week, especially with the Cubs, yeah.

THERAPIST: So that could be a fun thing, and he'll probably suck too, right?

CLIENT: Mm-hm.

THERAPIST: At first, maybe he'll get good, real fast.

CLIENT: Yeah, I think I can definitely do that. What I might have more of a problem with, is playing on a team, or something, with him.

THERAPIST: Well, we can work up to that.

CLIENT: Yeah. So I seem (inaudible at).

THERAPIST: Do you think that that would be anxiety provoking though, doing it in front of him?

CLIENT: The...

THERAPIST: Batting.

CLIENT: Just batting?

THERAPIST: Yeah.

CLIENT: Um, maybe a little, a little. I'll think about it. If I think that, well maybe we'll just do it anyway because it's funny, fun. Well, maybe yeah, maybe I'll just do that, and if I find that it's not then we can think of something else. [48:01]

THERAPIST: Then we can think of something else. We'll try that?

CLIENT: Yeah.

THERAPIST: Unless there's something else you can think of, real fast. Portuguese.

CLIENT: I know, that's the big one. No.

THERAPIST: I mean, I think there's probably a lot of things out there.

CLIENT: Yeah, I think, I'll try to think of other things.

THERAPIST: Because I don't want you to like lose your temper at him, (inaudible at).

CLIENT: I know, I know. I'm going to try to think of, of recent things...

THERAPIST: Yeah, maybe make a list.

CLIENT: Yeah. And then...

THERAPIST: Keep a list of embarrassing mistakes that you made, this week.

CLIENT: Embarrassing mistakes.

THERAPIST: The batting cages would be a fun, I think experiment to do, to see if it does provoke the anxiety um, because you say right now, it wouldn't, but I wonder if, when you're doing really bad, you know.

CLIENT: Actually, you know what else gives me anxiety, and this would be really good because I want to do this, anyway. For some reason, running with him because I, my run is honestly I go fast walk. (Laughing) I jog, at best, but he runs. So...

THERAPIST: So you're going for a jog and he's...

CLIENT: Yeah, I know like, it would be really good to go together because you have someone, whatever, but I'm nervous because I think he's going to be faster and...

THERAPIST: I like that one better.

CLIENT: You like that one?

THERAPIST: Yeah, that's really easier to do.

CLIENT: It's probably easier.

THERAPIST: Okay, so at least one jog, and then make a list. This week, keep track of all the things that embarrass you...

CLIENT: Yeah.

THERAPIST: And that you've made some mistakes in. Okay?

CLIENT: All right.

THERAPIST: So we can get our homework better.

CLIENT: All right, I will.

THERAPIST: Work up to that Portuguese.

CLIENT: Yeah, this is good. I think this is I have a lot of these issues, so...

THERAPIST: So practice. You remember that statement?

CLIENT: Yeah, "I would like to be I would like to not make mistakes, and I can try my best, but if I don't if I do make mistakes I can accept myself."

THERAPIST: Yeah?

CLIENT: Yeah.

THERAPIST: Okay. (laugh) okay, I think we did some good work, today.

CLIENT: Yeah, thank you.

THERAPIST: Okay, so I will see you next Thursday.

CLIENT: Next Thursday. Okay, by.

THERAPIST: Have a good week...

END TRANSCRIPT

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BEGIN TRANSCRIPT:

THERAPIST: OK. So...

CLIENT: Yeah. So since he's always played lots of sports and really athletic, blah-blah-blah, and he hasn't been doing that for the past few months, the doctor just said it's probably like his muscles reacting to that, whatever, the (inaudible at 0:00:14.9).

THERAPIST: (overlapping voices) OK. And he's going probably too hard, at first, without...

CLIENT: Yeah, maybe. So now, he was just told like take it easy for a little while.

THERAPIST: OK. So what happened?

CLIENT: Well, I realized I finally accepted that I have a problem with perfection and expecting too much from people and myself and I'll tell you why. I've also realized because you asked me last week and I thought about it I don't why. I think I have so many things to say that I can't think of words when we're talking but OK, this is really ridiculous. The word that means "not perfect"; like in the middle.

THERAPIST: Mediocre?

CLIENT: Yeah.

THERAPIST: Oh, we said "competent" last week. [0:01:03.5]

CLIENT: Competent, competent. I mean I don't know why I can't think of that.

THERAPIST: (overlapping voices) Yeah. It's alright.

CLIENT: If I was OK with competence and I said, "I thought I was." But then I thought about it this week and I think my competence is really perfection. You know what I mean? I don't think I even know well, it's not that I don't know what competent is but my vision of competence is being perfect.

THERAPIST: I think you actually raised something very important because I was thinking about this, as well, during the week. (chuckles)

CLIENT: Oh, well, that's great.

THERAPIST: So what do you think about the idea of competence? Do you think that your definition of competence...

CLIENT: (overlapping voices) For example...

THERAPIST: ...is the same as, what, like a dictionary would define competence as? For yourself.

CLIENT: I don't know because this is why I thought about it. Because I was thinking about the whole Portuguese thing and I know I'm competent in Portuguese. Perfect by no means but competent? Sure. I understand, I can speak, whatever. And it's not OK for me. You know what I mean? [0:02:03.0]

So, it's clear that competence is not good enough. And then even with the softball thing. I don't know if I would really be the worst softball player in the world, at this point. I mean maybe I would be like "eh" and that's kind of like competence; if you can play, you know?

THERAPIST: (overlapping voices) Yeah. You can get through the game.

CLIENT: You can get through. And that's not OK for me. You know what I mean?

THERAPIST: Yeah.

CLIENT: So that's what made me think about it. Fernão has also uncovered this issue. He told me a number of times this week that he thinks that I have a problem. It's like I think that I need to be perfect all the time or whatever. So he's beginning to realize this.

THERAPIST: Have you mentioned this to him before or he just came up with this on his own?

CLIENT: (overlapping voices) No. He came up with it. He came up with it.

THERAPIST: I'm sure that was great. (laughs)

CLIENT: I was like, "Great, great." Yeah.

And then, there are a number of things that well, this week was really difficult. I don't know why but I was really irritable. Even though I realize that all of this and you would think like since I realized it, maybe I'd be able to attack a little bit better; it seemed to have the reverse effect. [0:03:08.4]

THERAPIST: (overlapping voices) Yeah. So you think you were irritable because you were thinking about the fact that you couldn't accept not being perfect or were there other things going on?

CLIENT: (overlapping voices) Maybe that's why. Maybe that's why but I don't know. I mean I had an argument. I was really, really, really tired on Saturday and when I'm tired, I'm my worst self; like worst, worst, worst. And I went to eat with Julia. We were talking and lately it's I don't know this annoys me but I'm sure I know I did this when I went to Lisbon for the first time but all he talks about is how great Portugal is and things that he doesn't like about America. Which is I don't like a lot of things about America and I didn't want to live in this city.

THERAPIST: (overlapping voices) Yeah. But they better not talk about it here.

CLIENT: Exactly.

THERAPIST: Is your boyfriend like that? (laughs)

CLIENT: Exactly, exactly. And it's like I didn't want to live in this city until I got deported and I had no choice, you know?

THERAPIST: (overlapping voices) Yeah. Yeah.

CLIENT: And it annoys me. So, we were just talking, having a conversation. I was trying to explain something to him and he kept interrupting me, interrupting me, interrupting me. And first he said, "Oh, I'm

sorry. I'm sorry. You're right. You're right. Go." And then I tried to talk again and he interrupted me and I just lost it. I didn't start I've noticed that I don't get angry and I don't lose my temper but I get angry and it's obvious. And I won't speak and I get annoyed and I can't get rid of the annoyance. [0:04:26.5]

THERAPIST: Yeah.

CLIENT: And so that's one thing. And then I was just like, "Well, yeah, he interrupted me but he's not a piece of shit; he's not doing it on purpose." He later explained sometimes, which I think this was like you know when you know you did something wrong and you try to make up excuses that are really getting insane? I think this was kind of like that but he was saying how speaking in English is so difficult for him, even though he speaks really well. And sometimes he doesn't know the rhythm and blah-blah-blah and interrupting isn't as bad in Portuguese as it is in English. So I was like, "OK, whatever. But fuck." [0:04:59.0]

THERAPIST: So you think maybe he was at fault in this conversation but you were just not dealing with it well?

CLIENT: Yeah. I think he was at fault. I mean interrupting is shitty and he acknowledged that the first time he did it.

THERAPIST: Yeah.

CLIENT: But then my reaction was very extreme.

THERAPIST: It was like a little too much?

CLIENT: (overlapping voices) Yeah. It's like, "Just relax. He interrupted you. He doesn't speak the language." You know what I mean?

THERAPIST: Yeah.

CLIENT: I don't know.

THERAPIST: (overlapping voices) He was a little irritable.

CLIENT: Yeah, well, there was that and then what else happened? There were like a few things. I had another argument about something. Oh, yesterday, we had an argument because my mom's cousin passed away and my mom asked me if I'd go to the wake. And he couldn't go because he had classes and he asked me if that was OK and I of course, my mom would never expect him if he has classes. He doesn't know anyone in my family, whatever.

THERAPIST: (overlapping voices) Yeah.

CLIENT: And then he asked me later, in the day, the same thing. And I just felt like I told him the answer already like, "My mom doesn't care, blah-blah-blah." And he kind of got bent out of shape about it, whatever. And he got annoyed with me because he felt like I wasn't being understanding of his wanting to know more information. [0:06:14.2]

THERAPIST: OK.

CLIENT: The thing is, he's not always right in these situations, either. But there is a really big part of me that is very intolerant of not being perfect, even though...

THERAPIST: So the perfection isn't that what we're talking about in yourself and then this fight would be the perfection in other people he should have known.

CLIENT: (overlapping voices) But this week, I noticed it more in the way I've been doing it to other people.

THERAPIST: But do you think noticing is a good first step or is it more irritating you because actually because you get to actually see yourself? (laughs)

CLIENT: (overlapping voices) I hope so. I hope so, OK? It's the reason why we have a really big problem. (chuckles) No, I think yeah, I think it is finally acknowledging it.

THERAPIST: I wonder if this goes along with it. Do you think you have (chuckles) it relates to the perfectionism. Do you think you have a problem accepting the fact that you have a problem? [0:07:03.4]

CLIENT: Yes, I do. (Therapist laughs) Yes, actually, I do. Yeah.

THERAPIST: (overlapping voices) So it's hard to accept yourself as someone who has problems because then you're not perfect again?

CLIENT: Right. I think maybe that's why I've been really irritable this week, partly.

THERAPIST: (overlapping voices) Because you've had to kind of realize and take a good look at the fact that you're not going to be perfect.

CLIENT: (overlapping voices) The other thing is...

THERAPIST: And you're noticing it around you and people are noticing it, as well.

CLIENT: Right. And there are other things that, this week, I've realized. I think like maybe I've finally accepted some things that I haven't wanted to accept this week. I mean nothing really that major, unfortunately, but just the job situation, the dependence on other people. I'm not happy about it and I wouldn't go as far to say as I'm depressed but, for me, it's really difficult because I've been pretty independent since I graduated college. [0:07:53.6]

THERAPIST: Yeah.

CLIENT: And I'm really lucky that I have people who are willing to support me and allow me to have the life that I basically want.

THERAPIST: (overlapping voices) It's not your ideal and it's not the way you (inaudible at 0:08:03.4) it.

CLIENT: (overlapping voices) Right. And the Finn thing and all that.

THERAPIST: (overlapping voices) But you're in the process of doing this all, right?

CLIENT: Right. Yeah, yeah, yeah.

THERAPIST: And I mean can you look at it a little bit glass half-full with the fact that Fernão (sp) is here and you could be doing a long-distance relationship?

CLIENT: That's the thing. Well, today, right before I came here actually, I sort of had a breakdown and I told Fernão (sp) about how I've been feeling.

You know, normally I'm OK. I know I'm going to get this job sooner or later; I know the Finn thing will either work out or it's not the end of the world, whatever. But sometimes it's just like maybe it's my negativity just adding all these negative things on top of each other.

THERAPIST: (overlapping voices) Right.

CLIENT: And then it becomes a lot to handle.

THERAPIST: I think a lot of people have trouble with this, when you're in limbo; you know, a place where you don't know the decision, you're waiting around and you still have nothing confirmed and you feel like you're doing nothing.

CLIENT: (overlapping voices) Yeah.

THERAPIST: I think a lot of people have difficulty with that. [0:08:57.7]

CLIENT: Yeah. I mean I could see that.

THERAPIST: So I think this comes down to cutting yourself some slack for responding kind of like most other people.

CLIENT: (overlapping voices) I know, I know.

THERAPIST: I had also asked you to make for homework, to make a list of the mistakes you've made this week. Did you remember to do that?

CLIENT: I didn't write them down but the fight that I had with Fernão (sp) that I told you about, the first one, was the first time that I realized I made a mistake.

THERAPIST: OK. So that's one of the mistakes; kind of cutting people short or making too much of a big deal about something that's little and making a fight, intensifying.

CLIENT: (overlapping voices) Yeah. Yeah.

THERAPIST: So not cutting people slack; that's kind of a mistake.

CLIENT: Yeah.

THERAPIST: And that happened twice, I guess, with Fernão (sp).

CLIENT: Yeah. It happened probably more than twice but I think I covered it up really well the other times, so...

THERAPIST: Oh. Are there any other things?

CLIENT: I mean I guess the problem that I have is defining what a mistake is, you know? [0:09:56.7]

THERAPIST: (overlapping voices) Yeah. I guess another mistake or a time you've disappointed somebody, a mistake that you've made or it could be something that you didn't do competently. I think that may be the thing that we really need to work on and maybe I didn't specify that enough.

CLIENT: (overlapping voices) Didn't do competently?

THERAPIST: Because I think that comes or not to a level that you'd like to see it done, which is a very high level.

CLIENT: (overlapping voices) Right. Well, I don't know if this is stupid but I've been really down on myself lately because since I came here it's been a while, actually, because I got here in August and I wasn't allowed back in Portugal. So, since I've gotten here, I've gained some weight and I've been really, really, really hard on myself for that. I mean it's not like it's 30 pounds or anything but when it's noticeable to yourself, at least.

THERAPIST: OK. So you've kind of disappointed yourself?

CLIENT: And then since I've realized this, which is I would say I've finally acknowledged it, fully, two weeks ago I've been saying I'm going to eat properly, I'm going to exercise, blah-blah-blah and I haven't. I haven't. Well, I did eat really well yesterday but, other than that, I haven't done a good job. And I have not exercised. [0:11:09.7]

THERAPIST: Well, let's see what you just did is you said, "Other than that." Do you think you do that a lot?

CLIENT: Yeah.

THERAPIST: Like downplay the good that you've done?

CLIENT: (overlapping voices) Oh, God, yeah, yeah, yeah, yeah. Yeah.

THERAPIST: Then play up how bad everything else is.

CLIENT: (overlapping voices) Yeah. I'm always self-deprecating. Always, always, always.

THERAPIST: OK. And that maybe relates to the idea that you have such a high ideal for yourself.

CLIENT: Yeah.

THERAPIST: That nothing is really good enough.

CLIENT: Right.

THERAPIST: So, I guess, what would you like to work on? (Client chuckles) The getting angry at people?

CLIENT: Oh, God. Everything. Oh, no.

THERAPIST: (overlapping voices) Well, there's kind of two major things. We can still work on the acceptance of being, you know, less than perfect or doing things less than perfectly or less than the way you'd like to see them done. But I think that relates to these other things, so we could work with a specific problem. We could work about accepting yourself for getting angry quickly but that would be more like things you want to work on. [0:12:05.8]

CLIENT: Yeah.

THERAPIST: So maybe let's talk about the weight?

CLIENT: Alright. Also, I was just thinking about this. I think this week I really should write down a list of the things that I don't think I do as well as I would like.

THERAPIST: Yeah.

CLIENT: Because I was just thinking about how I did the laundry today and how I was kind of annoyed with myself because I didn't finish it like in the amount of time that I wanted and I didn't fold it properly. And that's kind of just ridiculous.

THERAPIST: So why don't we just say that now? You want to talk about that one?

CLIENT: OK.

THERAPIST: OK?

CLIENT: Yeah.

THERAPIST: Because that one is fresh in your mind.

CLIENT: Yeah.

THERAPIST: So what happened with the laundry?

CLIENT: Well, I decided to do it because I was bored and it needed to be done. And I mean I did it but the laundry machines are really weak and so it didn't dry in an hour or whatever it was. [0:12:55.7]

THERAPIST: (overlapping voices) Yeah.

CLIENT: And so, I had to keep it going for a little while longer. So then it made the time you know how laundry is; like then it took longer than I thought. And then I didn't put the clothes away as quickly as I had wanted to. It's really like I don't know. It's the way I...

THERAPIST: So did you have plans to do something else if you weren't doing laundry?

CLIENT: No. Well, I feel like this is really OCD but my plan was I was like, "OK. Well..." We were going to Fernão (sp) still hasn't gone food shopping and I'm sick of going out to dinner. As much as I love it, it gets to be so I told him we should go food shopping when he got home from school.

THERAPIST: (overlapping voices) Yeah.

CLIENT: So, my plan was that I was going to put the laundry in, get my nails done, shower and then have everything I didn't get my nails. Oh, I got my toes done but nothing else and have everything finished by 5:00 when Fernão (sp) should have been arriving home.

THERAPIST: So that you'd go food shopping together?

CLIENT: Yeah, so that we'd have time to go food shopping and whatever.

THERAPIST: OK. And in this plan, you only had time to get your toenails done; not your nails. [0:14:03.5]

CLIENT: Well, I don't actually usually like to get my nails done because they chip so quickly that I don't like that.

THERAPIST: (overlapping voices) So what didn't you get done that you wanted to do? Because it sounds like you did everything but just not in the timeframe that you had planned.

CLIENT: Yeah. It wasn't in the timeframe.

THERAPIST: So what time were you not done by 5:00 when he got home?

CLIENT: No, no.

THERAPIST: So what time did you go food shopping or did you not go?

CLIENT: We didn't.

THERAPIST: OK. So you didn't go food shopping.

CLIENT: No.

THERAPIST: So instead you got your nails done.

CLIENT: Yeah, which is good and whatever but...

THERAPIST: OK, but you would have rather would you have rather gone food shopping than get your nails done or you rather get your nails done than go food shopping? Which it sounds like you did. That's what you wanted to do so you did it. [0:14:35.1]

CLIENT: Yeah, but I couldn't the thing was we were going to go together food shopping, so he had to have been home. You know what I mean? I got my nails done before he got home.

THERAPIST: Oh, you did?

CLIENT: Yeah, yeah, yeah.

THERAPIST: And then when he got home, why couldn't you go food shopping at 5:00?

CLIENT: Because the laundry was still in the thing.

THERAPIST: Oh, you got your nails done while the laundry was...

CLIENT: Yeah, yeah.

THERAPIST: OK. So the laundry was still going, so you couldn't go food shopping at the time and then you had therapy, so you had to fall back down. [0:14:58.9]

CLIENT: (overlapping voices) Right. Right, right. So, it wouldn't have been enough time.

THERAPIST: So did he go food shopping?

CLIENT: Could he?

THERAPIST: Did...?

CLIENT: No, he didn't.

THERAPIST: Because you wanted to do it together.

CLIENT: Yeah. He needs help; a lot of help. He doesn't know what he's doing.

THERAPIST: What do you mean? He doesn't know how to buy food? They don't have food in Portugal?

CLIENT: (overlapping voices) No, because he's lived with his parents until now.

THERAPIST: (overlapping voices) OK.

CLIENT: And they also have a housekeeper that lives there that does everything.

THERAPIST: (overlapping voices) Oh, yeah, yeah. But what if he went food shopping? What would happen?

CLIENT: He wouldn't get all the things that I like and he wouldn't know...

THERAPIST: But you said now you don't have anything that you like, because there's nothing in the house.

CLIENT: (overlapping voices) I know. I know.

THERAPIST: So if he went food shopping, he'd at least be doing it for himself and...

CLIENT: That's true.

THERAPIST: I mean for someone I know who has grown up and has everything done for them, do you think you're really helping him by doing it for him than when he goes?

CLIENT: (overlapping voices) No, no, no. No.

THERAPIST: So if he came back and you didn't have everything he didn't do a perfect job food shopping or a job that was up to your standard of food shopping. [0:16:06.7]

CLIENT: Yeah.

THERAPIST: Maybe he only got enough food for the weekend but he didn't I'm a person I shop for the week.

CLIENT: (overlapping voices) Yeah.

THERAPIST: I don't like going food shopping two times a week.

CLIENT: Yeah, yeah. I know what you mean.

THERAPIST: Yeah. So is that how you are?

CLIENT: Yeah. I like to just do it all in one shot.

THERAPIST: (overlapping voices) Have a great shop.

CLIENT: Yeah.

THERAPIST: OK. Suppose he only gets enough because I think in Europe they kind of get more for like the day. (chuckles)

CLIENT: (chuckling) Yeah, yeah, yeah.

THERAPIST: "What do you mean? I went food shopping; I got enough for tonight."

CLIENT: Yeah, exactly.

THERAPIST: So what if he comes back and he only has enough for dinner that night; he didn't get anything else for the week for you?

CLIENT: Then we'd have to go again.

THERAPIST: Would that be OK? You would have to go again, anyway; he never went the first time.

CLIENT: Yeah, it would be OK but it's just annoying; like you could have gotten this all done one time.

THERAPIST: (overlapping voices) So you get home. Imagine, right now, he decided, all on his own, he's going to be really proactive. "Well, Laura is in therapy. I'm going to go food shopping" and he does a terrible job: he gets cereal without milk, he gets eggs without bacon. I don't know, whatever goes together and you have one item but not the other.

CLIENT: (overlapping voices) Yeah. Yeah.

THERAPIST: He gets fruit that's all under-ripe.

CLIENT: Yeah.

THERAPIST: And you come home. What emotion do you think you would feel?

CLIENT: Maybe just annoyed.

THERAPIST: Annoyed?

CLIENT: Yeah. I don't think I'd be angry.

THERAPIST: Just annoyed.

CLIENT: I wouldn't be angry or yeah.

THERAPIST: But I think you would like to feel something different.

CLIENT: What do you mean?

THERAPIST: Instead of annoyed, would you like...?

CLIENT: Yeah, I would like to just not be annoyed because it's not something I think you should be annoyed about.

THERAPIST: OK. So you might not be happy. Can you be, I don't know what's between happy and annoyed? Is "frustrated" the same as "annoyed" to you?

CLIENT: Yeah.

THERAPIST: It is?

CLIENT: Yeah.

THERAPIST: Instead of frustrated, you could get annoyed but you can be frustrated without being annoyed, right? [0:18:03.8]

CLIENT: Yeah. Yeah, you could.

THERAPIST: You could be frustrated or you could just have a level of acceptance that this is the way Fernão (sp) shops, so it kind of would be like acceptance; not happy, not annoyed but just "it is what it is."

CLIENT: (overlapping voices) Yeah. Yeah.

THERAPIST: If Fernão (sp) goes shopping, this is generally what's going to happen.

CLIENT: Right.

THERAPIST: OK. You'd like to have a level of acceptance.

CLIENT: (overlapping voices) More of accepting. Yeah, and more, maybe, patient.

THERAPIST: OK.

CLIENT: Because I think there's a little bit of impatience that goes along with this, you know what I mean?

THERAPIST: OK. So, Fernão (sp) comes home; you're feeling annoyed. Maybe we'd say really annoyed. What if he forgot like something important that you needed? Right?

CLIENT: Yeah. Yeah.

THERAPIST: I know you're trying to eat healthy so you want salads and stuff.

CLIENT: Right.

THERAPIST: And he probably knows that.

CLIENT: (overlapping voices) Yeah.

THERAPIST: He knows that you're trying to eat healthy?

CLIENT: Yeah, yeah, yeah, yeah.

THERAPIST: OK, what if he came home and he bought like a big chocolate cake for dessert? Would you be annoyed? [0:19:02.5]

CLIENT: Yeah. I'd be annoyed.

THERAPIST: Would you be a little more than annoyed?

CLIENT: Yeah. I'd be really annoyed.

THERAPIST: (chuckling) But what if he wanted chocolate cake?

CLIENT: I mean it's OK but the fact that if it's only chocolate cake...

THERAPIST: Well, he bought like pasta for dinner. (Therapist and Client chuckle) Pasta for dinner and chocolate cake for dessert. Maybe you'd be feeling a little more than annoyed.

CLIENT: Yeah.

THERAPIST: A little angry.

CLIENT: Yeah, a little angry.

THERAPIST: So what are you thinking?

CLIENT: That he's a selfish piece of shit. (laughs) It's so bad.

THERAPIST: So he's a selfish piece of shit?

CLIENT: Yeah.

THERAPIST: Are you saying he should have...?

CLIENT: He should have realized that I wanted healthy food and he should have took that into consideration and bought something.

THERAPIST: Alright. "He should shop the way that I want him to shop"? [0:20:01.8]

CLIENT: Yes. (chuckles) It's so bad. Well, if he's shopping for two people, then yeah, he should.

THERAPIST: OK. What if he got the big chocolate cake and he also got you some lettuce? (Therapist and Client chuckle) Would you still be angry?

CLIENT: No, I don't think so.

THERAPIST: OK. So it would just be if he didn't get anything for you.

CLIENT: (overlapping voices) Yeah.

THERAPIST: So "Fernão (sp) should shop and be considerate for me."

CLIENT: Yeah.

THERAPIST: And you say he should, right?

CLIENT: Yeah.

THERAPIST: What an asshole. If he doesn't, he's a dick.

CLIENT: (overlapping voices) Right. Right.

THERAPIST: If he doesn't, do you say, "I can't stand it," or more it's like, "He's such a dick"? "I can't stand it when he doesn't think about me"?

CLIENT: No. The "I can't stand it" this is another revelation I've had this week, just so you know. The "I can't stand it" comes after, once I've acknowledged that we had a disagreement and that I was wrong because I wasn't tolerant or whatever. And then, I can't stand the fact that I did what I did. [0:21:10.4]

THERAPIST: (overlapping voices) That you made a mistake. So not in the moment.

CLIENT: (overlapping voices) Yeah. The "I can't stand it" is later. Yeah.

THERAPIST: So, we're more talking about we're talking about the moment when you get angry.

CLIENT: (overlapping voices) Yeah.

THERAPIST: OK. So you're angry and you're saying, "He should have shopped with me in mind," right?

CLIENT: Yes.

THERAPIST: "He should be considerate of my needs and he should do things the way that I want them done."

CLIENT: (overlapping voices) Yes. Yes.

THERAPIST: OK. When you say those things, do you think it makes you more likely to be accepting or more likely to be angry?

CLIENT: No. (Therapist chuckles) No, no, no, no, no, no.

THERAPIST: It makes you more likely to be angry when you say those things that way.

CLIENT: (overlapping voices) Yeah. Yeah.

THERAPIST: What's the strongest one? Or do you ever say, "If he didn't, he should think about me when he goes food shopping and if he doesn't, he doesn't care about me"? Or is it more, "He should think about me when he goes food shopping and he's a dick if he doesn't"? [0:22:03.0]

CLIENT: I think it's that. (Therapist chuckles) I think it's more that. Like I anticipate the mistakes that he's going not him; we're just using him as an example. Anyone. I anticipate the mistakes. So, if I think, "Well, OK, who's doing shopping? Well, he's not going to come home with the lettuce and what if he doesn't come home with the lettuce and blah-blah-blah?" And then when he doesn't come home with the lettuce, it's built up so much, because I've anticipated it, that I get angry quicker.

THERAPIST: (overlapping voices) Yeah. But how do you think you start that anticipation? Is it by thinking, "Fernão (sp) is going shopping. If he gets what he gets, it's fine; I can always pick something up"?

CLIENT: No.

THERAPIST: Or you're thinking, "Fernão (sp) has to get..."

CLIENT: Yeah. It's like he has to do it the way I want it or if he doesn't think about me, he's a dick.

THERAPIST: So I think you've brought some good points; like some good setting events that you prepare. You start the rumination before you even get home.

CLIENT: (overlapping voices) Yeah.

THERAPIST: Do you think you're usually more angry when you do that or what if you just open the fridge? Like you get home and you open the fridge and you didn't even think about it but all you see is a big chocolate cake in the fridge. Which one would be or they'd both make you angry, probably? [0:23:06.4]

CLIENT: No. I think the thinking about it before.

THERAPIST: (overlapping voices) OK.

CLIENT: I think I might be like, "What did you do?" But I don't think I'd be angry; I think I'd be more likely to laugh about it.

THERAPIST: You'd be like, "I get it."

CLIENT: Yeah.

THERAPIST: OK. So, what can you do about this? Any ideas? What do we do in EBT? You have these thoughts; you're saying a lot of demands, right?

CLIENT: Yeah.

THERAPIST: A lot of shoulds. And you think of this all the time.

CLIENT: I think I need a new thought.

THERAPIST: A new belief?

CLIENT: Belief.

THERAPIST: A rational one?

CLIENT: Many, many of them, yeah. One would be good.

THERAPIST: (overlapping voices) What would be more rational than to think, "Fernão (sp) should buy the things I want and if he doesn't, he's a dick"? (laughs)

CLIENT: Like anything. Like anything other than that. [0:24:00.8]

THERAPIST: Something could be more rational?

CLIENT: Yeah, I mean come on.

THERAPIST: Well, let's dispute this before we give you a new one. Does that mean that Fernão (sp) is a dick because he didn't buy the food you want?

CLIENT: (overlapping voices) No. No.

THERAPIST: Why doesn't it mean that? He sounds like a dick; he didn't buy you lettuce. He's not thinking about you.

CLIENT: Yeah but...

THERAPIST: [You're bringing] (ph) the dick, you should break up with him. Can't buy you lettuce.

CLIENT: No, I mean he doesn't really know what he's doing and he wasn't I don't know. I mean maybe to him well, you said he brought chocolate cake and pasta, right?

THERAPIST: Yeah.

CLIENT: Maybe to him, pasta is not that bad; it's not that unhealthy. Or he bought the chocolate cake but he wants to go out to dinner somewhere healthy instead. I mean there are possibilities.

THERAPIST: (overlapping voices) OK. So he didn't do it on purpose?

CLIENT: Yeah. He's not intentionally trying to make me fat, I mean you know?

THERAPIST: (overlapping voices) OK. And what about the bigger one, that "Fernão (sp) should do things the way that I want them done and if he doesn't, he's an asshole"?

CLIENT: (overlapping voices) Yeah.

THERAPIST: People have to do things the way that you want or they're an asshole? [0:25:10.7]

CLIENT: (overlapping voices) No, they don't. They don't.

THERAPIST: Why are they an asshole if they don't do that?

CLIENT: The thing is that I know that it's true but I feel like it's what you said; like I don't really believe it or something. I know. I know that's not true but you know?

THERAPIST: So you know it's not true. Why would he be an asshole if he didn't do the things that you wanted? Why should people do the things that you want and the way you want them done?

CLIENT: (chuckling) I don't know. I don't really know a good answer.

THERAPIST: (overlapping voices) It's the right way?

CLIENT: Yeah. Maybe.

THERAPIST: Is there really only one right way to do something?

CLIENT: No.

THERAPIST: But yours is the best way.

CLIENT: Yeah.

THERAPIST: Has anyone ever come up with a better way than you?

CLIENT: Yeah.

THERAPIST: They have? (chuckles)

CLIENT: Yeah, I know. (chuckles) Aren't you so shocked? Yeah.

THERAPIST: And what happens when they do? Do you feel bad about yourself? "Oh, my God. They had a better idea than me."

CLIENT: No. No.

THERAPIST: So other people can have good ideas, too. [0:26:00.0]

CLIENT: Yeah, yeah.

THERAPIST: And what happens if other people make mistakes? What does that mean to you? Why do you get so mad?

CLIENT: I don't know. It's really weird.

THERAPIST: Because you have high demands for everything, right?

CLIENT: Yeah.

THERAPIST: On yourself; on everyone around you.

CLIENT: Yeah. And you know what I think? I don't know sometimes when I should have a high demand or when it's too high or what's the right you know what I mean?

THERAPIST: Yeah.

CLIENT: I have trouble differentiating because I think my demands are always so high.

THERAPIST: Yeah.

CLIENT: So it's difficult.

THERAPIST: Are there any things in life, I mean that you don't need to have such high demands on? You know, maybe that's something you could do for homework: the things in life that you need to keep that high demand on, that you really want to keep that high level of doing things well and the other things that you don't have to do as well.

CLIENT: Yeah.

THERAPIST: That you could be happy, even if you were just mediocre or even poor at a few things. [0:27:11.2]

CLIENT: Yeah.

THERAPIST: What about are you a good cook?

CLIENT: No.

THERAPIST: Do you accept yourself being not...?

CLIENT: Yeah, I do.

THERAPIST: So that's something that you don't have a high level of demand on yourself for; to be a good cook.

CLIENT: (overlapping voices) Yeah.

THERAPIST: You're OK with that. So what do you think when you've made a meal and it comes out bad? Why are you not angry? What are you thinking?

CLIENT: That I'm just not good at cooking and it's fine.

THERAPIST: And it's OK?

CLIENT: Yeah.

THERAPIST: That even if you're not good at cooking, there are other things that you're good at.

CLIENT: (overlapping voices) Yeah. But I think the thing is...

THERAPIST: And you can accept yourself even if you're not perfect?

CLIENT: (overlapping voices) Yeah. I think the thing is, though, sometimes, because I do have things that I know I'm not good at like cooking or cleaning, for example; I'm not the best cleaner or whatever that it becomes even more important for me to have perfection in other things. You know what I mean? [0:28:09.2]

THERAPIST: Yeah. So if you can't be perfect in everything, you should at least have a few things you but I think...

CLIENT: Yeah. Like what good am I if I can't be good at something?

THERAPIST: Well, what good are you if you're not...?

CLIENT: But yeah, I don't know.

THERAPIST: (overlapping voices) So let's talk about that. What if you're not good at something?

CLIENT: At anything?

THERAPIST: Yeah. (Client chuckles) What if you're just mediocre at everything? I mean we're getting a little off track because we were talking more about the anger.

CLIENT: (overlapping voices) The truth is I probably am just mediocre or competent at most things.

THERAPIST: At everything?

CLIENT: I mean if you look at the worst performer in something and the best, I'm probably, like most people, in the middle. You know?

THERAPIST: How does it feel to say that out loud?

CLIENT: Shitty. I don't like it, actually. I thought about it before, too, how I don't really have anything that I'm really amazingly good at. [0:29:00.4]

THERAPIST: But even if you were amazingly good at something, there are always mistakes that you'd make at it, right? Even the best batter strikes out a lot, really.

CLIENT: (overlapping voices) Yeah.

THERAPIST: Someone told me Babe Ruth's stats once and they were like I don't know a lot of baseball but...

CLIENT: Yeah.

THERAPIST: It was a good example; I can't remember. (laughs)

CLIENT: No, I know what you mean, though.

THERAPIST: But you know, he struck out tons of times; way more times than he got home runs.

CLIENT: (overlapping voices) Yeah. Yeah.

THERAPIST: But we remember him being the best batter of all time, you know?

CLIENT: Yeah.

THERAPIST: And even the best concert violinist is going to make a few mistakes, right?

CLIENT: Yeah.

THERAPIST: Every once in a while. So no one can be perfect, even your boyfriend.

CLIENT: I know.

THERAPIST: Do you want him to be perfect?

CLIENT: No, no.

THERAPIST: Could you stand it if he can you accept him if he's not perfect?

CLIENT: Yeah, for sure.

THERAPIST: What if he continues to do things that go against, you know, the way you want them done? What if he did that for the rest of your life? [0:30:01.8]

CLIENT: Well, he probably will but I think the problem is the way I...

THERAPIST: So if he probably will, you're just going to spend your life being angry?

CLIENT: No. I really need to change it. That's not working for me.

THERAPIST: OK. And how can you change that? What can you think instead of "Fernão (sp) must do things the way that I want them done or he's a dick" or "I can't he's a terrible boyfriend"?

CLIENT: If he doesn't, I mean...

THERAPIST: What about starting out with a preference, remember?

CLIENT: Oh, I would like I prefer if Fernão (sp) or anyone, everyone, did things the way that I like them done but since it's not realistic and most likely won't happen...[0:31:02.2]

THERAPIST: (overlapping voices) "I can accept that"?

CLIENT: I can accept it. I can tolerate it.

THERAPIST: And you don't have to let it ruin your life.

CLIENT: Yeah. Well, I really hope it doesn't.

THERAPIST: And their life, as well; you'll make someone miserable. (chuckles)

CLIENT: I know. I'm really nervous about that, honestly.

THERAPIST: I think that's what actually you're worrying about too much, that you're making yourself so miserable. You know?

CLIENT: (overlapping voices) Yeah. Yeah. I know.

THERAPIST: And you think about it all day long and then, after you get mad, then comes the self-loathing.

CLIENT: (overlapping voices) After, it's the worst part of everything, is like I literally can't stand it. I don't know what to do with myself. I'm so upset.

THERAPIST: So, we have the first thing and it's usually, I guess, when other people make a mistake and you get angry about that.

CLIENT: Yeah.

THERAPIST: But then the fact that you made a mistake so, you just said something about when people can't you say the same about yourself?

CLIENT: Yeah. And I did try to use our belief from last time, that I would like to be perfect but if I can't, I can accept myself. [0:32:05.7]

THERAPIST: (overlapping voices) Which was?

CLIENT: And I mean it's just really difficult because it's such a bad habit.

THERAPIST: Would you really want to be perfect at everything, though, if you could?

CLIENT: No.

THERAPIST: No, you can say if you could.

CLIENT: I don't know. I don't think so. Not in everything. But I think the thing is, my perfect is I don't know.

THERAPIST: (overlapping voices) You might be boring?

CLIENT: I think it's like a skewed...

THERAPIST: Well, I think here's the thing. When you were talking about competence, I think you were dead-on.

CLIENT: (overlapping voices) Yeah.

THERAPIST: Competence is probably like, what, 50 or probably less; probably like 30 percent of the population can do or something, you know?

CLIENT: Yeah.

THERAPIST: And you probably hold yourself to a standard of 90 percent, right? That would be competence; to be able to get an A on everything. Right?

CLIENT: (overlapping voices) Yeah. Right.

THERAPIST: Ninety. But if you started really getting an A on everything, do you think your level of competence would stay there or you think you would raise it?

CLIENT: I'd raise it.

THERAPIST: So, when are you going to be happy? [0:33:00.4]

CLIENT: Yeah. (chuckles) I don't know.

THERAPIST: Even if you were "competent" at everything you did, it wouldn't be enough.

CLIENT: (overlapping voices) Right. It wouldn't be enough.

THERAPIST: When can you just accept yourself as you are or accept the world as it is and people around you?

CLIENT: (overlapping voices) I don't know. I don't know.

THERAPIST: I think it's good to think about this but it doesn't mean you're terrible because you hold these thoughts. (chuckles)

CLIENT: No, I know that but...

THERAPIST: Are you sure? Because you said you were beating yourself up about it all week.

CLIENT: Well, I beat myself up for a really good amount of time after and then eventually I get over it but it lasts a really long time. I'm not still beating myself up over that thing that happened but I mean I did for like a good few hours. [0:33:55.7]

THERAPIST: (overlapping voices) OK. You're beating yourself up over getting mad or getting angry.

CLIENT: Yeah. Yeah.

THERAPIST: So, you apologized to him, right?

CLIENT: Right.

THERAPIST: And can you say, "I'm human. I make mistakes"?

CLIENT: Yeah.

THERAPIST: Do you think beating yourself up about it helps?

CLIENT: No.

THERAPIST: Does it help you fix your relationship with Fernão (sp)?

CLIENT: No. And he also acknowledged that. He said that to me, "People fight. You made a mistake. Why are you beating yourself up over this? It's not the end of the world."

THERAPIST: And by beating yourself up about not being perfect, you're probably doing an even worse job of being a girlfriend and being there for people and being there for yourself.

CLIENT: (overlapping voices) Yeah. Yeah.

THERAPIST: So let me hear you say your statement to yourself again.

CLIENT: The one from last week?

THERAPIST: Yeah.

CLIENT: I don't know. I don't want to say anymore that I want to be perfect, even though maybe I'd like to do my best all the time.

THERAPIST: Yeah.

CLIENT: Even though I'd like to do my best all the time, if I can't, I can accept it if I make a mistake. [0:35:06.1]

THERAPIST: And maybe you could even see it as something good if everybody is a work-in-progress. If you weren't, how boring life would be.

CLIENT: Yeah.

THERAPIST: You know, you're something that you're working to improve yourself on. Not everybody does that, do they?

CLIENT: I don't know.

THERAPIST: Some people probably say, "This is how I am. Fuck you if you don't like it."

CLIENT: Yeah.

THERAPIST: You're working on yourself.

CLIENT: Yeah.

THERAPIST: Makes life interesting.

CLIENT: I'm just worried that I'm not going to be able to change it, ever, and I'm always going to be this like nagging, horrible...

THERAPIST: And what if you were?

CLIENT: That'd suck.

THERAPIST: But thinking that "I have to get better, I have to get better, I have to get better," are you going to more likely get better?

CLIENT: (overlapping voices) I know. I just find like no end to the fucked up way I think about things and it's so...

THERAPIST: You might never change. Could you have a fulfilling life even if you didn't? [0:36:01.8]

CLIENT: I don't know. I just feel like the way that I think about things the negative obsessing and whatever these thoughts...

THERAPIST: But the more you tell yourself how horrible you are for having those thoughts, the less likely you are to change them.

CLIENT: Yeah.

THERAPIST: The more likely they're going to keep happening. So if you really want to change, you've got to stop putting demands on yourself, you know?

CLIENT: Yeah.

THERAPIST: And that's hard.

CLIENT: It's really hard. It's really, really hard.

THERAPIST: OK. I think we're out of time. So you're going to make a list for me of the things...

CLIENT: Yeah. Let me see if I have my notebook so I can write this down and I don't yeah. (searches through items) Yeah, the mistake no, what did you say?

THERAPIST: It was like the list of things that...

CLIENT: I'm not competent. [0:37:00.8]

THERAPIST: And the things that you are OK with not being competent at or a reason that we're competent, loosely, right?

CLIENT: Yeah.

THERAPIST: The things that you're OK with not being successful, maybe, because that's a better word, right? Successful at?

CLIENT: Yeah. Yeah.

THERAPIST: Right? And the things that you feel like you couldn't stand it; you couldn't live without being successful at the other things.

CLIENT: (overlapping voices) Like 100 percent successful. The list of things I'm not successful at and...

THERAPIST: The things you feel like you need it to be successful at, which is a pretty irrational thing to say, right?

CLIENT: (overlapping voices) Things I must yeah.

THERAPIST: And then we'll have some things to dispute next week, right?

CLIENT: Yeah. Yeah.

THERAPIST: Practice those things. Are you still reading the book?

CLIENT: Yeah, slowly but surely.

THERAPIST: (overlapping voices) Good.

CLIENT: Yeah and I think that I need if it's possible; I'm not sure if it's even possible but some belief or something that can help me stop thinking about things so negatively and also so demanding; you know, with such demand. [0:38:12.2]

THERAPIST: Well, that's what we have, so...(Therapist and Client laugh)

CLIENT: I know but when is it just like a miracle?

THERAPIST: (overlapping voices) When is it going to kick in?

CLIENT: Yeah.

THERAPIST: You've got to keep saying it, you know?

CLIENT: Yeah.

THERAPIST: Got to keep saying them until you believe it, alright?

CLIENT: Yeah.

THERAPIST: And the other thoughts may never go away. That's the truth. But you'll have a faster replacement and hopefully you'll get over these things faster, right?

CLIENT: Yeah.

THERAPIST: Then maybe it won't take three days or hours before you can say, "OK, I made a mistake. Let's move on." Right?

CLIENT: Yeah.

THERAPIST: Or "He made a mistake. Let's move on." Right? You still might have the thought, "Oh, I can't believe he didn't do it." But then you have the (snaps fingers) replacement thought to come right in and say, "Oh but it's not the end of the world. It's OK if he doesn't do things the way I want." [0:39:03.9]

CLIENT: Yeah. Alright. I have to repeat these things. But do you think that I should repeat them constantly or just when...?

THERAPIST: No, no. I think constantly.

CLIENT: Like if I'm just thinking, I guess I should just be thinking of that.

THERAPIST: (overlapping voices) Yeah, if you can.

CLIENT: (overlapping voices) I think that's better.

THERAPIST: Yeah.

CLIENT: Because I tend to forget if I don't do it often.

THERAPIST: (overlapping voices) I think you should think it as much as you can.

CLIENT: OK.

THERAPIST: So that when something does happen, (snaps fingers) you have it.

CLIENT: Alright.

THERAPIST: Right?

CLIENT: Yeah, that's true.

THERAPIST: (overlapping voices) You're not likely to use something that you don't use very often, right?

CLIENT: (overlapping voices) Right. Right.

THERAPIST: And the other thoughts come so naturally to you.

CLIENT: Yeah, that's the thing. It's a problem.

THERAPIST: OK?

CLIENT: Alright. (chuckles)

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Everything alright?

CLIENT: What's that?

THERAPIST: Everything alright?

CLIENT: Yeah, yeah. I just I came from downtown. I didn't time my trip very well.

THERAPIST: That's OK. Well, we might have to end a little bit early.

CLIENT: What's that?

THERAPIST: We might have to end a little bit earlier than I mean because of you know that.

CLIENT: (overlapping voices) Yeah. Yeah, no problem. Sorry.

THERAPIST: No, it's alright. (chuckles) How's your week going?

CLIENT: Good. Better. I did the I don't know what you ...

THERAPIST: Your list?

CLIENT: Well, I did a list but also I did the ...

THERAPIST: Practicing your rational ...

CLIENT: Practicing my ...

THERAPIST: Your rational belief, yeah.

CLIENT: My belief, yeah. And I do that a lot. I try to do it all the time. I forgot, obviously, sometimes but I think it helps ...

THERAPIST: So which one are you practicing?

CLIENT: Well, actually, I modified it a lot because I needed it to change and (inaudible at 0:00:46.8).

THERAPIST: That's OK. (chuckles)

CLIENT: So it was the one that we made that was like even though I would prefer for people to do things the way that I would like them to do them, if they don't, I can accept it. And I changed it. So like even if people don't behave, act, do, say (Therapist laughs) and then I was like if things don't go the way I prefer them to go I had to change it.

THERAPIST: That's great. So you're becoming more rational.

CLIENT: I hope so. I don't know.

THERAPIST: It sounds like you are.

CLIENT: Well, this week I felt a lot more rational. Obviously, I mean I made some mistakes but I tried also not to beat myself up about it.

THERAPIST: Oh, wow.

CLIENT: I tried well ...

THERAPIST: So you're human?

CLIENT: Yeah, I think I'm you can call me more human. I'm not sure. Yeah, I don't know. I can't think of any specific examples. Well, actually, this doesn't have to do with me but Fern o had like a meltdown over something and went crazy and was like not that he went crazy but it was kind of like when I act irrational; it was like the equivalent. So then I was kind of like, OK, so maybe I'm not that abnormal because other people do it. You know? So I felt good about that. It sounds really bad because whatever.

But just in the sense that he seems more human to me. You know what I mean? Like because he's so good at he notices when I'm being irrational. Like the same things we talk about, he points them out. I don't know first of all, I know that he's gone to therapy before and I have a feeling if it wasn't the same type of psychotherapy it must have been very similar; like the therapist had some relationship to REBT.

THERAPIST: Wow. That'd be really interesting. In Portugal I don't know about ...

CLIENT: I don't know but what he says, it's like he's reading (Therapist laughs, inaudible at 0:02:31.1). I mean you know?

THERAPIST: Yeah.

CLIENT: So sometimes I think like, "God, this guy has it all together." He never gets annoyed or irrational about anything. So this is an example. So not that it made me feel good but I was just like, "OK."

THERAPIST: It means you realize that other people have the same issues that you have.

CLIENT: Yeah, I'm not like right.

THERAPIST: But you didn't go screaming and running away from him?

CLIENT: No. I was kind of just like, "OK."

THERAPIST: And you weren't like, "I'm breaking up with you because you're so irrational."

CLIENT: No. Uh-uh. Yeah, no.

THERAPIST: Really?

CLIENT: No, no. No.

THERAPIST: So he might not do that to you.

CLIENT: Yeah. No, I think well, I wouldn't say that I've completely accepted that that isn't a possibility but, yeah, I mean ...

THERAPIST: You may never fully accept that.

CLIENT: Yeah, yeah, I know.

THERAPIST: But as long as you can dispute it and challenge it and not get yourself upset about it every time.

CLIENT: Yeah.

THERAPIST: I don't think it would be healthy to just have an attitude, "I can do whatever the hell I want and my boyfriend is always going to be there for me."

CLIENT: (overlapping voices) Right. Yeah, totally. Yeah. And then today, actually, we were supposed to meet at Target at like 5:00 and he was late which it doesn't bother me because I'm always late; like for normal things. But then he calls and he calls from a classmate's phone. So that was 20 minutes later than we were supposed to meet, so I just assumed he was still at school and then I got really annoyed because I was like, "I'm fucking sitting here for 20 minutes waiting." It's half-raining, whatever. So I got a little snippy. And then he told me he's like, "No, actually I'm just outside of the train," and I was like, "Well, fuck." You know? I just assumed this stupid thing. [0:04:08.8]

And at first I was like, "You're such an idiot. Why did you get annoyed? You should have asked him." And then I was like, "You know what? Whatever. Whatever."

THERAPIST: Next time.

CLIENT: Yeah. I mean it's not the biggest deal. It's not awful, you know?

THERAPIST: And lesson learned. So now you can say, "Oh, maybe I was overreacting and I can kind of control that in the future."

CLIENT: Yeah. So ...

THERAPIST: So what would have been more helpful? Sorry, I'm going to just get some ChapStick on my lips.

CLIENT: I hate that, when they're like ...

THERAPIST: What would be something more helpful to think; you know, next time he calls and says he's running late?

CLIENT: Well, the problem, actually, is that I don't know why ...

THERAPIST: I guess it wasn't that he was running late; it was that he was running late and didn't have a good excuse for it, I guess at that point, because he was still at school.

CLIENT: Well, there are a couple of issues that I would like to bring up today but one of them is that oh, I didn't tell you this. So today I subbed; I was a substitute teacher for the first time.

THERAPIST: Oh, so the job worked out.

CLIENT: Well, that job hasn't it's definite. That job ...

THERAPIST: Oh, this is the subbing that you're doing.

CLIENT: Yeah, that job is definite and should come up right after Thanksgiving. But yeah, I subbed at this other school. It's a woman I've known since I was really young and they had opening today, so I did that. And it was interesting. The good thing is OK, it was really it wasn't the worse thing in the world, by any means. They told me it was a pretty good class. I mean I had several but the classes in general were good. But some of the kids were so bad that I can't ...[0:05:36.0]

THERAPIST: What grade is it?

CLIENT: They were seniors in high school that I can't even imagine what a bad class is like at a public school. I really can't. Like, "Fuck you, suck my dick." Not to me but to each other. Like nonstop. And I know that this is a possibility but it's just like once you're in this situation and you kind of don't know the best way to handle it, you start to feel like, "OK, I don't know what ..." You know? So it was interesting.

THERAPIST: So is that kind of changing your mind about teaching?

CLIENT: It's not changing my mind but I really need to it's not the teaching that I'm worried about. I think I'm a pretty good teacher just from the experience that I have. I think that it's ...

THERAPIST: Classroom management skills.

CLIENT: It's that. It's like I know I can improve the teaching with Finn if I get in or another university or practice, whatever. But the disciplining, the classroom management, the control.

THERAPIST: Is that not something you can learn?

CLIENT: Yeah. No, totally but it's scarier to me. Because I just feel like how do you control 30 wild kids? Some classes are fine; there's one that once in a while acts out. But one of the classes, they were all bad and there was just really ...

THERAPIST: Well, do you think that your inability to kind of do that with this class today is a reflection of your classroom management skills or perhaps the classroom management skills that were going on before? [0:07:03.6]

CLIENT: Yeah, that's possible.

THERAPIST: You know what I mean? You were kind of walking into a lion's den but it wasn't your class.

CLIENT: (overlapping voices) Yeah. Yeah. Yeah, and to be honest with you, I was really lucky because today I filled in for an English teacher and he had one ESL class, which I was really excited about, and it was the only class I really liked out of all of them. So I felt better about that. I actually helped the kids with something. They seemed a little bit more eager to learn. I don't know. Maybe it's just because I'm biased and I whatever. But I felt good about that.

But yeah, I don't think it's impossible. And anyway, my mom actually works in a really bad school and she says there are some really excellent teachers there that are really good at classroom management and she said she'd ask them if I could observe them one day, just to see. I'm just curious how they do it without being, "Fuck you," you know, and going crazy and throwing chairs. You know?

THERAPIST: It's a whole skill set. I'm a school psychologist, as well.

CLIENT: I know, I know.

THERAPIST: So I do work in a school for children who are emotionally disturbed. (chuckles)

CLIENT: You told me. Yeah, and that's like a that's special ed, right?

THERAPIST: So, yeah. But even the teachers there, which they don't all have great training in behavioral management but I think it is something that you can learn.

CLIENT: Yeah.

THERAPIST: Perhaps schools don't spend enough time on it.

CLIENT: I think probably.

THERAPIST: But you sound like you're willing to go out there and observe and watch and they have trainings and they even do they probably all have some [kind of trainings here] (ph) at some point for more professionals on ...

CLIENT: (overlapping voices) Yeah.

THERAPIST: Maybe not here this is more IBT but behavioral and classroom management is lot of psychologists, that's their whole focus.

CLIENT: (overlapping voices) Yeah, I'd really like to learn some tactics, you know? Because and again, they were not, by any means, the worst class that they could have been but it's just the behavior is like ...

THERAPIST: So what stopped you from ...?

CLIENT: I had two girls kissing each other; like making out. (chuckles) Like come on, it's a classroom. It's like they have no respect. (Therapist laughs) Whatever. But anyway, it was a good experience and the school was a decent school and I don't know. I mean I think I have more positive feelings than negative. The negative are just more like surprise; like something I'm not used to.

THERAPIST: Yeah. But do you think you could get used to it? [0:09:11.4]

CLIENT: Yeah, I mean [I'm fine] (ph).

THERAPIST: And you will learn the skills?

CLIENT: Yeah, I think I could. Definitely. But anyway, I don't know what I was saying.

Oh, so I went home after that and Fern o was at school and I saw he left his cell phone at home. So I don't know why I got twisted and I was just like, "Now he left his cell phone home. He's not going to be able to call me when he leaves the train." And it's not the fact that he needs to call me all the time but it was that then I started thinking, "Well now, what if he's running late and he can't call me or what if he can't come or what if his friend tells him, No, go to this store." It's really stupid. This guy is not going to tell me to meet at 5:00

and then just ditch me. He's not some random guy. (Therapist chuckles) You know what I mean? And it's like this is so that's why I think I got more annoyed. Then he called me at 5:15 instead of 5:00 or whatever.

THERAPIST: And you assumed he was just leaving.

CLIENT: Because what?

THERAPIST: You assumed he was just leaving [because he was able to make the call] (ph). He was ...

CLIENT: (overlapping voices) Yeah. Yeah, and I was like, "Well, he doesn't have a cell phone, so ..." and I was thinking all before that that something bad was going to happen. You know what I mean?

THERAPIST: Were you annoyed once you already saw the phone left behind or were you just anxious?

CLIENT: I think anxious. I wasn't annoyed. I was just like, "Oh, OK."

THERAPIST: You were like, "What a fucking idiot"?

CLIENT: Yeah, yeah.

THERAPIST: OK.

CLIENT: No, I was just and then when I got there, it was exactly at 5:00; it was exactly on time.

THERAPIST: Yeah.

CLIENT: And I think one of the reasons why I'm making an excuse for myself why I'm late all the time not today; not for this or anything but for meetings, I don't like to wait for people but somehow I think it's OK when people wait for me. I don't know how that you know what I mean? It makes me so uncomfortable to wait on a street corner for someone.

THERAPIST: What's uncomfortable about the waiting?

CLIENT: I don't know. I don't know. I start thinking, "What if they don't come? What if I'm waiting here 45 minutes? What if this guy over here talks to me?" It's weird. I guess it's like a social anxiety type of thing.

THERAPIST: So you can't stand is it more the awfulizing; like "What if they never come? I'll be here forever. That weirdo might talk to me" or is it more like "This is so annoying and frustrating. I can't stand it"? Probably both. [0:11:20.9]

CLIENT: Both, yeah. I think both. A little bit of both.

THERAPIST: Is one stronger than the other?

CLIENT: Trying to think of what I think. I think I think more, "This is really annoying." I don't know. I think it's equal. I think it's equal.

THERAPIST: So they're both what we could work on in the future. It's like frustration tolerance and catastrophizing, which is always kind of (inaudible at 0:11:47.4) in your nature.

CLIENT: (overlapping voices) Yeah, frustration tolerance. Yeah. Yeah.

THERAPIST: OK. Well, did anything major happen to you or do you want to get to work on the list?

CLIENT: Nothing major happened. I was actually really I felt really good about the week, especially in comparison to the week before (Therapist chuckles) where I felt like I was just a mess. I felt like it was good and I kept trying to repeat the beliefs. Even when I went to sleep at night, I would try to repeat them, so ...

THERAPIST: (overlapping voices) Great. You're an excellent student.

CLIENT: Yeah, I really tried. I mean of course it wasn't possible all the time but I think the little bit I did do it, it helped a little. I don't know. And I felt a little bit ...

THERAPIST: How is the book going? Are you done with it or ...?

CLIENT: No, I haven't been reading it, actually.

THERAPIST: That might be something just like repeating the things before bed, it might be good to just read a chapter before bed.

CLIENT: Yeah, I know. It's in the bottom of my closet and every time I open it I see it and I'm like "Fuck." But I do like it. I don't know why I'm not reading it.

THERAPIST: Yeah, it's not punishment. (laughs)

CLIENT: Yeah. I don't know what's the problem. But I will. But ...

THERAPIST: Especially in the week off that we have in between. Because next week, remember, is Thanksgiving.

CLIENT: Oh, that's right.

THERAPIST: So we're closed Wednesday, Thursday, Friday. So ...

CLIENT: [It's already] (ph) Thanksgiving already.

THERAPIST: I know. Freaks me out.

CLIENT: It's crazy.

THERAPIST: (chuckling) Already.

CLIENT: Yeah, but and I didn't do anything with Fern o; anything that ...

THERAPIST: The running or the ...

CLIENT: Yeah. It's just that in I actually think the more that I think about it, I don't think there's anything that I don't know. Maybe I'm just trying ...

THERAPIST: To get out of it?

CLIENT: Yeah. I don't know. But I don't think I can't think of anything that would make me feel I think running would actually be a good one. I think I would feel ...

THERAPIST: It might be the most, but it would be a challenge.

CLIENT: Right. It would be a little. A little, yeah. A little challenge.

THERAPIST: But I'm not trying there's the difference, whatever they call, like graduate exposure in psychology and then there's flooding.

CLIENT: Right.

THERAPIST: Gradual exposure is like if someone has a phobia of dogs or like first show a little picture of a dog. You know.

CLIENT: Oh, right, yeah.

THERAPIST: Then you feel what a dog would feel like and then you bring in like the last one is like bring in a big mastiff, you know, (inaudible at 0:13:44.1).

CLIENT: Yeah, yeah.

THERAPIST: And flooding would just be open the door and there are like 20 dogs (laughing, inaudible) or something.

CLIENT: Yeah. No, I think it would be like a little thing that ...

THERAPIST: It would be gradual.

CLIENT: It doesn't seem like much when I think about it but I think, in the end, it would be a little bit challenging. So, yeah. The other thing I was thinking of is ...

THERAPIST: (overlapping voices) Yeah, maybe putting you two in a marathon together or a competitive iron man challenge.

CLIENT: Yeah. I don't know why this is embarrassing to me but I'm a little concerned I think I'm concerned about his judgments of my writing in English, which is interesting because ...

THERAPIST: Has he seen your writing yet?

CLIENT: No, but when I wrote my essay for Finn, which I actually thought was pretty good it was decent; I mean it was OK he wanted to see it and I put it off and put it off and I put it off. And I don't know why.

THERAPIST: Did he ever see it?

CLIENT: He didn't. Well, actually, he didn't because my dad locked me out of his computer and that's the one I had been writing on, so I couldn't give it to him. But it was also just another good excuse.

THERAPIST: So are you still locked out of that computer? [0:14:38.3]

CLIENT: Yeah, but I have to write this essay for the teaching fellows ...

THERAPIST: OK.

CLIENT: ...and I'm kind of like every time I leave it out, like my notes, when I'm doing my rough draft or whatever, I take it back. I leave it out because I'm like, "Maybe if I just leave it out ..." whatever, and then I take it back because I'm like it's really weird. I don't know why ...

THERAPIST: So is that something that you would like to be able to feel comfortable ...

CLIENT: I think it's another thing like the running; it would be like a small step. You know?

THERAPIST: It might be a better one because that's something that you're actually worried about him judging your level of confidence.

CLIENT: Yeah. Yeah, it's that.

THERAPIST: Which you're much more protective of than probably your skills at running.

CLIENT: Right, exactly.

THERAPIST: And that's probably higher on your list of things that you need to do well and things that you don't care to do well.

CLIENT: Yeah. Let me tell you my list. I actually did one earlier in the week and then I did another today just to see ...

THERAPIST: Yeah, if they matched up?

CLIENT: Yeah.

THERAPIST: Yeah, that's a good exercise. Because definitely ...

CLIENT: Yeah, I'm really working hard.

THERAPIST: (laughing) I know, I see. Showing off now.

CLIENT: Yeah. [Probably but ...] (ph)

THERAPIST: I need to (inaudible at 0:15:35.1).

CLIENT: So first I yeah, so "Things I'm not ..." no, this is my second one. "Things I'm Not Successful At."

THERAPIST: OK, can I take a look? Or you want to read them?

CLIENT: You want to look at it?

THERAPIST: Sometimes I'm more visual.

CLIENT: Alright, so this is my first. Do you want to see the first one and then this is the first one. There's probably like "Buy toilet paper," whatever and then (inaudible at 0:15:55.1).

THERAPIST: Do you think they're very different?

CLIENT: I don't know. I think you should look.

THERAPIST: OK, let me take a look.

CLIENT: And I doodle a lot, by the way.

THERAPIST: That's OK, I don't judge.

CLIENT: So, "Things That Would Challenge Me" and "Things That ..." So the first two is that and then ...

THERAPIST: I've got that.

CLIENT: So hold it like that.

THERAPIST: Like that. OK. So "Things That ..." So this is "Things That I Don't Really Care About Doing That Well" or "Things That I Should Do Well"? Because I think we had ...

CLIENT: Well, the first one the first list on the other page, where your finger is, are things I don't think I'm good at. And then the other one is things that no wait. Oh, oh, that was the list for sorry (inaudible at 0:16:34.2).

THERAPIST: OK, sorry I'm [confusing you] (ph).

CLIENT: I wrote a lot of lists.

THERAPIST: (overlapping voices) You can read it to me if you want.

CLIENT: Actually, I like doing lists. OK, fine. (Therapist laughs) Ooh, sorry.

THERAPIST: That's OK. (laughs)

CLIENT: "Things I'm Not Successful At." So I have Portuguese practicing Portuguese.

THERAPIST: But this is something ...

CLIENT: I wrote "practicing" ...

THERAPIST: This is well, you wrote your list is actually a little different from what I had assigned.

CLIENT: OK.

THERAPIST: I had thought that we were working on and I'm sure we can work it out [while here] (ph).

CLIENT: Yeah.

THERAPIST: But "Things That I Must Be Successful At" ...

CLIENT: That was the second part.

THERAPIST: OK.

CLIENT: There was not I'm not successful and then things that I must be successful. Do you want to hear must be successful? I have that.

THERAPIST: OK, I thought it was going to be "Things That I Must Be Successful At" and "Things That I Don't Care as Much to Be Successful At."

CLIENT: Oh.

THERAPIST: It's OK.

CLIENT: Alright, so do you want me to read "I Must Be Successful At"?

THERAPIST: Yeah, yeah.

CLIENT: OK, I have that. I have relationships with people including sister, friends, boyfriend, parents, whatever; school work; work and jobs in general; having people like me but that goes with relationships; making people happy also goes with relationships to me; dancing I don't know why. I don't know why I wrote this at the time.

THERAPIST: Like club dancing or like ballet dancing?

CLIENT: Well, I think I'm confident about my club dancing but it's the more structured dancing, like salsa or something.

THERAPIST: (overlapping voices) Do you do that? Oh, like OK.

CLIENT: You know, like those kinds of ...

THERAPIST: Ballroom dancing.

CLIENT: Yeah. I don't do that. No. [0:17:57.8]

THERAPIST: OK.

CLIENT: But Fern o suggested we go and I got really anxious.

THERAPIST: Oh, is he good at it because he's Portuguese?

CLIENT: Yeah, I don't know why he suggested it. It's really weird but whatever. Going out and socializing like meeting new people, social. I guess that's kind of related to relationships. Speaking Portuguese; writing; being healthy like I'm not ever. I feel like I'm never concentrating on that, whatever. And that's it.

THERAPIST: OK. So that's a lot of things.

CLIENT: Yeah. And let me see if I have a new list that's different.

THERAPIST: The thing oh, yeah, yeah.

CLIENT: No, it's more oh, I do have a new one. So it's the same: career; school; relationships; friendships; my appearance. That's a new one that wasn't on the other list. So ...

THERAPIST: OK. Do you think that's not as strong as the other ones or ...?

CLIENT: No, I think that I've learned, this week, that it's just as strong.

THERAPIST: OK.

CLIENT: Yeah.

THERAPIST: It's interesting that that's not first, I'd say a lot of women would have that like that maybe ...

CLIENT: Yeah.

THERAPIST: I wonder if he didn't think about it because it's a more naturalized ...

CLIENT: Maybe. I think maybe.

THERAPIST: You know, that I'm (inaudible at 0:19:07.9) all the time and that's just like, "Oh, of course. That's how ..."

CLIENT: Yeah, yeah. I think it's probably that.

THERAPIST: OK. And that's something that that's probably going to be very difficult to dispute because that's I'm sure I have that, too. (laughs)

CLIENT: Yeah. No. But the thing is that what I feel is like I feel sometimes like, especially lately, is that I don't have the same resources that I did before. I don't have the same clothes, I don't have the same because I had to get rid of so much stuff when I, whatever, was deported and whatever. So I don't feel like I'm able to look the way I want to look, at least with clothes. And then ...

THERAPIST: Wait, what happened when you were deported; to your clothes?

CLIENT: Well, I only brought back, in August, the stuff that I needed for summer. And then, since I wasn't able to go back, Fern o had to throw out ...

THERAPIST: Oh, it's all in Portugal?

CLIENT: Yeah, everything.

THERAPIST: Oh, my God.

CLIENT: Fern o had to throw out all of my stuff, basically. I mean not all but a really I mean (inaudible at 0:20:01.9) wearing hats.

THERAPIST: (overlapping voices) Why didn't he keep it and send it to you?

CLIENT: Because it's so expensive ...

THERAPIST: Oh.

CLIENT: ...and I was like and I mean the stuff isn't that nice, so I was like it's not worth it. You know?

THERAPIST: OK.

CLIENT: I mean it's like cheap crap. So, because I'm not I don't have the ability and I really like clothes and fashion, to a certain extent. I like putting things together. I like and the fact that I don't have the ability to do that makes me feel shitty. And then just the fact that I told you I gained a little bit of weight it's not even that much but it's enough to make me feel like ...

THERAPIST: (overlapping voices) Yeah. Different, yeah.

CLIENT: Yeah, and I'm not exercising. I don't have a gym membership or anything. A lot of things.

THERAPIST: Alright. So there's a lot there are a lot of things.

CLIENT: A lot, yeah.

THERAPIST: But what are the things that are not important for you? Because there were the other things that you're not successful at, which was like the running. Are those things and cooking; you said that's not important to you. [0:20:53.8]

CLIENT: Oh, let me look at that list because there are probably a lot of things on that list that aren't important to me.

THERAPIST: Yeah.

CLIENT: The cooking; like cooking, for example. Driving. I don't drive. I don't know how to drive.

THERAPIST: And you don't care about that.

CLIENT: No.

THERAPIST: You're not feeling embarrassed about not being able to drive.

CLIENT: No.

THERAPIST: OK.

CLIENT: Cooking, the same. Organizing; it's like something I've accepted I'm not good at.

THERAPIST: You probably still try to be organized; like you have a list right here.

CLIENT: Yeah, that's about as organized as it gets. The rest is not organized.

THERAPIST: But you still come to your appointments on time or generally on time.

CLIENT: Generally speaking.

THERAPIST: And you make your appointments. You must be writing some things down.

CLIENT: Yeah. I mean ...

THERAPIST: So you just are not like crazy anal about it.

CLIENT: Exactly, yes.

THERAPIST: And you don't beat yourself up.

CLIENT: The thing is, I'm clean; I'm just not organized; whereas Fern o, for example, is organized but not clean. You know what I mean? So there's that. I put finance jobs because I think I've accepted the fact that it's just not my thing.

THERAPIST: OK.

CLIENT: Even though whatever. Running because I'm not a great runner. I might like to once in a while but I'm not really good at it.

THERAPIST: (overlapping voices) OK. So what do you think the differences in both of these lists are? I mean I think we get the basic gist.

CLIENT: Yeah, that OK.

THERAPIST: Just because ...

CLIENT: I have more.

THERAPIST: I know. (laughs)

CLIENT: (chuckling) In case you want to know.

THERAPIST: What do you tell yourself, as opposed to the ones that you must be successful at? What do you say about that? And what do you say to yourself for the ones that you're not successful at and you've accepted it?

CLIENT: Yeah, let me think about that. Like cooking, for example.

THERAPIST: You still try? Or like if you had to cook something; like if you wanted to make Fern o dinner, you wouldn't make Hamburger Helper.

CLIENT: Mm-hmm.

THERAPIST: You might? OK. (chuckles)

CLIENT: No, I'd probably make pasta; that's easy.

THERAPIST: So you'd try. You'd try and do something that you can do. [0:22:47.5]

CLIENT: Actually, maybe I should put cooking on the list of things that I must be successful at. (chuckling) I don't know. And the thing is that I'm not ashamed to admit that I'm a shitty cook but I also don't know. It's like the Portuguese thing. I don't practice, so ...

THERAPIST: But here's something that I've actually just noticed just now. The difference between the things that you must be good at and the things that you said you accepted that you're not good at, the difference is if you stop trying and you say, "Aw, it doesn't matter. I'm not going to even try," but if you're going to exert any effort at all, then you have to be perfect.

CLIENT: Yeah, that's more like it, I think. It's true.

THERAPIST: So the running, "Whatever, I never do it. It doesn't matter."

CLIENT: Exactly.

THERAPIST: The cooking, "I can just live in Chicago. I can get takeout every night. It's not a big issue."

CLIENT: Yeah.

THERAPIST: Or "I'll find someone to cook for me." But if you had to cook a little bit and it came out really shitty, I bet you'd start practicing cooking a lot more and starting getting ...

CLIENT: Yeah. Yeah.

THERAPIST: You even started to get annoyed just thinking about it, "Maybe I should be good at cooking."

CLIENT: Yeah. Yeah.

THERAPIST: So what if you're just half-assed? Why is that so hard for you? If you just not half-ass it. Put in a substantial amount of effort and, if you're not successful, just say, "I'm a work in progress." [0:24:01.6]

CLIENT: I don't know. That's really weird. It's true.

THERAPIST: Well, what would it be like to say that?

CLIENT: The thing is I don't think it's me that I have to convince. I can accept that I think, I think. But it's then that I start thinking about what do you think about me because of that. And because I can't control the way you think about it, I start feeling bad about it.

THERAPIST: So what if I think ...?

CLIENT: Well, yeah, I'm not that great at cooking but now you think I'm really shitty a cook and ...

THERAPIST: So I think you're lazy and I judged you for saying you cook Hamburger Helper. So what if ...?

CLIENT: Yeah, like yeah, yeah. Yeah, yeah. No, I'm kidding.

THERAPIST: What if I think you're a lazy cook? You're lazy. You don't take care of your boyfriend.

CLIENT: (chuckles) I don't know.

THERAPIST: He flew all the way here to be with you and you can't even cook him a nice dish?

CLIENT: I know.

THERAPIST: Can't you put a little effort in? More than pasta?

CLIENT: I don't know.

THERAPIST: Is that what you think that I think; that ...?

CLIENT: Yeah, or yeah.

THERAPIST: Or the things that I'm saying are things that you think to yourself?

CLIENT: Yeah, or like, "Oh, you made ..." yeah, that or like, "Oh, you made him pasta and that's all you could do? That's the best you could do?" You know, like ...

THERAPIST: What if I thought that of you? What if I thought badly about you? Why does that ...?

CLIENT: I don't know. I know it doesn't matter but it matters somehow.

THERAPIST: Why does it matter? What are you saying to yourself? Are you saying, "Aw, whatever. Christy can think whatever I want with the cooking. Cooking is not that important to my overall happiness in life"? Or you're saying, "Christy should think that I'm good at everything"?

CLIENT: Yeah. Yeah.

THERAPIST: "Christy needs to know that I can do anything that I want and she shouldn't judge me"?

CLIENT: Yeah, yeah. That's it.

THERAPIST: Do you think, "How dare she judge me?" ever or is it more like, "She shouldn't judge me. If she judged me, that's awful and I'm terrible"?

CLIENT: I think "How dare she?" is in certain situations. It's not as general as like ...

THERAPIST: It's more like, "If Christy thinks badly of me, then I'm such a piece of shit."

CLIENT: Yeah.

THERAPIST: Why does me thinking badly about your cooking make you a piece of shit? [0:26:15.8]

CLIENT: (chuckles) I don't know.

THERAPIST: Cooking, as of five, ten minutes ago was something you didn't even care about.

CLIENT: I know, I know.

THERAPIST: But now that I tell you it's important to me, you care. Are your life desires so flimsy that they are affected by my every breath? You know?

CLIENT: I know. I know. It's weird. I think it's ...

THERAPIST: Aren't you important?

CLIENT: It's like a weird confidence issue I think that I have; a huge confidence issue, I think. And it's related to this.

THERAPIST: Well, why OK. Maybe we should reverse this. OK? I feel like if you're judging me about my food, then I'm a piece of shit. Dispute it.

CLIENT: (sighs, pause) I mean what does it matter what I think about your cooking?

THERAPIST: Well, I respect you and you should think good things about me and not think that I'm lazy.

CLIENT: (chuckles) This is so (inaudible at 0:27:31.1). That's exactly the way that I think. But so what if I think that you're lazy or not a good cook?

THERAPIST: But if you think that I'm lazy, then I feel really shitty about myself.

CLIENT: (chuckling) Oh, God. Well, why do you feel shitty about yourself? Why do I make you feel shitty?

THERAPIST: Because you have to think that I do things well or I can't stand it.

CLIENT: (overlapping voices, inaudible at 0:27:56.5)

THERAPIST: I can't stand it if you don't think that I can do everything well. I want you to think that you have to think that I can do everything well. (pause, whispering) Dispute.

CLIENT: (chuckles) I'm thinking of myself thinking this.

THERAPIST: You must think that I do everything right, Laura.

CLIENT: But why must I think that?

THERAPIST: Because you have to and that's what I want.

CLIENT: But just because you want that, does that mean that I have to think that?

THERAPIST: But I want it and if you don't, then I feel like shit.

CLIENT: (chuckling) Oh, God.

THERAPIST: No, you were on the right track.

CLIENT: (pause) But I'm getting really confused.

THERAPIST: I want it. I demand that ...

CLIENT: But why do you want it?

THERAPIST: Because if you don't think that I'm good, then I'm nothing.

CLIENT: I don't know what to say to that.

THERAPIST: OK. I think that was a little hard but I was getting off track. (Client chuckles) But here's the thing, I think you were really good. Just because you want it that way, why must it be so? And can you please

everyone, Laura?

CLIENT: No.

THERAPIST: So, if you can't please everyone, why are you trying so hard to please just each individual person? I'm not even pleased. You don't even know that me thinking you're a good cook is pleasing.

CLIENT: Right.

THERAPIST: Why must everyone think good things? Can everyone in the world think that you're wonderful at everything?

CLIENT: No.

THERAPIST: But that's not what you tell yourself.

CLIENT: I know.

THERAPIST: Everyone has to see me as I want to be seen; just perfect.

CLIENT: Yeah.

THERAPIST: What if everyone saw your imperfections all the time? What if you had to walk around with a big sign that says, "I'm terrible at cooking?"

CLIENT: Oh, God.

THERAPIST: "I'm a terrible cook."

CLIENT: The thing is that I do think this way and there's no excuses for it. It's true. But I think what I do is if I say, "OK, so now you think I'm a bad cook," and say everyone thinks I'm bad at cooking, then it's like, "Well, what else am I bad at that everybody else is going to notice?" and it's like piling on of all these things that I'm not good at; that it's like, "OK, well you're shitty."

THERAPIST: Why can't it just be that one thing? [0:30:42.1]

CLIENT: I don't know.

THERAPIST: Why can't it ...?

CLIENT: Because then I have running or driving or ...

THERAPIST: But this is the only thing that I have just noticed. Do you think it's healthy for you to say ...?

CLIENT: No, it's not healthy.

THERAPIST: And first of all, very few people are going to be like, "Laura, you're a really shit cook." (Client chuckles) Right? They might ...

CLIENT: But the truth is, again, like the Portuguese, my cooking is probably competent. You know? But for me, it's not enough. You know?

THERAPIST: Well, it was.

CLIENT: It's not (inaudible at 0:31:11.9).

THERAPIST: (overlapping voices) It was as of today. Yeah.

CLIENT: It's not like I miss cooking.

THERAPIST: But it was OK with you as of two hours ago when you came in because it was on your other list.

CLIENT: Yeah, yeah. Yeah, well that's because I never do it.

THERAPIST: But are you going to let what's important to me dictate what's important to you? Like even if I did think that everyone should be good at cooking and you aren't good at cooking, why would that feel bad to you? Why do you care so much what I think?

CLIENT: (overlapping voices) I don't know. I don't know.

THERAPIST: So maybe you could say something like, "It would be nice if everyone saw me positively at everything I do. But that's probably not going to happen."

CLIENT: (chuckles) Yeah. That's not realistic.

THERAPIST: That can't that's not realistic. "I need to accept myself."

CLIENT: Yeah.

THERAPIST: And how about, "I'm the only one who can judge me"?

CLIENT: Yeah.

THERAPIST: Or "I'm the only one whose judgments really matter about me"? "Be nice if everyone judged me positively but, in the end, I'm the only one that matters."

CLIENT: Yeah. Yeah. I don't know. Sometimes I think it's like I judge people and it's not because like I don't want to be like that. And I don't even consciously do it. But I think because I'm so judgmental sometimes towards others, that there's no other way to be towards myself. You know? It's not like I say, "Oh, Christy's a piece of shit. She can't cook." It's not like that. It's other things; you know, like I don't know. [0:32:59.1]

THERAPIST: More like, "She really should have straightened her hair this morning" and ...

CLIENT: (chuckles) No. I don't know. Like ...

THERAPIST: Someone is on the subway and they're reading a really shitty book. Are you like, "Oh, what an idiot?"

CLIENT: Yeah, I think honestly to be honest, there are things like that; it's constant judgments. And there are times when I catch myself and I'm like, "What are you saying?" I feel bad.

THERAPIST: To me, that statement isn't good because your judgments aren't the only ones that matter. Maybe that's the opposite of what you should be thinking. I mean you are the only one who can really judge yourself.

CLIENT: Well, of course. But ...

THERAPIST: Or the only one whose judgments of yourself should matter.

CLIENT: Right.

THERAPIST: Maybe we need to stop appraising everybody by one thing or a few things. (inaudible at 0:33:43.9) a Glamour magazine. I'll tell you something. When I fly I always buy like really I got them in the mail. It's not my own. (chuckles) I totally read it.

CLIENT: But you got it. That's really cool. That's fun.

THERAPIST: I know. (inaudible at 0:33:53.8) (chuckles) I was like, "Oh."

CLIENT: That was great.

THERAPIST: "Free magazine." But when I fly, I buy really shitty magazines and really cheesy stuff because I'm reading psychology stuff all the time and it kills my brain.

CLIENT: (overlapping voices) Yeah. Yeah, yeah.

THERAPIST: But when I fly, I do actually have that "I wonder who's judging me that I'm reading this Cosmo about 20 sexy things you can do in bed."

CLIENT: Yeah. Yeah.

THERAPIST: Right? And the truth is, someone could be judging me.

CLIENT: Yeah.

THERAPIST: Right? But I'd rather read the magazine than worry about that.

CLIENT: Yeah.

THERAPIST: So I don't care. But you know, you see someone on the train again, you might be like, "Ugh, why is she reading that crap? That girl is such an idiot." But you don't really know anything about her. You just know that she's reading that magazine.

CLIENT: Right. No. And that's why when I catch myself, I immediately say that. You know?

THERAPIST: And you appraise yourself on a few things, too; not looking at yourself holistically either and ignoring all the things that you do well or do competently.

CLIENT: (overlapping voices) Right.

THERAPIST: But you're not satisfied with competence.

CLIENT: No.

THERAPIST: You want to be perfect in everything.

CLIENT: Yeah.

THERAPIST: So before you can accept people holistically, I mean I think you need to accept yourself holistically; that "I'm not a bad cook. I'm a person who is not great at cooking but I have a lot of other skills."

CLIENT: (overlapping voices) Right, yeah. Right.

THERAPIST: Right?

CLIENT: Or I'm OK at cooking but not really good at it.

THERAPIST: Yeah. Or my Portuguese isn't flawless but I have a lot of other things that I'm good at and if I keep working at it, it could get better.

CLIENT: Yeah.

THERAPIST: But how does telling yourself, "This person is ..." when you tell yourself, "Oh, what an idiot for not calling me on time or for not coming here on time," how does that help your relationship with that person? And does that make you feel better about yourself?

CLIENT: No.

THERAPIST: Well, does it on the train? It might.

CLIENT: I don't know. Because like I said, sometimes it's so like it's ...

THERAPIST: It's just automatic.

CLIENT: Yeah, like I don't even realize it sometimes I think.

THERAPIST: So maybe your homework for this week could be to start noticing yourself when you're judging people ...

CLIENT: Hmm.

THERAPIST: ...and then change it to something more rational like, "Yeah, they might be reading a stupid book but there's a lot of things I don't know about them and they could be a decent person." [0:36:14.7]

CLIENT: Yeah.

THERAPIST: "And everyone is entitled to their own opinion."

CLIENT: Yeah, totally.

THERAPIST: "My judgment is not the only judgment that matters."

CLIENT: Yeah.

THERAPIST: "And I can accept people who have different values and opinions."

CLIENT: Right.

THERAPIST: Can you accept are you liberal? Are you conservative? What would you say?

CLIENT: Very liberal.

THERAPIST: Very liberal? What if you had to go to a Republican convention or something?

CLIENT: I think ...

THERAPIST: Do you get infuriated reading the Chicago Tribune?

CLIENT: Not the Tribune but I get infuriated by some things, yeah. Sometimes, actually, the Tribune. But not really infuriated but just annoyed because I think it's stupid. You know, I think some things are stupid. You know?

THERAPIST: And OK, but people should kind of have the same opinions you hold and ...

CLIENT: Yeah.

THERAPIST: I think a lot of people get infuriated reading the Tribune.

CLIENT: Right. Yeah, it's true, it's true.

THERAPIST: But does it make you so mad that you would go through your day what if you know, would you get so mad that it would bother you all day, thinking about it?

CLIENT: No, no, no, no.

THERAPIST: OK.

CLIENT: No.

THERAPIST: But I think it would be good to notice the judgments that you make on other people and kind of argue and dispute them.

CLIENT: (overlapping voices) Yeah.

THERAPIST: And then the more you argue with that, maybe you can see that these things extend to yourself.

CLIENT: Yeah.

THERAPIST: You know? If this person is OK and they can be bad at speaking Portuguese in the classroom, then I'm OK for doing that.

CLIENT: Right.

THERAPIST: Do you feel like you're any closer to speaking Portuguese to Fern o? [0:38:00.5]

CLIENT: Sometimes. I've said words in front of him, which is I never the thing is I've also gotten to the point where I've held out on it for so long that once I do say something, it's going to be like a big event, like (gasps) and I hate that feeling; for anything surprise parties, whenever I'm the center of attention. So I also dread that aspect of it. But I said some words and I tried to I don't know. And that's like it's not difficult but it is a little difficult because I'm a little worried if he's going to be like, "What? I didn't understand your accent." You know? Obviously he's not but so a little, little, little bit I think. Yeah.

THERAPIST: So, making steps.

CLIENT: Yeah, I think steps for sure.

THERAPIST: OK. I feel like we were a bit all over the place today, this session.

CLIENT: Yeah, yeah.

THERAPIST: But do you feel like we got anything accomplished? (chuckles)

CLIENT: Yeah, because I felt really all over the place today, in the past few days.

THERAPIST: Alright, maybe when you come into session, we'll have something specific that you want to talk about so that we can be more productive.

CLIENT: Yeah.

THERAPIST: Or else I'm easily distracted as well.

CLIENT: No, I think that yeah, I'm going to look for my judging other people this week because I think that could be helpful.

THERAPIST: And then see you know, try to relate it back to yourself.

CLIENT: Yeah.

THERAPIST: And then when you after you've made the dispute, see if that dispute holds true in your life as well.

CLIENT: I also think I'm going to try the writing the essay and having Fern o read it because I'm actually even saying it makes me nervous. [0:39:33.1]

THERAPIST: But how do you think it's going to feel after you finally show it to him? Do you think you'll still have that anxiety and the self-loathing or do you think you'll feel like, "Whatever, that wasn't actually that bad"?

CLIENT: I don't know because I feel like I need, I require a lot of praise and whatever when I do these things; like in a certain way, too. And he's not very demonstrative. He's well, he is. He shows how he feels in the way he acts but he's not very verbal with it; like "Oh, baby, [oh what]." He's not like that. So I feel like if even he liked it, he wouldn't necessarily say, "This is great."

THERAPIST: But I think that's something very interesting, too, that you need so much praise.

CLIENT: Yeah. (Therapist laughs) I know.

THERAPIST: I almost always (inaudible at 0:40:23.6) and be like, "Hmm."

CLIENT: I know, right? But that's the thing is I think the thing is he very well could just be like, "I think you should describe this more," or very just not "It's good," not "It's bad"; just like ...

THERAPIST: Giving you feedback.

CLIENT: Yeah. He's not the type of person, even if he thought it was the best thing he's ever read, to say that or to really go on about it. He's just not like that. So I think ...

THERAPIST: And what if he doesn't give you the positive feedback?

CLIENT: I think I'll feel shitty.

THERAPIST: But you don't know how he would actually appraise it. You just said he's not the type of person to do that.

CLIENT: I know but I know.

THERAPIST: And I bet you're not even likely to hear him be like "Oh, it's good" and then he'll give the criticism because all you're hear is the criticism.

CLIENT: Yeah, I won't hear, "It's good."

THERAPIST: Because he didn't say, "Oh, it's good, it was wonderful."

CLIENT: It would be like he was just saying that because he wants to say the criticism and he needs something to ...

THERAPIST: So what if it wasn't perfect and he actually gave you some help?

CLIENT: Hmm. Yeah. I don't know.

THERAPIST: You know what I mean?

CLIENT: Yeah. Yeah, that's why I think it would be difficult.

THERAPIST: Could you say to yourself if he was just like, "I think it's good but you should do this and this and this," what could you think instead of getting upset? Well, you're probably thinking are you thinking the "How dare he?" or are you thinking "I'm such a piece of shit?" Which one comes first?

CLIENT: Maybe like "How dare he? He doesn't even speak English." Not really. But maybe a little bit, probably; a little bit like "How dare he?" But ...

THERAPIST: OK, then what can you say instead? [0:42:12.9]

CLIENT: Although I would like for him to have loved and think that my essay is the best essay he's ever read, that if he doesn't, it's OK.

THERAPIST: And even if he doesn't shower you with praise, he's probably just trying to be helpful?

CLIENT: Yeah.

THERAPIST: "He has my best interest at heart"?

CLIENT: Yeah.

THERAPIST: Would that help you not get angry?

CLIENT: Yeah. I mean I don't know if I'd get angry. I wouldn't get angry with him, at least. I would just more be like ...

THERAPIST: I should have never showed it to him?

CLIENT: Yeah. Or like "Yeah, I'm a shitty writer. See, I'm a shitty writer" or "Look ..." You know?

THERAPIST: So ...

CLIENT: It's more like inward anger.

THERAPIST: "Even if Fern o has some feedback for me, I don't have to feel shitty about myself. He's trying to help me and make me the best writer I can be"?

CLIENT: Yeah. And it doesn't even mean I'm a bad I mean it doesn't mean anything. For example I don't know what time it is but quickly, if we have to go my friend Maria, who we were in Portugal together, she's applying to this program in Lisbon. She's in Chicago now but she's applying to a program in Lisbon. She had to write an essay in Portuguese. Her Portuguese is great. I mean it's like perfect. And she wrote an essay and sent it to him and I was nervous for Maria, for his feedback, because he's a native speaker; so obviously and maybe they write differently. You don't know. [0:43:51.3]

So he's basically he literally is rewriting the essay and sending it back to her. And he never said to me, "It's badly written. It's really well-written," anything. He just said, "Oh, I'm rewriting it in my own words to maybe help her." And that's the way he is. He could have easily said to me, "This is really not that good" or "It's not the way we write" or "I really like it but ..." But he doesn't he's like that, you know?

THERAPIST: And anything he has to say, you can say, "OK, you're entitled to your opinion," but if you still like yours better, you don't have to listen.

CLIENT: Right.

THERAPIST: Right?

CLIENT: Right. Exactly. Yeah. And she actually sent the same essay to her ex-boyfriend who's in Lisbon and the ex-boyfriend did the exact same thing, which leads me to believe it's a writing style issue. And she just said, "Yeah, I'd like to see Fern o's (ph) comments, too, because then I can decide which I like the best and then ..." and I just feel like I would be like (breathes hard). You know?

THERAPIST: Because she's taking the advice as something helpful and not as a criticism of her entire being.

CLIENT: Yeah. Exactly.

THERAPIST: This is a specific criticism of a specific writing piece that she once wrote once. Right?

CLIENT: I know. I know, I know.

THERAPIST: Instead of it being a grand criticism of Laura's writing as a whole and her whole person.

CLIENT: Yeah, I know, I know.

THERAPIST: So maybe when you hear criticism and a judgment, if it's specific; if you can understand it as just again, like "That girl is reading a bad book. Perhaps she has poor taste in trashy novels."

CLIENT: Yeah.

THERAPIST: Right? "Fern o is giving me advice on this essay; this one essay that perhaps I did not do to the best of my ability" or "He has better ability to help me." [0:45:35.5]

CLIENT: Yeah.

THERAPIST: Would that be helpful if it was a more specific criticism?

CLIENT: I think so. And I think, actually, it would be helpful for me to discuss this in-depth, like further, because now that I'm thinking about it, any time Fern o criticizes me for something, I get really upset about it; as if he's criticizing my entire being.

THERAPIST: Being. Yep.

CLIENT: And it's a problem because I should be able to differentiate between criticizing someone as a person and criticizing a specific thing that's irrelevant.

THERAPIST: Well, why don't this is what you're going to practice for the week, right? Just criticizing an exact thing and then saying, "OK, that's their right," but not judging them as a whole person.

CLIENT: Right. Of other people, you mean.

THERAPIST: Yep.

CLIENT: Yeah.

THERAPIST: OK?

CLIENT: Yeah. [0:46:24.5]

THERAPIST: And you can write down in your book when you notice and ...

CLIENT: Let me write this down, actually, because I know I'm going to forget. I didn't sleep last night because I was too nervous about the teaching today, so thank you. OK. So ...

THERAPIST: And notice when you're making judgments around you and try not to make them holistically.

CLIENT: (overlapping voices) Yeah.

THERAPIST: And notice your irrational demands and try to make the connection to how that can help you stop criticizing yourself.

CLIENT: Yeah.

THERAPIST: OK, so it'll be like a three-step process, I guess.

CLIENT: OK, sorry. OK, notice when making judgments of others ...

THERAPIST: So first be like, "Oh, shit, I'm judging them." Right?

CLIENT: ...and not make them holistically.

THERAPIST: Yeah, try to be like "Oh, OK" and change it to a specific criticism. And what was the second part?

CLIENT: Specific criticism. I don't know.

THERAPIST: I don't know either. Kind of like notice your irrational demand. That's what it was.

CLIENT: Yeah.

THERAPIST: Notice your irrational demand in there.

CLIENT: Irrational?

THERAPIST: Yeah. Hopefully try to change it to rational.

CLIENT: OK.

THERAPIST: And try to relate it to your life. You know? I know that's a lot but I think you'd probably do it real fast.

CLIENT: Yeah. OK.

THERAPIST: Alright?

CLIENT: Yeah.

THERAPIST: But now we are definitely out of time.

CLIENT: Yeah.

THERAPIST: OK? So have a wonderful oh, this is two weeks, right?

CLIENT: Oh, yeah.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi Laura.

CLIENT: Hi, how are you?

THERAPIST: Good, how are you?

CLIENT: Good.

THERAPIST: Long time no see.

CLIENT: I know. How's your Thanksgiving?

THERAPIST: It was good, went well. Smooth, without a hitch.

CLIENT: Good.

THERAPIST: How was yours?

CLIENT: Also good.

THERAPIST: Yeah?

CLIENT: We normally spend it with my mom's brother, my uncle, my mom's mother, my aunt and my cousin. But they didn't come this year. We don't really know why. Although my cousin went to rehab like two years ago so we think it's because we drink and they don't, really. But, anyway, my uncle is really volatile and he starts fights with someone...

THERAPIST: (inaudible at 0:00:30)

CLIENT: ...randomly every holiday.

THERAPIST: Kind of good that he wasn't there.

CLIENT: So it was good.

THERAPIST: Is this your mother's brother...

CLIENT: Yeah.

THERAPIST: ...or your father's brother?

CLIENT: It's crazy.

THERAPIST: (laugh)

CLIENT: So, yeah, it was good.

THERAPIST: Small, then?

CLIENT: Yeah, it was just us and Fernão came, because, you know, whatever. (ph) And they came, actually my cousin and my aunt came for coffee.

THERAPIST: Does your family like him? Or does he like them?

CLIENT: They met him. They love him. They really like him. They do.

THERAPIST: And he was comfortable there?

CLIENT: Yeah, he really likes them. But, yeah, so, I tried well, I didn't try my best, I must tell you. I tried to do the "catch myself judging people." It was really difficult, because I think it's so unconscious. Like I just I don't even realize when I do it. But, actually, I don't think I don't know if I do it as much as I think I do. I don't think "I don't think I really like this idiot, why's she wearing that?" You know? So, I mean, once in a while -

THERAPIST: That might be a good observation to have, is that you also are telling yourself that you do it all the time and that's one of the things that you're beating yourself up about.

CLIENT: Yeah. (Laughs) But yeah, so, I don't know. I mean I don't think, yeah, I don't think I do it as much as I thought. So that's kind of a good thing.

THERAPIST: Yeah, that is a good thing. And that's an unexpected outcome of this assignment. Is that maybe you had trouble doing it because it's hard to notice when we're doing things like that.

CLIENT: It is. It is.

THERAPIST: But also maybe that you're really not doing it as much, and you're probably doing it more to people that you know rather than people on the street.

CLIENT: I think so. I think that's true. It's probably more with people I know.

THERAPIST: You're catching it at like the holidays with your sister, or -

CLIENT: Yeah, I mean, I don't know if this is necessarily the same thing, and I feel really bad saying this because I wish it wasn't true, but it is. But, like I'll walk and see "Oh, she's skinny?" Be like, "Is she skinnier?" Like, you know, I hate that I do that because I'm not jealous of my sister and if she's happy and she looks it and whatever, and I don't, like, I'm still I'm not envious. Like, I don't wish that she was fat and I was you know? But like, it's still like I'm looking, looking. I'll notice that -

THERAPIST: It's comparing.

CLIENT: Yeah, it's comparing.

THERAPIST: And that's common for someone who has body issues.

CLIENT: Yeah, I mean -

THERAPIST: I think most people do it to some extent. But when you said it were you like, "Oh, did she lose weight, that bitch" or -

CLIENT: No, it was more like "I wish I could be like that" not like "Oh I hate her, I hope she eats like 20 pounds of chocolate or something."

THERAPIST: & CLIENT: (inaudible at 0:03:07)

CLIENT: But it's more like "Oh I wish I had that self control." Which my sister's the same as me. Like, I mean, we're never, like, that far I mean, we fluctuate but, like, within a small but the same way. So it's like, it's not -

THERAPIST: This is your older sister or your younger sister?

CLIENT: Younger, younger.

THERAPIST: How much younger?

CLIENT: She's two years younger. Yeah. But -

THERAPIST: So, all-in-all it was a good week. Did you -

CLIENT: It was good.

THERAPIST: Did you have any time to read the book more?

CLIENT: I did read a little. I'm almost done.

THERAPIST: Good.

CLIENT: I read it and I'm sorry, I don't know why I'm speaking so loud.

THERAPIST: & CLIENT: (Laughs and inaudible at 0:03:40)

THERAPIST: I tend to do that sometimes, though, but I don't ('inaudible at 0:03:46)

CLIENT: Yeah, so, I did read it and I'm almost finished. I was so tired that night. I wanted to finish it that night but I was so tired I went to bed. And then I haven't picked it up again. But the next time I do I'll finish it for sure.

THERAPIST: That's okay. And if you're mostly done with it I'm sure you got the gist of the book.

CLIENT: Yeah, I think I'm actually going to read through it again. Because every time I read it I'm like, "Jesus. This is exactly my issue."

THERAPIST: You're reading the Guide to Rational Living?

CLIENT: Yeah.

THERAPIST: Okay. So, do you feel like it was helpful? (inaudible at 0:04:09)

CLIENT: Yeah, I really like it. And I would like another one once I finish this one. (inaudible at 0:04:14) or even simultaneously read this one again, because it's really like there were really helpful things in there.

THERAPIST: But, I think a lot of it is very common-sensey (ph). But it's stuff that you don't tell yourself and don't remind yourself enough.

CLIENT: Exactly. Although I do get annoyed when it's like, "Anne came in to see me for five sessions" and then, like, after the sessions -

THERAPIST: She was fine?

CLIENT: Yeah.

THERAPIST: She never had a relationship problem again.

CLIENT: Yeah, and I'm just like, "Really? I'm trying really hard." You know, I know it's -

THERAPIST: You're not getting therapy from Albert Ellis, that's why. You know, if you were you'd be cured already.

CLIENT: That's why, that's why, yeah.

(Laughter)

CLIENT: No, but I do like it anyway. But, yeah, so this week, I mean, actually I will I think that I don't know if it's that I'm improving but I'm really trying. Like I'm really trying to catch myself before I explode into whatever. And I'm trying to think of if anything happened.

THERAPIST: And you're kind of doing disputation on your own. Well, I assume when you catch yourself then you're disputing with yourself.

CLIENT: Yeah, and like when I start to get in that bad mood about something stupid I try to tell myself like, "No one's perfect. And even though I'd like to be 'this', I mean, life is great and I'm happy with it and I'm going to accept it whatever." So, I've been trying to use -

THERAPIST: It sounds like you've been successful. Obviously it has been. Usually you come in with, "Okay, I want to talk about this, and then I have to talk about this. We'll talk about that later, and then there's this too." It sounds like it was a fairly calm week.

CLIENT: Yeah, it has been. The one concern that I have this particular week is that I did something really bad that I'm not proud of. The thing is like everything with Fernão (ph) is great. And the truth is I'm mo I've been living with him. Like, that's since he's gotten here, whatever. And it's been fine. Like, we have our bad moments, whatever. But, we enjoy spending time together. I'm never really like, "Oof (ph) I wish you would leave." You know? But it's starting to, like I can't really explain it. But like and that's a step. Like, living with someone is a step. But we never discussed it. So it's not I'm feeling like I'm not really seeing, like, like, like progress I don't know. It's progress, but like, I feel like when you don't talk about it it's -

THERAPIST: I don't know what you're trying to say, sorry.

CLIENT: No, it's just that I'm...

THERAPIST: Are you saying -

CLIENT: ...feeling our relationship is just like, kind of at a standstill.

THERAPIST: Okay. Would you like him to say, like, "Do you want to move in with me?"

CLIENT: It's not that. It's just that I feel like feelings are never discussed, and maybe it's just because whatever. But, like, we never discussed Okay, it wasn't planned that I was going to live with him, but I feel like after I'd been there a while maybe he could've said, like, you know, "I like this situation" or "You know, if you want to go to your parents sometimes I don't" like, I don't know. Something.

THERAPIST: To say, kind of, how he was thinking. What he was thinking.

CLIENT: Right. And even other than that, like besides that, the bigger thing is that I don't even know if it should be an issue. But, like, he hasn't said, "I love you" yet. And I haven't either because I'm just not I wouldn't. It's just the way I am. And the truth is, the honest truth is, I'm not sure I'm in love with him either. And, well, I don't know how he feels. Well, I do know and that's part of the rest of the story. But I don't really know. And I know I'm really happy with him. There's nothing I feel like I'm lacking in this relationship. But

the last time I remember being in love; or when I thought I was in love. And I'm not sure if it was love, or if it was, like, infatuation. But it was a very different feeling.

THERAPIST: When was that?

CLIENT: I was like 18.

THERAPIST: Okay, so it was a long time ago.

CLIENT: It's been ten years almost.

THERAPIST: And feelings sometimes feel different when we're younger.

CLIENT: Yeah, so, the thing is if I had to guess I would say that I am in love with him. But I don't know. It's weird. I didn't ever expect it to feel this way.

THERAPIST: To feel confused? Or to feel in love?

CLIENT: I don't know if I feel so much confused because of my feelings or because of his. Like, I'm like because I'm a little nervous about the way he feels. I don't want to like, put myself out there. You know what I mean?

THERAPIST: But it's funny how your feelings would change if you knew how he felt.

CLIENT: It is funny, and it's stupid. But -

THERAPIST: That means that (inaudible at 0:08:40) not necessarily your feelings, but what you want to admit that your feelings are.

CLIENT: Yeah, yeah.

THERAPIST: So, what's the bad thing that you did?

CLIENT: Well I have been wondering, like, how he's been feeling. I mean, I could guess, like, without him saying anything how he feels about me.

THERAPIST: Which is, you think he's in love with you?

CLIENT: I think, I think that he, because of his background, I could tell you a little about it, that he is a little bit of an emotionally disconnected person. And that he may not it could take him a really long time to realize he's in love with someone. I don't think he knows what love is on, on any level. The basic like mother-son, father-son love, whatever. Even sister-like. I don't think and I can see it in him. Like sometimes he's great and caring and whatever and wonderful. And sometimes it's like he's just nothing. And it's obvious. And I know it's because of how he grew up and his issues or whatever. But I think he might be. I really do. Sometimes I feel like he is.

THERAPIST: He made a pretty big step by coming here.

CLIENT: That's the thing. And there are times where, like, he does things that I don't think a person who just likes someone or just a really nice person would do it. Like, it's more than that. But, it's my point of view and I don't know unless he you know, I can't speak for him. So, whatever. Anyway. I saw his e-mail once. And yeah, I looked at it. It's not like it was just there. I looked at it.

THERAPIST: Did you sign in to his account?

CLIENT: He left it.

THERAPIST: It was open, like on G-mail, okay.

CLIENT: And I looked I saw an e-mail that his friend wrote him asking about me. And he hadn't written back for a while. And so, I knew he was going to I left for some time or something one day and I knew he was going to write back because he was like, "I'm going to do my e-mails" or whatever. So, when I came back he was cleaning in the downstairs and I went upstairs and his e-mail was up. So I got to see what he wrote. And I went as far as, I'm going to laugh, but it's not funny. I went as far as to copy and paste the part of where my name was, put it in a word document, print it, and then delete it. So that I had it so I could read it. Because it's in Portuguese, so it's going to take me a little bit longer.

THERAPIST: (Laughs)

CLIENT: Yeah, I know. And interestingly enough I left it at the nail place and they're holding it for me. But, whatever. And I read it. And basically what it said was it was a girlfriend of his, one of his best friends, and he was just like, "Well, I don't really know what to tell you." I mean, he was like, "Things are "he didn't really say things are going well, but from the tone of it it's like, "Things are going well, we have our bad times, whatever. But she's living with me. And things are better than from the beginning when I was complaining." Which I didn't read that e-mail so I don't know what he said. And it just basically said, "But the real question is am I really in love." And it said something like, "I would "something like, "I would say no, I would tell you no, but then again I don't know I don't think of love the same way I did when I was younger. So, I'm not sure." And he said something like, and I don't know because this is my translation which is not, obviously, the best. But it said something like, "I don't know I haven't lost hope that I could fall in love with her eventually." Something like that. And I don't know if, I mean, it's literal, it's a literal translation so I don't know if that's like, I haven't lost hope is like an expression that they use or whatever.

THERAPIST: It could be something like It could even be "I am hopeful." Like that. Or "I feel like it's going to happen."

CLIENT: Yeah. "I feel like it could happen" or whatever. I mean, whatever. And then it's just like, "She's really great, she's a wonderful person, and the problem is me." It said, "I'm difficult in these situations, as you know. Like, these things are really difficult for me. But it's the most serious relationship I ever had in my life so we'll see what happens in the future." It wasn't all bad. But and it's my fault. I can't blame him. Because I shouldn't have read it. It wasn't but to read that is, like, it's a little like, hm (ph), you know?

THERAPIST: I think it's also, when and I, if I read it myself I'm sure that I would have a similar reaction if I could be honest enough with you to say. But there are some things in there that could be perceived to be hurtful. But there are elements, firstly, the translation. Words like "hope" and things like that can be entirely different. Especially in the usage. So, you don't really know what it means.

CLIENT: I don't, really.

THERAPIST: Secondly.

CLIENT: I will take it to my friend who speaks Portuguese better than me to decipher it, but whatever. Anyway, okay.

THERAPIST: And then secondly I can't remember what I was going to say. You're reading, kind of, so much into the questionable portion rather than the good things, which is that this is the most love he's ever been. Kind of, this is this most serious relationship he's ever had. That things are going well. That he thinks you're wonderful. You know what I mean? And it's funny because it seems like you kind of have similar feelings. Like you're not one hundred percent sure.

CLIENT: I know, which is why it's stranger that I but I think that he thinks I feel strong more -

THERAPIST: Strongly?

CLIENT: Strongly about him than he feels. Like I get that impression. Because we had a fight that day because I was annoyed by this thing and also he was he gets he has anxi like severe anxiety. He takes medication for it. But he translates his anxiety into physical ailments. Like he's also a hypochondriac. And he gets sick all the time. And it's like he goes to the doctor all the time. And the doctor tells him every time that he's fine. So, clearly this is in your head. That there's nothing wrong with this boy. And so it's really

frustrating for me because I come from like Nurse Ratchet's family where, like, you were never sick and it didn't matter what you have. It's really difficult for me to understand because he's not only sick but he's in a bad mood, he has anxiety, he doesn't know why. And it's like; when I have anxiety I know why I have anxiety. You know?

THERAPIST: But some people with anxiety disorders don't always know that.

CLIENT: I know, but it's difficult -

THERAPIST: It's difficult for you to understand.

CLIENT: (inaudible at 0:15:07) And I don't mind. It's not like I'm completely like -

THERAPIST: Does he seek treatment for it?

CLIENT: He did.

THERAPIST: Other than that occasion?

CLIENT: Yeah, in Portugal.

THERAPIST: You ought to send him here.

CLIENT: I know. I think he should see someone because it's I mean, he's really and it's true, his issues this is how he was raised is to bottle up his issues and whatever.

THERAPIST: So, is there any way that you can accept that those are the feelings that he was having at one time, but not say that this is how he's feeling in the future or try to interpret how he's feeling in the past and just say, "Maybe this was just how he was feeling that day at the time. It was mainly positive."

CLIENT: Oh, you mean the e-mail?

THERAPIST: Yeah, I guess we'll talk about the anxiety in another in another -

CLIENT: Yeah, the e-mail. I mean, I'm not that upset about it. Like, it was hurtful but I know I shouldn't have read it. And things you say to your friends like I say to my friends some things sometimes that I really, maybe, don't necessarily mean one hundred percent about him.

THERAPIST: You just need someone to complain to.

CLIENT: Yeah, someone to like vent.

THERAPIST: Were you guys fighting a lot up there in the beginning?

CLIENT: No, but it was stressful because he had to get so much stuff and -

THERAPIST: So, the things he was saying might not have been It could have just been it's better than it was because it felt stressful. It might not have been -

CLIENT: Yeah, it's true. I mean, there are definitely more than one way to read into this.

THERAPIST: (inaudible at 0:16:31) Are you going to try to check his past e-mails? That's my next question.

CLIENT: Well, no because I already did do that. Before I found this one. And he's either deleted the ones he's written or I can't I haven't looked hard enough. But no, I'm not. I'm not going to.

THERAPIST: So you've been reading his e-mails all along?

CLIENT: One time I looked through all the e-mails because he left his e-mails up and just because I was curious about what he said about me, really, obviously. And I found nothing. Nothing.

THERAPIST: Said about you at all, or nothing -

CLIENT: Said about me at all. But he does, you can see by his e-mails that he deletes a lot of things. So, you know, like spam and whatever. So it would be difficult. But I'm not going to look into that anymore.

THERAPIST: I think sometimes in the beginning of relationships, and maybe at the end when you think they're cheating on your or something, but you know, the beginning because, I think you're so unsure of your feelings it's like you don't know how to feel therefore you're looking to him. So that you can say, "Okay, it's okay for me to feel this way." Or "Now I'm going to feel this way because he feels this way."

CLIENT: Yeah, it's true, it's true. Sorry, I'm looking for my lip-gloss in this nightmare bag.

THERAPIST: It's okay. This could take a while.

CLIENT: Yeah, forever.

THERAPIST: What would it mean to you to just accept your feelings as they are and not appraise them off of someone else's?

CLIENT: I would like to do that.

THERAPIST: What if you were in love with him and he was in love with you?

CLIENT: That's the question, I think. I mean, I would love to just the truth is I do think I'm a little bit unsure, although leaning toward one side. But, and I would like to just accept that and not care well, not that I wouldn't care but not base my feelings on his. But the thing is, I think the thing I've been struggling with this week is what if I'm in love with him and he just finds that he's not in love with me?

THERAPIST: It sounds like he's close and not everybody takes the same amount of time. Especially someone who's never felt this kind of love before and has difficulty accepting it and admitting it.

CLIENT: Yeah, I'm trying to tell myself that.

THERAPIST: So he might be a person who takes longer.

CLIENT: That maybe, like, although I feel like at this point our feelings should be clearer it doesn't have to I mean, we're older I mean we're older and like this relationship has been crazy from the beginning because we were together a month and then I got my home. And then I got deported, and then all this stuff. You know?

THERAPIST: When did you check the e-mail? This one? The last one?

CLIENT: This one?

THERAPIST: Yeah, when did you read it, I guess?

CLIENT: Well, what's today? Today's Thursday. It had to be Tuesday.

THERAPIST: It was after Thanksgiving and after the Holidays, so fairly recently.

CLIENT: Yeah.

THERAPIST: My question is because you read it now, and because you know it's information, and because I do know you, and how emotions are likely to then affect other emotions and reactions; have you ever thought about confessing this?

CLIENT: I have. And it's like I think that the relationship would be over. For sure. I know the way he is. I'm pretty sure. I'm pretty confident. And I'm living in fear that he's going to somehow find out. I've already tried to copy and paste again to see -

THERAPIST: Do you think he moved to this country and he would break up with you over reading his e-mail?

CLIENT: Yeah. Or at least it would be such a huge fight that -

THERAPIST: Isn't there any way I mean, you are sorry you did it.

CLIENT: Yeah.

THERAPIST: And I feel like you're not quite sure that you're not going to do it again.

CLIENT: Yeah, I guess.

THERAPIST: But, if you probably told him it'd probably be less likely that you'd do it again.

CLIENT: Yeah.

THERAPIST: And also if you told him it would be a good way of opening up. I mean, this is if you feel like this is way out there, obviously, this is the wrong (inaudible at 0:20:23). I don't know Fernão (ph). But there is a way to bring it up to say, "You know, I've been feeling like I really don't know how you're feeling recently and I got a little crazy and I left your e-mail open and I checked it. And I read an e-mail." You know, say, "I printed it out." (inaudible at 0:20:39) "I quickly read an e-mail that I saw my name in. I didn't read really anything else. I just read that. "You know, and be like, "Just because I really am so confused with how you feel about me. And it's not your fault. It's my fault for not expressing that I'd like to know more. And I'd like you to and I'm really sorry and I'm going to really make sure it doesn't happen again. But it just leads me to want to have a conversation with you because I don't feel like I know what's going on in your head and when I feel like that I get crazy.

CLIENT: Yeah. The only thing is, I mean, it would be I'd want to tell him. Because I feel so guilty that I did it. And I'd prefer just to be honest. But the thing is that I don't even know how he feels. It's what I thought before I read the e-mail. It's exactly the way I felt when I saw it. And it's sort of similar to how I feel. So, I'm worried that it's an unnecessary conversation. We're not even going to focus on that, it's going to be more about "how could you have read my e-mails you crazy psycho." You know?

THERAPIST: Okay. I mean, I think a lot more people do that then they want to own up to.

CLIENT: I think pretty much any almost anyone

THERAPIST: & CLIENT: (inaudible at 0:21:47)

CLIENT: I've never even written e-mails about him, but I make sure my e-mails are signed out.

THERAPIST: (inaudible at 0:21:59)

CLIENT: I mean, you know, I'm really careful.

THERAPIST: But obviously he trusts you or he wouldn't have done that. And it's almost he's an idiot. He's not the type of person that's cheating or has their, like, five cell phones that they keep on them.

CLIENT: Yeah, no. But, I don't know. I don't think -

THERAPIST: I mean, if you think that that's the wrong course then it wouldn't really be -

CLIENT: No, I think it's the right way. But I don't think I can do it.

THERAPIST: Okay, well is there any way that at least you could take the positive out of this and just bring up the conversation? And maybe what he said to his friend isn't exactly accurate. And I'm sure he's not telling his friend every how close it's not like -

CLIENT: I don't know.

THERAPIST: I don't know. I know my boyfriend doesn't tell everything to his friends. They say like a lot less to each other than -

CLIENT: But why wouldn't he? I mean, if he were to tell the truth -

THERAPIST: Because maybe he hasn't admitted to it like you haven't admitted to yourself yet. He could not have admitted to himself yet either. And even if the conversation doesn't end with, "I love you" it sounds at least that you're both saying "I'm falling." Like, "I feel like I'm in the process." It could just be a conversation about being more emotionally sharing with each other.

CLIENT: Well, that's the thing. That day, because I was so upset about the e-mail, but I was also upset because he acted; he was sick, and he was whatever and so I said something to him and I was just like, you know I had an attitude with him, basically because my mom was there with this guy fixing curtains and I couldn't talk to him before then. But I said to him, like, you know, he noticed I was annoyed. And he said, like, "well what's the matter?" And I said, "well, you're sick all the time and there's nothing wrong with you. And it's not even that, but like, when you're in these moods, like, you seem very disconnected." And it's like, I don't know, I like to believe I always admit my flaws and the things I do wrong, but I'm sure I don't. But he was just like, "I don't understand what you mean." Basically like refuting it. And then, then at the end admitting it. And so it's really frustrating, because it's so simple. Like, I don't have a psychology degree. I don't know anything about it. But he was raised in a family a super strict religious traditional conservative family. They have so many issues that they never discussed it. They don't speak about things to each other. It makes sense that this is how he deals with his issues. Like he's going to be this open person who wants to discuss every No. It's like impossible.

THERAPIST: So, is there any way for you to have a conversation that's not as confronting and is a little more sensitive to the fact that this is his family and this is the way he was raised?

CLIENT: Well, I didn't say anything about his family, but he said, "This is the way I was raised. This is the way I know how to deal with my problems. I don't want to, you know; bring you into the sadness and all these bad things. Like, this is how I deal with it." Basically like he internalizes everything and that's

THERAPIST: & CLIENT: (inaudible at 0:24:59)

CLIENT: Yes. I said, "I want you to." And he said, "Well, this is the way I am right now. Like, I'm not saying I'll never be able to open up to you. This is how I am right now." And I said, "Well, if that's the way you are and you're not willing to change it right now then I guess I have to accept it." I mean, it's accept it or it's not the biggest or worst issue in the world. But it is very difficult for my personality.

THERAPIST: Eventually, maybe, he'll learn to open up a little bit.

CLIENT: But I just feel like a person who's so emotionally shut off, like, can't talk about any he hasn't even said, "I like you so much" to me.

THERAPIST: Laura, though, do you think the way that you're reacting to him is going to make him more likely to open up?

CLIENT: No, I'm just telling you that -

THERAPIST: & CLIENT: (inaudible at 0:25:48)

THERAPIST: I know. I can't work with his emotions.

CLIENT: No, I know.

THERAPIST: You understand this. What I can work with is your reaction.

CLIENT: I know. The thing is that he complains about it a lot which I do think is related to other things we've been working, is my I get very when I get annoyed about something it's obvious. Like, I can't get the annoyance off of my face. Anger. Whatever emotion it is. So, it's very uncomfortable for someone -

THERAPIST: To be around you at that time.

CLIENT: To be around me because they see that there's something wrong with my physically, you know, on my face.

THERAPIST: Well, do you tell them, "I'm having a hard time; I just need to be alone for a little while." Or do you parade it around and show off that you're annoyed?

CLIENT: Well, if he says to me, like, "What's the matter?" I'll tell him. Like, if (inaudible at 0:26:35) stupid things, but I'll tell him. But he just doesn't like the fact that I let it show, or if I'm annoyed it's obvious. But I don't like the fact that when he's annoyed he internalizes it so, you know, why is it fair that I have to accept you you know what I mean?

THERAPIST: Yeah. Maybe I mean, do you think he would be more accepting of you if you were a little more accepting of him? Or no? You think he's kind of -

CLIENT: He told me I was too demanding. And I hate that I'm like that, because I really don't mean to be that way. And I don't consider myself a demanding person. But it seems that I really am. Like, I'm very -

THERAPIST: Yeah, because you do one thing one way it makes sense for him to do it that way.

CLIENT: Right.

THERAPIST: Or your way seems more healthier to you so he should be doing it that way. But people come in their own time.

CLIENT: I know.

THERAPIST: It doesn't mean You know, it's like some people do change, and hopefully he can change for the better, and deal with his anxiety more, and deal with, you know, his own issues in a way that I mean, it's working for him, obviously, to some level. Because he's functional.

CLIENT: Right, he is. He's very functional.

THERAPIST: Because his whole and, you know, and this could be the way that he deals with it. You know, who knows if he's going to want to seek treatment? So, can you accept that, and then in turn try to change your behavior? Change your demandingness? (ph)

CLIENT: Yeah, and I would like to do that. That's, I think -

THERAPIST: So what are you going to do if you come home and he's saying, "Oh I'm so sick, my stomach hurts. I don't know why I'm sick I just feel weird. Blah, blah, blah."

CLIENT: I'm gonna kill no, I'm kidding. I don't know. I mean, I there are times where I don't get annoyed. I don't get annoyed about that. It was because I read the e-mail that I was annoyed about that.

THERAPIST: Which is why I'm concerned; is the e-mail going to loom over you and continue to have you being annoyed at him? How long is it going to take for you to get over the e-mail?

CLIENT: No, I don't think so. I think that well, you see, it's difficult because he has a friend visiting who came yesterday until next Wednesday or Thursday. So, I'm staying with my parents because anyway I think it's a good opportunity for us to have some time apart just because we're constantly together and No, I mean, I don't feel angry about it. I don't I'm not I guess I do a little bit. That's a lie. I do. But I think I can get over it.

THERAPIST: So what are you angry about? Let's work on this. What are you angry about?

CLIENT: I'm angry that he's not in love with me. (Laughs) It's so stupid. It's really stupid.

THERAPIST: So if he's not in love with you what does that mean?

CLIENT: Nothing. It doesn't mean anything.

THERAPIST: No, what are you telling yourself it means?

CLIENT: That I'm doing something wrong. That there's something that I'm not doing right. Maybe it's because I'm not talking Portuguese to him, or maybe it's because of my annoyance, or my overreacting.

THERAPIST: So, there's something if there was something wrong with you, and that's why he wasn't in love with you, then what would that mean?

CLIENT: That I'm a fuck up.

THERAPIST: And would that be awful?

CLIENT: Yeah. It would be awful. It would be awful.

THERAPIST: And you'd hate yourself, and you would be worthless.

CLIENT: (inaudible at 0:30:04) Yeah, basically.

THERAPIST: If you couldn't make Fernão (ph) fall in love with you it'd be a waste of space.

CLIENT: If I couldn't?

THERAPIST: Yeah.

CLIENT: Yeah. Basically.

THERAPIST: Is that how most people do it? That they make people fall in love with them?

CLIENT: No. (Laughs) No. No.

THERAPIST: They're so wonderful that people just fall in love with them? Or isn't it like a -

CLIENT: No, because there are awful people that other people fall in love with, so -

THERAPIST: And they do things wrong all the time. And falling in love is probably part it's probably hard to fall in love if you're not a person who's receptive to falling in love, right?

CLIENT: Yeah.

THERAPIST: Like, it takes too people to fall in love. I mean, I guess there's those people that fall in love at first sight, but, what kind of love is that really?

CLIENT: I know, right?

THERAPIST: So, a lot of it is probably dependant on him. I mean, even if you did everything perfect is there a chance that he still wouldn't be in love with you?

CLIENT: Yeah, because, you know, people who don't like perfection, you know, like it's boring. It can be.

THERAPIST: And also if he was somebody that didn't know how to fall in love yet he could still feel the exact same way where unsure. And if you, in fact, did something wrong and he didn't fall in love with you would that really be awful?

CLIENT: I know the answer is no. But I know that I feel like it would be. You know what I mean?

THERAPIST: Why do you feel like it would be awful? Could you not get out of bed and go to work the next day? Or next week?

CLIENT: No. No, I could and I would.

THERAPIST: Would you ever be able to fall in love again?

CLIENT: Yeah, but I start thinking, like, I'll never find any you know, seems to be like -

THERAPIST: But, it might take some time. Which feels like, "I'll never fall in love." But you realistically know it might just take some time before you meet somebody. I mean, in reality it's probably more awful for him. He moves across the awful.

CLIENT: True.

THERAPIST: He moved across the -

CLIENT: It's true.

THERAPIST: ...the ocean to be here, with you. So, it's not really awful. And if you couldn't be so perfect enough; perfect enough to make him fall in love with you. Would you be worthless?

CLIENT: No, I know I wouldn't. I know I wouldn't. But I know I would feel like it was the end of the world if it if he broke up because of that.

THERAPIST: Why would it be your fault?

CLIENT: It wouldn't.

THERAPIST: And even if it was your fault isn't that what happens in relationships all the time? Somebody makes a mistake?

CLIENT: The truth is that I know it wouldn't be my fault, because he's even said in the e-mail it's "this problem is mine." Like, "it has nothing to do with her." And I know that that's true. And I know that even the flaws that I do have, my annoyance, whatever, he's accepting.

THERAPIST: Maybe if you were a little bit skinnier, a little prettier, then he'd be in love with you?

CLIENT: The thought does go through my mind. But -

THERAPIST: You think five pounds is influences love?

CLIENT: No, because I know, I know that it's not true. Like, I know it. I mean, if I was 30 pounds heavier he could fall in love with me. You know what I mean? It doesn't matter.

THERAPIST: Because you tell yourself that. Because you're so angry with him for saying something but it's really angry it's like angry with yourself for not controlling the way he feels.

CLIENT: I know, it's so bad. It's really bad. This brain that I have.

THERAPIST: It's not bad.

CLIENT: (Laughs) I know, but.

THERAPIST: You can't control everything.

CLIENT: I know.

THERAPIST: Do you know that?

CLIENT: I know it.

THERAPIST: But you're never going to find out by reading his e-mails, what's really going on. He could be lying to this girl. Who knows, this girl might have just gotten out of a terrible break up and it's like (inaudible at 0:34:02) There could be a million reasons. He could, in fact, be in love with you. He could be not in love

with you at all and just want (inaudible at 0:34:09). But you did not provide that for him. He could have come regardless, right?

CLIENT: Yeah.

THERAPIST: He could've showed up without ever calling you. He has money and resources too. So, really, he's here because he definitely likes you and has strong feelings for you. And I think the only way you're going to know is if you ask. And it's been a week. Maybe he's thought about it more since he's written the e-mail. And at least you'll get the answer from him. So, do you think you could have a conversation? Be like, "I really want to know how you feel about me."

CLIENT: Yeah, I think I could. It's just I would need to -

THERAPIST: If you heard it from his mouth would you feel like [saying something] (ph) about the e-mail?

CLIENT: That's the thing is, I don't know. That I don't know. I think that if he says to me the same things. It's also, it can be difficult with the language. Like, they say the way they speak in Portuguese and he translates that into English sometimes it's very it's not harsh but it's very direct. And it's a way that I'm not used to. So especially in a delicate situation it might be more difficult.

THERAPIST: But he might be more delicate too, I'm sure.

CLIENT: Yeah, he might. But, I wouldn't have a problem talking to him about it. And the only reason why I didn't bring it up that night is because his friend was coming the next morning and I just didn't want to deal with the whatever the consequences were.

THERAPIST: Could you talk about it in a way that even if he said, "No, I'm not sure yet, but I really care about you and I think it's a problem with me." Is there a way you that you could be happy after that and still be a happy relationship? Or do you feel like if he doesn't say he's in love with you then you'll feel completely insecure in the relationship?

CLIENT: I know, I mean, I'll feel bad for sure. I won't feel insecure, but I'll feel bad. But, I think I know that I mean, I'm not sure how I feel; so I can't expect him -

THERAPIST: But if he said, "I love you" to you would you say, "I love you too"?

CLIENT: Probably.

THERAPIST: Would you feel it if he really felt it?

CLIENT: I don't know, it depends on the moment, maybe. But -

THERAPIST: So, maybe it's just the time to just say that I really care about you so much. And that's all the conversation has to be if you're not sure either.

CLIENT: Yeah.

THERAPIST: Be like, "I'm really happy you're here. I kind of want to know how you're feeling too." And if he just says the same then just leave it at that.

CLIENT: Yeah, I think that's what I'll do.

THERAPIST: And it might just be reassuring to hear that, since it's and be like, "I really want to talk about this more often because I feel insecure." Would that be really hard to do?

CLIENT: It might be hard to tell him that I feel insecure. Because I feel like, for some reason, and this is a crazy thing, that if you tell someone you feel insecure they notice it more. And like it's more -

THERAPIST: Do you think he hasn't noticed?

CLIENT: No, I think he prob (ph) definitely has. It's so obvious. But it makes it more real, I think, if you say it.

THERAPIST: Do you think, though, that when somebody says it as opposed to showing all the time it's a little more endearing?

CLIENT: What do you mean?

(inaudible at 0:37:15)

THERAPIST: Are you going out tonight? Oh give me a call when you come back I want to know when you're home. Oh you didn't call me when you got home?" or do you think someone saying, "I'm really insecure sometimes, and like blah, blah, blah." I think when people admit their flaws, like, it's enduring, and it's loveable.

CLIENT: It's true. Yeah, no, it's true. It's true.

THERAPIST: And to make you feel better, I know you have a hard time discussing your emotions, but how about a way that doesn't turn into a fight?

CLIENT: We're not like very -

THERAPIST: Or like in a way that doesn't leave you feeling angry.

CLIENT: Yeah, that's the more difficult one. Because we don't really fight. We're not, you know. It doesn't happen easily.

THERAPIST: So what if he says the same thing he said in the e-mail? What are you going to think? Are you going to think the same thing? I'm doing something wrong? Or he should love me, I'm doing everything right?

CLIENT: I mean -

THERAPIST: He should love me, he moved all the way across the country.

CLIENT: a part of me a part of me will think that, yeah. At least a part.

THERAPIST: What kind of person moves across the ocean without being in love with a person?

CLIENT: No, it's more like he should love me, I'm doing everything right. And it's by far the biggest. Yeah, I know, I know. But, you know, I'm being so modest.

(Laughter)

CLIENT: Yeah, it's really bad. But, I don't know.

THERAPIST: And what if he doesn't? Not yet? I mean, I don't think we have to worry about he doesn't at all. I think at least he loves you as a person.

CLIENT: Yeah, I think that's for sure true.

THERAPIST: And it sounds like he's even admitted that he's probably thinking it's going to happen.

CLIENT: I don't know. No. I don't know if that was really said. I got more of a negative vibe from him, but my -

THERAPIST: Well, that could be your interpretation. Estranged (ph) interpretation, and through e-mail to someone that you don't know that well. So don't you think you should hear it from him before you have all these thoughts?

CLIENT: Yeah, probably.

THERAPIST: Then you deal with it from there. I think all these things generally seem like it's going to go worse than it does.

CLIENT: Sorry, I just got really paranoid that my phone is on and he was like hearing this whole conversation. Sorry, well, it is on, but I think it's impossible to respond anyway. Yeah, I don't know. I mean, I would really like to just be happy with the way things are. Because we have a really good relationship. And things are going really well, and there's nothing to be negative about. Like, he's not, like, less caring than a boyfriend who's in love with he's just, he's great. But, I wish I could just be happy with what it is.

THERAPIST: Well, maybe the way of I mean, I don't think you can control people's feelings toward you.

CLIENT: No.

THERAPIST: But, I certainly think it's helpful to really express how you feel about him, and I'm not sure you're doing that all the time.

CLIENT: Yeah, I don't think I am.

THERAPIST: So, maybe you need to (inaudible at 0:40:22) and say how much you appreciate him and how much this move-in means to you and how much you love spending time with him. And sometimes it's hard but you love him so or something short of that.

CLIENT: Easy, now.

THERAPIST: & CLIENT: (laughs and inaudible at 0:40:36)

CLIENT: Yeah, I think it's true. I could do that.

THERAPIST: Because I think you're so concerned about what he's not doing for you, but you're not really doing it for him either. I mean, you've done a lot physically to be there for him. You've helped him so much with the move. But emotionally for someone who's complaining about how unemotional someone is the only emotion you really share with him is annoyance.

CLIENT: I know. Yeah.

THERAPIST: So, maybe your homework for this week is to reveal your insecurities a bit and show him that emotion. Because I don't think you're quite comfortable doing that.

CLIENT: Yeah, I know.

THERAPIST: What would it mean to be emotional and I've already said that. Maybe don't say "I love you" but put yourself out there like that.

CLIENT: It'd be difficult.

THERAPIST: Why?

CLIENT: Because I'm always scared of rejection.

THERAPIST: You're just showing you're not saying, "I love you." Is he going to reject your hug?

CLIENT: No.

THERAPIST: Is he going to push you away?

CLIENT: But -

THERAPIST: Reject your kiss? Or say, "Oh, I'm glad I moved here too." And then just go back to reading his paper?

CLIENT: No, but actually you're right. I think it's necessary. I think it's absolutely necessary that I do this.

THERAPIST: And if he does reject you you'll know a lot more about where you're going in the relationship.

CLIENT: That's true.

THERAPIST: If he's not a person that's going to be responding to loving advances then he's not the person for you.

CLIENT: Yeah.

THERAPIST: You don't have that much to lose here. He's got a lot more to lose.

CLIENT: I know.

THERAPIST: I'm right?

CLIENT: Yeah. That's true.

THERAPIST: So, I think we're out of time for today.

CLIENT: Alright.

THERAPIST: But -

CLIENT: So, that's my homework?

THERAPIST: Yeah. Do you like that?

CLIENT: Yeah, it will be -

THERAPIST: Dispute when you're having irrational feelings about, "Oh, I shouldn't have to do this." Or "He should show me his first." You know, as women, we always have the, "Oh he should say it first. He should show me it first." Like, "I shouldn't have to feel insecure about the relationship. I should always feel loved." But there's no real reason.

CLIENT: Yeah, I know.

THERAPIST: And it doesn't make you weaker to do so. So I really want you to dispute, maybe even write it down, your disputations for fighting that anxiety about doing it and what it would mean.

CLIENT: Yeah, let me write this down. And also I think I'm going to try to make a note of when I get the annoying annoyance face. Because I'd like to work on that at some point. Because it's not attractive.

THERAPIST: (Laughs)

CLIENT: And it's not helping me at all either. I mean well, I don't know if I'll ever find a pen -

THERAPIST: You can rip off a piece from there if you want.

CLIENT: I have paper, I just don't know where I put my pen -

THERAPIST: Oh, here.

CLIENT: Oh, here it is. Okay, so dispute the -

THERAPIST: Like your anxiety.

CLIENT: Okay.

THERAPIST: Dispute your irrational beliefs that surround your anxiety, like, "I shouldn't have to do this." Or "I'm weak." Whatever they might be. "I'm weak if I show this." Like, "I don't want to show him how vulnerable and messed up I am."

CLIENT: Okay, in the relationship or whatever.

THERAPIST: And the homework is to show affection.

CLIENT: Right.

THERAPIST: You're going to be a love machine this week.

CLIENT: Show affection through words.

THERAPIST: Words; and actions.

CLIENT: Okay.

THERAPIST: If you want him to tell you how he feels you have to do the same.

CLIENT: I know, you're right. It's true. Especially, yeah. Okay. And then annoyance face.

THERAPIST: (Laughs) That's your own homework assignment. Okay?

CLIENT: Yeah. (inaudible at 0:44:10)

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi.

CLIENT: Hi.

THERAPIST: Sorry about yesterday.

CLIENT: No problem.

THERAPIST: No, everyone's changing their time, and I was like -

CLIENT: I know, it's wicked confusing. And we did it like at the last possible second too.

THERAPIST: Yeah, that's okay. How are you doing?

CLIENT: It's so cold and windy.

THERAPIST: I know. It's supposed to get worse this weekend.

CLIENT: I know.

THERAPIST: I'm not happy about that.

CLIENT: I know. But it's winter, what are you going to do?

THERAPIST: I was hoping for March sooner, but I guess -

CLIENT: You what?

THERAPIST: Hoping for March to come sooner.

CLIENT: I know. It never does.

THERAPIST: So, how did your week go?

CLIENT: Good. I don't really have any like major complaints. I feel like I'm not sure I I accomplished my homework completely, like -

THERAPIST: Sure.

CLIENT: But I have been trying with other things. So, I feel like it's a work in progress.

THERAPIST: Why don't you describe?

CLIENT: Like I maybe I don't think I've said, like, "I'm so happy that you're here." Because I've said that before and I just feel awkward saying it again. And then I forgot what the other thing was. Oh, "I really love being with you." I said I remember saying this was all this was like Thursday or something, the second I came home a variation of that, but it wasn't exact so I would count that as half homework.

THERAPIST: Okay, and what was his response?

CLIENT: It's like never like it's never like a response, like a verbal response. It's more like an affection or like whatever. Which I can tolerate. And I do tell myself before saying something that I'm not going to get a response back or I might not. So it's not -

THERAPIST: So you weren't upset.

CLIENT: I'm not all Yeah, I'm not upset.

THERAPIST: Really?

CLIENT: Yeah, really, actually.

(Buzzing)

THERAPIST: Oh, I'm so sorry.

CLIENT: No, no problem.

THERAPIST: So, when you didn't get a response you weren't upset.

CLIENT: No.

THERAPIST: But you also are kind of doing it very tentatively too.

CLIENT: Tentatively because -

THERAPIST: Is he normally Is Fernão (ph) normally affectionate?

CLIENT: Yeah.

THERAPIST: So him giving -

CLIENT: He's pretty affectionate.

THERAPIST: Is he as Is he as affectionate as you would like him to be?

CLIENT: (pause) Yeah. I'm not I don't feel like neglected in that area.

(0:02:00)

THERAPIST: So him giving I hate does your phone like does it vibrate after? Like reminder?

CLIENT: Yeah, I know.

THERAPIST: (Laughs)

CLIENT: The thing is that sometimes I feel like he like it's difficult for me to say things because of me, yeah. Because I have a little bit of an issue with communication or whatever. But I do feel like he's also doesn't seem so open to it. Not because he doesn't want to hear it or whatever, but I think he's just not used to it so it's like weird for him to have to be like, "You're so wonderful." You know? Like, because he's used to being told he's like a piece of shit. So, you know. So, that's another reason why it's a little bit difficult, I think. Because even when I want to be serious sometimes, which is difficult for me he will sometimes be silly because he's like feels awkward.

THERAPIST: (inaudible at 0:02:52)

CLIENT: You know, which is fine.

THERAPIST: But you already said you don't expect him to give the right response anyway.

CLIENT: Right, right.

THERAPIST: So, it's still your -

CLIENT: It's not such a big deal. It really isn't.

THERAPIST: Yeah? But you know what's funny is that you said, "So, I said it." Like you got it out of the way. You said it once.

CLIENT: Yeah.

THERAPIST: But I have a question for you. If someone even if he were to say or if someone says, "You look pretty today Laura."

CLIENT: Yeah, I'm the same way he is.

THERAPIST: Do you need it No, I recognize that hurt, but let me finish.

CLIENT: Yeah.

THERAPIST: If I said you look pretty today and you were feeling like you look like a piece of shit, and I know that I'm not saying you look like a -

CLIENT: No, no, I can totally -

THERAPIST: But I know that you have some self esteem issues and things like that. And you generally, sometimes don't feel very good about the way you're looking. Or sometimes we just we all go through that.

CLIENT: Right.

THERAPIST: But I think, you would probably go if I said, "Oh, Laura you look really nice today." Maybe you'd think about it, but maybe it would just go in one ear and out the other. What do you think? Especially if it's not something you believe.

CLIENT: I think that I because you're not the kind of person who says, "You look really nice, I really like your shoes. I really like whatever." Besides, you know people like that.

(0:04:03)

CLIENT: I would actually, really...

THERAPIST: Okay, so it would mean something from me.

CLIENT: ...appreciate that.

THERAPIST: But what about something from like your mom?

CLIENT: If she said what?

THERAPIST: Like, "You look -" does she say you look really nice all the time?

CLIENT: No.

THERAPIST: Okay.

CLIENT: So I also would appreciate it.

THERAPIST: ...Appreciate it.

CLIENT: She does once in a while.

THERAPIST: Okay, I just think that sometimes, because you're saying, "Oh, I said it once to Fernão (ph) therefore I've said it."

CLIENT: Right.

THERAPIST: But sometimes if you don't if you really strongly don't accept something or not that he doesn't accept that you don't love him, but [don't think about something suppose hearing it once -] (ph)

CLIENT: No, it's true.

THERAPIST: ...might not mean a lot because it is something he's so unfamiliar with.

CLIENT: Yeah. I will tell you, it is really I noticed this week that it is really difficult for me to express my whether it is because of his the way he is, or just me, or a combination. It's really difficult for me to say anything.

THERAPIST: But something that you do really want from him is more verbal -

CLIENT: Yeah, so I want to work on it.

THERAPIST: Expression.

CLIENT: But I'm just acknowledging that it's difficult.

THERAPIST: It is really difficult.

CLIENT: It's really difficult.

THERAPIST: So, what's the most is it it's the rejection that we talked about?

CLIENT: I guess like bottom line it's the rejection but, I mean, the way that I feel is kind of it's just like it's not the right moment like it doesn't seem like we're watching basketball, is this the right time? Like he seems like to be in a silly mood. Is he even going to listen? Sometimes I'm not It's not that he's the kind of person who like never listens to me if I talk. If I talk he listens, but You know, it's like what you said. Like, if you hear it and you're just like I don't know. I guess it's a reaction.

THERAPIST: So you're kind of always searching for the right time.

CLIENT: Yeah. And it -

THERAPIST: What if you said it at the wrong time?

CLIENT: Well, then I feel like if I say it at the wrong time it won't be as effective. So why bother? That's my thought.

THERAPIST: If it's not effective, why bother?

CLIENT: Right.

THERAPIST: Well, remember we talked about the benefits for you?

CLIENT: Yeah.

THERAPIST: It has?

CLIENT: Yeah.

THERAPIST: Right? What are the benefits for you?

CLIENT: Yeah. It does. It's true.

(0:06:00)

THERAPIST: That it will help you become a more expressive person. He'll probably hear it and maybe become more comfortable with it.

CLIENT: But the thing is that when I feel like it's not effective it's like he's not taking it whatever. And also I'm not saying it in the best way because it's not the best situation. You know, like, it's on me too. That's the way I feel.

THERAPIST: Well, I think because you haven't said it for so long it's now turned into this big deal, as opposed to if he moved here and you said "I love you" every day It wouldn't be that big of a deal, right?

CLIENT: Yeah.

THERAPIST: So, it's turned into (yawn) I'm so sorry but (inaudible at 0:06:36) all day.

CLIENT: No, don't worry.

THERAPIST: It's turned into this thing for you to say.

CLIENT: But it's not just that.

THERAPIST: Searching for the right time.

CLIENT: That's like the extreme. It's like anything. Like, and the truth is actually I can think of at least one time this week where it was the right time to say something and I don't think I said anything.

THERAPIST: Because the right time is really just a procrastination tool.

CLIENT: Yeah, yeah.

THERAPIST: You're putting it off. So, I don't think really have accepted the fact. Because if you're searching for the right time, also you're hoping for the right response. You say, "I don't think it's going to have the right effect."

CLIENT: Yeah, I mean, that's what I mean. At the bottom of my mind he needs to -

THERAPIST: What effect is this going to have? You said you don't expect anything from him.

CLIENT: Right.

THERAPIST: But a hug back.

CLIENT: Or nothing. I mean he could just be nothing.

THERAPIST: So you still are expecting something or else, though, you wouldn't say -

CLIENT: Yeah. Yeah.

THERAPIST: Laura, how hard would it be to have a conversation that you would like him to verbally express himself to you?

CLIENT: What do you mean?

THERAPIST: To say that to him? "I would really sometimes want to know how you feel and seeing it and feeling it physically is not always enough. I really wish you could tell me more." That maybe you would say "we" could talk more about it.

CLIENT: But then do I have the right to say that if I don't verbally express myself in the best way either?

THERAPIST: Well, what about changing it to "We don't verbally express ourselves as much as I think it would be nice."?

CLIENT: Okay.

THERAPIST: "Do you think we could sit down and have a talk about our relationship?"

(8:00)

CLIENT: That's scary.

THERAPIST: That's scary because?

CLIENT: Well, because if something was said that I didn't like so anything, any little thing, I'm not sure, like I don't even know what could be said because I think based upon just actions alone it's pretty obvious that we're both happy. At least were it is. And maybe just unsure of the future, which is fine. But yeah, I guess I'm afraid of the response.

THERAPIST: So, what are the consequences that could come out of it?

CLIENT: I could -

THERAPIST: The realistic ones? You could have your feelings hurt.

CLIENT: Yeah, I could have my feelings hurt by hearing things I don't like.

THERAPIST: Like what?

CLIENT: Well, number one, more realistic is that it probably wouldn't happen to that extent where I'd even have my feelings hurt because he's really not -

THERAPIST: He's not verbally expressive, he'll just say nothing.

CLIENT: Right, he's not, and that's really the truth. Like he could I mean I don't know. He hasn't even said like although I don't know who at this stage would be like, "I really like you." Because it's obvious. But I don't know. Nothing. Like, "I care about you so much." And something else that relates to that, and that's why he was saying it. You know what I mean? Like, whatever. I don't know.

THERAPIST: So, the consequences are he could say, still, nothing at all.

CLIENT: Yeah, nothing or be annoyed about it.

THERAPIST: Would he be annoyed? Is that like him?

CLIENT: I don't know, I feel like the last time that I said that was a fight, but it could be because the way I said it wasn't nice, probably was the reason. But then I feel like, am I being too demanding? Like is this too demanding?

THERAPIST: How long have you guys been together?

CLIENT: Seven months.

(0:10:00)

THERAPIST: If the man needs to end (ph) the relationship that's been on seven months to talk about how you feel about each other -

CLIENT: I guess not.

THERAPIST: What would you say to a friend who said this?

CLIENT: No, I'd say you have the right. But -

THERAPIST: You're right, you could get an answer that you don't like. But realistically you'll he could say, just kind of nothing. Nod it off. He could be annoyed by it.

CLIENT: Yeah, it's less likely that he'd be annoyed.

THERAPIST: I guess there's a chance it could be the end of the relationship, but you don't think it's a real realistic chance, do you? If you said, "I want to talk about how we feel about one another"?

CLIENT: No, because if the subject came up of, "Do I love you" or "do whatever" I think the worst thing that he might say, based upon the e-mail that I read that I shouldn't have, and his actions after which his feelings seem to have grown stronger since that moment. I think the worst thing that I could hear is "I think I might be in love with you, but I'm not sure."

THERAPIST: So, that's the worst thing?

CLIENT: I think. But I don't know. It seems that -

THERAPIST: Okay, and I mean you're a person that really goes for the worst that things are going to happen.

CLIENT: That's true. I mean, if anyone could think of the worst possible outcome -

THERAPIST: So if that's the worst thing that could happen, could you stand that? Could you tolerate that?

CLIENT: I could, I would be disappointed. No doubt. But I wouldn't be what's the irrational -

THERAPIST: Devastated, awful.

CLIENT: Devastated. I wouldn't be devastated because I have an idea that that's probably the situation still anyway. And I've somewhat accepted it because I know the way he is and his background and whatever.

THERAPIST: And you know some of that is just who he is and he might take longer than most people.

CLIENT: Yeah, right, exactly. And I've accepted that. It does scare me still though.

THERAPIST: Even if he was confused about his feelings for you but still knew that he cared about you a lot would it not be nice just to hear that he cares about you a lot since he hasn't said that yet? I mean it's pretty obvious he cares about you a lot.

(0:12:02)

CLIENT: Yeah, yeah. That's the thing, but it's true. I mean -

THERAPIST: But it means something to you to hear it.

CLIENT: It would, and like the thing is it's true that actions speak louder than words. But like, you know?

THERAPIST: Words are nice.

CLIENT: Yeah, sometimes. It doesn't have to be every day every second. But -

THERAPIST: I think you're pretty not demanding when it comes to that.

CLIENT: Yeah, it's true. It's just that I don't know how to go about, because I'm not that good at this either like, if I said, I could say -

THERAPIST: Hold on, before we move on to ways to do it, because I think that that is a good idea to practice here. But, so, the worst case scenario is really that he'll just say, "I'm not sure. I care about you, but I'm not sure if I love you."

CLIENT: Right.

THERAPIST: Okay, what are the positive things that could come out of this?

CLIENT: Well, I mean, a lot of things. He could say a lot of things that I mean, I probably would have thought, but I didn't I wouldn't know unless he said it, you know? I could have guessed, I mean. But it would be nice to hear it. You know? A lot of things.

THERAPIST: So the positive things are that he would know that this is something that's important to you?

CLIENT: Right, well, that's number one.

THERAPIST: Even if he said nothing, and said, "I'm not really ready to talk about it now. Can we talk about it tomorrow?"

CLIENT: Yeah.

THERAPIST: You've still gotten your message out there that this is something because I think this is something with you.

CLIENT: It's really important for me. And it's becoming more and more important. And I think the only time I'm upset about the relationship that I have with him is when I think about how we don't communicate our feelings to each other. It's the only time. There's nothing else bad about it.

THERAPIST: So, it sounds like it's a pretty big roadblock.

CLIENT: Yeah.

THERAPIST: So, it could help remove this roadblock. It could help move it a little bit. Micro movements, right?

CLIENT: Yeah.

THERAPIST: You could get some wonderful news in your relationship. You could feel a lot more confident about the future of the relationship. The main consequence that you have is that you'd feel embarrassed.

(0:14:00)

THERAPIST: And he might say what you already think, which is something that you feel like you could tolerate and live with, for now.

CLIENT: Yeah. It's just that -

THERAPIST: Another benefit is that you're asserting yourself so that you don't put yourself in a situation where you erupt later. Asking for what you want. You're not demanding it, you're asking.

CLIENT: Right. No, it's true.

THERAPIST: Do you have the right to ask for what you want?

CLIENT: Yeah.

THERAPIST: You sure?

CLIENT: Yeah. I am sure.

THERAPIST: You? You deserve to ask for what you want?

CLIENT: Yeah, even me, alright. Even me.

(Laughter)

CLIENT: No, but I do think that I have the right to ask. I don't want to be demanding about it. That's the thing, but I don't feel like saying that would be demanding, actually.

THERAPIST: You just said I don't think seven months to ask how you feel about the relationship is demanding.

CLIENT: I said that because if you, like saw us together and like you were always in the room like a little fly or whatever on the wall and you saw everything you'd be like it's obvious to how much this person cares about you. And there's no reason for you to doubt it. So that's why I think maybe it's demanding. Because not everyone can express themselves the way that you want them to. However, I think it's important whether you are good at communicating or not, like me, that you have to try. Because a relationship without verbal communication I mean, right now it can survive and be fine, but like, if we did stay together -

THERAPIST: And regardless this is something that's important to you.

CLIENT: Right, and that's really important to me.

THERAPIST: And in a relationship that you are in you have a right to at least ask for the things that you think would make you happy.

CLIENT: Right.

THERAPIST: You don't have to get them. But if you don't get them you can make a decision from there.

CLIENT: Yeah.

THERAPIST: So, what would a conversation like this be?

(0:16:00)

CLIENT: I was just thinking about that. Like if I said, "Look, I think that -" or "I would really like if we could express our feelings about each other to each other, you know, more often or now, or whatever."

THERAPIST: So, maybe that would be something because I think that's something that you catch up on the past with doing. You like do the "Maybe sometime we could clean the apartment some time."

CLIENT: Yeah, which I'm still angry about.

THERAPIST: I think, "Do you have some time to talk right now?"

CLIENT: Okay. Yeah, I can do that.

THERAPIST: And then, when he says yes then it's we're talking about this now.

CLIENT: I think I would like to say here's what I'd like to say. You can tell me if it's if it needs work or whatever. I'd like to say, "Do you have some time to talk?" Fine. "You know, it's really important to me It's really important to me that we are able to communicate to each other and I think that we do a great job, like through actions and whatever. It's clear that we both care about each other, but I think that it's really important " and actually I have to tell you that he does also think that communication is extremely important although he's not good at it, so I don't think that he'd be adverse to this. But, I would say, "It's really important to me that we express the way that we feel about each other to each other. It doesn't have to be every day, or every second, but once in a while I think that it's important. Although it scares me once in a while, then, whatever. Let's just "

THERAPIST: You would probably like it...

CLIENT: I would like it...

THERAPIST: frequently.

CLIENT: ...as long as it's positive...

THERAPIST: (laughs)

CLIENT: comments, but -

THERAPIST: So, you don't have to say that it doesn't have to be every day. You can just say "I want to do this." I think it sounded really, really good. If I could maybe if I was like an editor the only thing I wouldn't take anything out. It all sounded very good. The only thing that I was thinking that you might want to say in the beginning if it was like me who was saying it, to acknowledge your part in because perhaps it could be taken as blame -

(0:18:08)

CLIENT: You're yeah.

THERAPIST: So, you could say something in the beginning, "I know that I'm not very good at this either." Or "I haven't done this a lot either, but I was thinking that I think it would be really good for our relationship to express ourselves more." But to take some responsibility -

CLIENT: Actually, in some ways this really excites me. Like, I feel like this will be really good, but on the other hand I have the irrational devil telling me that all the bad things that could happen.

THERAPIST: But you just said the bad things that could happen or is the irrational devil telling you more than -

CLIENT: Yeah, now the irrational devil is telling me that like -

THERAPIST: He's going to break up with you?

CLIENT: Well, the things is that's so irrational that but still it's like, "Well, it could happen."

THERAPIST: It is a possibility. Would you want to be with some freak show that breaks up with you because you asked to have a conversation?

CLIENT: No. No.

THERAPIST: Is that like husband material?

CLIENT: No.

THERAPIST: No? He's not going to be the one to help you raise your kid?

CLIENT: No, I don't think so.

THERAPIST: Because you have a discussion?

CLIENT: No.

THERAPIST: So, that might be a blessing if you need to -

CLIENT: Yeah, I guess so.

THERAPIST: If he runs off at this point, right?

CLIENT: Yeah.

THERAPIST: What's another? I mean, that's pretty much the worst the irrational devil could tell you.

CLIENT: Yeah, or that what the irrational devil is telling me is that -

THERAPIST: I think Albert Ellis would like this.

CLIENT: that he might say why things that I really know, the truth, and how he really feels. And I might really like it even if it's not exactly perfect or whatever. But then he might think about it later and be like, "Well, I don't know. Do I really feel that way?" and then he might realize later due to our conversation that he doesn't really feel the way that he thought, and the way that he told me.

THERAPIST: Has that happened to you ever? Where you've said, like, "I love you" and you've been -

CLIENT: It's like, it's weird that I have so little faith in other people. Like, he's so dumb that he doesn't know how he feels while he's saying it.

(0:20:00)

THERAPIST: Well, you don't think he's going to lie, you think he's just stupid.

CLIENT: No, he will not lie.

THERAPIST: (Laughs)

CLIENT: I'm telling you. There's no chance he'll lie.

THERAPIST: You think he just might be confused and say -

CLIENT: Maybe. I mean, he seems to be so -

THERAPIST: And think that he likes you one second and then decides that he doesn't really later. And you think that this is going to be the catalyst for him to figure this all out? Does he not have this opportunity all the time?

CLIENT: Yeah, yeah he does.

THERAPIST: And if he wanted out of the relationship now I guess it could be a good opportunity to get out, right?

CLIENT: But -

THERAPIST: But if he wanted to get out of the relationship wouldn't you want to know?

CLIENT: Yeah, and the thing is like with this particular person I don't have any doubt that if he wanted out of this relationship or even if he was considering it he would in some ways let me know. Like he's not a great

communicator but he's like brutally honest sometimes. Like he's not afraid to tell you how he's feeling if it's important when it needs to be said.

THERAPIST: Okay, so, there are all these irrational devil comments. And they're going to keep happening. So do you know how to combat them to do what you think is important in the long term?

CLIENT: I don't think so.

THERAPIST: Why don't, I'll be the irrational devil. And you can be the rational angel.

CLIENT: Okay. (chuckles)

THERAPIST: And you're going to dispute me. Okay, so, why don't you say what you want to say? Or what we tell me what you're going to do.

CLIENT: What do you mean?

THERAPIST: Just like, "I'm going to go tell Fernão (ph) "

CLIENT: Oh, okay. I'm going to I'm going to try to sit down with Fernão (ph) and talk about our feelings about each other.

THERAPIST: Do you really think that's a good idea?

CLIENT: Okay, so if I'm disputing you then, for example, what am I supposed to say? Like why wouldn't it be a good idea, or -

THERAPIST: Yeah. What you think is the rational side, and I'm going to be completely irrational.

CLIENT: Okay, well, why wouldn't it be a good idea?

(0:22:00)

THERAPIST: Well, he might you might be a catalyst for him to change his mind about you.

CLIENT: But don't you think that that's real complicated, because, I mean, it wouldn't be a catalyst but well, don't you think that it's possible he's been thinking these things all the time? I mean, that's bad because that means that I'm agreeing with the devil. Why would this be a catalyst? Why would this expressing yourselves and the way you feel about each other when it's clear that we care about each other be a catalyst?

THERAPIST: Well, you've never made him really sit down and think about this before. This could -

CLIENT: But do I have to make him sit down and think about it for him to think about it?

THERAPIST: Maybe he's never really thought about it before and he actually doesn't love you? And then suddenly he'll realize it and leave.

CLIENT: But do you think it's really possible that this person who thinks about things all the time hasn't thought about our relationship before?

THERAPIST: Well, what if he what if he tells you that he just likes you a lot and thinks this relationship is fun?

CLIENT: (laughs) Well, I mean, do you think that people who are just interested in relationships for fun would be living with someone else and planning on moving with moving to another city with someone else?

THERAPIST: They might. What if he did?

CLIENT: I don't know what to say to that?

THERAPIST: What's the rational that you know?

CLIENT: Well, if that was true would it really be the end of the world?

THERAPIST: Tell me it's not. You're not asking me. You're asking the irrational devil. You need to tell me.

CLIENT: You would say yeah. I don't think it would be the end of the world anyway if we had a really good relationship that both of us realized in the end realized was just for fun was just fun.

(0:24:03)

THERAPIST: Or? How about even if it was over I know it wouldn't be the end of the world?

CLIENT: And even if it was over I know it wouldn't be the end of the world.

THERAPIST: I think you need to say your rational (inaudible at 0:24:18) with a little (inaudible at 0:24:20) than "I think...don't you think? Don't you think devil? Tell me it's not devil, please!"

(laughter)

THERAPIST: I think you did some good jobs disputing. So, this is what you do with yourself, you know? Did I bring up a new thought that the -

CLIENT: I was thinking about the devil and he is always so strong.

THERAPIST: That's why you need to stay focused.

CLIENT: I feel like a crazy person.

THERAPIST: Cartoon (inaudible at 0:24:42) You need to strengthen your rational statements. That was an example of I mean, it was fun because I'm here and you're asking me questions back, but when you do it in such a question form it's pretty passive. It doesn't have the same impact on you. So, why bother?

CLIENT: Why bother telling him, or...

THERAPIST: I'm the devil, yeah.

CLIENT: ...suggesting we do this?

THERAPIST: Yeah, why bother? Look at all these things that could happen.

CLIENT: Well -

THERAPIST: You could lose him forever. Why bother with this?

CLIENT: I think that it's an unlikely possibility that I would lose him forever, however, if I did due to this due to sitting and talking for the first time about our feelings I think it would be clear that he's not the right person for me. Because obviously we wouldn't be able to talk about anything ever. And I think or it wouldn't be the end of the world because he wouldn't be the right person for me.

THERAPIST: And what good do you think is going to come out of this? I could only see bad things.

CLIENT: I think a lot of good could come out of this. First, I think that it would be a good way for me to express myself since I'm not used to it. I think that it could bring our us closer together. It would help us both improve in these skills that neither of us have. And it could, I mean, improve our relationship and push us further into more seriousness.

(0:26:20)

THERAPIST: I don't know, I don't think you're strong enough to do this.

CLIENT: You know what, you're a piece of shit, devil.

(laughter)

THERAPIST: You've never been able to do this before, how are you going to be able to do it now?

CLIENT: Because I'm convinced that it's the best thing for me to do as well as the best thing for us to do as a couple and I know it will have positive results, no matter what.

THERAPIST: You can't do it.

CLIENT: Oh, God! Pretty feisty today. Yes I can, and I will.

THERAPIST: You sound like you're ready.

CLIENT: I'm ready. I'm nervous. Excited nervous, but ready.

THERAPIST: You going to do it tonight?

CLIENT: Probably.

(inaudible at 0:27:07) (laughs)

THERAPIST: He must get upset every Thursday. What're you going to do today?

CLIENT: I think I always think about it and I think it's so obvious. Like, I almost think he can tell what we've talked about because I'm so like so like, but whatever.

THERAPIST: Has he given any more thought to coming in or?

CLIENT: Coming here?

THERAPIST: Yeah. He has he's been having a little bit of a difficult time lately. And it's so crazy to me because he wants too much to be able to control it on his own, but I think he really has like an anxiety disorder. And I just think, like, he has to get help to deal with it because he's not going to be able to function the way he wants to. And that sucks for him.

THERAPIST: So he's going to call? I mean, I don't care if he calls here, but do you think he's going to?

CLIENT: Yeah, I think he's going to call, yeah.

THERAPIST: Because you've been saying that for a few weeks so I just wondered.

CLIENT: The thing is that I'm sure that you're familiar with these things, but like whenever he's feeling okay he doesn't feel he needs to call.

(0:28:04)

CLIENT: So if he's like two or three days feeling fine it's fine. But then once he feels really bad then he wants to call, so it's like you know. The thing is I don't really push it on him anymore because in the end it's his decision. Like, I can't -

THERAPIST: And he has the number.

CLIENT: Yeah, and it's like, I can't force him.

THERAPIST: (inaudible at 0:28:22) that's all you can do. You've tried. Right?

CLIENT: Yeah.

THERAPIST: How do you feel like you're a little easier to accept him?

CLIENT: Yeah, I do. I mean, it's still it's annoying but because I know how much he wants to be functional and how much, like, it affects his productivity and he gets really upset about it. But I can accept it. And I do.

THERAPIST: Good. Is there anything else you want to talk about today? I mean, I feel like -

CLIENT: I do, actually. I don't know how much time we have, but -

THERAPIST: About ten minutes or so.

CLIENT: Alright.

THERAPIST: I have been having a little bit of an issue with my family members. Immediate family members. Mainly my mother and my sister. Because my sister and I are night and day and we just have always butted heads and now like with her fiancée who, by the way, who I like. And I have nothing bad to say about him. She's become even more -

CLIENT: Wait, this is your sister's once she's been with the fiancée

(inaudible at 0:29:23)

CLIENT: She's always been difficult. She's always been super strong personality. I mean, like, we could've spent the past months and months just talking about this. But since she's been with him she's gotten even more crazy. I don't know what it is. I'm not blaming him, but -

THERAPIST: I remember you've gone to like three engagement parties or something?

CLIENT: Yeah, and now she wants a bride's maid's brunch and like whatever I can't whatever. And we've just, every time we talk like it's like a fight. Every time. And even when I feel like I really don't say anything I mean, you can say anything to someone and depending on their personality they can fight with you about it.

(0:30:04)

CLIENT: But I really try not to say like use fighting words. And it's a fight. And then more than that I don't even know, it's not really that important that part. But my mother, I haven't spoken with her in like, I don't know how many days, like four days or so. Because we had a little issue. I didn't get my financial aid to Finn yet. I'm sure I'm going to get it, but I'm it hasn't come yet. And so my mother had to pay like I did a monthly like thing, so it's less, but it's four thousand dollars for the semester, so it's like a thousand dollars or whatever. My parents are in a little bit of a financial crunch right now. So it's a huge thing. And then on top of that a few weeks ago Fernão (ph) and I went to eat with my parents and like I don't know, I was like in a bad mood, like a little bit tired, or something, and I said something to my mom and she got like really bent out of shape. Not at the time. She told me later. And she told me later that I was just like my sister and that I'm really mean to her. And that even Fernão (ph) noticed because he said, "Don't be mean to your mom." Which, again, I will tell you this. Like if there's anybody in my life who will tell me the absolute truth and not be nervous about it it's him. And he even said, like, "No, you were just you were fooling around and I was fooling around with you, like defending your mom, like whatever." And the thing is like my sister I don't want to say she's an awful person because she's not. But she's awful to my parents. Like she's always been because she was so difficult as a baby. Like, she was the one who made called the shots. She made the rules. And they've never been able to stand up to her. They've never been able to control her. Discipline her. Anything. And I think it's really unfair because although I'm not perfect and I'm bitchy and moody and whatever my behavior compared to my sister's behavior is night and day.

(0:32:01)

CLIENT: And I feel like my parents box us into the same category. Because I don't know if it's easier for them to deal with how bad she is. Like, oh they're both bad, whatever. But it annoys me because I just feel like you saying that my behavior is equal to hers is sort of saying hers isn't that bad. And like -

THERAPIST: This is interesting.

CLIENT: But like it's so bad and it should have been addressed, but then they'll do things like, "Well, you're not nice too sometimes." Like, kind of like to defend her. And I just think that like it's not it's not So, anyway, I wrote my mom wrote me an e-mail and she was like, "Why are you so mad at me." Because this is the thing, we don't talk about things. So, then we just pretend it's all over and whatever. And I wrote back explaining why and she told me that I was really unkind to her and blah blah blah. And I just told her, basically, that I think she's really demanding and that, I mean, I can't be happy and perfect and wonderful all the time. And if she were as demanding with my sister as she is with me my sister wouldn't behave the way that she behaves and that was (inaudible at 0:33:16). And she told me like I didn't I waited to tell her about Finn. I should have told her I didn't have the money. Like, come on. I haven't had a job in how many months? Where did did you think I won the lotto and didn't tell you? Like, you had to know I didn't have the money. You had to.

THERAPIST: We're like almost out of time so I feel like a bit at a loss to adjust this. I mean, I think it's a good start. But I'm just trying to figure out the main thing that you're angry about.

CLIENT: I'm angry because I don't feel like it's fair that my mother tells me I'm just like my sister because I'm not. And they've done this my whole life. Like, -

(0:34:00)

THERAPIST: So, you don't want them to compare you to your sister. You want them to see how different you are, and how much better you are than your sister.

CLIENT: Not better, but like just acknowledge that everyone in our lives I mean people love my sister and they should, but everyone has knows that my sister's behavior is -

THERAPIST: Demanding?

CLIENT: That it's really unacceptable at times.

THERAPIST: Does that mean the main thing is demanding?

CLIENT: And demanding. And my sister is so demanding on my mother. Like, you should be a better mother, you should be doing this, you never did this for me, blah blah blah. Why don't you don't drink when you meet Kyle's parents. I don't want you to act like really, really demanding about everything. And then I feel like my mother, in turn, is demanding of me because she has to unleash this onto someone.

THERAPIST: And so you told wrote an e-mail back to your mom saying -

CLIENT: Saying that.

THERAPIST: What was her response? Nothing?

CLIENT: She hasn't.

THERAPIST: So, you're probably feeling a lot of anxiety?

CLIENT: Yeah, so I feel really bad. Because it's really difficult for me to stand up for myself, first of all.

THERAPIST: So why haven't you called her if you're feeling like things didn't go over well?

CLIENT: If it didn't go over well?

THERAPIST: Well, I assume that's why you think that she hasn't e-mailed back.

CLIENT: Because I don't really I mean, the only thing I think I can do in this situation because I haven't heard from her, is call her and say like, "Do you have time? I want to come over and talk." And talk to her face to face. Because an e-mail war with my mom is just like I don't have the time or the patience for that, you know?

THERAPIST: Okay, so why don't you do that if that's what you want to do?

CLIENT: Yeah. In a calm, like not fighting manner. You know?

THERAPIST: That sounds like a good idea, to call and ask her that. Are you going to do it? Or are you going to just...

CLIENT: On top of all the other expressing myself things that I have to do.

THERAPIST: ...procrastinate this?

CLIENT: No, I'm going to do it because I feel bad. And it's like I really want her to understand the way I feel about it in a non-(inaudible at 0:35:49) way.

THERAPIST: You just don't want to be compared to that and you want to be seen as separate and make your own -

CLIENT: Yeah, and now because I'm like, "I don't want to be compared." But it's not right.

THERAPIST: You make your own mistakes but you don't want them to be lumped in together with hers.

(0:35:56)

CLIENT: Yeah, I mean, it's different and there's not a person who knows my family who can't see that. I mean, I'm not saying I'm perfect or better but, I mean stop. And so, yeah. I guess I'll do that.

THERAPIST: So, you want her to see you differently.

CLIENT: Yeah, I mean -

THERAPIST: I mean, there's always a chance that she may never because you're both her daughters. And you might have to accept that. But I think it's worth a try first.

CLIENT: Yeah, at least if she understands the way that I feel about it I can whatever.

THERAPIST: I think what will be important for you to help with the anger in the situation and now the remorse, I guess, of having done this is to accept that just because you make a request doesn't mean it will happen. That doesn't mean that it's not worth making your request at all, which I feel like is the story of your life.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: Because, basically, you never say what you want to happen, and then when you do you make a demand and then when it doesn't come true...

CLIENT: I got angrier and angrier.

THERAPIST: you got upset.

CLIENT: Yes. Yeah. I'm not going to make -

THERAPIST: So, she might not she might not do -

CLIENT: The thing is -

THERAPIST: She might always see you as a lump.

CLIENT: Yeah, the thing is my mother's a very understanding person. And I think she will understand where I'm coming from. And I think that it might her behavior might not change because of it. But I think she will she'll listen.

THERAPIST: Okay, so it'll be worth expressing this.

CLIENT: Yeah.

THERAPIST: Good.

CLIENT: Yeah. So, I've got a lot of work to do, then.

THERAPIST: It's hard, family relationships.

CLIENT: What?

THERAPIST: Family relationships are hard.

CLIENT: Yeah, you're right. Yeah, so, I guess I'll report back next week.

THERAPIST: Okay. I'll see you next week.

CLIENT: Alright, thanks.

THERAPIST: Bye Laura.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Come in. Hi, George?

CLIENT: Yeah, hi.

THERAPIST: Nice to meet you. I am Christy.

CLIENT: Nice to meet you.

THERAPIST: Have a seat. I have all the paperwork to fill out and essay (ph).

CLIENT: Yes. I did not get all the way through it.

THERAPIST: That is okay. Which ones did you have time to get through?

CLIENT: This is the pile I finished.

THERAPIST: You know, there is so much, so much.

CLIENT: And I did not get to the essay ones.

THERAPIST: Okay. That one, you can bring it home if you want.

CLIENT: Okay.

THERAPIST: The other one you have to complete while you are here, so if you want you can stay a little after extra at the end, or you can just come a little earlier the next time or something like that.

CLIENT: I can stay after the second to finish that, depending on how long it is.

THERAPIST: Yes. That one is pretty long. That one will take a good 30 minutes. You might want to save it for another time.

CLIENT: Leave that, okay, for the next time, yeah. [0:01:18]

THERAPIST: Okay. So how are you doing? Did you get here all right?

CLIENT: Yes, I am doing well. Actually, I am going to Chicago State College this semester, so it is right next door.

THERAPIST: Very cool, okay. So have you been to therapy before?

CLIENT: Yes, I have. I was actually seeing a different REBT therapist in Indiana.

THERAPIST: Oh, really.

CLIENT: Which is where I live. And I did not really like...

THERAPIST: The REBT?

CLIENT: I just did not like her. It was not I did not like REBT at all or else why would I be here?

THERAPIST: Okay.

CLIENT: But I just something about the way she approached it did not rub me the right way.

THERAPIST: If you let me know so then I can try to avoid that or...

CLIENT: She sort of focused on meditating a lot. And I am like a lot of things I thought were interesting and worth pursuing, but were not really related to why I was actually there. And it felt like she was going about it from this very indirect way that did not make sense because I am only I am here for this semester, basically, and then I am not really sure what I am doing after that exactly, but I will get more into that in a second.
[0:02:21]

Basically, I have been seeing her, the therapist that I saw before, for like three months or so. And I saw another therapist when I was in high school for, like, a year, but they were not an REBT therapist. And it was I think it was cognitive; I am not really sure. I did not know anything about it then.

THERAPIST: So it was not like you were lying on a couch and saying everything that happened to you from birth.

CLIENT: No, no. it was not like dream interpretation.

THERAPIST: (Laughter) I just want to make sure that your expectations...And since you are familiar with REBT, as far as it goes from I am training to my personal style, is that I tend to be very active.

CLIENT: That is what I am looking for.

THERAPIST: Okay. I am the kind of person who will interrupt you (laughter). You know, I hope it would be an enjoyable process, but it is also difficult. It is going to be challenging. [0:03:11]

CLIENT: Right.

THERAPIST: But I also want to make sure that we hit the same goals. You know, I would never be working for something that was not your goal.

CLIENT: Right.

THERAPIST: And I think it is really important that we have an alliance there, so really this is just to help you. And sometimes I may offer a hypothesis about what is going on, but I want hopefully we will have a

good enough rapport that you can tell me, "No, you are way off base."

CLIENT: Right.

THERAPIST: You know, because I think that is important.

CLIENT: Yes. I think so, too, to have a real dialog.

THERAPIST: Okay. And, you know, we can discuss it. If it is something that you disagree and I feel strongly about, I will tell you, you know, more why I think that, or we can reinterpret the situation.

CLIENT: Sounds good.

THERAPIST: Okay. So why are you here (laughter)?

CLIENT: Well, there is sort of bigger picture things that have been true throughout my life that I sort of want to work on and get better. And then there is a more acute issue which is why I am here.

THERAPIST: Okay.

CLIENT: And the more acute issue is that I should be a senior in college right now. I have been through three years at Oberlin College. I do not know if you know about it.

THERAPIST: I have heard of it. Where is that? [0:04:12]

CLIENT: It is in Ohio. And I had like a mixed time there. I had some years where I did really well and some years where I did not do as well and I was very academic.

THERAPIST: Academically?

CLIENT: Yes, academically. In other respects, too, but academically is what I am talking about, yes.

THERAPIST: Yes.

CLIENT: And I had already been on academic probation when I was a freshman year, and then I was on it again this past spring semester, because I messed up in the fall. And basically I messed up in that I did not really someone used this metaphor once that getting through a semester of college is an endurance running. You need to keep all of your energy until the end.

THERAPIST: Yes.

CLIENT: And I did really badly at that. I sort of petered out like [you get thin] (ph), and then I was like flailing around, and at the end I just had a catastrophic failure.

THERAPIST: Oh.

CLIENT: So I was on academic probation. And then the same thing happened the next semester, basically, and it is basically the issues that I was having with school that led that to happen that I want to really address.

THERAPIST: Okay.

CLIENT: Because that is why I am at Chicago State College now, because Oberlin said you have to go somewhere else and take 12 credits before you can come back, which is what I am doing right now. [0:05:15]

THERAPIST: Oh, and take 12 before you can come back.

CLIENT: Yeah.

THERAPIST: So then you will be going back to Oberlin.

CLIENT: Yes. They did not kick me out, but they said you need to like go get your shit together and then come back.

THERAPIST: That is so funny. I never heard that before. (inaudible at 0:05:25).

CLIENT: That is a really novel approach, but I sort of like it. At least they are not making you leave forever.

THERAPIST: Yes. How was that? Was that hard, like?

CLIENT: It was really hard, because I knew that I was not doing well, but I did not know that that was really what was coming. And I found out like the end of June. I just signed a lease and moved into this, like my dream, like, summer college house, like with my girlfriend and all my close friends, and I had to leave because I had all this conflict with my parents about that. And they obviously did not want to be paying for me to enjoy this, like, luxury that I did not rightly deserve, and it got really complicated and that is why I have been...

THERAPIST: That is all right. And all your friends are going, and your girlfriend is out there, all going to their senior year as well.

CLIENT: Yes, yes.

THERAPIST: Okay. So yeah, it is hard. I mean your senior year is what you have been looking forward to. And I mean obviously for you, you probably were not hopefully planning on relaxing too much academically but...

CLIENT: Yes. That was not what I was looking for. But it was hard because, for a while, when I was at Oberlin, I knew that I sort of did not really have everything figured out and that I was sort of drifting around. And I wanted to take a semester off for a while and sort of travel and like try something totally radical and different. I had a few different ideas, one of which was like doing this thing called WOOF, which is the Worldwide Organization of Organic Farmers, and they like let you stay at different farms and work and, like, travel around and not spend very much. [0:06:42]

THERAPIST: Yes.

CLIENT: And I thought of doing that or traveling or doing some sort of like community service thing in New Orleans or something like that.

THERAPIST: Yes.

CLIENT: And I also thought of a few other things, but I could not really get my parents behind it ever. And it was daunting to sort of launch into it on my own, because I did not really have any financial resources to do that, and so I never did it, even though I knew that I probably should. And then I basically said, "Well, I am just going to soldier through and sort of brush through the rest of college and just get it over with." So it was hard to think, God, I defeated my goal and I made myself add a whole other year I have to deal with. [0:07:19]

THERAPIST: Yes.

CLIENT: On top of all of the other (ph) ones.

THERAPIST: Do you think that kind of your goal, to get out of that situation, you know, provided, like, some of the downfall of...

CLIENT: It definitely did not help at all because it made me have a weird mindset where I was not thinking of actually doing well at anything. I was just thinking of the bare minimum.

THERAPIST: And are you declared what was your major?

CLIENT: That is sort of related to why I messed up in the past semester. Like I was doing all right and I would have been fine, but then I had this, like, 20-page paper due in the class. And part is this weird thing

where you have to, like, declare your major in front of a board of teachers and they say, like, "Oh, we think you are ready," or "Oh, you are not ready."

And I had the board the same day as the last class where the paper was due and the teacher of the class was also on my board. And I missed the board because my girlfriend was supposed to wake me up and I did not, because I would stay up until like five A.M. trying to finish the paper, but I did not finish the paper. And then I was so embarrassed and petrified that I would miss my board that I did not know how to be like "Ah, I did not finish your paper either," and so I did not really talk to him about it. And then I made it even worse when I did not hand in the 20-page final paper after class. [0:08:24]

THERAPIST: So you did not show up for your thing because you missed up.

CLIENT: Yes.

THERAPIST: And then did not hand in the paper.

CLIENT: Yes. I came later and I was like, "Oh, God, I am so sorry." And then I spent all my time worrying about whether I could moderate, which is what they call getting into your department, instead of finishing the paper.

THERAPIST: [What did there] (ph) say?

CLIENT: Well, because I did not talk about the paper, they were like, "Well, you can moderate next semester," and they were like really understanding and helpful, actually, which only made it worse when then everything sort of went to shit.

THERAPIST: Yes, okay.

CLIENT: Yeah.

THERAPIST: So what was your history academically in high school?

CLIENT: Also, really mixed. I went to Wheaton Academy for high school, which was...

THERAPIST: So you are from Chicago.

CLIENT: I am from Indiana, but I just commuted in because I could have gone to a school in Indiana, I could have gone to a few universities in Indiana, but Wheaton Academy sort of looked better to me. But I made the choice in, like, fifth grade so I did not really know what all the criteria were, and then it was sort of too late to -

THERAPIST: I feel like is Wheaton Academy the one in that movie? Or is it it is like an imitation of Wheaton Academy, or is it...

CLIENT: It sort of is, yeah. [0:09:25]

THERAPIST: But I feel like it might be called Wheaton Academy, like, but I do not know how they could have gotten away with that.

CLIENT: but it feels a lot like that.

THERAPIST: Sorry, yes. That is what I imagined. (inaudible at 0:09:35) public school. But I -

CLIENT: Yes, or sort of like Gossip Girl.

THERAPIST: Yes. So -

CLIENT: No, wait, not Gossip Girl. What is the second (inaudible at 0:09:42).

THERAPIST: Chicago. I know.

CLIENT: And it would not really have been what I had chosen if I had been 15 and making that decision, but I was not; I started in middle school.

THERAPIST: Okay. So you started and went all the way up.

CLIENT: Yes. And it was like it is supposed to be like one of the top ten private schools in the country or whatever. And I did pretty well there some of the time, but then other times I was not really sure whether I wanted to do well or I felt that I did not want to do well, and so I did not want to do that well.

THERAPIST: So let me ask you, I guess. Do you think the problems at school comes down to things like motivation, or is it the difficultness, organization, and that kind of stuff?

CLIENT: It is sort of a combination of a few different things and this is one thing that I do know a lot about, because I spent a lot of time trying to figure out what the problem was with the therapist that I just saw. And the problem is definitely a lot of motivation, because I had all this rebellious time in high school, where I said I do not want to do well at high school. And part of that was because both of my parents like super-emphasized education for me and they are like "We are going to sacrifice, like, to send you to the best schools, like Wheaton," and they do it is just sort of what they place at the forefront, and so, of course, I decided that was not what I wanted to place at the forefront.

THERAPIST: Yes.

CLIENT: But then, that is not really how I feel now, but I am still sort of thinking about it in some of the same ways, because I then thought about a different way to think about it. But then also underneath that I am really poorly organized and I think that I do not need to do things like that sometimes, which also makes it harder for me.

THERAPIST: Is procrastinating a big issue?

CLIENT: Yes, procrastinating is a big issue, yes.

THERAPIST: Okay. I mean that is something maybe that I can be helpful with and the kind of thoughts that you are having, you know, about why, when we put things off, and things like that, so that is something we can definitely work on.

Do you know kind of what you want to do after college? I know the job market (inaudible at 0:11:32).

CLIENT: Yes, it is sort of dismal. I have an idea, which is that -

THERAPIST: You never told me what your major was.

CLIENT: Oh. It was going to be literature, and I think it is going to be literature, but I have time to sort of think about it.

THERAPIST: Okay.

CLIENT: But I did not really like I thought about being an artist or being a writer when I was in high school and that was sort of the path that appealed to me as doing something creative, and then I thought that I am probably not really disciplined or good enough to be good at that. It is really hard. [0:12:00]

Something that I discovered a big passion for over like the past year and a half or so is cooking, actually. And I thought of going into that world in some way, and I sort of had this little dream of having like a food cart and selling like a Middle Eastern food.

THERAPIST: At a food cart (laughter). That is how I imagined a chef always, but yes, that could be.

CLIENT: I thought about, like, working at a restaurant and so might be becoming a chef, but I figured you have to sort of work up to that and a nice, like, way to sort of test it out.

THERAPIST: Well, you have thought at all about culinary school, things like that?

CLIENT: I have and then I actually -

THERAPIST: Do you watch Top Chef?

CLIENT: I do watch Top Chef, yes. I have thought about going for real, and I almost decided not to go to college and do that. But I realize that I am not sure if that is what I want to do for the rest of my life and I do not want to sort of shortchange myself later. And so what I am doing now I think is I am going to Chicago State this fall semester. And then next spring I found like a few different like four-month cooking schools that I can do like an abbreviated thing there and sort of -

THERAPIST: And just to see...

CLIENT: And see if I like it or not, yes.

THERAPIST: Before you dedicate. [0:13:03]

CLIENT: Yes. Because it might just be that I like to cook for myself and I do not want to make it my career.

THERAPIST: Yes.

CLIENT: So yes, I am going to check that out this spring and sort of see how that works.

THERAPIST: And something good, too, just to know, kind of where you want to head, but it sounds like, in the meantime, finishing academics is important. Is it important to you?

CLIENT: It is important to me if only because having messed everything up so abysmally when I was about to start my senior year really reinforced in me that I did not get over some of the problems I had with school and high school. And I do not want to have just sort of walked away from that and moved onto something else because I feel like if I do not address that it is going to affect me in some other way later on.

THERAPIST: Okay. So you feel like the problems have like progressed and the issue of motivation are going to come along and bite you, and not even if it is in cooking or wherever it is.

CLIENT: Yes. Because in going to school I have sort of because it was weird. When I was much younger, I was like a really like nerdy kid and I was really enthusiastic about like reading, like, history books and like reading all sorts of things that like your average middle schooler, like, is not really interested in, from what I can tell. [0:14:09]

And then at some point, like, end of middle school, high school, I said "School is not really about all this learning stuff. It is really like this game and it seems very so it is like constructed and not related to all of the idealistic reasons that my parents wanted me to get into it in order (ph) in the first place. And I kept on trying to say, "Well, I am going to create this little, like, safe zone. That is where I can be curious and academically interested. And it is not going to be related to school, it is going to be different from school and school is just going to be this thing I have to get through, a game. And I kept on -

THERAPIST: You kind of remind me of some other I can feel like I know some people with similar attitudes about that.

CLIENT: Yes. I feel it is pretty common, yes. But I keep on not really giving enough attention to my little safe zone of whatever interest I was currently involved in. And I have sort of cycled through a ton of different things that I thought I was really enthusiastic about and I started to pursue and then I sort of lost my enthusiasm and gave up really easily and then did not stick with them.

THERAPIST: Sorry. It is Oberlin, O-B-E-R-L-I-N?

CLIENT: Yes, O-B-E-R-L-I-N.

THERAPIST: That is what I thought. When you said Oberlin, I was like I have not heard that. Oberlin; it is like a small...[0:15:13]

CLIENT: Yes. It is only 2,000 kids or something. It is really small.

THERAPIST: Yes. I went to a Connecticut college, so I do not know. It is like similar sized.

CLIENT: (inaudible at 0:15:19).

THERAPIST: No, it is one of those other ones. No, (inaudible at 0:15:21). But okay. So what problem specifically would you like to work on today?

CLIENT: Mostly I would like to well, today makes it the word "today" is like totally (inaudible at 0:15:35). I do not know how to work on today.

THERAPIST: Okay, let us look at the overall goals. Let us...

CLIENT: Overall goals; I want to look into more and really try to figure out what sort of like switch gets flipped in my brain when I say I do not really care about this assignment and I would rather procrastinate on the Internet for like five hours and then fuck myself over the next day.

THERAPIST: Yeah.

CLIENT: Try to figure out where that motivation comes from. Because I have had a few different theories that have been supported by other therapists that I have seen, but none of them really like holds up. Or maybe they do hold up and I have not really acted on them. I am not really sure. But I am looking to find as consistent as possible answers to some of those problems.

THERAPIST: And you, in your old therapy, did you have homework assignments? [0:16:19]

CLIENT: No, I did not.

THERAPIST: Oh. That is something that we are kind of big on here. I mean sometimes it depends on what the problem is, but that is another thing that I might ask you to do assignments and...

CLIENT: No. The reason I heard about REBT was that my girlfriend actually went here and saw a different student therapist and she always told me about the homework assignment.

THERAPIST: (inaudible at 0:16:39) (laughter).

CLIENT: So I was surprised when the woman that I saw in Indiana did not seem very REBT, honestly. She seemed like she was sort of removed.

THERAPIST: She trained here or...

CLIENT: Yes. I found her on the web site. She was like the only person in Indiana that I could (inaudible at 0:16:56).

THERAPIST: (Laughter), okay. So yes, I think I will probably fit more maybe with especially if she was trained here, you know yes, your girlfriend's therapist.

CLIENT: Yes. And the homework, you know, I told them it was coming.

THERAPIST: Okay (laughter). I mean sometimes it is not as relevant.

CLIENT: Yes.

THERAPIST: But I always think that the real work you do between sessions is what is going to really make a factor change, because that is what I am here to do is not just to understand quite a few things, but to hopefully help give you the tools to change the way you think. [0:17:25]

CLIENT: Yes.

THERAPIST: So that you can make the change in your life that you...

CLIENT: Yes. And that seems really important because probably the biggest failure I had in other therapists that I saw was that I would come to some great realization about why everything had gone wrong and not do anything with it at all.

THERAPIST: Yes, um-hmm, okay. (Laughter). That is another time, but yes. I mean, you know, that is hard to do.

CLIENT: Yes.

THERAPIST: But we can try, right? Okay, so some part of that is definitely collecting, you know, like all of the information about you and filling out the weekly they call it the OQD (ph) Outcome Questionnaire so I can track and realize if we are making change, if it is going, you know, along the way that I hoped it would. And then reviewing those scores and stuff, and I can say, "All right, this is not working, let us switch it off, let's change it around," or "This is this working." Maybe does not even need to be hearing anymore (inaudible at 0:18:15) (laughter).

CLIENT: I do not know if I will get there. In a few months (inaudible at 0:18:18).

THERAPIST: Well, hopefully. Hopefully. You know, it is supposed to be a short-term therapy.

CLIENT: Right.

THERAPIST: So the idea is that you should come to session each week with a specific problem that you would like to work on, and that would be to get to the underlying kind of emotions that are connected to the problem. In your past therapy, did you talk about the ABC model? [0:18:40]

CLIENT: Not at all.

THERAPIST: (inaudible at 0:18:44) always have it on me, and I did not have it on me today. Sometimes we have one over here, and of course probably not today (laughter). No, okay. I can explain it. I can explain it. So the ABC model is that A is the activating event, so we will take the problem, which could be I went to do my assignment today, and then like basically I could not do it or something else came up and I just said "I will do it later." [0:19:21]

CLIENT: Right.

THERAPIST: And that would be activating event. And then you need emotion to go along with that. So maybe it is more the feeling that you have afterwards. I do not know, do you beat yourself up afterwards?

CLIENT: Definitely.

THERAPIST: When you have procrastinated?

CLIENT: Definitely, yes.

THERAPIST: Okay. So why don't you give me a problem and then we will work through the model together?

CLIENT: Okay. So...

THERAPIST: Can you think of the last time this happened?

CLIENT: Yes. The last time this happened was like yesterday, when I had my homework to do for my classes today.

THERAPIST: Okay.

CLIENT: And I said "Well, I have a test in psychology that is coming up, so I am taking Intro to Psych because I always wanted to do that, on next Tuesday, and I have not done all the readings that the test is

covering and I have not done the reading that is covered tomorrow, lesson before the test, but maybe I will just do it before the test on Tuesday and not today. It is not really such a big deal that I will do it now although maybe I won't be prepared for class tomorrow and that I did not do the reading." [0:20:14]

THERAPIST: Okay. And the test is this Tuesday?

CLIENT: Yes, it is this yes, next Tuesday, the one coming up.

THERAPIST: Yes, the -

CLIENT: Next week, then.

THERAPIST: I am having some trouble with that concept; I want to say "Next this, yes."

CLIENT: It is (crosstalk).

THERAPIST: It is the following Tuesday.

CLIENT: Yes.

THERAPIST: Okay. And you have not done any of the readings for the class yet?

CLIENT: I have done some of them, but I did not do the one for this class today, and I have not been, because it is not working at all.

THERAPIST: Do you have class a few times a week?

CLIENT: Yes, two days a week.

THERAPIST: Okay, forgot about that, grad school and you have class once a week.

CLIENT: Yes.

THERAPIST: Okay, so you have class a few times, so you did not do before this class. What do you do in psych?

CLIENT: Basically I chatted on Facebook chat with some friends who are still at Oberlin and looked at the news on the Internet because some crazy stuff was going on. And I watched Rome on TV, I think.

THERAPIST: Watched what?

CLIENT: Rome on TV.

THERAPIST: Oh, BBC?

CLIENT: No, it is on HBO, I think.

THERAPIST: No, oh, yeah. I think it is an old it is a BBC program that they are now re-broadcasting on HBO, I believe. We have to check about the BBC program. Anyhow, that is irrelevant. Okay. So what happened? Did you ever take out the stuff itself, or...You know, you take it out and you are like, "Oh, I will do it later"?

CLIENT: Right.

THERAPIST: Or you never even get that far? [0:21:20]

CLIENT: I like looked to my computer on the syllabus and I said, "Oh, what do I have to do today?" And it is "Oh, I have to read Chapter Three or whatever," and then I said, "Well, maybe I will do it later" and I just did not get around to it, basically.

THERAPIST: Okay. So you just and instead you are like "Let me check Facebook first," and then it was like (crosstalk).

CLIENT: And at some point in the night I was like, "Well, I can justify this to myself and it is not really that bad and I will read it over the weekend instead."

THERAPIST: Okay. And the problem you want to work on is it does not sound like well, I do not know. Is the issue more that you have kind of are angry with yourself the next day, or is the issue more that you would really just like to get this done?

CLIENT: Yes. Like it was sort of a bad example because it is not really that much of a problem, because for a lot of things like this it is sort of subjective when you do the reading as long as you do it at a certain point in time.

THERAPIST: Well, yes, but you should...[0:22:07]

CLIENT: But really I was using this as an example because I have the same reaction when I have like a paper due and something needs to be handed in, in a certain time.

THERAPIST: Okay. So would you say there is an emotion this is hard, because there is an emotion that you feel when you are thinking about doing the homework?

CLIENT: Yes.

THERAPIST: Is there an emotion that comes up? It is a hard one to say.

CLIENT: Yes. Yes, this is hard because I have had other people like tell me what I might be thinking in other therapies that I have been to.

THERAPIST: When you talk about depressing issues.

CLIENT: Yes.

THERAPIST: And what have they said?

CLIENT: Yes. Not to cheat like that at all but...

THERAPIST: No, you got that already.

CLIENT: It has been some combination of I get a certain rebellious power in not doing what I think that my parents or other authority figures would want me to do. That is like sort of, you know, (inaudible at 0:23:00).

THERAPIST: Well, what do you think the emotion is that you are feeling when you say, you know, "The work is right in front of me."

CLIENT: Yes. [0:23:08]

THERAPIST: And you are like "But I could watch TV." What is the emotion that you feel when you are confronted with this dilemma; that the work you have to do, but you really do not want to do it? What is the emotion?

CLIENT: It is sort of I do not know how to describe this as an emotion, but I sort of feel like I am above it in some way and that I do not really need to do it and it is sort of this thing that has been imposed that is not really true and that I can sort of do it in my own half-ass way.

THERAPIST: Is it kind of maybe like not an anger, but maybe like "I should not have to do this"?

CLIENT: Yes, sort of. It is like a petulant anger or something.

THERAPIST: And instead of maybe it is more of it is like this frustration as a feeling.

CLIENT: Yes.

THERAPIST: And frustration can be a healthy feeling. But I do think that we are talking about the healthy feelings versus the unhealthy feelings, and healthy feelings are not going to have you change because, you know, if you are feeling sad instead of depressed, sad is a healthy emotion.

CLIENT: Yes.

THERAPIST: You know, and they say that there is healthy anger and then there is unhealthy anger. You know, you can be angry at racism, but how much it affects your life...I think that there might be an unhealthy level of frustration. Does it turn to anxiety, do you think? Is it like, "Oh, God, like I really do not want to stay and do all this," and you get nervous, or...[0:24:24]

CLIENT: It does not turn into anxiety right away. It turns into anxiety later, after I think to myself, "Oh, shit, I should have done all those things. Why was I so dumb and nearsighted and I ignored all this?" But then I sort of take all that anxiety and turn it straight into guilt and do not do anything with it.

THERAPIST: So it something that leads the anxiety to catch up.

CLIENT: Yes.

THERAPIST: But you would rather just beat yourself up over it instead.

CLIENT: Yes. And like sometimes catch up, but more often than not I will sort of panic.

THERAPIST: Okay. And we can work on the secondary emotions later if you think that they are, you know, causing you problems in your life.

CLIENT: Yeah. I feel like I get a pressure from either direction really and either sort of remove the whole cycle or fix it in the second step or something.

THERAPIST: I think that for right now on what seems to be more problematic to you is to really like "Why can't I just do it in that moment," right? [0:25:11]

CLIENT: Yes.

THERAPIST: Okay. So it sounds like it is like a high level of frustration.

CLIENT: Yes.

THERAPIST: That you are feeling that you really do not want to do it. Do you think there is like a visceral reaction?

CLIENT: Definitely.

THERAPIST: Do you feel like you get really nervous, or it is just you push it aside and you said you feel above it, you should not have to do it right now.

CLIENT: Yes.

THERAPIST: So tell me, what are your thoughts when you are feeling this frustration.

CLIENT: I usually do not like to think about it for very much, actually. It is sort of an instinctive reaction, almost.

THERAPIST: And that is the problem, I think, because a lot of people think that, oh, you know, it was just my instinct to not do it. But we are really telling ourselves things all the time. It might be so automatic that it can happen very quickly now.

CLIENT: Yes.

THERAPIST: Because you are so practiced at procrastinating.

CLIENT: Yes, that is (crosstalk).

THERAPIST: So you said some thought before that "I feel above." That is a thought, not an emotion.

CLIENT: Yes.

THERAPIST: So one of the thing is "I am above this. I should not have to do this work"?

CLIENT: Yes.

THERAPIST: You say that. Are there any other things? So that is a demand that you are saying. [0:26:11]

CLIENT: Yes. And beyond that is sort of I think to myself like I do not really need to more that I do not have to do it. I think that I do not have to do it in the way that is sort of expected of me and I can sort of cheat and like use some, like, strange knowledge that I have gotten from Wheaton about how to skim through things to like skip through this or this and not (crosstalk).

THERAPIST: So maybe I should not have to work as hard as everybody else in that class?

CLIENT: Sort of, yes.

THERAPIST: I am smart enough to get by without doing the work?

CLIENT: Yes. Yes. I mean not to be a dick and say (crosstalk).

THERAPIST: (Laughter) But those are your thoughts, okay.

CLIENT: Yes.

THERAPIST: So those are a lot of demands. Is there any "I cannot take doing this right now, like I just cannot stand to do this work"?

CLIENT: Not right now, but I felt like that before.

THERAPIST: In the moment?

CLIENT: Yes. In the moment, particularly when I was at Oberlin, I felt like that. In high school, I never felt like I can do this; I felt like I do not want to do this. But at Oberlin I think because I was sort of like isolated in the middle of Ohio without too much else to do with my score sort of infirming me, then I would feel more overwhelmed by the things I was asked to do sometimes. [0:27:22]

THERAPIST: Well, when I said "I cannot stand it," it was not the "I cannot do it" because there could be that.

CLIENT: Right.

THERAPIST: But "This is too hard," "This is too much for me." But just the frustration, like, "I cannot stand to do this right now. I cannot stand to watch when they are sucking on the TV. I cannot stand to do this right now."

CLIENT: Right.

THERAPIST: Is there that?

CLIENT: There is definitely -

THERAPIST: Not "I cannot do it," but the...

CLIENT: But I do not like I'd even imagine doing that. Not as much right now. Like I could imagine myself doing it right now, but in the past (inaudible at 0:27:51) happen it wasn't (inaudible at 0:27:53).

THERAPIST: So it is more of the "I should not I am swearing not to do this half-ass and get by."

CLIENT: Yes, basically. [0:28:01]

THERAPIST: Okay. So I should be able to do this my way.

CLIENT: Yes.

THERAPIST: Okay. Why should you be able to do it your way?

CLIENT: I mean it is hard to really justify that, but I justified it to myself by saying that in the same way that all those kids I saw at Wheaton who, like, did not really know about the things they were studying, but like had great tutors that their parents paid for them to have and managed to, like, find some doctor who would say that they have ADHD so they can spend like four hours taking every test and like still did great and went on to Yale.

(Ringing phone)

THERAPIST: Yes, they do not know why they are calling? (Laughter)

CLIENT: Honestly, like a lot of the reason that I feel like this happened for me was that I was at such a weird place like Wheaton, where there is like so much privilege.

THERAPIST: So you kind of feel like, in the past, I have gotten done, knew (ph) before.

CLIENT: Like I did it in the past because I am pretty smart and I can sort of get away with going into, like my English classes, in particular. The things that I am interested in, I can go into them, having done very little work, and because I am interested in it and I know other sort of relevant things, that I can still participate in and talk.

THERAPIST: You should be able to so there is kind of this thought that "I am smart enough that I should not have to do the same amount of work other people do."

CLIENT: Basically, yes. [0:29:22]

THERAPIST: Is there ever going to be a point, you think, where...

CLIENT: I am not smart enough.

THERAPIST: Yes, that. That you might have to put the same amount of work, or even more work than an average person?

CLIENT: There totally is not, and like I know that there is. But even in situations where I am taking a subject that is hard for me and, like, I am not good at it, I still do not think about it.

THERAPIST: Okay. Well, in this situation I would have to say, you know, you are saying I should not have to.

CLIENT: Yes.

THERAPIST: Why shouldn't you have to?

CLIENT: Mostly it is because I do not really want to, I think. That is also sort of tied into it.

THERAPIST: But do things always...It sounds like, in an intellectual way, you are very capable and, you know, obviously you are a smart guy and that is something that is important to you. Is that a big part of your identity? [0:30:09]

CLIENT: It is a big part of my identity and it is something that I have, like, struggled with in the past, too, also, and I am a little bit all right, was very conflicted about it and I am still a little bit conflicted about it now.

[0:30:18]

THERAPIST: So it sounds like there is some demands on some irrational beliefs underneath, you know. There is different types of irrational beliefs. Ellis Albert Ellis says that there is four, you know. Under all of them are mostly demands. There is catastrophic thinking; you know, that "If I do not do this now, it is going to get out of control." That relates more to anxiety. There is the frustrations, low frustration tolerance; the "I cannot stand it, that I just do not believe I can stand to do this right now." And then there is doubting, other doubting, self-doubting; "If I cannot do it, that means I am an idiot." Is there any sense that if you did put in effort, you would still fail? [0:31:03]

CLIENT: I have thought about that a lot because that has been something that every other therapist I have seen has been like "Is that basically what is going on"?

THERAPIST: You mean [I gotcha] cycle (ph)?

CLIENT: And like I do not want to say that it is not, but I really do not feel like that is the main issue for me, because I have done well at some things and I have not been like anxious about it.

THERAPIST: So everything that you have really put in full effort for, you have done okay?

CLIENT: Yes. I think that it is more I think, and what I had said when other people said this (ph), I think it is more that I am not afraid of failure, but sometimes I am afraid of success, and I do not know what that would really mean or what it would be like to, like, do my best and to do, like, really astronomically well at something that I really wanted to do well that...

THERAPIST: So why haven't you tried?

CLIENT: That is a good question. I mean it is because I have been really quick and easy to dismiss whatever it is I thought might be worth trying out before I really give it a shot.

THERAPIST: Is maybe part of your identity this kind of cocky element that "I can always get by putting in the minimum"?

CLIENT: Sort of, yes, but it is really weird because I hated the kids who did that, that I saw at Wheaton. Like the people who were way more privileged than I am who, like, had all of these opportunities to like do well without really actually wanting to do well or, like, trying to do all that was certainly given to them, and I resented that.[0:32:24]

THERAPIST: But you do not have these opportunities. This is all intellectual, I guess, since it was God-given, you know, privilege.

CLIENT: Yes.

THERAPIST: Some people might hate you, in fact.

CLIENT: I know. And like I think that sometimes -

THERAPIST: You have people with intellectual disabilities or mental retardation and things like that. They would say "Look at all the privilege that you are..."

CLIENT: Wasting.

THERAPIST: ...you are wasting."

CLIENT: Yes.

THERAPIST: Have you thought that before?

CLIENT: I have thought that before.

THERAPIST: (Laughter)

CLIENT: Absolutely. And not only because that is something that my parents and my family remind me of all the time. Like "We would not care about this if you were not so smart and you couldn't be doing anything you wanted." Something that I hear a lot from them. [0:33:01]

THERAPIST: Okay. Well, my thing is the thought that you keep having, and we can work on this thought, is that "I should not have to work as hard as other people," right?

CLIENT: Right.

THERAPIST: To succeed. That is kind of your main or irrational belief. "I should not have to work as hard as other people to succeed."

CLIENT: Yes. That is definitely something you can say "How true."

THERAPIST: Okay. But the question remains: Why shouldn't you?

CLIENT: Yes.

THERAPIST: And you hadn't really been able to give any answer. You have been able to say, "Oh, in the past I have done so," but there is no logical reason that you should not have to work as hard as other people to succeed.

CLIENT: Yes, yes. And I cannot support that to myself ever, really. I do not even try to; I just sort of ignore the issue.

THERAPIST: And empirically you know that this is not really working (laughter).

CLIENT: I definitely know it is (crosstalk).

THERAPIST: That it is even filling (ph).

CLIENT: Yes.

THERAPIST: Yes. Right?

CLIENT: Yes.

THERAPIST: So what we would say is an empirical dispute really does not work because you know it already, but it is not really doing much dispute (ph).

CLIENT: Yes. And I have known it really for a while and it has not really helped me.

THERAPIST: And a logical dispute, I think it would make a little more sense that, you know, just because I understand that just because you want it to be so, just because you want to not to have to work as hard as other people to succeed, does not in reality make it so.

CLIENT: Yes. [0:34:18]

THERAPIST: And you know that, right?

CLIENT: Yes.

THERAPIST: And this is not insightful for you. So you have been aware of the logic behind this; "Just because I want it to be so..."

CLIENT: Does not mean that it is.

THERAPIST: Doesn't make it so.

CLIENT: Yes.

THERAPIST: So the last thing that I would say, which usually hopefully will work, is how is this working for you?

CLIENT: Not very well at all.

THERAPIST: Not very well (laughter). So I think that it comes down to that this is not a functional way to think. Are you willing to give this thought up?

CLIENT: I won't try yet.

THERAPIST: (Laughter)

CLIENT: Sort of attached to it, though, is the problem.

THERAPIST: Yes. Because I think it is a part of who you are.

CLIENT: Yes.

THERAPIST: You know, you have obviously have been financially privileged the way some people around you are, but you still managed to do well. [0:35:05]

CLIENT: Yes.

THERAPIST: You have not really worked as hard, but you -

CLIENT: I do not want to make it sound like I have not been not financially privileged.

THERAPIST: I know. To go to Wheaton (inaudible at 0:35:13).

CLIENT: Because I would say my parents were fortunate.

THERAPIST: But perhaps the people around you are, more disgustingly, privileged or, you know, to a different level, right? So basically this thought is not working for you and it is making you feel it is almost kind of like an injustice. It is like I do not know what would be the emotion that goes with, like, injustice? You know, like what emotion would go? So I am trying to find the emotion. You feel like you should not have to do it. I am struggling with emotion and I am supposed to be the one who can identify them, so I am a little embarrassed myself.

CLIENT: Yes. I am really hard-pressed to describe like what emotion (crosstalk).

THERAPIST: It is a difficult emotion and to say, but there is kind of this, like trying to think of what would be a healthy alternative to feeling... You know, you are kind of justified, if that was a feeling. [0:36:09]

CLIENT: Yes.

THERAPIST: But it is not.

CLIENT: I feel something, but it is not.

THERAPIST: It is like morally or...

CLIENT: Yes. I feel somehow like the way that other people want me to think is wrong.

THERAPIST: But in some way I think it is a kind of an anger.

CLIENT: There is some anger to it, yes.

THERAPIST: Right? Like "I just should not have to be this. I should be able to do the minimum and be able to do well," right?

CLIENT: Yes.

THERAPIST: And you are kind of angry at almost society, that they are pushing you.

CLIENT: And that I have to do all the things they expect me to do, yes.

THERAPIST: Yes. So I would say instead of feeling because we basically want to change the emotion, and the only way to change the emotion is to change the thoughts. So in the moment that you are not feeling that justified anger that "I should not have to do this, why should I, why should I have to do...Why should I have to stoop to that level," okay? Doesn't it sound funny when I am saying it like that?

CLIENT: It does.

THERAPIST: But that is what you are thinking. [0:37:07]

CLIENT: It totally is, and that is why it is funny.

THERAPIST: Yes. But I think that when people laugh and can recognize it is hopefully a step closer to maybe giving it up, you know, to realizing that you are a bit ridiculous?

CLIENT: Yes.

THERAPIST: (Laughter)

CLIENT: It is always worse when you cannot laugh at yourself.

THERAPIST: Yes (laughter). So what thoughts would help you move from feeling just kind of angry with society to feeling just frustrated that this is what you have to do?

CLIENT: I think that part of it goes back to something with my parents that I have not really resolved, because my mom is like sort of a perfectionist and has always had this message that she has tried to instill in me; that everything that is worth doing, it is worth doing exactly as well as you could and you have to try your best at everything. And like that has always fundamentally struck me as wrong, because there is no way that every task that we have to do can be as valuable and important and instructive for everyone. And not that we should not try it; everything else is what I have learned. I used to think, "Oh, you can just pick and choose and do things you want to do and ignore the things you do not want to do."

THERAPIST: Well, you are still kind of doing that.

CLIENT: Yes. No, that is kind of what I am doing. But now, intellectually, I realize that obviously that you cannot argue that. But what you can argue is that some things are worth doing more and some things you can prioritize and say I do not need to spend as much time doing this, but I still need to meet certain expectations and...[0:38:27]

THERAPIST: Even though you say that that is what you are doing, it does not seem like you are doing it well.

CLIENT: Yes, I am not saying that is what I am doing.

THERAPIST: Oh, right, but what you have ideally would be going on.

CLIENT: Yes. And just in terms of trying to think about that issue of is everything worth doing worth doing well on an intellectual level.

THERAPIST: Okay.

CLIENT: Because that is another problem for me. I am great at coming to this abstract realization of, "Oh, this is what I have been doing, it is really wrong," but then I do not know how to incorporate that into my daily life, really.

THERAPIST: Well, we are running short on time, so I am trying to help you find maybe something else you could think instead of that "I am smart enough that I should not have to work as hard to do as well." [0:39:08]

CLIENT: Great.

THERAPIST: What could you think instead that would maybe help you feel just frustrated instead of superiorly angry?

CLIENT: I feel like I have to sort of be aware that everyone else who has gone through like the American education system has felt something similar and that they had also had to confront that, but that (inaudible at 0:39:30).

THERAPIST: Well, what if you changed because it sounds like a demand, like "I should not have to do this," you know. "I should be able to work the way I want and still succeed," right?

CLIENT: Yes.

THERAPIST: "Basically I should do what I want and still succeed, at least intellectually." I do not know about any other aspects of your life.

CLIENT: Yes.

THERAPIST: If you change the demand to preference, what would that sound like?

CLIENT: It would sound like I would rather spend more time on the things that I enjoy and find meaningful and spend less time on the things that I do not. [0:40:03]

THERAPIST: Well, maybe something like this. It is close, but I think it might sound more believable and positive spin. Say, you know, "I would really prefer to not have to work on this since I do not find it super-important. But I know that it is necessary to do in order to get what I want."

CLIENT: Right.

THERAPIST: To get your long-term goals. You know, you are looking at the short-term goals, so, "Well, I should not have to do this right now because it is not important to me." But you are not looking at the goal that is important to you.

CLIENT: Yes.

THERAPIST: And in fact, you are defeating yourself by you are rebelling against yourself. Do you see that?

CLIENT: Yes.

THERAPIST: It is like you say, "Fuck society. I am not going to do your..." You know, "I am going to do what I want," but in the end you are rooking what you want.

CLIENT: Yeah.

THERAPIST: Have you realized that before?

CLIENT: Yes, I have, I mean particularly when having done all the shitty things I did over the past year at Oberlin made me lose, like, sort of my dream summer of, like, living on my own and, like, having a job and living with my friends. [0:41:02]

THERAPIST: Yes. Well, I think I mean we can work on this in the future. I do not know what it is going to do to just beat yourself up about that all the time.

CLIENT: Yes.

THERAPIST: Because I do not think that that is going to help you.

CLIENT: Because I have done that.

THERAPIST: Move forward, yes. I am sure you spent all summer doing that.

CLIENT: Yes.

THERAPIST: That is not going to help you in the future. But what you can say is, you know, "I really wish I would have done things differently, but that is how I chose to do it and, you know, I am going to learn from it and not make those mistakes again, or at least try," right?

CLIENT: Yes.

THERAPIST: So maybe if you could change your preference. So imagine your do you have work to do? Today is Thursday.

CLIENT: Yes.

THERAPIST: So you can still do that reading like you are supposed to do the other night, right? So imagine you go home. What will be the first thing you are going to do when you get home, like, realistically? You'd have dinner?

CLIENT: Yes, I am going to have dinner.

THERAPIST: And then would that be the point when you would kind of take out your work?

CLIENT: Probably not.

THERAPIST: What would be the point when you would think about taking out your work?

CLIENT: Probably like an hour or two after I have dinner, when I have had time to sort of...

THERAPIST: Decompress?

CLIENT: Decompress, exactly. [0:42:03]

THERAPIST: Now what I am thinking, and since you are a person who likes to rebel, I do not think you are going to want to do it if I say this is what you have to do. So I need your commitment that this is your goal.

CLIENT: Right.

THERAPIST: Can you do that?

CLIENT: Yes, I can.

THERAPIST: Because this is not going to get me anywhere.

CLIENT: Yes.

THERAPIST: You know, you do not have to say "Fuck it, I am not going to do what she says to reach my goal. I know how to reach my goal better."

CLIENT: Yes.

THERAPIST: Would that happen realistically?

CLIENT: No.

THERAPIST: Really in the moment? Okay. Because I want to know what kind of level of rebel.

CLIENT: I do not think it is that bad.

THERAPIST: It is not that bad. But you know, it could happen to you a bit that, you know, "Even though I know Christy said that I should do this, right when I get home, I will do it in a few hours because that makes more sense to me." You need to find the time and commit to it. And then you are going to say the rational thought, and so it would be a rational thought when the time comes. So what time are you going to go do it tonight? It is quarter to six right now. [0:43:04]

CLIENT: Quarter to six, okay.

THERAPIST: So you are living in Chicago.

CLIENT: No, I am living in Indiana.

THERAPIST: Oh, so you are living at home.

CLIENT: Yes. So it is going to take me like an hour to get home (crosstalk).

THERAPIST: So tonight is going to be a rough night to get it done.

CLIENT: Yes. I don't know. Let us say like 8:30.

THERAPIST: Eight thirty.

CLIENT: Yes.

THERAPIST: And so you will have dinner. What time do you normally go to bed? Late?

CLIENT: Like midnight, one.

THERAPIST: Okay, so you have plenty of time (laughter). So what time realistically? Let's say you have dinner around 10 o'clock? Is that a realistic time?

CLIENT: Wait, to have dinner?

THERAPIST: To go to start thinking about work.

CLIENT: Oh. Ten o'clock would be but I could do it earlier than that even, because, I don't know. I get home around seven, and dinner is going to be like less than an hour.

THERAPIST: Okay. So you okay. So what time will work for you?

CLIENT: I think 8:30 or nine.

THERAPIST: Okay. So let us say nine. Not 8:30 or nine.

CLIENT: Okay. Nine, definitely.

THERAPIST: Okay. Have you ever done this before in the past?

CLIENT: I have not.

THERAPIST: I think that this is going to be helpful for you at nine o'clock.

CLIENT: Okay. [0:44:04]

THERAPIST: What are you going to do at nine? Which assignments are you going to do?

CLIENT: At nine o'clock I am going to well, first, I should probably do my assignments for tomorrow so I can get those out of the way first. And then I will -

THERAPIST: How many assign do you think it is something that you can do in one night?

CLIENT: Definitely.

THERAPIST: Okay. It is not that hard?

CLIENT: Yes. I mean it is like writing like two paragraphs.

THERAPIST: Okay. So you can do that. I mean this is how, you know, eventually see, you want to be. But I want you to realize that the short term, the frustratingness..."And I think there must be a little "I can't stand it," because that really usually goes along with the low frustration tolerance and that "I should not have to do this."

CLIENT: Yes.

THERAPIST: "Because I should not have to be frustrated. I should want to be enlightened to the inspired to do all the work that I want to do," right?

CLIENT: Yes.

THERAPIST: That should be fun.

CLIENT: I definitely have low frustration tolerance about this.

THERAPIST: I mean a lot of the work that we do is boring, crap work.

CLIENT: Yes.

THERAPIST: But unfortunately, you have to play the game to get to the goal.

CLIENT: To the things you want to get.

THERAPIST: Right? And so you can say that, you know, imagine every assignment that you are doing, you are ticking off, "These are the things I have to do to get back to where I want to be, to get back to Oberlin with my friends and my girlfriend and get that degree that I have been working for for all these years." So this stupid little two-paragraph assignment, you know, you are ticking off the boxes for your goals. [0:45:18]

CLIENT: Yes.

THERAPIST: These are steps towards your goal. You are moving up. So you are going to sit down with that assignment and you are going to be thinking, "I should not have to do this. This is so stupid," right?

CLIENT: Yes.

THERAPIST: So you know what? There is some other doubting in this as well, and that is maybe your professors. Do you feel like maybe they are not...Or is it the syllabus as a whole is kind of not worthwhile?

CLIENT: Probably broader than that, even. I do not think I am being that nitpicky with individual teachers, but more that I am thinking that taking classes in college and the whole idea of like getting an education is sort of blown out of proportion and you do not really get as much (crosstalk).

THERAPIST: Yes. Like society doing not (inaudible at 0:46:03) but in some ways expects you to do this even though it might not really be related to what you are going to do in the end and it does not cultivate your mind the way that you could have done it, you know, if you could have picked out your course work and everything else yourself. [0:46:16]

CLIENT: Yes.

THERAPIST: Okay. So I think we will still go back to the original statement, you know. Instead of saying "I should not have to do this, this is stupid," what you are going to say, "I prefer, you know, I really wish I did not have to do this, but I realize this is the work I have to do to reach my ultimate goal." Can you [practice sending] (ph) it to me, with connection?

CLIENT: Okay. With the first part, repeat it for me.

THERAPIST: Like "I prefer," "I wish"?

CLIENT: I prefer. "I would prefer not to have to do this, but I realize that it is important for my long-term goals."

THERAPIST: And do you know what I also think that every time you say "This is stupid," the other doubting does not always help, because it is just going to get your mindset in a negative place. "Seems I really should not have to do this," you know. This is the most interesting thing. When you call it stupid, I think it makes it easier to throw aside or go out instead and, you know, do that kind of stuff, or watch TV or go on Facebook. [0:47:14]

CLIENT: Yes.

THERAPIST: So I really think, you know, you see change the demand to a preference and then hopefully we can change that kind of anger. I mean think about it, and try and think for a great emotion for that if it is not anger. I mean turn that more into just a healthy frustration that most people feel.

CLIENT: Yes.

THERAPIST: Because do you think you are the only one who feels this way about work?

CLIENT: Yes. I realize that I am not the only one at all.

THERAPIST: Yes. Do you think that this is going to help at all?

CLIENT: I think so, yes.

THERAPIST: Okay. Do you think that every day you could set a schedule? I mean actually that is what I would like to say. So you are going to have this assignment tonight and I would like to see you try to carry this through. But maybe you could make -

CLIENT: A scheduled job (ph).

THERAPIST: For when you are going to do your work every night.

CLIENT: It is probably a good idea, because I have not done anything remotely like that at all.

THERAPIST: Do you ever do I do not know how subsets satisfy (ph) is. I mean I come from a school psychology background of sticker charts and things like that. Like I have friends that use sticker charts, so "Yes, I did a good job. Now I get manager (ph)" or "Now I can eat some ice cream." But would holding something from you be helpful to...[0:48:18]

CLIENT: Probably, yes, like having a reward.

THERAPIST: Yes, having a reward. If you are able to do that tonight, is there something you could reward yourself with tonight or tomorrow on the way to school that maybe you would say, "Oh, I do not want to spend the money on that" or do you really like?

CLIENT: I do not know. I mean -

THERAPIST: A Jamba Juice.

CLIENT: Jamba's is a good reward.

THERAPIST: Yes. I mean I do not know if there is one close. Oh, there is one -

CLIENT: Yes, there is one of those.

THERAPIST: Yes, I know. I reward myself with their apple juice and then I have a good day. But things like that, I do not know if you deserve it for one assignment.

CLIENT: Yes.

THERAPIST: But if that is a biggie -

CLIENT: Yes. Maybe it is a big one, but not just the (crosstalk).

THERAPIST: Yes. But maybe you could even think of a longer term reward, too, because I think you need to have the idea of working towards you know, it is not always going to be immediate gratification.

CLIENT: Yes. And you need something to get you by sometime.

THERAPIST: Yes. So I would like to see you write up a schedule for when you are going to do your work. Oh, but you have your test on Tuesday.

CLIENT: Yes.

THERAPIST: So we need this what I would think is going to be helpful for you is to set up a schedule for the chapters that you are going to review each night of the weekend. [0:49:17]

CLIENT: Right.

THERAPIST: And do not save it until Sunday or Monday night, you know?

CLIENT: Sunday or Monday.

THERAPIST: You are living at home right now, right? You are not planning on going into Oberlin this weekend?

CLIENT: No.

THERAPIST: All right. And do you have a lot of friends at home?

CLIENT: Not really that many, no.

THERAPIST: So really there is no distractions.

CLIENT: There is not going to be any distractions.

THERAPIST: So we are faced with like the Chicago Tribune, that kind of or whatever.

CLIENT: Yes.

THERAPIST: So, you know, set up that schedule for yourself, chapters that you are going to...Do you ever cross things off on lists?

CLIENT: I make lists a lot, but I am bad about going back to them and crossing things out.

THERAPIST: Crossing out. So, you know, set a time frame you are going to do it. And just because suppose, God forbid, 8:30 comes and you have not started your work, just because you have missed 8:30 does not mean you are not starting at 8:40 or 8:45.

CLIENT: Right.

THERAPIST: Because some people say, "Oh, I will start it the diet starts tomorrow," right?

CLIENT: Right, but that does not work out.

THERAPIST: That does not work out. There is no time like the present. [0:50:10]

CLIENT: Yes.

THERAPIST: Doing your goals as they come is going to help you...

CLIENT: To get into the groove with that, yes.

THERAPIST: You know, if you can see those stupid little assignments sorry I am such an easel (ph) about that.

CLIENT: No.

THERAPIST: But I feel the same way, you know, about certain things. What do you think of...How do I do it?

CLIENT: I mean you must just say, "Well, I do not really want to do this, but I am going to power through it because I want to be a psychiatrist or do whatever."

THERAPIST: My preference. I prefer a lot and not do a lot of things.

CLIENT: Yes.

THERAPIST: At first until ten every day. But it is not realistic for what you want to do.

CLIENT: Yes.

THERAPIST: Right? So practice. Basically every time you have that irrational belief, you need to change it, because your rational beliefs are not going to go away. That is the real truth of it.

CLIENT: Yes.

THERAPIST: They are going to be there. But every time you say it you need to replace it with a new one. You can say it all day long. Everybody prefers I wish I did not have to go to Chicago State this semester, but that is what I have to do to get back to Oberlin.

CLIENT: Yes.

THERAPIST: Right?

CLIENT: That is something I have been repeating to myself a lot, actually. [0:51:12]

THERAPIST: And it is probably getting you to class every day.

CLIENT: Yes.

THERAPIST: So you know you have to make it stronger for the homework, because I know that that is what you do, and hopefully the things that you learn here are going to you need to carry through, hopefully.

CLIENT: Hopefully.

THERAPIST: For Oberlin.

CLIENT: Hopefully for at least like the next year. [0:51:25]

THERAPIST: Yes. So how familiar is the things that I said today? Is this any of it new, or...

CLIENT: Some of it is new, particularly what you just talked about at the end, because when I was seeing the other REBT therapist that I saw, we talked about some of the things you just mentioned about replacing negative beliefs and thoughts with some positive ones. But it was not really systematic to sue that word as (crosstalk).

THERAPIST: And next time I am going to bring you the forms. I think you might find it helpful since you you know, a person obviously can understand this. So basically what I was talking about, the (inaudible at 0:52:00) because I know mine is going to do it. Thankfully (ph) I do not have somebody next. The ABC is that AB activating event. And normally people saw all these different examples, because yours is a bit difficult -

CLIENT: Yes.

THERAPIST: to conceptualize, I think. So most people say, "Okay, I got in a fight with my mom. She made me mad."

CLIENT: Right.

THERAPIST: Right? "My mom made me so mad." Is that a thing that you hear all the time?

CLIENT: Yes.

THERAPIST: So they go into A to the C, the consequence. They are missing the B, the beliefs. So we say, "Oh, she made me so mad." Some people might not get mad when their mom says something. What is the difference? They have different beliefs in the middle. So the thoughts that I am having, "Oh, she should not have talked to me like that, who does she think she is," those are my beliefs and in making demands, right? Okay? Am I making any sense or am I going too fast?

CLIENT: Yes, yes.

THERAPIST: Or moving too confusing? So I have these beliefs. By changing my beliefs, I will hopefully change the consequence, the emotions, right?

CLIENT: Right.

THERAPIST: So maybe by changing, by thinking, "You know, I really wish my mom did not talk to me like that, but, you know, I can stand it. It is not going to ruin my day. [0:53:05]

CLIENT: Yes.

THERAPIST: And in the end, you know, I can it does not affect who I am, right? Hopefully after saying that over and over and over again and replacing that belief that I have already; that "Who is she to talk to me like that, I guess she is my mother, she has the right to say whatever she wants. It is a free country." I do not have to internalize it, right? But by saying it over and over again, I can change my anger to just maybe frustration. I am never going to say that you are going to love doing boring grub (ph) work.

CLIENT: Yes.

THERAPIST: Right?

CLIENT: And I do not expect that, which I used to and that made it so much more possible to effect.

THERAPIST: Yes, because you just give up right away and say "I am never going to believe this." That is not the goal. The goal is it is just to change it to something that is more functional for you, something that you can live with. Okay?

CLIENT: Okay.

THERAPIST: So let me know how it goes and I really hope your test goes well.

CLIENT: I will.

THERAPIST: I hope to hear that you have gotten all your studying in, okay?

CLIENT: Yes, me, too.

THERAPIST: So it was nice to meet you.

CLIENT: Yes, it was nice to meet you.

THERAPIST: I will see you actually oh, yes, next week.

CLIENT: Yes, next Thursday at five.

THERAPIST: Okay, great. Have a good week, and good luck on your test.

CLIENT: Thanks. [0:54:12]

END TRANSCRIPT

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BEGIN TRANSCRIPT:

THERAPIST: So this is (inaudible), right?

CLIENT: Yeah.

(Crosstalk)

CLIENT: It's like an online personality quiz or -

(Crosstalk)

THERAPIST: Yeah, I'm going to set you up with someone right after. (Laughter) Right, match.com, don't they have stuff like that?

CLIENT: Probably.

THERAPIST: Oh well, I (laughter), yeah. I think some have longer ones than others, but, yeah, they're good...the MCMI's actually are really good too. That's more of a personality type than like their ones that are more for like diagnosis.

CLIENT: Yeah.

THERAPIST: That's kind of the first one that you -

CLIENT: Yeah, I could tell when they were sort of like throwing out a little sucker (ph) like, oh, maybe you are suffering from this problem -

(Laughter)

THERAPIST: Yeah, yeah -

CLIENT: that problem.

THERAPIST: the MCMI I don't think is as...some of the tests are more like predictive of lying and things like that that they use for people who are in jail who are trying to pretend they're insane or things like that.

CLIENT: Yeah.

THERAPIST: But I like them. Anyway, how was your test this week?

CLIENT: There were two actually on the same day.

THERAPIST: You had a psychology on [0:00:58]

CLIENT: And -

(Crosstalk)

THERAPIST: Oh, they were the same day?

CLIENT: Yeah, they were the same day.

THERAPIST: You didn't tell me that.

CLIENT: Oh, I guess I didn't (inaudible at 0:01:02) but, yeah, they were the same day.

THERAPIST: How did they go?

CLIENT: They went pretty well, they went better than I was expecting before I went into them, but I probably could have done better if I had stuck more consistently to the plan that I had made that we talked about making -

THERAPIST: Okay.

CLIENT: so I went home and made a plan for the rest of my weekend and then I sort of followed it, but not really, I sort of left everything until the last day and a half and then packed in as much as I could then, but it was hard to do everything in that amount of time because it was easy to feel like I just worked for like a few hours. Because I did do enough work on it then to be prepared, but it would have been better if I had started earlier and I didn't get like sick of it after however much time I was working on it and I would have gotten more hours of studying in.

THERAPIST: What...I'm sorry.

CLIENT: But then when I went in and took the tests, it didn't feel like I had failed to prepare either.

THERAPIST: So you felt like you did okay?

CLIENT: Yeah, I felt like I did okay but that I could have been a little bit more consistent to my plan overall.

THERAPIST: In the past has your goal been to just get by like I borrowed -

CLIENT: Yeah. [0:02:04]

THERAPIST: that it was kind of like you weren't like I hope I get a 95 -

CLIENT: Yeah, I wasn't really shooting for like a specific -

(Crosstalk)

THERAPIST: What's your goal now at Chicago State?

CLIENT: My goal now at Chicago State, I haven't been 100 percent clear about what it is, but I've just been thinking that I want to get like at least a B plus, you know, in my classes.

THERAPIST: And what kind of a grade...well I guess they were lower -

CLIENT: Yeah.

THERAPIST: but what kind of grades were you getting at Oberlin (sp?) like C pluses generally?

CLIENT: It varied from semester to semester, in the last semester, the one before this one that happened in the spring before I got asked to take a semester off, I got a D in one class, which was why I had to take a semester off. And let me see if I can remember all my other grades...I got a B+, a B-, and I can't remember if

it was a B or another B but pretty average aside from the one class where I believe messed everything up.
[0:03:01]

THERAPIST: How is the workload, or like the work, I guess, quality more like compared to Oberlin, did you find it's easier at Chicago State?

CLIENT: It's definitely easier at Chicago State in terms of what's expected. There's like the same amount of work, but at Chicago State there's a lot more reading in your textbook, which is something that is discussed amply in class; whereas at Oberlin it was more likely to be something where there'd be the same amount of reading but it would be supplementary to what was going on in class and it was harder to catch up on everything if you hadn't done the reading.

And in general there's a lot less paper writing, which is also something that's been hard for me to do, I have a lot more -

THERAPIST: Less at Chicago State?

CLIENT: Less at Chicago State, Chicago State's way more about tests comparatively speaking.

THERAPIST: I do have question of why did you decide Chicago State after all this? I never really even asked you that.

CLIENT: Yeah, I went through a lot of different choices basically and it was the best one that still hadn't gotten up to its application deadlines over the summer, that was basically the consideration, the [0:04:04]

THERAPIST: Oh, did you look at ones closer to home -

CLIENT: I did, I -

THERAPIST: in Indiana and -

CLIENT: looked at some other ones, and a community college and a ton in Indiana and I -

(Crosstalk)

THERAPIST: And you just missed the deadlines of all those?

CLIENT: No, I didn't miss the deadlines with those, those I also had a chance at. I also looked at like other private universities, which it would have been a much bigger stretch to get into and also most of them, their application deadlines had passed and those why those were disqualified for me. But I basically decided that I felt like I would have a little bit more in common with the average Chicago State student somehow than I would at a community college or something.

THERAPIST: How did your parents feel about shelling out more after all this happened -

CLIENT: Yeah.

THERAPIST: how did they feel about the money situation?

CLIENT: The money situation isn't really the biggest concern for them, I think it's more seeing me appearing so directionless and unsure of where I'm going because I think that, compared to how much Oberlin costs, Chicago State isn't really that much of a consideration for them, it's like astronomically less. And because I hadn't paid for the next semester or anything, I'm spending the same amount at Oberlin and there's just this one semester sort of tacked onto the bill, I don't think it affected them that much. [0:05:18]

THERAPIST: Oh, the heat's on, sorry, I was wondering what the (inaudible). Because some people would say really think back...oh, it's raining, that's what's happening.

CLIENT: Oh.

THERAPIST: Maybe? No, maybe it's the heat, I'm losing my mind, sorry.

(Crosstalk)

THERAPIST: I haven't been here this time of year yet, so hearing noises. Yeah, some parents would be, even if they had ample finances -

CLIENT: They would still be annoyed about it, yeah.

THERAPIST: Really pissed off -

CLIENT: Yeah.

THERAPIST: about potentially wasting their money and then having to -

CLIENT: Yeah.

THERAPIST: shell out more when they could just pay for community college -

CLIENT: Yeah.

THERAPIST: but your parents weren't really concerned with that. [0:05:56]

CLIENT: No, it's strange because that's the furthest thing from my parents' mind, like my parents' reaction...well part of their reaction was like maybe you can decide you want to change your major if you get really excited about something else and spend even more time going back to college, so they weren't really thinking about they want to spend as little as possible. But that's partly because it's always been something that they really emphasize is like having the best possible quality education and I'm like getting the most out of it and like enjoying it and putting all of yourself into it is like a goal number -

(Crosstalk)

THERAPIST: But is that really something that's a goal for you? Because I'm hearing different things.

CLIENT: Yeah, it's not really, not much of a goal for me I would say.

THERAPIST: To get the most out of college and to....

CLIENT: Well to get the most out of it is more of a goal for me now than it was in the past because part of what inevitably happened and I knew it was going to happen once I was thinking about going to a different school for the semester and -

THERAPIST: Yeah.

CLIENT: getting my 12 credits so I can go back to Oberlin, I knew that wherever I would go, even if I was looking at the choices in Indiana or wherever else and Chicago State's one of the better ones with that I knew that it would make me appreciate Oberlin more and realize that I have actually had way more interesting class offerings and professors and like way more interesting students in my classes and (inaudible at 0:07:08) interesting resources going on there that in retrospect I'm thinking like why didn't I make more out of that now. And so I do want to make more out of it, but I'm definitely not valuing it as much as my parents are. [0:07:20]

THERAPIST: Do you ever feel a bit entitled?

CLIENT: A little bit -

(Laughter)

THERAPIST: Sorry, I don't mean that to come out -

CLIENT: No, no, I totally understand why you would ask that.

THERAPIST: Because some people would say look at you, you screwed up this -

CLIENT: Yeah.

THERAPIST: really good private education and then your parents are like, oh, don't worry about it, shell out more -

(Crosstalk)

CLIENT: ...Safety (inaudible at 0:07:38) yeah.

THERAPIST: We'll shell out more -

CLIENT: No, I definitely am aware of how lucky I am in that respect because I know other people who didn't have the same situation but also had problems at Oberlin and who came from families that weren't as well off as mine and they ended up not being able to continue going to Oberlin or having a chance to, but not really trying because it was sort of out of their reach. And so I am pretty aware of that. [0:08:02]

THERAPIST: Because I think that that might be something that could prove motivating, I mean, I know you're big on recognizing, "oh, I guess that is a little like ridiculous to me and then I'm making" or that -

CLIENT: Yeah.

THERAPIST: "that I expect myself to be smarter than everybody," you know, in some sense that we were talking about last week.

CLIENT: Yeah.

THERAPIST: But the fact too that you kind of potentially wasting your parents' money -

CLIENT: Yeah. No, and I'm more aware of that than ever before because I wasting their money earlier when I wasn't really paying attention or getting really anything out of my classes at college and I mean arguably the same thing was even true in high school too so....

THERAPIST: And some people's motivation is "if I don't do well, my parents will cut me off" -

CLIENT: Yeah.

THERAPIST: but if you failed out of school, would your parents let you live with them?

CLIENT: I'm sure they would, I'm sure -

THERAPIST: And support you.

CLIENT: Yeah.

THERAPIST: And what happens when you do graduate from school? Are you going to probably go home for a while or...[0:09:01]

CLIENT: That's sort of the opposite of what I want because being aware that I've had such a large safety net all the time has made me sort of desire independence more because when...even though I know that looking at other people who don't have that advantage of having parents who can financially support them when things go badly, it made me wish that I didn't have that because I feel like I rely on it too much and so I've consciously tried to aim towards finding things to do that'll let me move out once I'm done with college, and that was sort of my goal.

THERAPIST: And it's interesting that you say that though because your actions in order to probably provide an independent lifestyle for yourself at first, you're going to need that college education -

CLIENT: Yeah.

THERAPIST: and that degree, so while that's your goal, it hasn't been motivating -

CLIENT: I haven't been -

THERAPIST: enough to -

CLIENT: consistently following it, yeah.

THERAPIST: to motivate you to succeed and get out there, I mean some people graduate in (inaudible) years and you really want to get the hell out of their parents -

CLIENT: Yeah, I would have [0:10:03]

(Crosstalk)

THERAPIST: Yeah, okay.

CLIENT: I know, I get your point though.

THERAPIST: Yeah, so it's interesting to reassess your goals consistently and make sure that your actions are -

(Crosstalk)

CLIENT: Actually working towards this?

THERAPIST: Yeah, yeah, totally. Because even some people who have wealthy parents will say, "well you screwed it up, now off to community college you go," but while it is fortunate, I can see the same way where it perhaps is hindering you -

CLIENT: Yeah.

THERAPIST: and if you really want a kick in the ass, you could tell your parents something similar like I would like less -

CLIENT: Less support from you -

(Crosstalk)

THERAPIST: less support from you guys -

CLIENT: Yeah.

THERAPIST: and then I can actually do this and....

CLIENT: I actually, that's something that I mentioned probably for the first time ever after I got the letter from Oberlin saying that I couldn't come back because I talked about how the efforts that I was like maybe I won't go back to Chicago State or to whatever school and I'll just leave college alone for a while [0:11:01]

THERAPIST: Yeah.

CLIENT: and that was an appealing idea to me for a while and I thought of maybe like getting a job that I didn't need a college degree for and earning enough money to be able to pay to go to community college on my own because I thought that would maybe appreciate it a ton more, just inevitably because it's hard to totally devalue something that you're paying for, it's not impossible but it makes it harder. And I thought about that but I ended up not really going for it in part because I felt a lot of pressure from my parents to sort of go with the easy choice that they presented to me.

THERAPIST: Yeah, but you know you don't have to get a college education.

CLIENT: Yeah.

THERAPIST: Do you know that?

CLIENT: Not really. (Chuckles) It's hard not to because that's been sort of presupposed about my life journey by my parents for a while and they've been sort of sending that message to me forever. And I remember thinking about it in college, like one of the whole...not in college, in high school when the whole college process began and you started looking at schools and I remember thinking, "do I really want to do this, like I'm really interested in this or are my parents sort of passing me this idea and saying it's really important and I'm just agreeing with them." [0:12:08]

THERAPIST: Yeah.

CLIENT: And I sort of felt like I did and I tried to solve that by...I wanted to go to art school actually when I was first looking at schools, I used to be really interested in photography, and I still am, but I sort of abandoned it as a serious potential career pursuit, and I sort of -

THERAPIST: Why?

CLIENT: Well it's a complicated answer. Basically I started to doubt my actual level of interest and feel like I thought it was a really appealing idea to be like an artistic sort of person but that the actual reality of being really methodical and detailed and devoted to your craft which was sort of what you have to do to be really successful at something -

THERAPIST: Yeah.

CLIENT: like that might have been beyond me. [0:12:59]

THERAPIST: Okay. Because while you say that your goal is to get back to Oberlin and -

CLIENT: Yeah.

THERAPIST: to get your degree, I really, you know, I'm kind of trying to do some motivational interview and I don't know really, you -

(Crosstalk)

CLIENT: I mean I'm not like 100 percent -

THERAPIST: motivation if this is really -

CLIENT: sure that that's really what I want to be doing, honestly.

THERAPIST: And that's going to make it really difficult for you to work towards a goal if that's not even your goal.

CLIENT: Yeah.

THERAPIST: So I guess what are the reasons for getting your college degree?

CLIENT: Reason number one is that it makes it feel -

THERAPIST: Is reason number one first like pleasing your parents?

CLIENT: Sort of, yeah.

(Laughter)

THERAPIST: Okay.

CLIENT: It's like I made it more convoluted than just that, but that's what it was -

(Crosstalk)

THERAPIST: Okay. Is there a reason number two?

(Laughter)

CLIENT: Sort of, yeah, but I don't know if I felt it intrinsically. There were some things that I felt were important once other people suggested them to me and I can sort of hang onto them more a while but they're not always convincing and part of that came from the therapist that I saw before you actually, the RBT person [0:14:19]

(Crosstalk)

THERAPIST: What was her name?

CLIENT: Indiana. Helen Brown.

THERAPIST: Helen Brown.

CLIENT: Yeah.

THERAPIST: Because someone was like asking me and I was like, oh, I wonder who it was.

CLIENT: Yeah, yeah, it was Helen Brown -

(Crosstalk)

THERAPIST: I might write that down.

CLIENT: And I was talking with her when I first got back from southern Illinois like the beginning of July and I didn't know what my plan was and my parents were pushing me to start looking at schools to go to and figuring out what I was going to do in the fall.

THERAPIST: Yeah.

CLIENT: Although actually they said they were...what I thought was surprisingly generous and they said, "well we really want you to go back to Oberlin obviously, you know that's what we want, but if you think you need to do something else first before you go to Chicago State or whatever, then that would make sense as well." And I sort of considered that and I didn't know what to really do, whether it made a big difference to wait just a four or five month period to go back to another school and then to go back to Oberlin later or whether I could flip that in terms of the order and [0:15:11]

THERAPIST: What year is your girlfriend because like I -

(Crosstalk)

CLIENT: She's a senior right now too.

THERAPIST: Okay. So she wouldn't be there though if you -

CLIENT: Yeah.

THERAPIST: did that.

CLIENT: Yeah, she was -

(Crosstalk)

THERAPIST: So was that a motivating factor to get back to Oberlin or...?

CLIENT: It wasn't really because right now what my plan is I don't think I'm going to go back to Oberlin in the spring either -

THERAPIST: Oh.

CLIENT: I think that I'm going to be going to cooking school and/or doing some sort of volunteer work probably in New Orleans, I'm still trying to figure out all the details.

THERAPIST: For the spring.

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: So, yeah, spring and summer -

THERAPIST: And then you would return to Oberlin -

CLIENT: Next year, yeah.

THERAPIST: Okay. And is this something...is returning to Oberlin really your goal? Because do you think that you're going to get back there?

CLIENT: Yeah, I think that I probably will and -

THERAPIST: Because after three years of school, some might say finish it up. [0:15:59]

CLIENT: Yeah.

THERAPIST: You know?

CLIENT: I know it and -

THERAPIST: Is this a form of procrastinating and -

CLIENT: I thought about that too, but really what felt hard to me would be going back and like starting my senior year in the midst of everyone from my former senior year graduating and it was sort of -

THERAPIST: Oh, because you would still have to do another half year.

CLIENT: Yeah, I would still have to -

THERAPIST: Right? Oh, okay.

CLIENT: be there in the winter.

THERAPIST: Got it.

CLIENT: Because Oberlin makes you spend a full year right in your like senior -

(Crosstalk)

THERAPIST: senior thesis.

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: And so since I wouldn't have been able to graduate on time with the rest of my class -

THERAPIST: Okay.

CLIENT: it felt like -

THERAPIST: That makes more sense.

CLIENT: I might want to avoid the intense emotional trauma of watching all my friends leave.

THERAPIST: Yeah.

CLIENT: And my girlfriend too, that would have been pretty hard.

THERAPIST: Yeah, okay. So that's your plan for the spring.

CLIENT: Yeah, but at first I wasn't really sure whether I should have done that now and be going to Chicago State in the spring -

THERAPIST: Yeah.

CLIENT: and that was really what the question was for me, and Helen Brown sort of convinced me that I needed to not run away from the problems that I was having with responsibility and with not like actually making intelligent choices in my life at school and that if I ignored those and did something else that I wouldn't really want to come back and confront them either. [0:17:15]

THERAPIST: Okay.

CLIENT: And that sort of made sense to me because I was having trouble trying to confront any of those problems.

THERAPIST: The only thing that I do worry about...well was the point of (inaudible at 0:17:24) school in New Orleans or it's to go to New Orleans just randomly and then start cooking school in Chicago?

CLIENT: Yeah, I was looking at a few different cooking schools, none of them were in New Orleans really, there were some in California and some in like -

(Crosstalk)

THERAPIST: So the person (inaudible at 0:17:37) New Orleans, I think it's a black hole for people who are aimless.

CLIENT: Yeah.

THERAPIST: So....

(Laughter)

THERAPIST: So that would be something to be concerned about. Because I know that community who makes the organic food and finance and stuff -

CLIENT: Yeah.

THERAPIST: and I think it, it's kind of the black hole of people who are -

(Crosstalk)

THERAPIST: lacking, yeah, lacking the motivation to find what they want to do -

CLIENT: Yeah.

THERAPIST: and kind of stay down there. So -

CLIENT: No, that wouldn't really be what I was doing [0:17:59]

THERAPIST: Okay.

CLIENT: down there, yeah.

THERAPIST: I just want to be careful that you don't end up with planting tomatoes -

CLIENT: For like the rest -

THERAPIST: Yeah.

(Laughter)

THERAPIST: If that's what your goal...yeah, if that's your goal, that's fine, but -

CLIENT: I'm pretty sure it's not, yeah.

THERAPIST: Okay.

CLIENT: No, I've been meaning to take a semester off from Oberlin for like the past...pretty much since I started I actually asked my parents really early, like two months into my freshman year, they were like it's so early, like maybe you're not really sure and then I tried to ask them again in my sophomore year and they didn't like my plan and they thought that I should do something else but I didn't want to do what they wanted me to do and I couldn't compromise with them.

THERAPIST: Okay.

CLIENT: Or I didn't want to compromise with them rather, and then junior year I chose living off campus with my girlfriend instead of having a semester off basically, so I never got around to doing it.

THERAPIST: Yeah.

CLIENT: And what I'd meant to do was do this program that Oberlin has actually in New Orleans where they do different educational outreach things and they work with a different school every year pretty much and they like rebuild classrooms or have out of school arts [0:19:03]

THERAPIST: Could you still do with your Oberlin -

CLIENT: Yeah.

THERAPIST: Okay, so that would be nice.

CLIENT: Yeah, I've already been in touch with them about trying to do that -

THERAPIST: Great.

CLIENT: over some point in the spring and that's what I meant to do for the past three years so I feel like I should do it before I graduate.

THERAPIST: So you're more on track with what you were doing -

CLIENT: Yeah.

THERAPIST: before. Okay. So still what are your reasons for getting -

CLIENT: Wanting to go -

THERAPIST: your college degree?

CLIENT: back to Oberlin.

THERAPIST: Or yeah.

CLIENT: Really so I don't have to deal with it later -

(Crosstalk)

THERAPIST: Do you definitely want to get the degree from Oberlin or would you want to just...I don't know how it works, like if you spend three years at Oberlin and then you finish up at Chicago State and you get a Chicago State degree?

CLIENT: Yeah, I think that's how it works.

THERAPIST: But you want your Oberlin degree after have all of this -

CLIENT: Yeah.

THERAPIST: Yeah.

CLIENT: After I made it so far through that, I....

THERAPIST: Is there any sense of because Chicago State is probably a less competitive school than Oberlin as far as I know, is that....

CLIENT: That's something that matters more to my parents, it doesn't really matter as much to me because I think there's very little relative difference between a graduate degree. [0:19:59]

THERAPIST: Okay. Because I meant more of the work if you're going into Chicago State with an attitude of...before you were like "well this work is bullshit at Oberlin -

CLIENT: Yeah.

THERAPIST: but I still respect my professors and think that they're smart people' is even more of at Chicago State, "well look at these other idiots, like I'm not going to do this work here."

CLIENT: Sometimes that's tempting to fall into and I have a problem with it with one teacher in particular who just annoys me a lot, but I've been working really hard to resist that because I keep on reminding myself that I felt exactly the same way when I had the more capable and more engaging teachers and that it's more about me then it is about what the students or teachers are like.

THERAPIST: Sorry, back to so what other reasons to get a college degree? So to please your parents.

CLIENT: So please my parents and also because I have a pretty aimless future life plan and I know that I might be...I'm actually pretty sure that I'm going to change my mind about what I want to do that my idea of going to cooking school and maybe doing that for a while isn't most likely what I'm going to want to do for the rest of my life. [0:21:03]

THERAPIST: So you're thinking you're going to probably need that degree at some -

(Crosstalk)

CLIENT: Yeah, at some point that I'll be happy that I got it, so I can transition into something else without having to spend three years in my 30s or something going to college.

THERAPIST: Is there anything else that would be extrinsically or intrinsically motivating?

CLIENT: Not really, I mean I don't really -

THERAPIST: You don't think you'll feel like a sense of achievement or pride for having done all the hard work and finally earning that diploma?

CLIENT: I might, but I don't really feel like that right now, but I easily could if I actually transform a little bit the way that I approach in doing schoolwork and how I feel about it.

THERAPIST: Yeah, because if you actually are putting in the work, it might actually mean something to get the -

CLIENT: Yeah.

THERAPIST: diploma, you know?

CLIENT: Yeah.

THERAPIST: As opposed to I didn't even work for this, what does a stupid diploma mean.

CLIENT: Yeah. And that's an appealing idea, but I don't think I'm there yet though.

THERAPIST: You don't think you're there yet.

CLIENT: Yeah.

THERAPIST: Well is there any way that you...since Chicago State is maybe empirically a little easier [0:22:05]

CLIENT: Yeah.

THERAPIST: than the work at Oberlin and you did minimum work and you managed to scrape by with a C+ kind of -

CLIENT: Yeah.

THERAPIST: average wise, yeah?

CLIENT: Basically, yeah.

THERAPIST: And -

CLIENT: I think I had like a -

(Crosstalk)

THERAPIST: here probably you could scrape by -

CLIENT: 2.7 GPA or something, I don't remember.

THERAPIST: What do you have?

CLIENT: It's like a 2.6 something or 2.7.

THERAPIST: Okay. And at Chicago State you could probably scrape by with maybe I guess a C or a B-?

CLIENT: Yeah, something like that.

THERAPIST: What's so wrong with aiming for an A or an A-? Instead of the B+ that you've so....

(Chuckles)

CLIENT: That I so easily set myself...

THERAPIST: Yeah, that you're like I probably will get anyway.

CLIENT: I mean nothing, really, it would be not that hard for me to reach for that.

THERAPIST: Because I do think with the goal of going back to Oberlin, if you slack off at Chicago State, I don't know how that's going to help you back at Oberlin.

CLIENT: No, it's true, it won't at all. What they said to me like technically speaking about what I have to do before I can go back to there is don't get any grade lower than a C, I think, and have like a B average overall, which is lower than what I set up for myself but I could still set the bar a lot higher, it's totally true. [0:23:17]

THERAPIST: Because if you're setting the bar for a B+, you kind of know that half-assing the studying at Chicago State will have a good chance of achieving that for you, but what about setting the sights on...I mean, you have nothing else going on you said.

CLIENT: Yeah.

THERAPIST: What about finding some motivation and -

(Crosstalk)

THERAPIST: earning some pride in what you do, taking some pride in the academic work that you do and then maybe you won't feel like it's such bullshit work if you actually invest something in that paper or in that studying and take something away from it.

CLIENT: Yeah.

(Laughter)

THERAPIST: So -

CLIENT: I've felt a little bit like that and I've gotten something out of some of the classes that I've had at Chicago State and with others and it has felt a little bit more busy work, not methodical [0:24:02]

THERAPIST: Yeah.

CLIENT: yeah.

THERAPIST: But I mean sometimes you can see the point behind the busy work -

CLIENT: Yeah.

THERAPIST: even though it's annoying to do, you can see how they're trying to set you up, sometimes when they have, I don't know, a school that maybe doesn't have the same kind of standards, they'll say, like maybe a Oberlin (inaudible at 0:24:17), like okay, this paper is due then.

CLIENT: Yeah.

THERAPIST: But maybe at Chicago State they're more likely to say like, "send me the outline for this paper"

-

CLIENT: That's exactly true, although actually Oberlin loves doing that -

THERAPIST: Oh, I hate that.

CLIENT: I hate that too, that's really annoying.

THERAPIST: But you know that's going to be good for you.

CLIENT: I know, and every -

(Crosstalk)

THERAPIST: It's like designed for you, you're actually going to have to organize (inaudible at 0:24:36).

CLIENT: And every time I don't listen to the suggestion to do that, it never worked out for me as well, so it is going to be helpful for me -

(Crosstalk)

THERAPIST: So as much as it's kind of like looking down on this style of busy work, this stuff is probably what's going to help you -

CLIENT: Yeah.

THERAPIST: succeed -

CLIENT: You know it totally is -

THERAPIST: and following their busy work is maybe what you need to do at Oberlin.

CLIENT: Yeah. And I think that what it's going to help with is that I always want to cut corners on things because I say to myself well I guess this is sort of worthwhile and I should sort of do it because these motivations that sort of affect me some of the time, but I don't really want to so I'll just cut out all the least interesting parts and that's really what it does [0:25:18]

(Crosstalk)

THERAPIST: Because I'll still do fine even (inaudible)?

CLIENT: Yeah.

THERAPIST: Because I'm wonderful.

CLIENT: Yeah, it's easy to think -

(Laughter)

THERAPIST: You know, in those situations have you been working on challenging those thoughts?

CLIENT: Like in the situations recently you mean or...?

THERAPIST: Well yeah, like with the homework and the challenging the fact that I'm so smart I don't have to....

CLIENT: I've been trying to, yeah, but it's hard sometimes because I do have this little instinctive voice that comes out sometimes and says oh -

(Crosstalk)

CLIENT: I'm totally able to challenge this and I'm like, wait, am I really the -

THERAPIST: Okay. Well I did bring you...I found this sheet be helpful, okay, so if you want to take a look at that, I had two, but I had to give one away to the last people and I was like I can look at it myself. But here, I will stand over you and hover. So here is where the (inaudible) event [0:26:06]

CLIENT: Right.

THERAPIST: would go.

CLIENT: So that would be my assignment or whatever it is that I have to do -

(Crosstalk)

THERAPIST: Well it's more like it could be the...it's not just the assignment -

CLIENT: Great.

THERAPIST: but having to do the assignment -

CLIENT: Right.

THERAPIST: by a certain deadline -

CLIENT: The responsibility or duty or task or whatever it is.

THERAPIST: Mm-hmm, and then the consequence...oh, I found the emotion as well, I think it's resentment.

CLIENT: Oh, you're -

(Laughter)

THERAPIST: So it's not really anger, you know, I think I asked, like some people it's like what is that emotion (inaudible at 0:26:34) and it's like, oh, yeah.

CLIENT: It totally is resentment.

THERAPIST: So is it resentment towards society at large, is it resentment towards your parents, is it resentment...

CLIENT: I think it's sort of at heart my parents and I broaden it to have society at large involved as well.

THERAPIST: So the consequence would be the, you know, unhealthy and you can put (inaudible at 0:26:54) behaviors as that not doing my work -

CLIENT: Yeah.

THERAPIST: failing tests -

CLIENT: Or like -

THERAPIST: and feeling bad about myself -

(Crosstalk)

CLIENT: focusing on short-term pleasures, it goes to long-term -

THERAPIST: Yeah.

CLIENT: desire. [0:27:04]

THERAPIST: So here is where the irrational beliefs would go and the irrational beliefs are not the thoughts because that's clear to make that distinctive is that the thoughts are you can get to the irrational belief by going further with the thoughts, you know -

(Crosstalk)

CLIENT: Right.

THERAPIST: from the thoughts that your thoughts are, "I shouldn't have to do this" and then you said, "why shouldn't I do this, because I'm smart and I can get by not doing it, I -

CLIENT: And that's the irrational belief.

THERAPIST: Well yes, the irrational belief is more "I shouldn't have to do" because they have some examples underneath, demands -

(Crosstalk)

CLIENT: demands.

THERAPIST: so I shouldn't have to do work that I don't want to.

CLIENT: Or I can't stand to do work.

THERAPIST: I can't stand to do work that I think I'm superior to doing.

CLIENT: Yeah.

THERAPIST: You're kind of grading yourself as better as well.

CLIENT: Yeah.

THERAPIST: There's the, you know, I'm worth...that's sometimes more it goes with worthless you know, but you kind of are rating yourself as better in this situation, "I'm too good to have to do this work." And then here's where you would dispute where is this belief getting me. [0:28:09]

CLIENT: Yeah.

THERAPIST: So is it helping?

CLIENT: No.

THERAPIST: And where is the evidence to support my irrational belief that I shouldn't have to do it?

CLIENT: And is it consistent with social reality, I like that phrase.

THERAPIST: Yeah, and does it even make sense that just because you don't want to do something, that you should, you know -

CLIENT: Yeah.

THERAPIST: that you say you shouldn't have to do it, so what? Is that logical to think just because you shouldn't like -

CLIENT: No.

THERAPIST: don't want to do something that you don't do it? You know? And who says that you shouldn't have to do these things, if everybody else is, why is it logical to think -

CLIENT: Yeah.

THERAPIST: that you shouldn't do them if you want a degree and that's what's necessary. And then you can use...you don't have all those probably because you're not awfulizing (ph) really but can you stand the frustration of doing that work.

CLIENT: Yeah.

THERAPIST: So I think this is helpful and then that would be where you would write in here new, you know, I would prefer not to but I can stand it if this is so and [0:29:08]

CLIENT: And definitely a repeat of that (inaudible).

THERAPIST: And these are helpful for setting it up at home when I'm not around.

CLIENT: Yeah.

THERAPIST: So -

CLIENT: And then I can like look back at my past one -

(Crosstalk)

THERAPIST: Yeah, and you can bring it in and we can talk over if you're doing it right, if that's really a belief or if that is in fact your belief because I think sometimes we'll say "oh, that's not what I was really thinking but I was thinking," no, sometimes people will say, "no, I was saying I really would prefer," I said well if you were really thinking that, you would have done it because if you really preferred it, you would have realized, but this is what's important to do.

CLIENT: Yeah.

THERAPIST: Well I think you get it and I think that this is something you can work on. So when you went to do your homework because you were supposed to it right when you got home after this -

CLIENT: Yeah.

THERAPIST: and you didn't, I assume?

CLIENT: No, I did that night -

THERAPIST: Oh, okay. [0:29:56]

CLIENT: because that was my homework just for the next day of school and then I did that and then I came back from school that day and I said, oh, well I said I was going to do the first chapter of my math review but it's Friday, I don't really want to do it yet, I'm going to leave it for tomorrow, and then my parents went away for the weekend which also made it strangely harder to stick to my plan because -

THERAPIST: They weren't over your shoulder.

CLIENT: Well not that they like to try to be involved and forcing me doing my homework at all, but more because it was more tempting to enjoy having the house to myself because I've been with them a lot over the past several months and it was really nice to have that space, so I sort of wanted to make the most of it and it was easy to justify waiting until a little bit closer to the test to study, so I had this convenient excuse that I made.

THERAPIST: Because it's funny when you say who you're rebelling against, but in the end you're ruining your own goals of...I think the one that might be the most helpful is the goal to have the financial freedom from your parents.

CLIENT: Yeah.

THERAPIST: Because even if you're going to culinary school, you're still going to have to probably have Mom and Dad paying the rent [0:31:00]

CLIENT: Yeah.

THERAPIST: of wherever you're living and I think...is that something that's important to you, to be financially independent?

CLIENT: It is something that's been increasingly important to me and something that I've been thinking about a lot...well I've been thinking about it a lot ever since high school really actually I sort of tried to push in that direction and my parents have, for various reasons which I've already talked about (inaudible at 0:31:22) resisted that.

THERAPIST: Well you're an only child.

CLIENT: Yeah, exactly.

THERAPIST: You're their baby.

CLIENT: And they have a great additional control over other things in my life because -

THERAPIST: Yeah.

CLIENT: of that.

THERAPIST: So I think it's important to realize that who you're really rebelling against, you're rebelling against yourself.

CLIENT: Yeah.

THERAPIST: Is your -

CLIENT: I'm actually like falling into the trap.

THERAPIST: These are the self-defeating behaviors, it's going against your goal, you're saying, "oh, I'm not going to really study tonight because, fuck it, fuck them with their stupid homework, I'm going to do what I want tonight."

CLIENT: Yeah.

THERAPIST: But you're not very goal-oriented, you're not looking ahead and I think it's important to have that in mind in your new rational thoughts is, "I would prefer to do this later or not do this at all." [0:32:09]

CLIENT: Yeah.

THERAPIST: "But I know that it's important for me to reach my goal" and say that every single time those thoughts come up and challenge it every single time. And I'm not saying you're not going to have days that you make mistakes -

CLIENT: Yeah, and I try to remind myself of that because I think it was on Saturday, the second day, at the end of the day I hadn't done that much work on Saturday either even though I'd said on Friday I was going to do some on Saturday and I started to panic and say oh, God, I'm not sticking to my schedule and I'm being sort of irresponsible and awful and I said, well it's not that bad, I mean I'm never going to stick to my schedule 100 percent but I just need to try harder tomorrow and that did help, I got more done the next day and then I got more done the next day.

THERAPIST: So you're not a catastrophizer like "oh no, I haven't done it, now I just as might as well give up," so that's not something that you do?

CLIENT: It is something that I do and that's something that was a lot worse for me in the past and it was easy for me to say oh, God, I haven't done this for the past two weeks and it's such a disaster that it doesn't even matter if I do it now and I'll totally make things even worse for myself. That's what happened in the class I got a D in basically. [0:33:08]

THERAPIST: So can you say that this week was a success?

CLIENT: Yeah, in some respects it was a success, but there's still a (inaudible) work -

(Crosstalk)

THERAPIST: But there's still a long way to go, but it's not going to change overnight -

CLIENT: Yeah.

THERAPIST: and if it did, you wouldn't have been in this situation, right?

CLIENT: Yeah. Yeah.

THERAPIST: So what's on the plate for this week?

CLIENT: Not as much for this week, just regular readings and I think like a small written assignment, but I also want an assignment due every week (inaudible at 0:33:37).

THERAPIST: You have a lot of time on the train, right?

CLIENT: I drive in, actually.

THERAPIST: Oh, you do. Because train time is actually a -

(Crosstalk)

CLIENT: I know, it's great.

THERAPIST: work.

CLIENT: Yeah.

THERAPIST: Is there any way you could take the train?

CLIENT: I can and I do it on Mondays when I have three classes back to back, but -

THERAPIST: Do you bring work with you on Mondays?

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: Yeah.

THERAPIST: Because that's like, what is that, an hour you drive?

CLIENT: Yeah, it's almost more than an hour.

THERAPIST: Yeah.

CLIENT: I live in a unfortunate part of Indiana for public transportation. [0:34:02]

THERAPIST: I thought you just meant generally, which is my impression of all (inaudible).

CLIENT: I mean, no, it's pretty much true, it's hard to find a fortunate (inaudible) in Indiana.

THERAPIST: Where are you from?

CLIENT: Crown Point.

THERAPIST: Crown Point.

CLIENT: It's like a little bit too far south so I can't take the train, I have to take a local bus that goes through like 20 towns in Indiana before it -

(Crosstalk)

THERAPIST: But you have a car that's available to you. Could you drive to the station or, no, is that not worth it?

CLIENT: I guess I could, I never thought of doing that actually.

THERAPIST: So you drive to the station and on the train you have no excuse but to do your work.

CLIENT: Yeah, but, yeah, on Mondays I take the bus and it's like a really long bus ride, but then I -

THERAPIST: Yeah.

CLIENT: can do work or read -

(Crosstalk)

THERAPIST: Because that might be thing you're setting that as part of your schedule.

CLIENT: Yeah.

THERAPIST: And that's something that you'll be less likely to avoid because it's probably more stimulating than listening to other people's conversations (inaudible at 0:34:45) around you.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Definitely.

THERAPIST: So I think maybe even setting yourself up to take the bus more and making sure you have the work available is -

CLIENT: Yeah.

THERAPIST: could be an easy part of your schedule.

CLIENT: That might work, it's just hard because I just started to drive, well I got my license last year -

THERAPIST: Oh, okay.

CLIENT: but I have just gotten my car for the first time -

THERAPIST: Yeah.

CLIENT: at the beginning of the summer and I spent so long spending forever on buses [0:35:10]

(Crosstalk)

THERAPIST: Yeah.

CLIENT: transit and especially when I only have one class a day and it's like an hour-long class and it takes me almost three hours to get there by public transportation, it's hard to -

(Crosstalk)

THERAPIST: Well that means that if you really have to utilize that time at home -

CLIENT: Yeah.

THERAPIST: the time that you're not spending on the bus -

CLIENT: Yeah.

THERAPIST: and maybe you can outline, "this is how much time I would have been on the bus today and that I should have gotten it done and that is how much I have to do at least minimum today."

CLIENT: That would be a good approach, yeah, because I'd have to appreciate all the time I'm saving by driving, it's apparent to me (inaudible at 0:35:42) every day.

THERAPIST: Yeah. And I think, from what we were talking about last week, it seems like you kind of lack basic study skills.

CLIENT: Definitely.

THERAPIST: Because you've never really had to implement them.

CLIENT: Yeah, well that's totally 100 percent true.

THERAPIST: So when you do your readings, are they books that you own or -

CLIENT: Yeah, they're books that [0:36:02]

THERAPIST: articles, I don't know like what's most of what's going on.

CLIENT: It's mostly books that -

THERAPIST: Text.

CLIENT: there's some like [horse packs] (ph) that are just articles collected into a book that they sell.

THERAPIST: Do you highlight?

CLIENT: I don't highlight, I underline.

THERAPIST: You do, oh.

CLIENT: Yeah.

(Chuckles)

THERAPIST: Okay. Is that as good?

CLIENT: Yeah, I mean it's pretty much the same thing.

THERAPIST: I don't know, highlighting is more satisfying, I would suggest highlighters.

CLIENT: I never hold onto the highlighters though, that's always my problem.

THERAPIST: Well organization is something that it's going to be part of -

(Crosstalk)

CLIENT: That is something I need to work on.

THERAPIST: So maybe actually buying some highlighters and doing that. I think it's easier for me because underlining doesn't stand out as much when you're flipping quickly through pages of important, so making sure you're really doing that in the text. Before a test I'm in grad school so I know how it is do you ever make summaries of chapters?

CLIENT: No.

THERAPIST: That's something that's very helpful.

CLIENT: I haven't since like high school.

THERAPIST: Yeah, but doing that and then you can print them all out, you know?

CLIENT: And it's a lot easier [0:37:00]

(Crosstalk)

THERAPIST: And then that's your study packet -

CLIENT: Yeah.

THERAPIST: you have, instead of going through the book which can be such an ordeal, I mean if you wanted to be really motivated, you can outline the chapter, then when you find the time go back and type up everything that you've outlined or highlighted, you know?

CLIENT: Right.

THERAPIST: And then have it under Chapter 12 and then you can have a whole catalog so that when it comes time for the test, it's not as, you know, study 12 pages of...it would probably be a lot less, but just a little couple pages that you can bring with you every time you take the bus -

CLIENT: Yeah.

THERAPIST: and it'll become easy to study that material even every day if you have that hour every day commuting, you know?

CLIENT: Yeah.

THERAPIST: Does that sound like something you could do?

CLIENT: No, that doesn't -

(Crosstalk)

THERAPIST: So is that something like you would do.

CLIENT: It doesn't sound like something I would do, but it does sound like something that I could do.

THERAPIST: Okay. So you don't have any tests coming up this week.

CLIENT: I don't.

THERAPIST: You have a lot of reading, is that it?

CLIENT: Yeah, and I have some reading that I've been meaning to catch up on because I spent a lot of time concentrating on the two classes I had tested in and I didn't spend as much time on the other two classes I didn't have tests on.

THERAPIST: Okay. So what do you think on some people talk about rewarding themselves for doing [0:38:03]

CLIENT: Yeah.

THERAPIST: for doing good or punishing themselves if they don't do it, which one's going to be more effective for you? And which one are you more likely...are you really going to punish yourself or are you really going to reward yourself, you know?

CLIENT: More likely to reward myself than punish myself (inaudible).

THERAPIST: Okay. I don't think that it's necessary to study every day and to beat yourself up, I mean -

CLIENT: Yeah.

THERAPIST: as long as you set up the time like you don't have to work on a Saturday and right now it's not like...I mean you could because you don't have that -

CLIENT: I could do that.

THERAPIST: much of a social life probably, but I mean are you planning on going back? Do you go back to Oberlin on the weekends or...?

CLIENT: I have been up twice but I've been trying not to go up all the time because it's easy to really want to do that and -

THERAPIST: Yeah.

CLIENT: I feel like then I won't really get anything out of being at Chicago State. I've made a few friends at Chicago State, but no one that I've like hung out with outside of school yet, just people I run into and talk with when I'm there and I have pretty much only like two friends from high school or other places that I know are still around in the city and I've been seeing them and that's pretty much my social life. [0:39:03]

THERAPIST: Would rewarding your...or do you think this is counterproductive to be allowed to go up to Oberlin if you get all of your work done beforehand?

CLIENT: That would be a good reward for myself and I did do that one of the two times I went up to Oberlin actually, although it was like the beginning of the semester so it was -

(Crosstalk)

THERAPIST: Were you looking to go up there this weekend?

CLIENT: I wasn't looking to go up there this weekend actually, but I guess I could, I hadn't thought about it.

THERAPIST: I mean, this is your reward, what is something...I mean, some people use like "I allow myself to get Jamba Juice today if I do all your reading" or -

CLIENT: Yeah.

THERAPIST: some things a little like that, what's going to be reinforcing for you?

CLIENT: Probably something like that or probably if not Jamba Juice then like ice cream or something else for sure, but also definitely hanging out with the two friends that I do have from -

THERAPIST: Home?

CLIENT: my previous life who are here is definitely something that I look forward to.

THERAPIST: Do you know if they're available on...well it's already Thursday, do you know if they're available on Saturday?

CLIENT: I don't. [0:40:02]

THERAPIST: Because you could do something like make plans with them and say I'm only actually allowed to hang out with them if I do all my work Friday night.

CLIENT: Yeah, and like have them -

(Crosstalk)

THERAPIST: Yeah, I mean they don't even have to know if you don't feel, but to know that you have to get it done by this deadline because I think you do tend to follow the deadlines, but it's just the last minute.

CLIENT: Yeah.

THERAPIST: To make your own deadlines and then really stick with it, you know? And then reward yourself of going out with them that night or getting an ice cream on the way home from Ellis, you know? Or something like that -

CLIENT: Yeah.

THERAPIST: so you can think about that more, but definitely keep setting the schedules, checking off the lists. I think basic study skills is something that is going to help you -

CLIENT: Yeah.

THERAPIST: highlight, organize the chapters, make sure you keep up with it, and if you get behind, organize what you got to do each day, but it doesn't have to be every day. [0:41:00]

CLIENT: But it just has to be consistent, though, I have to get enough done.

THERAPIST: Yeah, you have to get enough done, I mean, Sunday is a lot of times people's day to do work, I don't know if that's going to be counterproductive for you because you like to put things off until Sunday anyway.

CLIENT: Yeah, it's hard for me to think that I should actually schedule things out to Sunday because then -

THERAPIST: Because some people -

CLIENT: I might even leave it until later if that's even possible.

THERAPIST: I think it is helpful to realize that some people do go to work full time and go to school full time -

CLIENT: Yeah.

THERAPIST: and you know what I mean? And they don't have the luxury of working on the weekdays that you have, you're going to have the luxury probably of working in the morning some days, right?

CLIENT: Oh, yeah.

THERAPIST: Can you wake up and do work right...is that part of your schedule where you can get up early and doing work?

CLIENT: Not really that early.

THERAPIST: But you could wake up at seven?

CLIENT: That's really early, oh my God.

THERAPIST: Oh, well how early do you get up?

CLIENT: I used to be like a really late sleeper even like a few years ago and I would sleep until like one or two regularly and now I sleep a lot more normally, although still not waking up at seven, I get up without anything to do like [0:42:02]

THERAPIST: But think about how much work you could get done.

CLIENT: I could get a lot more done, it's true.

THERAPIST: You wouldn't have to do -

CLIENT: And now I wake up -

THERAPIST: any of the work on the weekend.

CLIENT: Yeah, now I wake up like 10:30, 11 if I don't have anything to do.

THERAPIST: Well I think you always have something to do in school, don't you?

CLIENT: Yeah.

THERAPIST: What if you could have your weekends just to yourself, wouldn't that be reward enough?

CLIENT: That would be a reward.

THERAPIST: Then you wouldn't have to worry about Chicago State stuff -

CLIENT: Yeah.

THERAPIST: and you could just have fun, go to Oberlin, do whatever you got to do -

CLIENT: Yeah.

THERAPIST: assuming that there's no test, there's no reason that you couldn't take the entire weekend off.

CLIENT: That's true, yeah, I know about all my homework pretty far in advance.

THERAPIST: I know that maybe this weekend's a wash, but maybe start that plan next weekend.

CLIENT: For next week, yeah.

THERAPIST: And set times to get up, do your work, schedule it all in and your reward will be a free weekend.

CLIENT: Yeah, which is pretty -

(Crosstalk)

THERAPIST: Is that reinforcing enough? Yeah? Okay. So that's going to be your homework for this week and you can work on that sheet -

CLIENT: Okay.

THERAPIST: when things come up.

CLIENT: All right.

THERAPIST: Any other questions?

CLIENT: No, that's pretty much it. There was something else I wanted to talk about, but I -

(Crosstalk)

THERAPIST: Oh, I'm sorry.

CLIENT: of time.

THERAPIST: Do you want me to write it down?

CLIENT: No, it's too complicated to really get into without [0:43:00]

THERAPIST: Okay. Is it related to academic stuff or is it not?

CLIENT: No, it's not.

THERAPIST: What is it related to?

CLIENT: It's related to one of the friends who I still have in the area and also my girlfriend who isn't really my girlfriend but sort of is, it's -

THERAPIST: Oh.

CLIENT: really complicated -

(Crosstalk)

THERAPIST: Okay. So there's a lot of like social stuff.

CLIENT: Yeah.

THERAPIST: And we can work on that next time.

CLIENT: Yeah.

THERAPIST: Do you have any other goals? I mean we talked about your goals of getting basically through this point and building the skills to succeed later and get that college diploma. Are there any other goals that you have for therapy?

CLIENT: For therapy now, I think another thing I'd want to work on is...two other things actually that I can think of. One is that I'm really bad at confronting people when their desire for me to do something is different than what I want to do and it's hard for me to voice that conflict -

(Crosstalk)

THERAPIST: So assertiveness training?

CLIENT: stand up to it, yeah. And also I guess I'm a shy person, I was like hesitating to say that, but like I used to be really shy and I've like found some ways to work on being more social and being more of a person who gets out and meets people, but it's still hard for me in some ways. [0:44:11]

THERAPIST: And it's hard right now because -

CLIENT: Because I'm cut off -

THERAPIST: of the situation.

CLIENT: from everyone that I just spent three years getting to know, yeah.

THERAPIST: And we can talk about that and I have some good exercises you can do to attack they call shame attacking exercises and they're hilarious.

CLIENT: Sounds good.

THERAPIST: So, yeah, we can work on that. There is a good book downstairs that...I mean, there's a lot of good books downstairs, I don't know if you...I'm sure you're probably like sick of reading.

CLIENT: I spent like a minute looking through all those but mostly -

(Crosstalk)

THERAPIST: You know, I don't know how they will be but (inaudible at 0:44:38) the time in the car, they have CDs -

CLIENT: Yeah.

THERAPIST: I don't know, I'm going to leave that (inaudible) because you probably sound like more of a person...I don't know, I sometimes wonder if the CDs are for people who are less cognitive (ph), you know what I mean, like I don't know, you could try that, right, money is no object.

CLIENT: Yeah.

THERAPIST: Mom and Dad are going to pay, so....

CLIENT: That is true.

THERAPIST: But there is a good book on assertiveness down there that I've read, I think it's called "The Assertiveness Option." It's a yellow book. [0:45:02]

CLIENT: Okay.

THERAPIST: So that might be helpful to supplement -

(Crosstalk)

THERAPIST: and get some of those thoughts and irrational beliefs there, which I think helps with shyness too.

CLIENT: Yeah.

THERAPIST: Some of it is about like people who really get angry assertive, they think they're being assertive but they're really like aggressive?

CLIENT: Yeah.

THERAPIST: But a lot of it's for -

CLIENT: I don't have those kind of problem.

THERAPIST: No, (laughter) but a lot of it there is more for the social anxiety and thoughts that get in the way of saying what you mean and confronting situations, so I think that could be helpful for you and then also with the social stuff as well, we can work on that.

CLIENT: Sounds good.

THERAPIST: So you want to take a look, I don't know if you want to add to your reading list, but pleasure reading.

CLIENT: I might.

THERAPIST: Okay. Thanks for coming and I will -

CLIENT: Thanks.

THERAPIST: see you...oh wait, not next week.

CLIENT: Not next week?

THERAPIST: Next week, not the 15th, I wanted to tell you that.

CLIENT: Not the 15th?

THERAPIST: Is it the 15th or the 16th?

(Crosstalk)

CLIENT: Let me write that down.

THERAPIST: Got a calendar here. I think I blurt things out (inaudible at 0:45:56) October -

CLIENT: Yeah -

(Crosstalk)

THERAPIST: yeah, 15th.

CLIENT: October 15th, okay.

THERAPIST: I have to go fly to a wedding, a Friday wedding (inaudible) this.

CLIENT: Think they always pick it the worst dates.

THERAPIST: I know. But then (inaudible) on the 22nd and I don't know if you have...I have a 9:30 a.m. Wednesday that never fails if you'd like to slip it in there, I don't know -

(Crosstalk)

CLIENT: I might if I start waking up at 7 a.m. -

(Crosstalk)

THERAPIST: Would you like to schedule that?

CLIENT: Wait, 9:30 a.m. on -

THERAPIST: Wednesday the 14th -

(background noise)

CLIENT: Wednesday the 14th.

THERAPIST: (inaudible).

CLIENT: Well wait, do I already have one with you for the 15th at the same time?

THERAPIST: Yeah, well you always come...oh no, wait, I'm sorry, you come on Fridays, I'm sorry.

CLIENT: Thursdays.

THERAPIST: Thursdays, yeah.

CLIENT: Today's -

(Crosstalk)

THERAPIST: Yeah, yeah. I don't know where I'm...yeah, so that 15th I'm not going to be there, that's what I'm saying, so if you'd like to switch it to the 14th just for that one day?

CLIENT: Great.

THERAPIST: So you don't miss a week?

CLIENT: Okay.

THERAPIST: Something you'd like?

CLIENT: Well wait, today's the first, but I'm not going to see you next week, but I'm also not going to see you on the 15th, but I can see you on the [0:46:59]

(Crosstalk)

THERAPIST: Oh, you're not going to see me next week?

CLIENT: I thought that was what you just said because you have the wedding.

THERAPIST: No, no, no, I was getting it wrong.

CLIENT: I'm sort of confused.

THERAPIST: Okay. Let's look at the calendar together, I'm sorry, I don't know.

CLIENT: It's okay.

THERAPIST: So -

CLIENT: It's today, the first.

THERAPIST: today, we're good. Next week is good.

CLIENT: Okay. Next week is good.

THERAPIST: The 15th.

CLIENT: That's what I was -

(Crosstalk)

THERAPIST: Is the (inaudible) and so we can switch the 15th for the 14th?

CLIENT: The 14th at 9:30?

THERAPIST: Nine thirty a.m.

CLIENT: The 14th is Wednesday -

THERAPIST: Do you have class or anything or...?

CLIENT: I have class, but it's at 4 p.m.

THERAPIST: Wow, look at all that time you can study at the library in between.

CLIENT: Wow, that is a lot of time.

THERAPIST: So I think that's good, yeah?

CLIENT: I'm hesitant, but I'll -

(Crosstalk)

THERAPIST: Tell me next week if it's going to be too much of a problem.

CLIENT: Okay, yeah, I think I should see if I'm really committed to it because I don't want to say that I'm going to go and then not (inaudible at 0:47:40).

THERAPIST: I think it would be good for your plan, yeah. Okay, so I will see you next week, no problems though.

CLIENT: Okay.

THERAPIST: Okay?

CLIENT: All right.

THERAPIST: Have a good week, keep up the good work.

CLIENT: Thanks.

THERAPIST: All right. See you.

CLIENT: See you.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi George.

CLIENT: Hey.

THERAPIST: How are you?

CLIENT: Good. How are you?

THERAPIST: You got here so early. (Laughs) were around, or did you just get here early?

CLIENT: No, I always get out of class on Thursdays at four, and then I just have an hour and—

THERAPIST: Okay. Yeah, because it doesn't make sense to get here—like I would put you in at four, but then you wouldn't get here on time anyway.

CLIENT: Yeah.

THERAPIST: So. Oh well, we don't mind having you sit around.

CLIENT: Yeah, that's fine. I get to read and do homework, actually. That's what I was just doing. So...

THERAPIST: Ah, that's good.

CLIENT: (inaudible)

THERAPIST: Yeah. So, how did the homework go this week?

CLIENT: It went pretty well, actually. This was probably my most productive week at Chicago State I'd say.

THERAPIST: Yeah?

CLIENT: I think I did more work now than I have in the past. I did not succeed in what we talked about in the goal of getting my homework for next Monday, I did not get my homework done for the weekend, but that is because I had a quiz today on Thursday that went pretty well, actually. I think I [Interposing]

THERAPIST: Okay. Did you know that that was coming or—

CLIENT: Yeah, I knew that it was coming. And there was a lot of reading that I had not been consistent with before that I was catching up on. But I was really good about—I think I actually caught up on every single reading that I had missed in that class for this quiz, even though it did not really cover all of that, but I sort of went the extra mile.

THERAPIST: Great. How did that feel to do that?

CLIENT: It felt pretty good, actually. It was hard at times to really stay focused, and I found that I have this whole other problem where—well, it is not a whole other problem, but it is tied into the same problem where after I have done a little bit of work, I am like oh, well that is more than I have ever done before. So, maybe I am—maybe I can [Interposing]. And I had to keep on like reminding myself that now I had to finish this last article. And I managed to do that for that class. And also in another in another class I had—there was not a

quiz, but there was just like a book that we are supposed to be reading but we never talk about in class ever, and we were talking about it in class for the first time and he told us last week if you have not been doing the reading, catch up on that, and it was like 300 pages of reading.

And I did—I did not do all of it, but I only skipped one chapter, I think. And so, I did a lot of homework for those two things.

THERAPIST: That is great. So, to be all caught up for Monday, how much more do you have to do over the weekend?

CLIENT: To be all caught up for Monday, I just have my homework for Monday. And I guess that chapter I should do at some point.

THERAPIST: Okay. So, it is just like one chapter of reading?

CLIENT: Yeah. And then my regular homework for Monday—actually, I do not have anything for Monday, because Chicago State does not have class on Monday.

THERAPIST: Oh yeah. So actually, Monday could be a good study day for you.

CLIENT: Yeah.

THERAPIST: Or if you managed do it over the wee—I guess because I know how you want to reward yourself if you want to spend the weekend doing something fun, or—

CLIENT: I already—well, I did not plan it out as reward for doing work this week, but a few weeks ago, I bought a ticket to this concert at U. Chicago, and so I am going to go up there. And I have some friends up there that I am going to go see also.

THERAPIST: Cool. At what (inaudible)?

CLIENT: Weakerthans.

THERAPIST: That is music?

CLIENT: Yeah. Yeah. Music.

THERAPIST: What kind of music is it?

CLIENT: Indie rock, I guess.

THERAPIST: Oh. Cool.

CLIENT: I do not know how else to categorize it. But yeah, I am excited for that, I will be up there on Friday and I will probably come back on Saturday, and then I can get back into the swing of doing work then.

THERAPIST: That sounds really good. How did it feel, like, to get all this done?

CLIENT: It felt good. I definitely had the sense that I was doing something I have not done in forever. And that felt sort of interesting and new.

THERAPIST: So, you have worked this hard before, would you say?

CLIENT: I definitely worked this hard years and years ago. But I have not since like middle school, maybe I want to say.

THERAPIST: Do you think—because last week we talked about and you were saying oh, I guess I will try it again.

CLIENT: Oh wait. There was another big motivating factor that I have not mentioned in having this happen, which is that I got an awful grade in my math test that I had the week before that I found out about on Monday of this week.

THERAPIST: So that is before we started seeing each other or—?

CLIENT: No, it was—it was the second week that I saw you.

THERAPIST: Oh, it was the test that you were in fact studying—

CLIENT: It was one of those two tests that I was studying for, yeah.

THERAPIST: So it did not go so well.

CLIENT: It did not go so well, no.

THERAPIST: How bad?

CLIENT: Really bad, like 60 out of 100.

THERAPIST: Okay, so not—I mean it was not like a 30?

CLIENT: It was not a 30, but it was a D, I guess.

THERAPIST: So you have hope of passing the class still?

CLIENT: Oh yeah. And I definitely have hope of passing the class, because in that math class, they dropped the lowest of the test grades, so it could not affect me at all if I get good grades.

THERAPIST: (Interposing) so perhaps it gave you a kick in the butt?

CLIENT: It totally gave me a kick in the butt, because the class is called basic structures of math. It is like Chicago State's dumb, lowest level math class, and I took it because I thought it was going to really easy, and I am not really good at math, it is not like my strong suit, I am much more of a humanities kid in general.

THERAPIST: Yeah.

CLIENT: And to get a D on the first test of this, which I thought was going really well, because in the beginning, it was stuff that I had done in high school, and that was vaguely familiar to me, and then I guess I did not really continue to try very much, because I thought it was easy. And then getting that grade really made me reconsider how much I could coast.

THERAPIST: Good. I mean, maybe that was—

CLIENT: No, it was shitty when it happened, but it was definitely really helpful. I do not think I would have worked that hard if it had not happened.

THERAPIST: Do you think that you are capable of doing well in that class? Like is it something that you are worried about? Or you really just put nothing into that test?

CLIENT: I put—I did study for that one, but I put more effort into my psych test, even when I was—

THERAPIST: Oh, that was the one we had talked about.

CLIENT: Yeah. Yeah, because I had two tests in the same day.

THERAPIST: Did you find out how you did on that test?

CLIENT: They are taking forever to grade it, so I have no idea. But hopefully, that one went better—

THERAPIST: Okay. Because you said that you did put a good amount of work in that.

CLIENT: Yeah.

THERAPIST: It was like a little more last-minute than you had planned, but—

CLIENT: Yeah. I had a schedule that I had come up with after we met, and then I did not totally stick to it, but I did some work on the last like day and a half. But I did sort of prioritize my psych test in a way that I guess in retrospect did not make sense or work out very well.

THERAPIST: Okay. And these are all lessons that you learn, and I think maybe it is a good lesson, because you know, we talked about the idea that Chicago State in your head a little more of a slacker school.

CLIENT: Yeah.

THERAPIST: So maybe you will have to work hard. And I think—I do not know if this is influencing the way you are acting, but we had talked about how initially your goal was kind of to get a B-plus or something.

CLIENT: And it was sort of unclear, that was just what I said when you asked me. Because I had not really thought about it.

THERAPIST: Yeah. Do you think that with the new effort that you are putting in is somewhat due to the idea that now you are aiming for something higher?

CLIENT: It is definitely tied into that, and that notion has become a lot appealing to me ever since you mentioned that why do I not try to do really well, because it is not going to be that hard for me. And I do not really have that much else going on to distract me. And I have not like firmly committed to that goal yet, but it is appealing to me a lot more, it is something that I am looking to work towards more.

But really, I think getting a bad grade on my math test was like the main motivator for me.

THERAPIST: Okay. What is the—like the negative of working hard and reaping the reward? Like, is there something that is a negative in there? Or can you see the positives in what that would bring? Like the sense of achievement?

CLIENT: I can definitely see the positives, but I think that it is hard for me to feel the positives when I am confronting that choice. And it is easy for me to feel the short-term avoidance of responsibility and say oh, I can ignore this and do something fun that I would rather do.

THERAPIST: Okay. And in the past when you got like a 60 before—

CLIENT: Yeah.

THERAPIST: Would you say I do not really care, like, I will squeak by? And now you care?

CLIENT: No. In the past, I would say oh shit, and then I would feel bad about it, but it would not really motivate me to apply that energy towards my next task.

THERAPIST: Have you ever had something that you worked really hard on and you did well, and it kind of—you felt good afterwards?

CLIENT: Let me think if there is something I worked really hard on, I do not know about that. Maybe—actually, one of my photo projects when I was in high school. My high school had like a senior project and you could do whatever you wanted to, and like you get off of one class for the last semester of school. And I made these—sort of like a complicated technical process that I will not explain, because it will totally waste our time. But it was basically like late paintings, you sort of get a really bold, like, large format camera in a dark room, and you set up a scene and there is no light, it is totally dark, and you have a flashlight. And then you leave it open—the lens open for like a minute or two minutes or five minutes and you shine the light illuminate things in the way you want them to. And it was like super-involved, and it was basically guess work, because you did not know how it was going to turn out. And I spent a lot of time on that.

THERAPIST: Cool. (Interposing) and you did well?

CLIENT: Yeah, I mean, they did not really grade—

THERAPIST: But you were happy with the results?

CLIENT: I was happy with how it turned out, yeah.

THERAPIST: Since you are a literature major, do you like literature?

CLIENT: I do. I do. I have a weird hatred of lit criticism sometimes, because it can be really obnoxious and self-centered and totally ignoring the point of actual books. But I love novels and other forms of books, and I love reading, I always have—

THERAPIST: So do you find that you enjoy the reading part, it is just not the writing of the papers?

CLIENT: Yeah. And I guess more than that really.

THERAPIST: (Phone ringing) did this happen the last time you were here too?

CLIENT: Yeah, it did.

(Interposing)

CLIENT: Anyway—wait, what was I just talking about?

THERAPIST: You were saying something—

CLIENT: Literature. Literature, okay. Yeah, the papers are sort of a drag, and I think really what is hard for me in that is that it is not that I hate analyzing things, because I like analyzing things and I like in other fields, I guess not in other fields, because I am not really an academic person. But in just talking with people, I will analyze situations and like talk about things, and I will look away, and I have heard people say that about me that I have an analytical mind. So, I do not think that it is that I am unwilling to like describe things or come up with conclusions about stuff.

It is more that—I guess there is some—like, I am hesitant to do it, because I think that I am going to be wrong in some respect and that actually. But only within the specific issue of coming up with opinions about literature, because I always—I am always suspicious of other people's opinions about literature, I guess that informed me to be suspicious of my own.

THERAPIST: So, are you taking any literature courses at Chicago State?

CLIENT: Yeah, I am. I am taking one there.

THERAPIST: Can you see that also getting in your way?

CLIENT: It has not really so far, because I have not had to write a paper, I have only had like the class is like a tiny, little, like one-week—once a week block of (Interposing)

THERAPIST: Okay. Okay. And you are okay with that?

CLIENT: Yeah.

THERAPIST: Do you ever—I mean, some people with their blog posts and things like that, some people blog, you know, that is their main form of—it is like progressive communication and things like that. Could you ever see writing your blog post, you know, as like if you were going to have to put it on the web?

CLIENT: I totally could. I used to have a blog in real life, like a writing blog, I guess. I did not really talk about anything, I just put writing that I had done onto it. But then I sort of abandoned it after a few months.

THERAPIST: Okay. But—you know what I mean, as if you could see these papers as something to take pride instead of something oh, this is what they want from me. Instead of taking it as an opportunity to learn

something really well and to present it, you know?

CLIENT: Some—I could, yeah. About some things. (Interposing) I do not think like 100-percent all the time, I could see that, but I do not expect that.

THERAPIST: But for the bigger ones, like if you could at a paper differently instead of saying oh, this is like something annoying that I have to learn, or something that I have to do. Instead of saying like this is like a real opportunity to write something really cool, like I could actually take a really interesting topic with it, I do not have to just do the bare minimum.

CLIENT: Yeah.

THERAPIST: And I think I could see how it is boring when you are just doing the bare minimum.

CLIENT: It is really boring, yeah.

THERAPIST: So, like you are a smart guy, you like literature, you like analyzing, you know, put some effort in.

CLIENT: Yeah.

THERAPIST: Do you think the idea of—because you are saying that it does not affect you in other areas of being wrong in writing. Like, kind of prevents you from getting (inaudible) oh, you are worried that your opinion is wrong?

CLIENT: Maybe I am simplifying it too much when I said that, but that is definitely one of the things that happens for me. And...what was I just going to say? I just thought of something intelligent I wanted to mention when you said that, and it totally slipped my mind.

THERAPIST: That is okay. But it does not happen in other areas or you were saying you simplified it?

CLIENT: It happens, I guess, yeah, it does not really happen in other areas, because in most other papers or writing, you are not really expressing your own opinion that much. You are really like summarizing. You know, like in most other disciplines, it is not that your creative energy is not being involved, but you are more talking about other people's work and relating it to someone else's work.

THERAPIST: Has anyone ever said like that is a shit opinion? Like written on your paper, like—

CLIENT: No. Not really. Actually, I guess, I mean, I have definitely gotten bad comments from papers or something that I have written. But I have never heard anyone tell me like no, you are totally wrong.

THERAPIST: Yeah. It is probably more like grammar or like taking your time with it.

CLIENT: Yeah.

THERAPIST: And sloppily written or something.

CLIENT: Or like your general point is right, but you said this incident happened in the book, which did not, because maybe you did not read the book.

THERAPIST: Okay. So nothing really that—would actually—

CLIENT: Nothing that would—

THERAPIST: Attacked your ego, you know, like (Interposing) of your opinion.

CLIENT: Yeah.

THERAPIST: So, this is just kind of a substantiated fear?

CLIENT: Yeah. And I just instinctually, I feel like it has something to do with the fact that both of my parents are like super into literature, and they were both literature majors in college. And were in grad school, and were both English teachers before they abandoned that particular career.

THERAPIST: Yeah. But it is not—so what class are you taking now? You are taking math—

CLIENT: I am taking math, the basic structure (Interposing)

THERAPIST: That does not look good, it is like math for English majors does not look (Interposing)

CLIENT: (Interposing) psych and then political science. And my lit class—it was so weird, this has never happened to me before, on the course listing like when I signed up for the classes, 20th century American drama, and I thought it was going to be like Death of Salesman and like all those classic American plays, and I was excited for it. And then, it actually turned out to be 20th century—not even 20th century, like in general, African-American drama. Which I was a little bit confused about it at first, but it has been really interesting, and I did not know anything about African-American drama or really African-American—

THERAPIST: Oh. So, what plays are you—?

CLIENT: So far we have read Big White Fog and (inaudible). We have not really gotten into like the modern period yet, we are saving it for (inaudible).

THERAPIST: Okay, great. So, that will be something then.

CLIENT: Yeah. And it has been—

THERAPIST: It is new for you and you cannot even complain that this is boring?

CLIENT: Yeah. And actually like the readings that I have been doing for that, that was one of the two things I was catching up on this week, have been really interesting overall.

THERAPIST: So, you have been making your—setting schedules for when deadlines when you are going to do it?

CLIENT: Yeah.

THERAPIST: Have you been keeping with that? Have you started highlighting or doing the other—(Interposing)

CLIENT: I am still underlining, I guess I am sort of stuck in my underlining system.

THERAPIST: Okay. And if you think that helps.

CLIENT: And I have been a little more consistent with it.

THERAPIST: When is your next—for psychology, I know it is it is a lot of fact-based as opposed to—I mean, maybe it could help with literature too, with the idea of writing up—like typing up what you underlined and then putting—you know, (Interposing) and printing them out.

Have you thought about doing that so that when the tests come it is not that big of a deal?

CLIENT: I have thought about doing that, it is still—I was considering that actually like today in my psych class, because the class doesn't really stick to the textbook that much though, like it has a lot of—it is a really weird class. There is 800 kids in it, it is like the biggest class I have ever been in (Interposing). And we had these clickers, it is like you are on Who Wants to be a Millionaire, and every now and then they are like what is the answer to this question and it flashes on the screen and it is like A, B, C or D and you click it in and they can pick out who you are and what your answer was from the computer, it is really crazy.

THERAPIST: That is so scary, but kind of fun.

CLIENT: I know. It is kind of fun, but the strangest thing I have ever done in an educational setting for sure.

THERAPIST: And it is like empirically shown to increase student participation.

CLIENT: (Interposing) I wonder if they have done all sorts of (Interposing). But there are four different teachers and there is a different one every day, it is like a rotating system. And they all approach it totally different, and one of them is very textbook centered, and it would work for his part of the test to do that. But some of them do not have any textbook readings on their days and they have individual readings. But I guess I could have like a weird composite system.

THERAPIST: Yeah. Yeah. It does not have to (Interposing) the outlines of—you know, because I have had to this before. You know, you do the outlines of the chapters, and then outlines of articles. You know, summary of articles (Interposing) abstract or—

CLIENT: I just have (Interposing) comprehensive system. But I could do that, I guess.

THERAPIST: Yeah. Because it just makes studying a lot easier and I think a lot less (sighs) how the hell am I going to do this when you know, covered in papers and like you just feeling very lost. And like what is the point? I am never going to—you know, like that feeling what the hell? I am (inaudible) anyways, so I might as well not do anything?

CLIENT: Yeah.

THERAPIST: And this way, it is something easy that you—have you been taking the train or are you driving still?

CLIENT: I am driving, so most of the time I took the—well, I did not take the train, I took the bus.

THERAPIST: Okay. That is right. That is right. And that was a good time to get some studying done?

CLIENT: Yeah, it was.

THERAPIST: Okay. Because you can get like a good two hours in there. You got an hour in here.

CLIENT: Yeah.

THERAPIST: I am glad it is working.

CLIENT: And I went to the library at Chicago State for the first time also, and spent like a few hours there on Tuesday and Wednesday, which was nice.

THERAPIST: So are you feeling successful?

CLIENT: Yeah. I am feeling pretty successful so far.

THERAPIST: Do think that the success that you have had this week—because I mean, sometimes people find that when they have a setback like that math test, then there is that okay, I am going to work really hard, and then it does not last.

CLIENT: Yeah.

THERAPIST: But it has lasted a bit longer, because that was two weeks ago, right?

CLIENT: No, that was—

THERAPIST: Oh, you got the grade this week?

CLIENT: I got the grade this week. So, it is still pretty—

THERAPIST: Okay. Well, you were still were working last week too.

CLIENT: Yeah.

THERAPIST: Do you feel like you can sustain this, you know, pattern that you have—

CLIENT: I feel like I can right now, yeah, but I am not really sure, because I have never sustained it for very long. But even now, this is way more progress than I have ever made, because usually in the past, like, in college, every time I would get a bad grade, and most of the time my reaction was not oh, how can I be super energetic and committed to my next assignment? It was oh shit, I just messed up, and I just—what am I going to do and just waffling about it forever.

THERAPIST: Okay. Do you think that this is something, because we talked about, you know, the last time we were doing the motivational interview, like, what are we going to do about like graduating college? Is this something that you really want? Now that you are finding some success and taking some pride in what you are doing, at least these past couple weeks, can you see how getting your degree is something that you are going to feel—but I feel like you just seem even proud of—I do not know if you are just like (inaudible). Give me a sticker. But you know, like, I (inaudible). I will give you a little sticker.

There is something that you can take pride in for working hard and getting what you wanted to get done.

CLIENT: There is. I still do not see all the way to like graduation and college yet, because it is still like a year (Interposing) away from me. And it still seems pretty far.

THERAPIST: But seeing what that could mean to you, just to have accomplished all of this.

CLIENT: Yeah. And that is what I am starting to see how doing stuff that does not see worthwhile at all can be worthwhile in the end.

THERAPIST: Yeah. And you know, like just having a lot of opportunities to learn a lot of different things that most people do not. And I know that the (inaudible) temporarily probably, you know, is something that you can look up at, something that you regret. But also you are getting this great opportunity to study somewhere else to get a different university experience. You did not go abroad at all or anything did you?

CLIENT: No, I did not.

THERAPIST: So this is kind of your experience getting—I think it is interesting how different universities do different things.

CLIENT: It is really interesting and no, it is totally an eye opener for me, because as I said, I have been to (inaudible) and Oberlin in my life, and this really weird also private lower school before that. So, it is my first public school ever, which is pretty crazy. And definitely, I feel like not that I thought that public school was dumb and everyone who went there like did not care and it was not (inaudible), but I just did not know what it was really was like before at all, and it is nice to see that.

THERAPIST: Probably a lot more diversity in the student body.

CLIENT: Yeah. For sure.

THERAPIST: Yeah. So, I think I had something else to say. Do you feel like the advice I am giving you is good advice or do you feel like I am babying you (inaudible) (Interposing)

CLIENT: I feel like it is good advice, but it is hard not feel like you are babying me, because I am at like this baby step point where it is like study skills, come on, like—

THERAPIST: But you know—

CLIENT: —motivation, things matter, (Interposing) looking at it right now.

THERAPIST: Well, you could tell me enough, when it is enough. But if it is helpful, I am happy to continue. I think that—

CLIENT: No, it is definitely helpful, and I am trying to struggle not to get into that resentful mode where I say oh, I should be above this, because I am 23 and I have been to all these great schools, and I should know about study skills. Because I know that I do not really know about study skills.

THERAPIST: And it is kind of funny, because you get into this pattern, you are like oh, I can do so well without any of this, but maybe all along if you had the skills—

CLIENT: It would have been a lot less of a pain in the ass.

THERAPIST: And everything would—like I can imagine studying for an exam without a plan.

CLIENT: Yeah.

THERAPIST: Like, I think it would take a really, you know, like one of those memory savants to do that. Like there is too much to know when you get to a certain point.

CLIENT: That is true.

THERAPIST: And it is not—I think a lot of times, it is not that college and courses become so hard, it is that it is a lot of work. And eventually, you cannot really rely on your intellect as much and more to get by.

CLIENT: Yeah. I think really what it is, is that like the structure of it gets built a lot more, whereas in high school it was easier to do things in—I guess it is not really true, but it is sort of easier to do things on the short-term, but college is way more building on things you were supposed to have done before. And if you did not get the building blocks, then your tower is falling apart.

THERAPIST: Yeah. But as long as you stay on top of it, and stay (inaudible) and hopefully, I think things are going well, and you will see how you did on the psych test coming up. And I guess you will just work really hard on the math. Do you feel worried about the next test or do you feel like it will be okay?

CLIENT: I have been doing the homework before the class for the one math class I have had since I got the test back. And it was surprisingly easy when I actually did that in class, like, everyone was asking questions about things, and I was like oh wait, I could totally answer that (Interposing) because I did the homework.

And I am not worried about it now, but I might be later on if the—because we are starting this new, apparently, far more challenging topic that we have ever done before, and math really is not my strong point, so I am not ready to say I am totally confident, but I am feeling pretty confident.

THERAPIST: Okay. Good. And I feel like, you know, just say all that and as much as this is for your long-term goal, this a relatively short period, like, classes are over by like December 14th or something like that?

CLIENT: Yeah. Like the 17th.

THERAPIST: So, it is already mid-October. It is like you have two months left of this?

CLIENT: Yeah.

THERAPIST: And then you are done. So, I think if you can keep this up, you know, you are going to be set.

CLIENT: Yeah.

THERAPIST: So, I think, you know, aim for the stars, like why not think of this as an experiment of can I get an A-plus? You know what I mean?

CLIENT: Yeah.

THERAPIST: Why are you not trying for that? It could pull up your whole GPA from Oberlin, right?

CLIENT: Yeah. Which is also good. Does it work like that? Do the GPAs get combined? I have no idea.

THERAPIST: I would think so. But I do not know. I see they accept these courses, or else they would not let you—

CLIENT: They accept at least three out of the four, I am not sure about my lit class, but—

THERAPIST: Oh, but maybe not for your major.

CLIENT: Yeah.

THERAPIST: Yeah. I know what you mean. Well, you know what I mean, it is good practice. And then you will have those skills and you will take other—(Interposing) start school again, but hopefully it will be in there somewhere for Oberlin.

CLIENT: No, I think that they will. And GPA regardless, I think it would be pretty eye-opening for me to get an A-plus in a class.

THERAPIST: Well, what do you mean? Would you be proud? Would you be like mom, dad?

CLIENT: (Laughs)

THERAPIST: I made it.

CLIENT: I would probably be proud and almost like weirdly unused to that feeling, because I have not really been proud in that many things in the academic realm any time soon.

THERAPIST: Is that a comfortable feeling to be proud? Or is that something that you avoid? I remember you were saying that other therapist said that before in the past to you and you were like no, that was stupid. (Interposing) I am not going to say that you are wrong, but I am just curious about it.

CLIENT: Maybe I am wrong, but I have the feeling more that—well wait—

THERAPIST: Were you not saying that the other therapists were saying like oh are you really just scared? Oh, that you could not succeed? And then you said to me that you were scared that maybe you were just scared to succeed?

CLIENT: Yeah. It is not that I am—I think I am totally scared to succeed, but a lot of therapists have been like are you scared of failing? Because I think that is like a common thing, more people are anxious about like, oh I am not really going to do well enough on this.

THERAPIST: What it you mean if you succeeded?

CLIENT: If it is succeeded, it would mean I would have to figure out what that meant and where I was going from there and what being successful at academics meant for me as a person, and how to integrate that into my life.

THERAPIST: Would it mean at all like—that you were kind of like a douche in the past? Like would you feel stupid about your performance in the past or no? I am not thinking you are a douche, I was just (Interposing) kind of thinking of other things (inaudible)

CLIENT: No, it is a fair question. And I might, I have not really thought about that at all. I do not think I would that much though, because even though I fucked up a lot four years in a row, part of it was really necessary for me to grow in other ways as a person, because part of why I was the way I was in high school, is that I was super intellectually and I guess intellectually developed. And I was really awfully socially developed, like, I just had not really gotten out there and like been a social person at all. I was like very shy, I'm like an only child, and I had like a few friends that I was close with, and like did not really put myself out there at all. And then I sort of launched myself into that world.

THERAPIST: So, within high school or just once you got to college?

CLIENT: No, within high school, I definitely started in high school. And that is when I started to really have problems with academics, that sort of cast me aside in the interest of the other. I said well, I am already so hyper-developed at this, I can just ignore it.

THERAPIST: Okay. And it kind of caught—

CLIENT: I did not really say that at the time, but in retrospect, that is what it seemed like.

THERAPIST: So you think that maybe you know, instead of study skills, you were working on social skills?

CLIENT: In high school, that was my priority for sure. I was not—I did not feel like it was that important, because I felt like I had already got into a certain level at that that I did not have to worry as much. And that I was worried about the fact that I like did not really know how to interact with other people, because it seemed pretty important.

THERAPIST: And I know that you said you wanted to talk about social anxiety and things like that.

CLIENT: Yeah.

THERAPIST: This week. So, this is a good segway into that topic.

CLIENT: Yeah.

THERAPIST: But how is it when you went to Oberlin, was it easy to make friends?

CLIENT: It was easier than it was at (inaudible), definitely. But still, it was not like a carefree process or any of that. Because I just think about things like that a lot, and I am very prone to anticipating or imagining how other people are thinking of me, even when they are probably not considering that at all.

THERAPIST: Okay. So, worried about judgments of others?

CLIENT: Yeah.

THERAPIST: And things like that? How does that make you feel? Does that make you feel like if others judge you, what would that mean?

CLIENT: I am not really sure what it would mean, but it is more that—

THERAPIST: Would it be awful to have other people judge you?

CLIENT: I guess on some level, it would not be awful, but it would be bad, and I would not really know how to deal with it, because—

THERAPIST: So, it is uncomfortable?

CLIENT: —confrontation. Yeah.

THERAPIST: If someone was judging you, you would be uncomfortable? And you would feel like—is that like a feeling like you cannot stand? Like to be judged?

CLIENT: It is hard, yeah. I cannot think of that many examples of people actually judging me, except for like my parents and people that I am like really close to. And I guess it is hard for—

THERAPIST: Well, when you meet a new person, like, that is—because I was trying to look at some of the answers you gave to when you meet a new person, are you kind of worried like what are they thinking about me? Is that mostly the social anxiety? Do you feel the social anxiety with people that you are close with already?

CLIENT: No.

THERAPIST: Or it is more with new people?

CLIENT: It is more with new people.

THERAPIST: What are they thinking about me?

CLIENT: Yeah. And more—it is more that I—it is not that I am worried about what they are thinking about me, I sort of take it two steps further and that is what makes it really complicated. I am thinking what are they thinking of me given these three different various ways I can approach the situation. And so then which should I choose to sort of anticipate how they might react.

THERAPIST: So, it is kind of like...

CLIENT: And I am sort of being overly calculating about it, and not just letting myself be myself.

THERAPIST: So, I must not make that wrong choice.

CLIENT: Yeah.

THERAPIST: I must present myself in the right way?

CLIENT: Yeah.

THERAPIST: And if I did not, what?

CLIENT: If I did not, then, I will probably fumble it and never (inaudible) this person. And it depends on like

—

THERAPIST: So, maybe it is kind of catastrophic thinking, like, if I do not say the right thing, then they—(Interposing) and if they do not want to be friends with me, then how am I ever going to ever get any friends if I cannot even make friends with this person?

CLIENT: Yeah.

THERAPIST: And it gets a little out of control?

CLIENT: It sort of—I hate to say this, but it is sort of selective in a weird way, I guess. Like I do not feel this 100-percent of the time about everyone that I have ever spoken to at all. But when I am—for some reason, like, interested in someone, or I think that they seem like someone that I might get along with or think that I might want to be friends with them—

THERAPIST: Someone's opinion you might actually respect?

CLIENT: Yeah. (Interposing)

THERAPIST: But I am sure everybody is like that, you know? When they are in (inaudible) group of people that they want to present themselves—

CLIENT: Like, if I acted like that with everyone, then I would be totally crazy, and never know how to represent myself. But no, when there is someone that I think I might want to get to know more, I totally end up thinking about things like that a lot. And it makes it harder to one, not seem nervous and then two, actually like enjoy myself and be myself.

THERAPIST: Because you are always thinking I have got to say the right thing.

CLIENT: Yeah.

THERAPIST: Wow. That must be hard. Do you also think if I do not say the right thing, I am an asshole? Like I am worthless?

CLIENT: Sometimes, yeah, but—

THERAPIST: It is more the catastrophic thing?

CLIENT: It is more the catastrophic thing, yeah.

THERAPIST: Okay. Because remember we talked about the different types of irrational thoughts on that sheet, which you—I think you were supposed to fill out.

CLIENT: I was supposed to fill it out—(Interposing)

THERAPIST: Now I remember.

CLIENT: You totally remember, I totally forgot to bring it.

THERAPIST: Okay. But was it working?

CLIENT: It was working, yeah.

THERAPIST: Okay good.

CLIENT: I think it was working, I did not—

THERAPIST: You were filling it out and it helped?

CLIENT: Yeah.

THERAPIST: Okay, good. You do not have to do that. I just thought it would be a good idea when you have a chance, bring it in so I can see (Interposing)

CLIENT: No, I definitely want to bring it in next time, because I think that everything went well, but it is the first time I have ever done it. So—

THERAPIST: Yeah. And we can work on it together. (Interposing)

CLIENT: I need some photocopies of it before I (Interposing)

THERAPIST: You are like a star student (Interposing) they were like whose (inaudible). Where was I? So it is more of the catastrophic thinking and there is some self-doubting as well?

CLIENT: Yeah.

THERAPIST: So, you know the kind of the four rational—there is the demands—

CLIENT: We have them (inaudible)

THERAPIST: Yeah. There is the demands that other people must like me or I guess in your case it would be people that I respect must like me. I must present myself well.

CLIENT: Yeah.

THERAPIST: So there is a demand. (inaudible) a demand. And there is the if this person that I respect does not like me, that would be terrible, and that I may never make any friends, and he will tell everyone he knows that I am a weirdo.

CLIENT: Basically, yeah. Yeah. I do not think of it that way anymore, but like thinking back to how I felt when I was younger, that is totally how I thought about it, and I guess I have like abstracted it and made it more complicated for myself since then.

THERAPIST: Okay. And then there is the if he does not like me or she does not, if the person I respect does not like me then, I am just a piece of shit, because I cannot present myself the way that I want to.

CLIENT: It might be a little bit of that too, yeah.

THERAPIST: Why cannot I just say—

CLIENT: Wait, I totally thought of something. I guess I am sort of uncomfortable with people that I am friends with afterwards. In some respects, like, but just thinking about how I got kicked out of Oberlin or (inaudible) first semester from Oberlin. The dumbest thing that I did by far was not talk to my friends about how I was struggling and my girlfriend about how I was struggling with the paper that I did not turn in and the other things that I was having problems with, because I did have this feeling that I cannot really talk to them about that, because they think I am such a like smart and responsible person. And they come to like ask me about that sentence, they cannot figure out how to make it grammatically correct in that paper.

And like, what if I admit that like I have no motivation and like do not have any basic study skills, and I did not know how to talk about that with them.

THERAPIST: So, it was kind of you want to present yourself—

CLIENT: In the best possible way.

THERAPIST: In the best possible light—that you perceive is the best possible light. Obviously, it is not always—not everybody has the same aspirations. But you really want people to see you kind of as your ideal of perfect?

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: And if they do not?

CLIENT: If they do not, then—I am trying to recap the four things.

THERAPIST: It is I feel like I am worthless.

CLIENT: It is pretty much I am worthless, yeah.

THERAPIST: Alright. Something that you can get a feel for.

CLIENT: Yeah.

THERAPIST: In that situation, so maybe it comes down to presenting yourself well, or else it is all or nothing.

CLIENT: No, that is definitely true. And I think that going back to my past, not that I have to do that. I think that—(Interposing)

THERAPIST: (inaudible)

CLIENT: I have got to go find a new therapist.

THERAPIST: Yeah. (Laughing)

CLIENT: No, I think that it goes back to the way that I felt in eighth grade or ninth grade, whenever I started to really think about how I related to other people, because I had not really thought it about that much before. I was sort of immune to like the inevitable, like, middle school, like, taunting and like social groups and like forming little cliques, because—

THERAPIST: You were immune to it?

CLIENT: Pretty much, yeah. It did not really bother me, because I did not really care, like, it did not really affect me in some basic way, like what other people thought about social groups. It bothered me a little bit though, and it started to bother me more and then I started to really care, and that is when I sort of tossed academics out the window and went for social life. And when I started to feel a lot more anxiety about meeting people.

Because in the past, I was not even thinking about how other people were considering me.

THERAPIST: That is kind of a lesson?

CLIENT: Yeah.

THERAPIST: You probably had an easier time (inaudible).

CLIENT: I totally did. (Interposing) was not really—well, I guess it was not because I was not looking for that much. But while I was not thinking about it, I was like only looking for like two or three like close like friends that I could like hang out with.

THERAPIST: And then once you became very preoccupied with presenting yourself well all the time, it became harder to actually make those relationships?

CLIENT: It became a lot harder, yeah.

THERAPIST: And why do you think that you have to present yourself like ideally all the time? (Interposing) friends? Or not make friends? Which one do you want to work on? Like the working—I mean, I am sure they are related, but like the fact that you could not tell this to your close friends?

CLIENT: I definitely want to work on that, because like in general, I do not want to be like hiding the things I should be asking for advice, (inaudible) people I kept getting advice from.

THERAPIST: Because it seems like you have overcome the, like, you can meet people now.

CLIENT: I can, yeah.

THERAPIST: Even though you are probably still having those thoughts like what should I say next?

CLIENT: Yeah. I want to—

THERAPIST: Most people have that too, a little bit.

CLIENT: Yeah. I do not expect that to go away, because I do not think that I am one of those really amazing (inaudible) people who like walk into a room and like chit-chat with everyone, like, have this amazing (inaudible) grace. Like that is just not who I am on some level. But I want to reduce that a little bit. And I do want to work on that with the friendships I already have as well.

THERAPIST: Okay. So what was the thought of why you could not tell it to your girlfriend? And you said that you are not together right now?

CLIENT: It is—I will talk about that. But I could—(Interposing). I did not talk to her about it because it is hard to really say, but I think that one, I did not want to disappoint her, two, I was scared that she would not want to be with me if she knew how bad things were, because in the past, we had been dating since freshmen year of college for two years. And we were together pretty much consistently except for this one time that we broke up for like a month in sophomore year. And it was about me being totally directionless and not sure what I was doing at school.

My girlfriend said like that is not who I am and I do not want to have to be responsible for that. And it feels like you have so much confusion that it is inevitable you are going to put that on me in this relationship. And I said well, shit, like, you are right. I do not really know how to contest that. And we broke up for a while, but then she said maybe I take it back, and I think that you can figure it out on your own if you go to therapy and work on that, which I was not really (inaudible) about doing.

And so then after that, I sort of had this pressure in my mind, like, I have to make things seem okay with Sasha otherwise, she will break up with me again.

THERAPIST: That must be very stressful.

CLIENT: And I think thirdly, there was like a little bit of self-destructive element, because like in retrospect, like, it is obvious that if I talk to her about it, she would have sat down and been like whoa, you are being crazy. Like what is going on, like, sit down and work really hard on this until you finish it right now, and do not do anything else. And I probably would not have been kicked out of Oberlin if I talked to her about it.

THERAPIST: Yeah. What was her response when you had to tell her what had happened?

CLIENT: It was really complicated, because I basically told her right before I found out that I had got kicked out.

THERAPIST: You told her that you did not finish the paper and then you got kicked out?

CLIENT: Basically, yeah.

THERAPIST: Okay. So, what was her response to all this?

CLIENT: Her response was—she was angry at first, and then that passed like remarkably quickly, I expected her to be angry at me for way longer. And then it was mostly—I guess disbelief really, because like two days after I told her, I found out that I was not going to be at Oberlin next semester, and my parents gave me this ultimatum, you have to move out of the house you just moved into with her. And so, it was basically just trying to come to terms with all of that.

THERAPIST: Yeah. So it was hard.

CLIENT: Yeah.

THERAPIST: I mean, in that situation, that is pretty hard, because I think most people would be like well, I probably should talk about this.

CLIENT: Yeah.

THERAPIST: But eventually, they probably would have. Did you break up with Sasha or did Sasha break up with you? Why do you not get into this a little—

CLIENT: Okay. So, we were not really sure what was going on at first. At first she was angry and she thought I am going to break up with you because you are leaving, you sort of abandoned me. So, it is not even that I am breaking up with you, it is that you fucked up and you are going to be off doing something else for like the next year. And that passed pretty quickly, and then it was well, I do not want to break up with you, but you are leaving, and what is really going to happen when you leave?

And then we just—we were together and we were—we spent like all of our time together before I actually left, and we were really sad about that. I am like—and then we sort of oscillated ever since then about what we were really doing. And basically, we are—it has made it a lot more complicated, because we were already in an open relationship before all this happened, but it was like a weird—I guess a gay open relationship, I hook up with guys, and Sasha could hook up with girls, because she had already admitted she was interested in other women, and had been with a girl before she dated me.

And I had not really explored that about myself, it is something that I have known for a while. And I did not really do much with, except for like kiss a boy once. And then, I said well—and I said it, but we both sort of were thinking about the same gender and really did not know what to do about it because we were in this really long-term like committed relationship and did not really loved each other.

And we said well, this is really crazy, but maybe we can sort of explore that while we are also together, and surprisingly, it actually worked out. I have had dismal track record amongst other open relationships I have

ever been in, or any that I have heard of from anyone I have ever known. It does not really seem to work out very well.

THERAPIST: But it seems to be working...?

CLIENT: It worked out pretty well for us. In the like three months that we were doing it before I got kicked out.

THERAPIST: It is interesting though, because a school like Oberlin, you are probably like—do you tell each other about the hook ups?

CLIENT: Yeah.

THERAPIST: And you probably know like all the people that you are—(Interposing) hooking up with.

CLIENT: Yeah, that is really funny.

THERAPIST: Okay. (Interposing) really jealous of you or anything?

CLIENT: There was not really that much jealousy, no. Like actually, Sasha was more jealous than I was and I think that in general, doing it with people of the same gender, somehow made it easier. Like, it—

THERAPIST: It probably felt less like cheating?

CLIENT: It probably felt less threatening or somehow—even though that does not really make sense at all, but there really was not that much jealousy. And what there was, we really like talked through really hard, and worked through pretty successfully.

THERAPIST: Okay.

CLIENT: But then when we broke up—we did not break up, but when I left to live at home and then go to Chicago State, we said well, even if we stay together, we would still be in this open relationship that we were having before, unless we suddenly become monogamous while we are not together, which does not really make sense.

So, our choices were should we still be in an open relationship and still like talk all the time and visit whenever or should we have some sort of weird not quite relationship, but we still talk all the time? And like sometimes I visit and we are sort of together when I am there but not really? And we sort of wavered between those different options. I have only been up to visit once so far. And it was really hard, because there was all that ambiguity about what was really going on, and we fought a lot, there was also (inaudible) money issues about the rent for the house that I was going to be living in, and I had signed a lease on. That made it even more complicated.

And we still have not really resolved that at all. But here is the—like the fact sheet of what is going on right now. We still talk on the phone a lot—

THERAPIST: Like every day or?

CLIENT: Not quite every day, but like every two days, for sure. And I have only seen her that one time when I went up for the weekend, but when I was there it was—

THERAPIST: Not good?

CLIENT: It was not good, but we did not act as though anything was different when we were there. Except that we fought a lot.

THERAPIST: Okay. Alright. So, and since you were open before, I guess you are still open now.

CLIENT: Yeah. And I know that Sasha has hooked up with other people, because she told me.

THERAPIST: Other guys as well or?

CLIENT: Yeah. And I have not hooked up with anyone else since then, because I have had a lot else going on and I did not feel like it was really my first priority anyway. But it is just hard, because especially I want to go and visit everyone else that I know at Oberlin. Some of them are living in the same house with her.

THERAPIST: Yeah. So now it is like a weird—

CLIENT: Yeah. And I—what I sort of want to figure out, and I have been trying to do this with her, but it is really hard because both of our opinions about what we want changes a lot over time. I am just trying to figure out a way to still be in touch but not have all of that confusion and uncertainty. But I do not know what that would really be.

THERAPIST: Okay. Well, thank you for filling me in. I guess that is a lot to think about and you have to think about what you want from this relationship. But it does make it hard.

CLIENT: It does make it really hard.

THERAPIST: Going back to Oberlin, but not impossible, I guess.

CLIENT: Well, I mean, that is sort of the reason that I decided that I probably should not go back to Oberlin in the spring, because it would have been already really hard to see all of my friends graduate while I am like just starting my senior year. But also, it would have been really hard to be there with Sasha and to have that strange newness to whatever was going on.

THERAPIST: Do you see yourself as getting—going back together at some point? Or no, you kind of think that was the beginning of the end?

CLIENT: I do not really know, honestly. In some ways, I guess I do see it as the beginning of the end, but it is weird for me to say that, because we talked about, like, we were not really sure what was going to happen after college, and we talked about maybe meeting to go and be in different places and do different things, and we were already in a relationship, so we were okay with the possibility of wanting to be with other people.

But we were both sort of—I mean, we were both really in love with each other, and I still am, and it is hard for me not to think about that at the same time that it also seems really unrealistic to think that we would be together.

THERAPIST: Why?

CLIENT: I guess it is not that unrealistic, but—

THERAPIST: You are like two hours away, right?

CLIENT: No, it is two hours away. But more in the long-term, because we are two hours away for right now. But then I am going to be at some other location in the spring, I am not sure where. And then when I go back to Oberlin, Sasha might not be two hours away from me, she might be like traveling through India, Morocco, Spain and some other countries she is trying to go do for her grant that she is trying to get.

And she has all sorts of other crazy plans, so—

THERAPIST: So maybe it will be hard, so this could be a good time on your own. Okay.

CLIENT: But I am not really sure like what I really want out of that though.

THERAPIST: Do you feel like the way that this has all gone has kind of affected your self-worth a bit?

CLIENT: A little bit. But not as much as it easily could have, given what happened. I definitely felt like an awful human being at first in the dealing with the fact that I was going to have to move out, and I felt like I was definitely, like, breaking this girl's heart really hard and that was hard to deal with. And not that I have like resolved all those feelings, but I guess that I have sort of resolved them, because I know that it was not

really about her, it was really about what was going on with me. And the problems that I have been having for longer than I have known her.

THERAPIST: Okay. Well sorry, I feel like we got a little off topic. But I feel like it was important for me to understand all this stuff. And we can work on, you know, disputing the irrational thoughts that you have about revealing—I think in that situation, I do not know (inaudible), like I can understand why you would not want to say that, but if it is a reoccurring pattern, on not wanting to open up about your faults, and do you think it is?

CLIENT: Yeah.

THERAPIST: And do you think it is?

CLIENT: Probably yeah.

THERAPIST: Okay. So we can easily work on this being that, and then work on strangers—

CLIENT: I take it back, it definitely is.

THERAPIST: (Laughs) okay. So, we can definitely work on that. Next week as well as the studying, but do you feel like you have the studying stuff—I think just keep up on the schedules like—

CLIENT: Yeah.

THERAPIST: —for homework on bringing the sheet next time and work on it. And every time you have like one of those irrational thoughts like I (inaudible) really do not have to do it. You know, write it down and challenge it.

CLIENT: Yeah. And I think I am going to give myself homework. This is crazy, I have never given myself homework ever. But I think my homework for next week should be do what I was trying to do for this week, but I did not really get around to it, because I had so much catch up work.

THERAPIST: Oh to do it all?

CLIENT: (Interposing) to do the homework. So next Thursday, I should have all the work done for next, next Monday.

THERAPIST: Oh. So I will see you on Thursday and you can tell me if that is really what happened.

CLIENT: Okay.

THERAPIST: I like that homework. Okay, George. Oh wait, I am seeing you Wednesday.

CLIENT: Oh, you are right.

THERAPIST: Remember? At 9:30?

CLIENT: Oh yeah, at 9:30.

THERAPIST: You think you can do it?

CLIENT: Rush hour is going to be awful, but I will do it.

THERAPIST: Okay. If you are a few minutes late—it will be okay.

CLIENT: I will try not to be.

THERAPIST: Okay. Well, thank you. Thank you, I appreciate that and I will let the front desk know.

CLIENT: Okay. Let me write that down, because otherwise I will totally forget.

THERAPIST: Definitely.

CLIENT: So that is—wait, today is the 8th, so that is Wednesday the 14th?

THERAPIST: Mm-hmm.

CLIENT: Okay.

THERAPIST: A.m. Sweet.

CLIENT: 9:30. Maybe I am going to write this down the old-fashioned way.

THERAPIST: Do you have a piece of paper? (inaudible) confidential (inaudible)

CLIENT: I actually have—

THERAPIST: Ah. (inaudible)

CLIENT: So that is the 14th. Right?

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi George.

CLIENT: Hi.

THERAPIST: How are you?

CLIENT: I'm good, how are you?

THERAPIST: Let me shut the door behind you.

CLIENT: Yeah, they got us in this weird room.

THERAPIST: I know, I'm in different rooms on different days. This is my Friday room.

CLIENT: I got a little bit distracted with Trixie, she's so adorable.

THERAPIST: Oh, I know, did you usually get to see her or -

CLIENT: No, it's the first time I've seen her so that's why -

THERAPIST: Oh, I know, that's like the fun part for me for coming to work here, I'm like, there's animals.

CLIENT: Yeah.

THERAPIST: Everyone's like drinking, no.

(Laughter)

THERAPIST: But sometimes I do see people having a glass of wine downstairs.

CLIENT: Well they do have like conferences and things -

THERAPIST: Yeah.

CLIENT: that stuff.

THERAPIST: Yeah, it's like a nice place to work. I enjoy anywhere where there's pets allowed.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: That's always (inaudible at 0:00:43).

THERAPIST: Do you have a dog at home?

CLIENT: I don't, I've never had a dog actually, I had a cat when I was younger, but I -

(Crosstalk)

THERAPIST: Oh.

CLIENT: a pet for a little bit.

THERAPIST: All right, yeah, pet people.

CLIENT: Yeah, my parents aren't pet people, I guess.

THERAPIST: Yeah, my mom is allergic so now I have a cat though. It's good times.

(Laughter)

THERAPIST: Rebelling. So what happened yesterday? [0:01:02]

CLIENT: Yesterday I was going up to see a concert which I'd known I was going to, but I didn't remember to mention it when I saw you last week so I -

(Crosstalk)

THERAPIST: So you knew about it, but you just didn't -

CLIENT: Right, I knew about it and it was like on my planner and everything, but I didn't think about it when I was here last week.

THERAPIST: What concert was it?

CLIENT: The Shins is the band.

THERAPIST: Oh, what kind of music?

CLIENT: I guess Indy Rock music -

(Crosstalk)

THERAPIST: Yeah.

CLIENT: I guess that's my -

THERAPIST: Guy singer or girl singer?

CLIENT: A guy singer.

THERAPIST: Okay, cool. The Shins?

CLIENT: The Shins.

THERAPIST: The Shins.

CLIENT: Yeah.

THERAPIST: Can you compare them to a artist or not incomparable?

CLIENT: That's tough.

THERAPIST: (inaudible at 0:01:33) people. No?

CLIENT: It's hard, yeah.

THERAPIST: It's hard to do, okay, cool. Actually something before I forget because I keep forgetting to ask you, they're doing some kind of study here on psychologists giving REBT and what the sessions look like so they've asked some of the psychologists here to hand in recordings and you know I do record these sessions. [0:01:58]

CLIENT: Yeah.

THERAPIST: But they're for my use and -

CLIENT: Right.

THERAPIST: supervision use, I didn't know if you would be comfortable with me submitting your tapes to like -

CLIENT: I would be.

THERAPIST: It would just be for a research assignment -

CLIENT: Yeah.

THERAPIST: and your information would not be disclosed.

CLIENT: Yeah, that doesn't really bother me.

THERAPIST: Okay. I didn't think it would.

CLIENT: Yeah.

THERAPIST: So I don't have the form on me now, I think someone is looking for it.

CLIENT: Yeah, I have to sign off on that.

THERAPIST: You have to sign a consent form, but just so (inaudible at 0:02:23) knows I can start preparing them and then before I hand it off I'll make sure that I get it -

CLIENT: No problem.

THERAPIST: (inaudible) cool.

CLIENT: Yeah, yeah, I used to be into photography and I remember all the crazy consent forms.

THERAPIST: Oh, yeah, you had to do that there.

(Crosstalk)

CLIENT: Yeah.

THERAPIST: I feel like everything now...I'm sorry, that noise is horrendous.

CLIENT: I know, I don't know what that is, but it -

(Crosstalk)

THERAPIST: It might be the heat, yeah, that's my guess, and the other (inaudible at 0:02:42) it sounds like someone has just like passed wind so that's -

(Chuckle)

THERAPIST: I hope (inaudible).

(Laughter)

THERAPIST: Sorry.

CLIENT: That's okay.

THERAPIST: So the concert was good.

CLIENT: The concert was great, yeah.

THERAPIST: Who did you go with?

CLIENT: I went with Vicky.

THERAPIST: Oh.

CLIENT: Yeah.

THERAPIST: So this non-relationship is -

CLIENT: Is a -

(Crosstalk)

THERAPIST: quickly turning into a relationship.

CLIENT: Yeah.

THERAPIST: Is that okay, how do you feel about that? [0:03:03]

CLIENT: I feel good about it, I mean I feel good because it hasn't been going too fast because I was definitely wary of it going really, really fast, especially because we dated in the past and it was sort of tumultuous and we both loved each other in a very like high school way when we dated in high school because I had mentioned that before -

(Crosstalk)

THERAPIST: Yeah, was it the end of high school or the beginning of high school?

CLIENT: It was the beginning of high school for me, it was like my first relationship -

(Crosstalk)

THERAPIST: Oh, and she's a few years older.

CLIENT: And she's a few years older than me so it was -

(Crosstalk)

THERAPIST: So she probably graduated and -

CLIENT: Yeah, she graduated -

(Crosstalk)

THERAPIST: left you for college men.

CLIENT: That was basically it, or it imploded just before she graduated -

THERAPIST: Oh, okay.

CLIENT: because of the stress of like (inaudible at 0:03:36) basically.

THERAPIST: Oh, so do you feel like a lot of what you have is based on the past intimacy or not really, like it's just kind of a new relationship?

CLIENT: I mean it definitely built upon that because we did already feel familiar with each other but I think it's more that we're both pretty compatible people with a lot of things in common, a lot of interests in common and so that it made it sort of easy to be interested in her.

THERAPIST: Okay. I guess I have a question because I remember with...Sasha, right? [0:04:04]

CLIENT: Yeah.

THERAPIST: There was the whole like bi-curious aspect of your relationship -

CLIENT: Yeah.

THERAPIST: is it okay if I label it as such?

CLIENT: No, that's -

(Laughter)

CLIENT: that's exactly how I would label it.

(Crosstalk)

THERAPIST: Do you feel still interested in pursuing that?

CLIENT: Yes.

THERAPIST: Does Vicky know about your -

CLIENT: Yeah, I've talked to her -

THERAPIST: interest?

CLIENT: about that, yeah.

THERAPIST: Okay.

CLIENT: And I was thinking about something that you asked me last week which was how would we both feel if one of us hooked up with someone else.

THERAPIST: Oh yeah, yeah.

CLIENT: And we sort of talked about that, not that in-depth, but a little bit and we basically said that we're not really sure but that if it happened, we would probably be okay with it, but I have a feeling that like maybe we wouldn't be that okay with it, but we weren't really ready to say that yet.

THERAPIST: Yeah.

CLIENT: Basically.

THERAPIST: I have a feeling if you both are saying, I don't know how I'd feel about it, that's always a -

CLIENT: That's usually a sign that it's yes.

THERAPIST: I feel like with girls there's always that generally I want you to feel like you can do what you want, but not actually do it.

CLIENT: Yeah.

(Laughter)

THERAPIST: Because you like me. There's always that under to it.

CLIENT: Yeah.

THERAPIST: But so [0:05:02]

CLIENT: And we're both like, like it's funny because actually we have a lot of similar...I don't want to say issues because (inaudible at 0:05:08) like, but I guess there's sort of issues about not always wanting to confront uncomfortable things to confront and like hard things to talk about in our relationships and with other people and that's something that I know about her and I know it's true, I mean -

(Crosstalk)

THERAPIST: Yeah, after you've had all these experience with Sasha maybe not exactly adequately representing your needs -

CLIENT: Yeah.

THERAPIST: in a relationship, how do you feel about keeping that line of communication now? Do you feel like it's more important?

CLIENT: I feel like it's definitely more important and I'm definitely thinking about it more and I feel like that's one of the...I made a little list of all the things I wanted to -

THERAPIST: Oh, good.

CLIENT: talk about unrelated to what's going on academically, though some of them are sort of related, but that was one of the things on it -

THERAPIST: Good, I mean that was your homework so -

CLIENT: Yeah.

THERAPIST: look at you, doing your homework. Oh good, so that's good.

CLIENT: Yeah.

THERAPIST: I think it's just important to keep these issues recognized.

CLIENT: Yeah.

THERAPIST: Not -

CLIENT: Or just be aware of them earlier rather than later. [0:05:57]

(Crosstalk)

THERAPIST: My question is, I don't know how it works for you, but being in a relationship with a girl, would you then feel compelled if you are more bi-curious to then explore other things while you're with or do you feel like while you're with her that is, like you feel completely satisfied?

CLIENT: I mean, right now I feel completely satisfied -

THERAPIST: Okay, which is all you can say -

CLIENT: Yeah, that's -

THERAPIST: in any relationship.

CLIENT: all I can really say, I mean, I can't really imagine what it's going to be like, but sort of what I can imagine as like the point where that might be problematic is when I go back to Oberlin potential...well I'm definitely going back to Oberlin early so that's pretty much the same constant in all my plans so far.

THERAPIST: Yeah.

CLIENT: And then when I'm there I think there's more of a chance that there would be boys that I would be more interested in hooking up with because I know that they're already there and that I'd be back with them so -

THERAPIST: Yeah, and you've hooked up with them before.

CLIENT: Yeah.

THERAPIST: When you say hook up, you've had sex with them or -

CLIENT: I haven't, that's the thing, and that's why I'm hesitant to say that I'm totally satisfied because I've only really made out with three boys, one of them was sort of like jokingly for him I guess and not for me, I don't know.

THERAPIST: (inaudible at 0:06:59).

(Laughter)

THERAPIST: He was like ha ha.

(Chuckles)

THERAPIST: That was exactly how it went, right?

(Laughter)

CLIENT: have (inaudible) like I'm drunk and like before I thought that maybe I was into boys but I don't think I'm really into boys but now I'm drunk and I think you're into boys so let's make out as a joke and he was like that was funny and I was like, oh -

(Crosstalk)

THERAPIST: Maybe it wasn't a joke for him either.

CLIENT: Yeah, it -

(Laughter)

CLIENT: wasn't.

(Laughter)

CLIENT But that's how he approached it.

THERAPIST: Okay, so maybe -

CLIENT: But yeah, so I haven't really gone that far with that at all and I'm definitely still really interested and curious about that and -

(Crosstalk)

THERAPIST: Okay, and that's something to be honest with Vicky that -

(Crosstalk)

CLIENT: Yeah, and that's something that I have, I mentioned to her, I've been like I am interested in boys and I was like really straight up with that, and we had a pretty big conversation -

(Crosstalk)

THERAPIST: Good, and she says, what did she say about that?

CLIENT: She was like, oh, wow, that's like, I wouldn't have guessed that but actually it sort of makes sense and it was like more in that perspective, not really responding to what we're going to do about it really.

THERAPIST: Okay, got you. And then I guess you have time because you have a whole almost seven months or something before you end up going back to Oberlin.

CLIENT: Yeah.

THERAPIST: So but I know -

CLIENT: Yeah, because if -

THERAPIST: if you guys continually in a different place in your relationship. [0:08:07]

CLIENT: Yeah, yeah, I mean who knows what's going to -

THERAPIST: Yeah.

CLIENT: happen in seven months, that's the thing. But the one thing that I am pretty certain about is that if I do want, like when I go further with exploring my curiosity or bisexuality or whatever, that I and this is something like I thought about a lot is I want to do it with someone that I feel comfortable with and actually want to do it with because I've had opportunities to just like go for it before but I wasn't really ready or didn't feel particularly like that person was the -

THERAPIST: It's like a big step.

CLIENT: right person and I don't really have anyone around in my life right now that I feel that way about and if I suddenly meet one then I'll totally think about it, but maybe that will happen, but I definitely can wait until I find that person to really think about it I feel like.

THERAPIST: Definitely. Is sex with a guy a potentially an anxiety provoking or it's more exciting and you just haven't had the opportunity?

CLIENT: It's more exciting, I mean I don't know what it's like so it's a little bit like fresh and new and uncertain but I'm not really anxious about it at all [0:09:01]

(Crosstalk)

THERAPIST: Because I've had some good friends who have been kind of anxious (inaudible) about that, but okay. So it's more it just hasn't presented itself in a comfortable environment.

CLIENT: Yeah, yeah, it's more that like the one person I would have been most comfortable with was the friend who was sort of joking because he's actually one of my closer friends and I would have been totally down, but it didn't work out with him and there was this boy that I was like ready to do it with before I got asked to leave from Oberlin and that sort of cut it off before it could happen.

THERAPIST: Yeah, and that would have been fine with sorry, my nose is looking crinkly at you, that's allergies that would have been -

CLIENT: That would have been -

(Crosstalk)

THERAPIST: with Sasha -

CLIENT: Yeah.

THERAPIST: at the time full -

(Crosstalk)

CLIENT: It would have been but she sort of was a little bit less okay with it than she said, but she was okay with me hooking up with guys because she wanted to hook up with girls at the same time and that was sort of safe, but the idea of me hooking up with a girl would have been really (inaudible). [0:09:48]

THERAPIST: Okay. Before we...because we should move on, I mean this is just -

CLIENT: Yeah.

THERAPIST: I'm like, oh, this is interesting -

(Laughter)

THERAPIST: what do you want to work on.

(Crosstalk)

CLIENT: It's fine.

THERAPIST: But I guess one thing just I think maybe to be aware of and keeping in mind is that not everyone is okay with open relationships -

CLIENT: Oh yeah.

THERAPIST: and in the past that was something that Sasha was okay, but I think -

CLIENT: But most people aren't -

(Crosstalk)

THERAPIST: that you may have to make choices -

CLIENT: Yeah.

THERAPIST: between what is more important being with a person or leave yourself open for, but I'm sure you're aware of -

CLIENT: Yeah -

(Crosstalk)

THERAPIST: that that situation could come up. [0:10:19]

CLIENT: I'm pretty sure that I can't just like walk straight out of one like sort of ideal open relationship situation, at least ideal in the open relationship (inaudible) but not -

(Crosstalk)

THERAPIST: But sometimes -

CLIENT: because it was actually pretty limited and one-sided, but anyway I didn't expect to suddenly be able to have another one of those, yeah.

THERAPIST: Yeah, but just because once you make...it's like a choice between the intimacy that you have in a committed relationship that sometimes you can't -

CLIENT: Versus -

(Crosstalk)

THERAPIST: go back and forth.

CLIENT: to explore, yeah -

THERAPIST: Yeah.

CLIENT: it's really, I don't know if those two are really that compatible even the limited success of what I had sort of showed the limitations of that.

THERAPIST: Yeah, so you know, eventually you might not be able to have your cake and eat it too.

CLIENT: Yeah.

THERAPIST: But right now you're in a comfortable spot and it sounds like things are going well with Vicky?

CLIENT: Yeah.

THERAPIST: Yeah?

(Crosstalk)

THERAPIST: discuss with Vicky and that relationship or [0:11:03]

CLIENT: Yeah, I want to talk about sort of remaining vigilant and making sure that I'm expressing myself and things like that because those are part of the issues that I want to talk about on my list of -

(Crosstalk)

THERAPIST: Okay. Do you want to get out the list?

CLIENT: (inaudible).

THERAPIST: Must have that list.

CLIENT: I also made this other list but I did it on my computer and I forgot to print it out but I wrote down all the things that I thought about potentially doing in the future like as careers.

(Crosstalk)

THERAPIST: Oh cool, yeah, that was part of it, and do you remember -

CLIENT: I remember them all, but I don't have the...I could write it down right now but I might -

(Crosstalk)

THERAPIST: Okay, we can just go through it, I mean we don't need a -

CLIENT: Yeah.

THERAPIST: Which right -

CLIENT: Either one, but start on the left I guess.

THERAPIST: Oh my God, these are a lot.

CLIENT: Yeah.

THERAPIST: All right, so -

CLIENT: Some of them are duplicates though I realize -

(Crosstalk)

THERAPIST: So the ones on the left are kind of like emotional goals?

CLIENT: The ones on the left are like goals related to me that aren't really related to school, though some of them are related to what I'm going to do in the future and stuff which are like I guess sort of related to school. And the ones on the right are potential plans for this coming spring and what I can do then. [0:12:04]

THERAPIST: Okay.

CLIENT: Because that's the more localized what I'm going to do (inaudible).

THERAPIST: So you're kind of interested in that idea that we brought up, the potential narcissism.

CLIENT: Yeah.

THERAPIST: Is that the first time you've kind of -

CLIENT: Like come to terms with that about myself? No, it totally is, it's been like a weird like coming out of the narcissism closet.

(Laughter)

CLIENT: And it makes me feel a lot more comfortable actually with myself in a way, but I also wanted to talk about that because I've always had this idea that narcissists and I mean like narcissists aren't generally well represented in literature or culture or anything and they're usually like extreme people who go too far and that's why I don't -

THERAPIST: And just because there's -

CLIENT: I want to like -

THERAPIST: you can be narcissistic in one aspect of your life, you know, I think that a lot of people have an aspect of their life that they're arrogant -

CLIENT: Yeah.

THERAPIST: and feel like they shouldn't have to work any harder and that's usually the things that they're good at, you know?

CLIENT: Yeah.

THERAPIST: So while we can look...actually maybe if you want, we can take -

CLIENT: And also I really need to elaborate about all the things I'm listed, I didn't really like write down everything about -

(Crosstalk)

THERAPIST: Okay. And [0:13:01]

CLIENT: but it's also that I can weirdly because in the past like I was a narcissist, I was sort of aware of it but I didn't really like admit it to myself ever, but at the same time I could be really certain and proud and I guess certain, I already said certain of my abilities in whatever field, but I could also really doubt myself and not feel confident at all and be really insecure at the same time.

THERAPIST: In the same field or -

CLIENT: Yeah, about the same thing which is weird and I sort of wanted to talk about -

(Crosstalk)

THERAPIST: So could maybe kind of like an overcompensating?

CLIENT: Yeah, or that's sort of like I'm wavering back and forth I guess -

(Crosstalk)

THERAPIST: Actually there's a theory of how what's it called (inaudible at 0:13:39) some people have historically said it's really just low self-esteem and there's like two...there's the compensating -

CLIENT: Yeah -

(Crosstalk)

CLIENT: compensating, yeah.

THERAPIST: That's apparently a very limited...most narcissists are pretty narcic (ph), but you have to...this idea that you have to kind of like maintain that level and when that level is threatened, that level of "I'm fabulous," you know.

CLIENT: Yeah. [0:14:03]

THERAPIST: And when that level is threatened then it kind of some people plummet into "oh, I'm the worst person in the world, I want to die type of thing "

CLIENT: Yeah.

THERAPIST: until they find some evidence that they're wonderful again and it goes back up, and people wouldn't say that they're compensating, they're this type of narcissists that would just be like you really need to defend that position and when it's threatened, when that -

CLIENT: Right.

THERAPIST: you know, that thing you feel so strongly about is threatened, then it becomes very challenging to your whole identity. But I would say maybe you do fall in that specific little population that some people don't say that we've over (inaudible at 0:14:36) compensating and that could be possible because you certainly do have insecurities in other aspects -

CLIENT: Yeah.

THERAPIST: and you've had difficulties asserting yourself before.

CLIENT: Yeah.

THERAPIST: I wouldn't call you a narcissist, you know, maybe you have some tendencies.

CLIENT: Yeah, no, I have some tendencies -

(Laughter)

THERAPIST: But I wouldn't call you a narcissist.

CLIENT: I know, I don't think it's like that extreme.

THERAPIST: And then the social anxiety.

CLIENT: It's just that it's so like new and crazy for me to even say it at all that I've -

THERAPIST: Yeah.

CLIENT: been thinking about in this [0:15:01]

THERAPIST: Yeah, no, it's -

(Crosstalk)

CLIENT: way, I guess.

THERAPIST: The tendency to abandon interests in people, do you feel that that may be related -

CLIENT: I put question marks in parentheses around people because I always wait, maybe I'm being too hard on myself with that, I haven't really dropped that many people but sometimes I'm like and I think that's sort of a natural process of going through relationships where sometimes you want to be friends with someone a lot more and then you realize that maybe they're not so great and you don't have that much in common and there are all these other -

THERAPIST: Yeah.

CLIENT: things that didn't work out and I don't think I should feel about it -

THERAPIST: Yeah.

CLIENT: and that's why I separated it. But I definitely do drop interests without really proper consideration.

THERAPIST: And sometimes that might be...because you certainly had kind of like an avoidant like the low frustration tolerance leads -

CLIENT: Yeah.

THERAPIST: to like avoiding of things, so has it been with things that kind of are difficult or take a little too much time and then you drop them?

CLIENT: It's always with something that I expected a lot to come sort of easily and then when it gets hard, I'm like oh wait, I don't really want to do this maybe I'll -

THERAPIST: Well that's -

CLIENT: find something else that seemed more promising and in my ideals to fantasies basically. [0:15:59]

THERAPIST: Yeah, and then goes along with your low frustration tolerance which kind of -

CLIENT: Yeah.

THERAPIST: goes along with the narcissist, you know, that they kind of lump together.

CLIENT: Yeah, there's a lot of interconnections.

(Crosstalk)

THERAPIST: Yeah, and the decision making problem goes along with your -

CLIENT: Yeah.

THERAPIST: parents dependence. Okay. And so then is this the order or the hierarchy that you've -

CLIENT: Sort of, but no wait, it's really fragmented because I have two different sub-choices because I think that I definitely do want to go to a cooking school somewhere for part of the time and then that's the choice between the first three, I could go in Maine -

THERAPIST: Oh.

CLIENT: or I could go in Chicago and do it kind of like periodically throughout whatever else I'm doing in Chicago or I could go to California, I found another like the right length program that's like 2 1/2 months I think.

THERAPIST: Okay. So you've done a lot of research.

CLIENT: Yeah, and that was the only other comparable program I found, but there's like seven cooking schools in Chicago with a ton of different, like weekend or two day or four day classes that I could [0:16:58]

THERAPIST: Yeah.

CLIENT: space around throughout different activities. So then my choice is really which one of those three do I want to combine with what of the rest on this list.

THERAPIST: Well I would say since you do have...you do have like seven months, right?

CLIENT: Yeah.

THERAPIST: And you know you can start looking these up, you could even start taking classes if you really wanted to push it -

CLIENT: Yeah -

(Crosstalk)

THERAPIST: but I don't know if I would do it before finals, you know.

CLIENT: Yeah.

THERAPIST: But that's coming up real fast and a lot of these programs that you're looking at kind of like are two months, right?

CLIENT: Mm-hmm, well the ones in Chicago I didn't really find anything that was that length but if I did that, it would be I'm sure shorter classes.

THERAPIST: Okay. And the California one is a few months?

CLIENT: The California one is 2 1/2 months and the one in Maine, the details are a little bit sketchy about what different classes they have when.

THERAPIST: Okay. And do they have a start time or do they continuously kind of start every -

CLIENT: The one in California has a start time and that's in, it's like the end of January, like January 20 something -

THERAPIST: So that one is -

(Crosstalk)

THERAPIST: My thinking was that you could try out the cooking classes for a while -

CLIENT: Yeah, and so probably doing it in Chicago -

THERAPIST: It might make more sense because you never know -

CLIENT: I could do it on the short term basis. [0:18:01]

THERAPIST: if you'll like it and then you could do a longer term one, you're like "oh, this is my calling, I got to do this" -

CLIENT: Yeah.

THERAPIST: but then at that point you can think about even doing it after college and -

CLIENT: Yeah, I have the feeling though that even if I go and I decide that it isn't my calling that I'll still be really interested in it just because cooking is something you can do on your own no matter what you do.

THERAPIST: Definitely, definitely. And then you're thinking about volunteering just in general.

CLIENT: In general, I didn't really have a specific idea because I used to have a specific idea about going to New Orleans, but that didn't really work out bureaucratically with Oberlin, they didn't really want me to go because I wasn't a current Oberlin student which I didn't think was how they would be about it, but apparently they were. And there were other opportunities I could do but they were for a much bigger chunk of time and I don't know if I want to do that.

THERAPIST: Okay.

CLIENT: But, yeah, the whole like New Orleans idea sort of got -

(Crosstalk)

THERAPIST: I certainly think that if you did the cooking school in Chicago and that kind of thing you can work on the...you could get a lot of these other goals accomplished at the same time. [0:18:58]

CLIENT: Yeah.

THERAPIST: So that might be the best because then you could get a lot of work done on your Oberlin paper and have an easier year.

CLIENT: Yeah.

THERAPIST: So that might be something to consider.

CLIENT: Yeah, I think the Oberlin paper's probably going to be in my plan no matter what and definitely going back to Oberlin and moderating is going to make my life a whole lot easier when I do come back.

THERAPIST: Okay.

CLIENT: But so I guess that's like a false choice, it's sort of it's always included but it's really between all the other things. And really, like I'll be really honest about my priorities when I was looking at the different cooking schools, part of me wants to just have a little escape where I can maybe get out of my parents' house and out of Chicago for a little bit and go do something else and then come back, but I'm not sure if it's really worth it to ask my parents to spend more money on something that is maybe not the perfect use of my time and what I want to do.

THERAPIST: Yeah, have you ever held a job before?

CLIENT: Yeah.

THERAPIST: You have, where did you work before?

CLIENT: I've worked at...I only really like had one real job, I've had some school related jobs that are jobs, but it's a weird application process and not really the same as the real world, but I worked at a Chinese restaurant for a few months last year actually as a waiter. [0:20:12]

THERAPIST: Okay.

CLIENT: Yeah.

THERAPIST: So you have, I don't know, do you have a lot of money saved?

CLIENT: I don't.

THERAPIST: I mean this could be an opportunity in between classes -

CLIENT: Yeah.

THERAPIST: to get a job, work, I mean -

CLIENT: Yeah, I think the probably getting a job is like the leading option to me and combining it with whatever else I can fit into my schedule, but -

THERAPIST: Because when you talk about it's like the ideas of wanting independence but living -

CLIENT: Yeah.

THERAPIST: at home.

CLIENT: Well, yeah, that's really the -

THERAPIST: It's a difficult...yeah.

CLIENT: Because I have this great safety net to rely upon for whenever I'm not sure what I want to do whenever I want to do something that I couldn't afford on my own, but I also want to move away from that and not really rely on it as much.

THERAPIST: Yeah.

CLIENT: So I have to pick what I want to rely on it for, I feel like -

(Crosstalk)

THERAPIST: Yeah, I mean because living at home, I mean, it's hard economic times, a lot of people I know even people my age and older have had to move back home and [0:21:03]

CLIENT: Yeah.

THERAPIST: despite their (inaudible), but this I guess it could be a long period of time living at home, but while living at home you kind of see it as not being independent, you could be taking all these steps like -

CLIENT: To be independent -

(Crosstalk)

THERAPIST: having your own money so that you know when you graduate you could, if you so wanted, find an apartment, you know.

CLIENT: Yeah.

THERAPIST: Or even have more spending money so that if you want to do a program like that, you could actually pay it for yourself.

CLIENT: Yeah.

THERAPIST: And things like that. So I think that that's something to think about.

CLIENT: Yeah, that was actually the hardest choice honestly, I guess I really made that misrepresented me because I sort of know what I want to do, but -

THERAPIST: Okay, so which is?

CLIENT: the cooking school thing I'm still uncertain of because I do want to sort of escape for a little bit but I also feel like staying in Chicago might just make more sense on some level, but then in terms of staying here, I'm pretty sure that I do want to get a job and do whatever else I can do on the side, but I can't decide whether I should get a really boring law related job that my dad could probably hook me up with where I'll make a lot more money or whether I should work in a restaurant for not that much or actually nothing because I'm going to be volunteering my time to get some skills. [0:22:10]

THERAPIST: Oh yeah.

CLIENT: Because even if I was getting paid, I mean, like I had a summer job that my dad hooked me up with downtown two summers ago and I got paid like...it was insane, I got paid \$20 an hour, it was Tuesday to Thursday, 10 to 5, it was like -

THERAPIST: Yeah.

CLIENT: it was too cushy honestly -

(Crosstalk)

THERAPIST: So I mean, yeah, if you want to do something -

CLIENT: but I could do something like that -

THERAPIST: that's related to what you're interested in, that could always be great. Have you thought about more like a restaurant in Indiana that you could talk to somebody in?

CLIENT: Yeah, I've looked into a few different places around and I feel like I have one opportunity with this restaurant that my parents go to all the time because they're friendly with the owners and I might be able to work there, but it's another Chinese restaurant and I don't know if I want to be boxed into Chinese food, but I could just go for it -

(Crosstalk)

THERAPIST: That could be a good starting off point.

CLIENT: It's definitely nice to have something that I can sort of rely on at least some nepotistic connection helping me out with.

THERAPIST: Yeah, there's nothing wrong with that.

CLIENT: Yeah.

THERAPIST: Yeah, that could be something to think about. I think it would be important at this point to kind of move towards what you think your goal is so that you can either decide that you like it or rule it out and then spend your time doing something else. [0:23:17]

CLIENT: Okay, cool, that's what I wanted to hear but I had this feeling that maybe I should just make a lot of money so I can be more independent, but I also don't really want to do that -

(Crosstalk)

THERAPIST: As much as -

CLIENT: I hated it when I did that last -

(Crosstalk)

THERAPIST: And as much as you can do that, you know you do need to be working towards...it's what you want I think, like what we're working on it's better to be...you know, have some kind of goal in mind than to be making money because you'd be kind of aimless still even though you'd have -

CLIENT: Yeah.

THERAPIST: money and then probably still you're not going to have enough to -

CLIENT: To really -

(Crosstalk)

THERAPIST: make a career out of it.

CLIENT: Yeah.

THERAPIST: Right? I do think though that you...maybe when you talk to chefs and things like that because I've heard from other people in the food industry that since Top Chef and Hell's Kitchen -

CLIENT: There's a lot more interest.

THERAPIST: there's a lot more interest in cooking and people don't realize how difficult the job is. [0:24:06]

CLIENT: Yeah.

THERAPIST: Did you feel like you have a -

CLIENT: Have -

(Crosstalk)

THERAPIST: have you had a handle on how difficult and perhaps financially unrewarding -

CLIENT: Yeah.

THERAPIST: it would be?

CLIENT: I have some sense of that, I mean, just from even being a waiter in a little Chinese restaurant and ran back, like I know about how much everyone is constantly scrimping and constantly thinking about how you can do everything the most efficiently and waste the fewest amount of resources because everything is about saving money, so the restaurant makes money and that it's not very glamorous at all -

THERAPIST: Yeah.

CLIENT: in the actual kitchen part of it that you don't really see when you're in a restaurant.

THERAPIST: Okay. And also that you know in the beginning you talked about maybe that little bit of Mediterranean food cart, are -

CLIENT: I know.

THERAPIST: you still thinking that that's a realistic goal or something that could work?

CLIENT: Not like right now, but maybe a little bit in the future, but it's sort of like contradictory with doing anything else at the same time, so I have no idea.

THERAPIST: Okay.

CLIENT: I just feel like there's a lot of other gourmet food carts in Chicago, I feel like that's been [0:25:01]

THERAPIST: Yeah.

CLIENT: a thing recently, I don't know, and I feel like -

(Crosstalk)

THERAPIST: No, it could be a cool...I don't know enough about the restaurant -

(Crosstalk)

CLIENT: I don't know about how viable that really is -

(Crosstalk)

THERAPIST: Yeah, and just the rate of restaurants failure and things like that and -

CLIENT: Yeah.

THERAPIST: investing money and losing money, so it's just things to think about. And also I think once you have your foot in the door, you can see if maybe you really do like the culinary side but there are...remember we talked about other jobs within -

(Crosstalk)

CLIENT: (inaudible) or I could be a micro (inaudible) owner or like a wine distributor or were there any others on the list, I'm trying to remember.

THERAPIST: Yeah, I don't know, yeah, like you could manage a restaurant and probably feel like it's maybe a little further away?

CLIENT: Yeah, it wouldn't be that far off though, I mean, I'd have to have some money to manage a restaurant -

(Crosstalk)

THERAPIST: Yeah, and they pay pretty well -

CLIENT: Yeah.

THERAPIST: it's pretty crap hours but, you know, weekends. But I have a friend who is a restaurant manager, I think it's hard work but -

CLIENT: Yeah.

THERAPIST: can be rewarding, you know.

(Crosstalk)

THERAPIST: Can be rewarding, they always need restaurant managers, right?

CLIENT: Mm-hmm. [0:25:57]

THERAPIST: So these are all like really hard jobs, I think stress wise and time wise but if that's something that you're passionate about, it seems like when you're passionate you really can get shit done.

CLIENT: Yeah.

THERAPIST: So...

CLIENT: So yeah, I think that I should give it a shot at least and see how it goes.

THERAPIST: At least pursue it and you have these months that most people don't have, you can almost see them as a gift.

CLIENT: Yeah.

THERAPIST: Because you haven't had the financial kind of -

CLIENT: Concerns or -

(Crosstalk)

THERAPIST: And punishment, like some people might have in this situation -

CLIENT: Yeah.

THERAPIST: it hasn't turned out like, "oh now I'm \$15,000 in the hole or "

CLIENT: Yeah.

THERAPIST: probably like 40,000, whatever how much, yeah, \$40,000 in the hole, you know, it's not that kind of thing because your parents can help you so you have a really great chance, you know?

CLIENT: Yeah.

THERAPIST: To really explore this that many people would kill for, but it sounds like you're making really good progress and you're looking at all your avenues. So what is it because I kind of think we've been kind of refocusing what is it that you would like to work on for next week? Because you've kind of decided how you want to organize, right, so you're going to decide upon a program or [0:27:05]

CLIENT: Right.

THERAPIST: a course of action.

CLIENT: Yeah, and maybe see if there's like a two day or one day thing that I can do sometime even before this semester is over -

(Crosstalk)

THERAPIST: Yeah, if you want, if you don't want...yeah -

CLIENT: Yeah.

THERAPIST: and then -

CLIENT: If I can sneak it in like soon enough before it's finals crunch time, then I can think I can -

(Crosstalk)

THERAPIST: Yeah, I mean the one time ones especially.

CLIENT: Yeah.

THERAPIST: Definitely. That could be great and then you can have Christmas break and all that time to do it

-
CLIENT: Yeah.

THERAPIST: so you can try that out, find a good program, I mean, and once you're there you could even ask them, you know, just because you're (inaudible at 0:27:34) they would have some recommendations.

CLIENT: Yeah.

THERAPIST: Or have you even called up...what is it the FCI?

CLIENT: Oh no, I haven't.

THERAPIST: Because you can call them up and say, you know, I'm interested in maybe a shorter term, is there something that you can recommend.

CLIENT: Yeah.

THERAPIST: So maybe -

(Crosstalk)

CLIENT: anything like that -

(Crosstalk)

THERAPIST: maybe there is -

CLIENT: the Internet pretty exclusively.

THERAPIST: Yeah, maybe there is a two month one -

CLIENT: Yeah.

THERAPIST: that or something like that in Chicago that you don't know about.

CLIENT: Yeah.

THERAPIST: Have you gone to the FCI website?

CLIENT: Yeah, I have.

THERAPIST: So they have it online there.

CLIENT: Yeah.

THERAPIST: Okay. Well you never know, it's worth a -

CLIENT: It's true, it's always worth asking.

THERAPIST: They might have someone to recommend you though, they probably want the money for themselves. You never know what's going to happen. [0:28:07]

CLIENT: Yeah.

THERAPIST: So your emotional kind of...the more emotional goals that -

CLIENT: Yeah.

THERAPIST: we would work towards.

CLIENT: We sort of already addressed them, but there's just like, they come out in other areas of my life -
(Crosstalk)

THERAPIST: So do you want to work towards acceptance...because I feel like you're kind of on a good track of the acceptance of where you feel maybe overly confident, we don't have to call it narcissistic -

CLIENT: Yeah.

THERAPIST: and acceptance of that and maybe feeling not so confident in other areas, do you feel like comfortable with that -

CLIENT: Yeah, I feel pretty comfortable with that.

THERAPIST: so maybe move towards the assertion?

CLIENT: Yeah.

THERAPIST: Asserting yourself?

CLIENT: Yeah, that's definitely what I want to move towards.

THERAPIST: Okay.

CLIENT: Because it's not so much that I'm like...like I guess I still am like nervous in some situations that are related to this, but I know how to like accept that and move past it, but I don't really know what to do then, like I don't have that many great coping strategies I guess.

THERAPIST: Okay. So coping strategies and dealing with anxiety over social situations or asserting yourself [0:29:01]

CLIENT: And also asserting myself really.

THERAPIST: Okay.

CLIENT: And I feel like those two are pretty related because I don't have anxiety in every social situation, but when I'm meeting new people and in really unfamiliar situations where you do sort of have to assert yourself, that's when it's hard for me.

THERAPIST: So in a situation where you'd have to assert yourself or maybe state your preference or -

CLIENT: Yeah.

THERAPIST: demands in a relationship or even a friendship.

CLIENT: Yeah.

THERAPIST: Do you feel like you kind of get walked over sometimes?

CLIENT: Definitely sometimes I get walked over.

THERAPIST: Okay.

CLIENT: And like historically in my life, like my mom was quick to point this out because my mom hated my relationship with Sasha and she was just like "she's controlling your life, blah, blah, blah." And she was always like "well on the playground, you were always the kid who was like waiting to go on the swing in line and all the other kids would cut in front of you and you wouldn't stand up for yourself and -

THERAPIST: Okay, yeah, we can definitely work on that.

(Crosstalk)

THERAPIST: There is a good book downstairs, I think I mentioned it to you a while ago, but I know you're kind of swamped with schoolwork -

CLIENT: Yeah.

THERAPIST: but there's a book called -

CLIENT: I think I can fit it in, I'm not that swamped obviously -

(Crosstalk)

THERAPIST: Oh.

CLIENT: I'd actually been doing really well -

THERAPIST: Really.

CLIENT: with getting work done, I didn't have class this morning and I got a ton of stuff done in the library while I was waiting before the session [0:30:01]

THERAPIST: Great.

CLIENT: and I don't remember if I told you about both of my mid-term grades I got back, but I got an A on two of my mid-term grades -

(Crosstalk)

THERAPIST: I heard about the A on one, but I didn't -

CLIENT: Yeah.

THERAPIST: know about the A, so how'd that feel?

CLIENT: And it felt good again.

THERAPIST: Yeah.

(Laughter)

CLIENT: Yeah.

THERAPIST: Do you feel like you're getting...now how'd you feel if you got another thing back and you got a C?

CLIENT: I would wonder what the hell happened -

(Crosstalk)

THERAPIST: And would you feel maybe annoyed? Like -

CLIENT: I would feel annoyed, yeah.

THERAPIST: Like I should have done better, like I can do better.

CLIENT: Yeah.

THERAPIST: Because you're setting a standard for yourself.

CLIENT: Yeah.

THERAPIST: I think that's good.

CLIENT: And I'm starting to actually like hold myself -

(Laughter)

THERAPIST: Okay.

CLIENT: Yeah.

THERAPIST: Good. So we have some goals -

CLIENT: Yeah.

THERAPIST: and we'll get to work next week.

CLIENT: And I'll come back with the list of all the different careers that I thought about because it's sort of funny.

THERAPIST: Definitely, and we'll talk about researching -

CLIENT: Yeah.

THERAPIST: them. I had something...let me check the date, there's like a conference I'm going to, I'm not quite sure....Your normal time is Thursdays...oh, actually, no, it'll be fine, it'll be fine. [0:30:59]

CLIENT: Okay.

THERAPIST: Not an issue, that'll be for the Friday people, but you're a Thursday person.

CLIENT: I'm going to write it down and it's a regular day just (inaudible at 0:31:06).

THERAPIST: And then I guess we'll miss before Thanksgiving.

CLIENT: Oh, yeah. So wait, that's next...today's the fifth, so it's the 12th.

THERAPIST: So I'll see you regular time, 5 o'clock on the 12th.

CLIENT: And then the next week is Thanksgiving? I forgot when Thanksgiving is.

THERAPIST: I think it's the week after that, yeah.

CLIENT: Oh, okay.

THERAPIST: Week after that. Okay?

CLIENT: All right. Thanks -

(Crosstalk)

THERAPIST: I think we got some work done, it was more of a like a figuring out session, I couldn't think of a word for it, but -

CLIENT: No, but that's -

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi George, long time no see, feeling better?

CLIENT: Yeah, I am feeling much better.

THERAPIST: I heard you came by today (inaudible at 0:00:07.4).

CLIENT: I know, I had to (inaudible at 0:00:11.1).

THERAPIST: That's not necessary.

CLIENT: I know. I only did it because I'm always here because I had to go to class anyway (inaudible at 0:00:15.8).

THERAPIST: What was wrong?

CLIENT: I just had a really bad sore throat for most of last weekend, but I feel a lot better now.

THERAPIST: Good.

CLIENT: Yeah.

THERAPIST: I was like, he's here and then he left. I was, like, oh, okay. So you went to class that day?

CLIENT: Yeah. [0:00:29.5]

THERAPIST: I'm glad to see you're going to class even if you're sick.

CLIENT: Yeah, I figured that it wasn't that bad really. It did make it a little bit harder. I had like a minor challenge in my scheduling, like being (inaudible at 0:00:42.0) my work stuff over, I guess, last weekend when I was recovering from being sick, and this week because I had a test on Monday. (inaudible at 0:00:47.9) yesterday, Wednesday.

THERAPIST: And how did it go despite (inaudible at 0:00:54.1)?

CLIENT: The second one was fine, but I budgeted it way earlier into my schedule, then I ended up doing it because I was sick, and then sort of like slowed me down a little bit. So then I had less time to study for the math test which was the harder one, and it was on a more complicated subject that's not as easy for me as some of the things we did at the beginning of the class. I think it went pretty well because I did spend a lot of time studying, but it's hard to really tell until I get it back.

THERAPIST: Do you think it was something that if you had more time it would have been better or no?

CLIENT: I didn't — like, probably if I'd spent even more time studying I could have felt more confident as I was walking out, but I don't feel like I was under prepared either. I felt like I could have been even more prepared than I was, but it wasn't deficient though, it was a challenging subject.

THERAPIST: Do you have another math test before the end?

CLIENT: Yeah. And the last one actually like counts twice as much as everything else, but yeah, other than that everything else went great. I don't remember what other grades I told you about that I got back from (inaudible at 0:01:44.6).

THERAPIST: I think it was like, there was (inaudible at 0:01:46.0) psyche and was there something else?

CLIENT: Yeah, well, there's other things that I've (inaudible at 0:01:52.4) now, but I got an A on every midterm grade I've gotten back so far, so it's been pretty good. [0:01:56.5]

THERAPIST: Wow, that's wonderful.

CLIENT: Yeah (inaudible at 0:01:59.3).

THERAPIST: And even if this one turns out to be a B.

CLIENT: Yeah.

THERAPIST: You were sick and you know the reasons for it, and it doesn't have to be like, well, now why bother?

CLIENT: Yeah.

THERAPIST: Or do you think, is that something that you would do?

CLIENT: I don't think so, unless it's really bad which I don't think it's going to be that bad; that I really got a grade comparable to what I got on my first test when I really didn't study enough.

THERAPIST: And even if it was?

CLIENT: Even if it was, I would know that I tried a lot harder, and that it's just that it was a combination of one sickness and two (inaudible at 0:02:28.8) which were too much for me. I don't know if you know about (inaudible at 0:02:32.6).

THERAPIST: A little bit (inaudible at 0:02:33.0).

CLIENT: And math is really not my (inaudible at 0:02:37.0).

THERAPIST: Even if it was — you did terrible, it doesn't determine how you're going to do in the future.

CLIENT: Yeah, I can still pick up all the things that I didn't get on this test for the next test because the next one, the final one is the cumulative (inaudible at 0:02:48.3).

THERAPIST: Have you ever...

CLIENT: Learn from it.

THERAPIST: Have you ever gone to a teacher for extra help?

CLIENT: I have.

THERAPIST: Really?

CLIENT: Yes.

THERAPIST: This semester or...

CLIENT: Not this semester, no, but I mean, I have gone to a teacher for extra help. [0:02:58.4]

THERAPIST: Is that something that you would consider doing in the math, or you don't think is necessary yet?

CLIENT: I would, I mean, it all depends on how I do on getting this test back, but I didn't go when I got my first test back because I knew that it was really just that I hadn't studied enough, that I hadn't grasped the material because the material is rather easy to grasp. I just didn't really try that hard, but if this is something that's actually more challenging for me to learn, I would definitely go (inaudible at 0:03:21.7).

THERAPIST: Some people are like, oh, that's stupid, it's not going to be helpful.

CLIENT: Yeah. That is an issue for me sometimes, but not — there's like a weird barrier for me versus things I think I'm good at, and things I know I'm not that good at, and math, I'm not ashamed to ask for help because it's not my (inaudible at 0:03:37.1).

THERAPIST: If it was English, and even if you got a C you probably still wouldn't go because (inaudible at 0:03:40.7).

CLIENT: Yeah, then it would be a lot harder for me to (inaudible at 0:03:43.4) and actually do the...

THERAPIST: I know that we had talked about before that you finally wanted to talk about social anxiety.

CLIENT: Yeah. [0:03:51.3]

THERAPIST: Now that everything is in order, or is there something else in the past two weeks that have come up that you want to talk about?

CLIENT: Not really, although there's a little bit, it's sort of related to social anxiety because it's like a social anxiety I'm going to have to face that's like a little bit hard for me to think about how I'm going to face it. That's dealing with the varied reactions of all of my friends at Oberlin when I go up to visit again because I have been in touch with a few different people. Some of them have come to the city and I've seen them.

THERAPIST: Oh, really? Did they come down just to see you, or they were there and you met up?

(crosstalk)

CLIENT: Basically, they were there and I met up. I'm not really there, so it's not like they specifically came to see me, but they all let me know when they were coming, and I was really happy to see some of my friends from Oberlin, and it was great.

THERAPIST: When was that, this weekend?

CLIENT: Yeah, one of them I saw last weekend actually. One of them I saw last week before I saw you on Tuesday, I think. One of my friends (inaudible at 0:04:43.9) I haven't seen, last week I also saw last month or something.

THERAPIST: You're seeing people from Oberlin quite a lot? [0:04:48.4]

CLIENT: Yeah.

THERAPIST: Because it's not that far?

CLIENT: Yeah, it's not really that bad, but yeah, I've heard from them and also from just like chatting on the Internet with people that are there that...

THERAPIST: So they invited you up, or you kind of invited yourself up?

CLIENT: I haven't invited myself up.

THERAPIST: But you're thinking about going?

CLIENT: I'm thinking about going. I mean, I definitely want to go back at some point in the near future, especially now that I'm not going to be somewhere else in the spring, and I'm going to be here in the spring. I do want to stay in touch with them, and be able to see some of my really close friends who are graduating, and I won't be at school with them when I come back, so this is my only opportunity to know where they're going to be.

THERAPIST: You had said some concern about before when you and Sasha had broken up, especially on the terms of the breakup.

CLIENT: Yeah.

THERAPIST: Because it (inaudible at 0:05:32.0).

CLIENT: No, and that's exactly what I'm about to get to. I definitely have some anxiety about that, and it's partly because a lot of the people that I've talked to have said that things are really tense whenever they talk to Sasha, and that she seems really on edge about the fact that I'm dating Vicky, or that I'm seeing her still.

Because she knows about that through Facebook and stuff because I didn't try to keep it a secret from her. I told her that I'd had sex with her, and that we'd, like...

THERAPIST: Yeah, but (inaudible at 0:05:58.4).

CLIENT: That we'd done that, and then she put everything together from Facebook, I guess, and is now really insulted by that, and was also really insulted by some other Facebook etiquette things about photos and un-tagging photos. It feels like such a...

THERAPIST: Oh, did you un-tag some photos when you were with Sasha?

CLIENT: Yeah. It's such a stereotypical thing and I feel like — I tried to shy away from that once I heard about it, and I stopped doing that because I don't want to antagonize really. It doesn't matter to me that much whether my Facebook photos are tagged or not. It was just something I started doing sort of my own.
[0:06:31.1]

THERAPIST: So...

CLIENT: Yeah, I'm sort of anxious knowing that she's sort of still feeling on edge, and also, like at least one of my friends is feeling on edge for her, and actually contacted me and said, like, "Hey, you're, like, driving her crazy with this Facebook thing, give it a rest."

THERAPIST: How did she know you were un-tagging because they don't get a reminder?

CLIENT: Maybe she's out there checking all the photos that we're in together and (inaudible at 0:06:54.8).

THERAPIST: Or maybe she was looking, I guess, on your page then?

CLIENT: Or something, yeah.

THERAPIST: Yeah, and then it was like, oh, where the hell did all these pictures — how many photos did you un-tag, like five hundred?

CLIENT: Not that many, no. I think it was five hundred photos of me, like in totality that I un-tagged like — probably like 25 of myself or something, just like the most recent ones that I was going through, and I was like, this one's a little bit too much, maybe I'll un-tag that.

THERAPIST: So, hmm...

CLIENT: Yeah, I know that I shouldn't really be that worried about silly Facebook etiquette. One of my friends may be disapproving of me doing this one really limited thing. But what I am worried about is one, having to deal with — I feel like it's just going to make me feel guilty having to confront her, and that's something that I sort of want to avoid...

(crosstalk)

THERAPIST: Do you have to confront her (inaudible at 0:07:42.0)?

CLIENT: I don't, but I'm worried that she's going to confront me basically, and that's sort of like my fear, I guess, in that situation, and also, just having to deal with sort of like a polarized — people who support what I've done versus people who don't support what I've done, but I guess it's really not going to be like that, but that's sort of how I'm imagining it (inaudible at 0:07:59.9).

THERAPIST: This is what I'm trying to find out. The friends that visited Chicago, and that you got to see, today have feelings of polarization towards you, you think?

CLIENT: Well, no, I think that both of them — actually, yes, I feel like probably one of them is maybe in the middle, but the other one is definitely on my side if there were sides involved in this, and has never really been that much of a fan of Sasha, and has always thought that maybe I and her should break up. I think that, for at least that friend, yeah, he is sort of on my side. And the friend that complained to me and said, "You're

making things so hard for her with this Facebook thing" is like the one who's like most on her side, who lives with her and has sort of dealt with all of the tasks of converting her, and dealing with her problems after this. [0:08:44.6]

THERAPIST: So when you tagged the photos, do you think it was for you or was it a little dig at her? Let's be honest since this is just me and you.

CLIENT: It was I guess, a little bit of a dig for her, yeah, but I was sort of thinking about it more in terms of, well, this is — but I guess, inherently, it's a dig because I was thinking, I shouldn't be having this be the first thing you see when you look at my profile on Facebook.

THERAPIST: Well, yeah, (inaudible at 0:09:11.7) the first thing you look at my life, you see me and Sasha and that's not my life anymore.

CLIENT: Yeah. So, yeah, I guess there's no way for that not to be a dig really, but that's pretty much how I was thinking about it.

THERAPIST: That's not a dig, that's really more what you want people to see of you?

CLIENT: Yeah.

THERAPIST: Versus Sasha to suffer?

CLIENT: Yeah. [0:09:29.6]

THERAPIST: I don't think that was really a dig, I think you're a little hard on yourself there.

CLIENT: No, I think that I am too because it was really hard for me because when my friend was telling me about this, and saying that it was really hard for her. I had this reaction where I felt like, oh, my God, I should really totally respect this and (inaudible at 0:09:45.1) not to get in the way, and to be totally deferential to her space. But I was also like — that doesn't really feel like it's true at all. I'm sort of blowing this out of proportion, and maybe I should actually be mad and not really care about this at all, but I couldn't really bring myself to do that. [0:09:59.5]

THERAPIST: Is there any way that you can just feel you understand that Sasha's hurting? But you're not really sure anymore, so you're — you know, feel that I would support her if she needed support but...

CLIENT: But I can't...

THERAPIST: We're not together.

CLIENT: Yeah.

THERAPIST: And I'm not doing things to intentionally to hurt her, but I'm moving on with my life. When you think about it like that, how does it feel?

CLIENT: That feels like what's actually going on. That feels like how I'm really approaching it, but somehow, I don't know how to embody that in any potential interaction that I can imagine with her or even with her close friends.

THERAPIST: So, say you go up to Oberlin.

CLIENT: Yeah.

THERAPIST: What's the thing that creates the most anxiety? Are you worried most about your friends judging you, or worried most about an interaction between you and Sasha?

CLIENT: Honestly, like a combination of both of them, and it's sort of tied into a specific group of friends in a specific location, which was the house that I used to be living in. Because three of my closest friends from my grade are all living there, and so I feel like, particularly for them, it's going to be a very complicated issue

for them as well as for me, as well as for Sasha because they have to live with her all the time, but also, they're also my friends, and there's a complicated series of judgments to make in that situation, and I don't really know how to address them.

THERAPIST: Well, if you went up to Oberlin?

CLIENT: I probably wouldn't even go to that house though.

THERAPIST: You wouldn't stay in the house.

CLIENT: Yeah, I definitely wouldn't stay. I don't think (inaudible at 0:11:21.8).

THERAPIST: And if you saw Sasha, it would be probably because she sought you out?

CLIENT: Or because we happen to be at the same event or something.

THERAPIST: Which could very likely happen? [0:11:30.2]

CLIENT: Yeah, it's not really that big of a school, and a lot of our friends are the same even the ones who aren't living in the house with her.

THERAPIST: So which anxiety issue would you like to work on first? Judgment of friends or judgment (inaudible at 0:11:43.1)?

CLIENT: Judgment of friends really because I think ultimately, I could deal with her being judgmental and then probably (inaudible at 0:11:48.2).

THERAPIST: And you already know that's probably going to happen.

CLIENT: Yeah, and I know that I'm also probably blowing it out of proportion just remembering her reaction when I actually had this long conversation with her, and told her that I'd had sex with Vicky. She was actually way less judgmental than I thought she was going to be, and that truly took me by surprise. I totally didn't give her enough credit.

THERAPIST: (inaudible at 0:12:04.1).

CLIENT: I did. (inaudible at 0:12:07.0) really close (inaudible at 0:12:09.7).

THERAPIST: It's like on my shoulder. (inaudible at 0:12:13.7) easily distracted.

CLIENT: That's okay, I do too.

THERAPIST: So more about the judgment from everybody else.

CLIENT: Yeah. [0:12:24.0]

THERAPIST: And you know that Sasha — yeah, she might not have as extreme a reaction that...

CLIENT: Yeah, and if she does, I think ultimately, I can deal with that.

THERAPIST: Are you planning on bringing Vicky up to Oberlin?

CLIENT: No.

THERAPIST: So that's not — I mean, you could be being a lot more of a dick, right?

CLIENT: Yeah, no, I definitely could.

THERAPIST: I mean, and Vicky sounds like — does she know that you would go up and visit at Oberlin, and how would she feel about you bumping into Sasha and things like that?

CLIENT: I've talked to her about that, and I talked to her about something that you brought up which was like a really smart plan. I'm really glad you brought it up, I should mention that. I am going to want to hook up with boys in the future, and that we might have to not be together so I can do that because I don't expect her to do some crazy open relationship thing, and it's probably a bad idea anyway. And she pretty much understood that, and we're actually on like, really on a very similar page about our commitment to any potential relationship. Because she's going to — well, she still doesn't know if she's going to grad school at a library school, but she's going back to school somewhere next fall too. [0:13:20.9]

THERAPIST: So she could be anywhere?

CLIENT: Yeah, so we both have a very certain time commitment, and we have no illusions past that point at all which is pretty much where I want to be.

THERAPIST: And you never know, if your relationship changes, you may change your mind about if pursuing that is worth it, to jeopardize this.

CLIENT: But I left all the options up (inaudible at 0:13:38.7).

THERAPIST: That's good because you were being assertive, and you expressed what you wanted as opposed to what you will accept from a relationship.

CLIENT: I know, it's like a really new feeling (inaudible at 0:13:45.7), but yeah, it's pretty good.

THERAPIST: It sounds like the judgment of the friends is the thing that is most concerning, right?

CLIENT: Yeah.

THERAPIST: Give me a scenario that is what you imagine is going to be really anxiety provoking, you're like at a party and one of your friends come up to you and says, you really broke Sasha's heart, that kind (inaudible at 0:14:13.0)?

CLIENT: It's not even like a direct confrontation that really gets me, although that would be hard for me and I wouldn't really know what to say. And here's part of the problem, part of the reason that my relationship with Sasha was sort of unhealthy in a lot of ways. And part of — one of the reasons that it didn't last is that, I was really socially uncomfortable at Oberlin before I was with her, and that I didn't like change when I started to date her. And in fact, I had this big falling out with my original group of friends who were mostly guys that I'd met in freshman year. And there were two of them that I was most close with, and they always sort of glued this group of people together, and they both got kicked out of Oberlin actually. And so then that sort of like split up this group of friends, and I was sort of adrift and then I started dating Sasha, and I became friends with all of her friends. Originally, her friends are also my best friends in my grade now, which makes it a sort of complicated situation.

THERAPIST: Because they were her friends first.

CLIENT: Yeah.

THERAPIST: (inaudible at 0:15:08.1) territory over friends thing (inaudible at 0:15:06.9).

CLIENT: And also because I do have this anxiety about not feeling like I'm comfortable with knowing what to do on my own. And I was very happy to have this structure to slip into that was easy for me to fit into (inaudible at 0:15:19.8) finding my own way.

THERAPIST: Maybe it was something that you slipped into, but now you're choosing to go back to hang out with these people. Before it was like, maybe they don't have anyone else to hang out with.

CLIENT: Yeah.

THERAPIST: I'll chameleon my way in here.

CLIENT: Exactly.

THERAPIST: But now they are your friends?

CLIENT: Now they are my friends. [0:15:33.2]

THERAPIST: If Sasha wants to play that card, they were my friends first, it's been four years, get over it.

CLIENT: Yeah. Maybe one or two of them would actually go and maybe some of them wouldn't, but like...

THERAPIST: Maybe that's what happens, right? That some people will choose to support her even if they like you very much.

CLIENT: Yeah.

THERAPIST: And feel that their relationship with her is more important.

CLIENT: Yeah.

THERAPIST: And that's probably what happens in a lot of relationships, right?

CLIENT: Yeah, I feel like it's pretty (inaudible at 0:15:59.8).

THERAPIST: I think eventually, everyone has to choose a little bit.

CLIENT: Yeah, it's hard to totally remain neutral, I think, in this situation.

THERAPIST: So it's not about someone confronting you. It's more about anxiety over that maybe people are judging you silently?

CLIENT: Yeah, and also, more like I would be feeling like that when I was there. I'm pretty sure that I would just be internalizing this voice where I'm imagining that people are critiquing me silently. And I would be really conscious of it, and it would make it harder for me to be really comfortable, or feel like I'd know how to fit in with a new configuration of my friends that doesn't involve also being with Sasha.

THERAPIST: The problem with this situation is, right, it could be a little bit true?

CLIENT: Yeah.

THERAPIST: I don't know, when you think about the situation happening, you're saying you're feeling anxiety?

CLIENT: Yeah.

THERAPIST: And what are you thinking?

CLIENT: I'm thinking, oh, it's going to be uncomfortable and then I'm not really going to know how to deal with it because I don't know how to either be assertive and say that, I respect your opinion, but I disagree, and I'm comfortable doing my own thing. Because that would feel like too much presumption to go that far with some of them because I feel like some of them don't really care, but some of them do, and that's sort of mixed. I don't really know how to judge that. And basically, I can give four other reasons, but they sort of boil down to I feel nervous that it will be really easy to sort of like that person, and have that person like me, but there will be so much friction against really staying in touch with them, that it will be easy to sort of drop out of contact with some of those people (inaudible at 0:17:27.6).

THERAPIST: The anxiety extends more than just the...

CLIENT: More than just (inaudible at 0:17:33.2). No, (inaudible at 0:17:32.0).

THERAPIST: This is like future anxiety about the relationship.

CLIENT: Yeah. I know, which makes it more complicated because I'm lumping a bunch of people into this long conversation, that's like an ambiguous my friends, and actually, it's more like nuanced and individual than that.

THERAPIST: But it really comes down to people might think something about me that's not true, and I might not know what to say. [0:17:56.9]

CLIENT: Yeah.

THERAPIST: And I would be uncomfortable.

CLIENT: Or not even that, I don't think that they would think things that aren't true because I feel like, like Sasha might think things that aren't true. I feel like that's a part of being (inaudible at 0:18:08.3) of your exes, like accrediting things that aren't really true to them, that are a little (inaudible at 0:18:11.6). But I don't expect my friends to think something that's blatantly untrue, but I expect them to interpret what actually did happen in a way that's not very favorable.

THERAPIST: So they might interpret your actions unfavorably.

CLIENT: Yeah, and I couldn't really blame them for that.

THERAPIST: And if they did that, then you wouldn't know how to assert yourself?

CLIENT: Yeah, like I wouldn't really know how to defend myself because it feels like (inaudible at 0:18:31.2).

(crosstalk)

CLIENT: I feel like I can't really say that they're wrong, even though I don't think that what I did was wrong because it makes sense to me, and I understand the path that it took for me to get there. But I wouldn't want to give a detailed explanation of why my relationship with Sasha was slowly collapsing at that time.

THERAPIST: (inaudible at 0:18:50.5). Is it the fear more of not knowing how to assert yourself, or is it the fear that you won't assert yourself at all?

CLIENT: That's a good question. More that I wouldn't know how to assert myself, and that I wouldn't assert myself at all.

THERAPIST: So you'd say something, but it might come out wrong and then that could (inaudible at 0:19:12.9).

CLIENT: Like I'd say something, but it would be sort of half assed, and then I would be really shy and tentative about it, and I'd probably not say anything else, and not really make my point, I think.

THERAPIST: So that you might not get across your interpretation clearly to these people.

CLIENT: Yeah. But the weird thing is that on some level it doesn't even really matter to me that much if they understand my interpretation of it or not. But still the...

THERAPIST: Are you sure?

CLIENT: I guess I'm not that sure because also, the idea of them judging me is really scary for some reason. [0:19:42.0]

THERAPIST: So it's like, if only I could get them to understand my interpretation, then they wouldn't judge me?

CLIENT: Basically, yeah.

THERAPIST: So is it...

CLIENT: Or if only I could get them to either not judge me or even better, understand my interpretation.

THERAPIST: But if I'm not able to assert myself in a — what I want to articulate perfectly, then they might misconstrue my actions and judge me unfavorably, and I couldn't stand it if they did it? And is it maybe it would be awful if they did that?

CLIENT: I think it would be awful, yeah. There's definitely like a — I don't have that much of a tolerance for disapproval, especially from people that I value, my friends (inaudible at 0:20:27.9).

THERAPIST: And you're kind of catastrophizing it because we were talking so far in the future when originally we were talking about it.

CLIENT: Yeah.

THERAPIST: So it's really more of, it would be awful (inaudible at 0:20:34.9) spirals out of control.

CLIENT: No, that's definitely what it is. Because I'm definitely imagining, oh, maybe they like me, but they don't like me that much, and it won't be really that worth it, they won't really care that much and (inaudible at 0:20:47.7).

THERAPIST: George, I understand that it probably would be uncomfortable, and it might be frustrating.

CLIENT: Yeah.

THERAPIST: And it might be a little bit hurtful if people didn't really understand why you chose to do the things that you chose to do.

CLIENT: Yeah.

THERAPIST: But how would it be awful? [0:21:04.3]

CLIENT: It wouldn't really.

THERAPIST: Are you sure?

CLIENT: I mean, yeah, I am pretty sure about that actually. I've thought about this, and even though some of my friends that I've made in my grade are really amazing people, and I'd like to stay in touch with them, and be friends for a much longer time, it wouldn't be the end of the world. I would be — like I still have a lot of other friends at Oberlin that are younger than me actually, like more of my friends (inaudible at 0:21:29.1) so I'd still be in touch with a lot of them. And I feel like...

THERAPIST: So even if these people decided, I can't be friends with George after this interaction?

CLIENT: Yeah.

THERAPIST: After he poorly explained his reasoning, now I can no longer be friends with George, it wouldn't be awful because you'd have other friends.

CLIENT: Yeah. It wouldn't be awful, in actuality, my life would be fine, it wouldn't really be that changed as much. It's really just that I have a really hard time dealing with people judging me negatively, that's always been an issue for me.

THERAPIST: And it's hard to lose friends, but even if they did, let's say that they do judge you.

CLIENT: Yeah, like all my friends, they all (inaudible at 0:22:07.0).

THERAPIST: It doesn't sound like — let's be realistic, I could do the elegant solution (inaudible at 0:22:10.4) be like, let's suppose they think you're scum. But if we go (inaudible at 0:22:15.3) solution, it sounds like they already kind of want to see you. They still like you, they don't hate you already.

CLIENT: Yeah.

THERAPIST: But they might be a little unsure how to act because they probably feel conflicted in their relationships, right?

CLIENT: Yeah. [0:22:27.5]

THERAPIST: So even if the interactions didn't go wonderfully this time, would that mean that that was the end of those relationships?

CLIENT: No.

THERAPIST: What are some things that you could do to make sure that wasn't the end of their relationship?

CLIENT: I could try and have contact with them individually without necessarily having me visiting Oberlin and seeing all my friends in a group. I could e-mail them or write them messages on Facebook, or try to see them on my own.

THERAPIST: Yeah, invite them down to...

CLIENT: (inaudible at 0:22:51.0) come to Chicago or something.

THERAPIST: Indiana or...

CLIENT: Yeah.

THERAPIST: Stay with family. So there's all these other things that you did, so even if an interaction didn't go favorably, it wouldn't be the end of the world.

CLIENT: Yeah.

THERAPIST: Really?

CLIENT: I know that it wouldn't be the end of the world intellectually, but it does feel like it would be the end of the world sometimes.

THERAPIST: Because it's hard to deal with an uncomfortable interaction for you?

CLIENT: Yeah.

THERAPIST: And the fact that they might be judging you at the time?

CLIENT: Yeah.

THERAPIST: But everybody judges everybody at some time, right, George?

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: So everybody judges, and that's what they're probably going to do because that's what human beings do, right?

CLIENT: Yeah. [0:23:27.4]

THERAPIST: But if they like you and they're your friends, and you put forth effort, and show them that, oh, they're wrong (inaudible at 0:23:33.8) about me.

CLIENT: Yeah.

THERAPIST: I do care about relationships and put an effort and do all this stuff, then you probably could maintain the friendship.

CLIENT: Yeah.

THERAPIST: Despite Sasha's wishes maybe that you didn't.

CLIENT: Yeah.

THERAPIST: Right? So does that make you feel any better thinking these more rational thoughts, that it's not really awful?

CLIENT: It does right now, yeah. I know it's definitely reassuring to think that to myself, but the problem is that I have thought that to myself, like I've set myself down. I've been like, I'm not really approaching this rationally. Actually, when I think about it, I know that it's not going to be the end of the world going back to Oberlin, and facing the limited judgment of some of my friends, and it's hard to avoid. And they'll say, don't go back to Oberlin at all which isn't what I want either.

THERAPIST: Well, I think that — here's the thing is that, you've kind of understood that even though you have the (inaudible at 0:24:22.3) tendency in you, you can rationally dispute that on your own?

CLIENT: Yeah.

THERAPIST: But I think the thing that you're having trouble disputing is the, I couldn't stand that uncomfortable feeling.

CLIENT: Yeah.

THERAPIST: So even though I know it wouldn't be awful, I still don't want to deal with that. I still don't want to deal with that uncomfortable feeling.

CLIENT: Yeah, that's basically how I still feel even after I rationalize to myself, and realize it's not that bad. [0:24:44.2]

THERAPIST: Have you (inaudible at 0:24:44.6) uncomfortable before?

CLIENT: I have, I mean, when I had that conversation with Sasha I was super uncomfortable beforehand. I was so nervous before I did it, but it was good in the long run, I felt like a big weight had been lifted once I actually did it.

THERAPIST: And you could survive it and it's worth it to have these relationships. And I'm sure that uncomfortable feeling probably won't last the entire weekend.

CLIENT: Yeah. And another thing that I know rationally is that it's way more uncomfortable to not actually reveal what you're thinking or feeling, and totally keep it in the dark, and then to let it sort of fester and build up, and then it gets a lot worse.

THERAPIST: But even if you didn't reveal it?

CLIENT: Yeah.

THERAPIST: That would be so uncomfortable, could you stand that, to not say, well, you stood up for (inaudible at 0:25:25.6) and you've had these uncomfortable feelings for a long time, right?

CLIENT: Yeah.

THERAPIST: So maybe for you it would be the thing to express it, and you can plan out what you're going to say, or you can just say, this is what I chose to do, sorry if that wasn't the best decision, but I chose it for myself and I'm happy, so I still want to be friends, can we move on?

CLIENT: Yeah. I think that's pretty much all I have to say (inaudible at 0:25:48.6).

THERAPIST: Remember when we talked about less is more, you don't have to explain everything to these people? You don't owe them that.

CLIENT: And that would actually make it seem worse in a way, if I was suddenly spouting all of this detailed information about like my entire life. [0:26:00.7]

THERAPIST: Yeah (inaudible at 0:26:02.4) things were difficult, and now I'm feeling better.

CLIENT: Yeah.

THERAPIST: That's all you have to say, right?

CLIENT: (inaudible at 0:26:09.5).

THERAPIST: And they can ask me (inaudible at 0:26:11.1) I don't really want to talk about that. (inaudible at 0:26:14.7) do that some other time. You could say that if you don't want to talk about it while you're up there.

CLIENT: Yeah, I could.

THERAPIST: Right, you don't have to talk about it in the middle of the party.

CLIENT: Yeah. I don't think it would really come up in that situation anyway.

THERAPIST: So I think the disputing that, I could stand it is more of yours because you're so worried about the uncomfortable feeling, that uncomfortable feeling.

CLIENT: And that's definitely a part of my social anxiety in general too because I know that in the past, I overcame or overcome the problems of dealing with the initial anxieties of getting to know someone new because I've made a bunch of friends in my life. I haven't stayed with the same group of friends since I was younger, so it's not like I haven't dealt with social anxiety in the past, but even when I know that when I'm facing it again, it's still hard for me to reconcile, oh, my God, I have to do this hard and scary thing. That seems like too much for me.

THERAPIST: Yeah, because of the feeling that you would have to deal with if you did that hard and scary thing?

CLIENT: Yeah.

THERAPIST: Not because the hard and scary thing...

CLIENT: Exactly, like I know that it's not really that hard and scary, it's just that I build that up in my mind a lot. [0:27:16.8]

THERAPIST: And you say, I have this feeling, I can't stand it, I can't stand it, I can't stand it. What do you think, are you more likely to go through with it if you tell yourself I can't stand it?

CLIENT: No.

THERAPIST: And you're likely to feel that anxiety.

CLIENT: Yeah.

THERAPIST: So what can you tell yourself instead?

CLIENT: That I can stand it, I guess.

THERAPIST: And even if people — even though I'd really like them...

CLIENT: Even though it might not work out sometimes, it will still be worth it in the long run because it's not going to be that bad most of the time.

THERAPIST: And even if I don't want people to judge me, they might?

CLIENT: Yeah.

THERAPIST: And I can stand it, and it's worth it to stand it.

CLIENT: Yeah.

THERAPIST: Right? So when are you thinking about going up?

CLIENT: I'm still going to give it a little bit more time because it's only been like a month since I actually had that conversation with her pretty much. And I was thinking, definitely I'm going to wait until it's December or maybe even after the holidays, I'm not sure.

THERAPIST: Well, it still kind of sounds like you're...

CLIENT: I'm still giving it a wide berth, yeah.

THERAPIST: A what?

CLIENT: A wide berth.

THERAPIST: (inaudible at 0:28:12.9). What do you mean?

CLIENT: I just feel like it will be a little bit easier after a little bit more time has passed, and that Sasha's feelings about it will have cooled, like she won't be complaining about it as much (inaudible at 0:28:27.8).

THERAPIST: It sounds like you're also...

CLIENT: A little bit anxious to actually deal with it. It's partly also...

THERAPIST: But also, you're giving her — I don't know if you're being assertive to the things that you want. I mean, if you want more time between the next time you see Sasha, if you're worried about your reaction.

CLIENT: It's not really (inaudible at 0:28:41.1).

THERAPIST: But if you're just trying to be a gentleman.

CLIENT: No, you're right, I am just trying to be a gentleman. [0:28:45.9]

THERAPIST: But if you want to see your friends, you have a right to go up and see your friends, right?

CLIENT: Yeah.

THERAPIST: I mean, you have waited a long time. When was the last time you went up to Oberlin?

CLIENT: It was the beginning of September, so yeah.

THERAPIST: And you're only two hours away.

CLIENT: I know.

THERAPIST: And you probably wanted to go up.

CLIENT: Yeah, I did actually. I wanted to go up a few times, and some of my friends had asked me to come.

THERAPIST: Are friends going to all attack you when you go up there?

CLIENT: No.

THERAPIST: And say what a dick you are? Are you really worried about her reaction or their reaction to you coming up so soon?

CLIENT: Not their reaction to me coming up so soon, but more her reaction really. And also, because I know that just from having dated Sasha for two years, that like when she has a problem with something, it's a very public thing. She's the sort of person who actively involves and engages with other people when she's having a bad situation or having a problem with something, and actively asks for all of her friends to help her deal with it, and really drags them into to whatever it is (inaudible at 0:29:42.6).

THERAPIST: Well, that's pretty (inaudible at 0:29:42.2) of her.

CLIENT: I guess so.

THERAPIST: (inaudible at 0:29:43.8). So yeah, and if you have a lot of female friends, they're probably pretty involved.

CLIENT: I do, yeah.

THERAPIST: So yeah, they probably will be, but I mean, you could always check out to see, do you want to see me? I miss you guys, I'd like to come up.

CLIENT: Yeah.

THERAPIST: Instead of worrying about if Sasha wants, you know?

CLIENT: And I've had those conversations with some of my friends, and the ones who I feel more comfortable with, and I'm less worried about them judging me because honestly, for some of my friends, I've had this sense that they've sort of felt like I'm the underdog in the relationship for a while when it was still a relationship. And that they sort of always felt like they were on my side or something, and so I'm not really worried them afterwards. [0:30:22.2]

THERAPIST: Do they want you to come up? When you see them, are they like, oh, you should come up to Oberlin?

CLIENT: Yeah, when I saw both of my friends, they both asked me when am I coming to Oberlin, and they wanted me to come up and see them. When I've talked to them on the Internet they want me to come up, so I really don't have that much to be worried about, I guess.

THERAPIST: Yeah, so you're not being really very assertive.

CLIENT: I'm not.

THERAPIST: You're saying, oh, I guess I'll give her more time. She may not be really mad then, then I'll do what I want. Even though I'm (inaudible at 0:30:45.7) relationship with her, you're still kind of letting her control your actions.

CLIENT: Yeah, you're right.

THERAPIST: How do you feel about that?

CLIENT: I guess that I shouldn't, you're right. It was hard not to think about it in that frame, though, of like, well, it's just too soon, like I just couldn't even think about it for a while afterwards. Even though, I guess, almost a month or a little bit more than a month even has passed, it still feels like that's not really enough time. That somehow she deserves more space or something, but I'm totally thinking about it in her terms, and not really on mine at all.

THERAPIST: I mean, she made her mistakes too.

CLIENT: Yeah.

THERAPIST: She hurt you as well. You're allowed to do what you want to do. There will — may be repercussions, she might be angry that you came up so soon.

CLIENT: Yeah.

THERAPIST: But if you want to see your friends and there's limited amount of time...

CLIENT: I doubt even that — like, who knows? But ever since that conversation, I've been trying to give her more credit because I feel like I thought that she was going to be all mean and vindictive.

THERAPIST: So is this the Facebook thing that kind of set you back a little? [0:31:49.5]

CLIENT: Yeah.

THERAPIST: So if she...

CLIENT: There's also — there's like...

THERAPIST: If you want to be respectful with her, you could call her and be like, I just wanted to let you know I am coming up. I don't know if it's going to be a good idea to see each other, but I didn't want you to find out through somebody else.

CLIENT: Yeah.

THERAPIST: You could try to be respectful of her there, and let her know, I don't know if you want to not be where I'm going to be, if that's going to be uncomfortable for you.

CLIENT: No, I think that that's probably something that I would do whenever I do go up. I'd sort of planned on letting her know in advance.

THERAPIST: And be like, if you do want to hang out we could — you could have a coffee.

CLIENT: Or something, yeah.

THERAPIST: Alone somewhere so it's not as awkward.

CLIENT: It's not like a confrontation or something.

THERAPIST: Yeah, a confrontation where you just sit and talk. I don't really want to talk about the other stuff, but if you just want to see each other.

CLIENT: Yeah.

THERAPIST: It's fine. And no, you don't have to if you think she's just going to harass you about Vicky.

CLIENT: Yeah.

THERAPIST: But that's your choice, you don't have to do that.

CLIENT: Yeah, I think it might be too soon for really like seeing each other and actually having a conversation. But I definitely would let her know that I'm coming up in advance, and just be like, well, I don't think that we should really see each other, but if you want to do that, I'm letting you know that I'm here, and if you don't want to see me, you know that I'm here, so you can avoid me.

THERAPIST: And be like, yeah, but I just really want to see some people.

CLIENT: Yeah.

THERAPIST: And you're going to do what you want.

CLIENT: Yeah. [0:33:07.6]

THERAPIST: Do you feel like you can do this?

CLIENT: I feel like I can, although actually, I was just thinking that there's another reason which I didn't really talk about at all because it's the only real invalid reason. But I totally minimized it because this is what's actually occupying me more, is thinking about that. But there's sort of like logistical reasons not to go up to Oberlin any time soon because I'm sort of about to start crunch time for finals.

THERAPIST: Oh yeah, so maybe this isn't the time.

CLIENT: Yeah.

THERAPIST: And you could wait until just before Christmas.

CLIENT: Yeah. Like actually, I think that the only weekend that I don't have something really big coming up afterwards is this coming weekend. And I feel like it's too soon (inaudible at 0:33:42.7).

THERAPIST: And I think that would be great because that's still being assertive.

CLIENT: Yeah.

THERAPIST: That's still putting your needs first. I'm not saying you need to be like, putting your needs above everybody else's, but it sounds like you never do that.

CLIENT: Yeah. Very, very rarely, yeah. [0:33:58.0]

THERAPIST: So you can plan a trip and you can say, this is the weekend I'm planning on coming up. Get out and tell your friends, and maybe make sure it coincides with when they're (inaudible at 0:34:06.2) finals because that would be shitty if (inaudible at 0:34:10.0).

CLIENT: Yeah, that would be shitty.

THERAPIST: It sounds like you have a plan.

CLIENT: Yeah.

THERAPIST: So the other homework was, quickly, (inaudible at 0:34:15.4) few minutes was you were going to look up Chicago cooking classes, and did you have a chance to do that?

CLIENT: I did, I mean, there's over 30 cooking schools in the city that have a bunch of different classes. There's the Center for Culinary Education and then — no, I am getting the acronym wrong. It's...

THERAPIST: It's the CIA?

CLIENT: No, it's not. No, it's like LCBC is the acronym.

THERAPIST: (inaudible at 0:34:41.5).

(crosstalk)

CLIENT: Yeah, but I forget (inaudible at 0:34:42.9). It's the Le Cordon Bleu College of Culinary Arts, that's what it is. My mom actually went there (inaudible at 0:34:50.8) program, and according to most of the articles and reviews that I went to of different schools, it's like one of the two biggest cooking schools in Chicago (inaudible at 0:34:58.8) Culinary Institute.

THERAPIST: And they have like intro classes?

CLIENT: Yeah, they have a bunch of different short term classes, and they have a sequential intro classes that start with basic (inaudible at 0:35:09.0) skills and move on to more advanced things. And I thought about

doing them to start off with, and having an experience with that. [0:35:15.3]

THERAPIST: Are you thinking about doing that after finals?

CLIENT: There's one that...

THERAPIST: Or the holidays?

CLIENT: I was looking at one actually that runs the last week of November, like right before Thanksgiving because I don't have that much going on for school break then, although I'm going to have family stuff, but I think I could fit in like a day or two or cooking school. So yeah, I was already talking with my parents about signing up for the intro to — I forget what they call it. It's like fundamentals or elementals or something one.

THERAPIST: That sounds great, and you can talk to the professor (inaudible at 0:35:45.5) I'm trying to see if I have a — what's the word?

CLIENT: An aptitude?

THERAPIST: Yes, for this, (inaudible at 0:35:51.8) I would love any comment or criticism that you could give me.

CLIENT: Yeah, because it would definitely be good to get someone's feedback who knows about cooking who isn't my mom.

THERAPIST: And to know that they're not just there — and they know that you're not just there for fun.

CLIENT: Yeah.

THERAPIST: But to see if this is...

CLIENT: Test the waters for that.

THERAPIST: Yeah, well, it sounds like you have a good plan, George.

CLIENT: Yeah, I was feeling a little bit confused about what else I should do over the spring. Because I was like, should I get a job, or should I get a job in — because I'm not really ready to apply for a job, and I could apply for a job in a restaurant now, but I don't really have that many qualifications. And I feel like it would be a lot easier if I took even a few of the cooking classes first, but like...

THERAPIST: Oh, you mean a job as a cook?

CLIENT: Yeah, a job as a cook. Because there are other things I'd like to try to get a job in too...

THERAPIST: I don't know how much — I'm trying to think, my sister had a boyfriend and (inaudible at 0:36:38.1) was like a cook and like (inaudible at 0:36:40.8) Fridays or something.

CLIENT: Yeah.

THERAPIST: I don't think he needed that much experience.

CLIENT: I know someone who got into it without any experience at all, and they rose through all the different positions in their restaurant until they were one of the higher level chefs, but, like...

THERAPIST: Yeah, start that over the — and then you say, oh, I actually have this training (inaudible at 0:36:55.4) skills and bla, bla, bla. [0:36:56.6]

CLIENT: Or I could say I'm about to do all this training while I would be starting at your job, so I'll only get better as I start to work or something.

THERAPIST: That could be good.

CLIENT: Yeah. Basically, I was trying to weigh, should I do that or should I find a more active community service thing I could do that would take up more time? Because there's this really awesome thing that I just found out about that Chicago is doing which is like an extended volunteering program at food banks essentially. Because there's so much more demand on food banks now. It's like a really big thing. And they're trying to find long term volunteers who would work at a food bank for three months or five months for a while, and develop a relationship with the people there, and do the same thing for a while. And I could easily do something like that, and also fit in cooking classes at night, or on the days when I'm not working there.

THERAPIST: For the whole spring? Yeah.

CLIENT: Yeah.

THERAPIST: And then if you could (inaudible at 0:37:44.3).

CLIENT: But I wasn't sure — basically, I'm not sure what I want to commit to yet, and I need to explore the option (inaudible at 0:37:50.2).

THERAPIST: I think as far as volunteering goes, generally, you don't need a lot of time and they pretty much take almost anyone.

CLIENT: Yeah.

THERAPIST: So I would say go ahead kind of with the things that you need to figure out first, and then kind of throw that in where you can. [0:38:02.5]

CLIENT: Yeah.

THERAPIST: Because it's volunteering.

CLIENT: It's true, they'll take me whenever I can only go.

THERAPIST: Yeah, you'll work it out. But the other one, you probably need to make a real commitment first.

CLIENT: Yeah.

THERAPIST: Yeah? Okay, George.

CLIENT: Okay.

THERAPIST: I think we have started early, so we ended early.

CLIENT: Okay.

THERAPIST: You can go home. Do you have any plans for this weekend?

CLIENT: Not for this weekend, no. I have an essay that I have to finish up for next week that I got a lot of groundwork done on, but I haven't really fleshed it out yet, so mostly I'm doing that, and probably going to see Vicky on one of the days also.

THERAPIST: Did you watch Top Chef last night?

CLIENT: I didn't.

THERAPIST: Oh, then I won't ruin it for you. Do you watch it?

CLIENT: I do watch it, but no, I just — what was I doing? I wasn't studying for my test because I had my test yesterday. But I didn't watch Top Chef.

THERAPIST: Right, I watch that show, but I never know what they're doing, and I was, like, oh.

CLIENT: No, it's really good.

THERAPIST: It's good; I won't tell you who got thrown out.

CLIENT: Okay. I totally (inaudible at 0:38:57.4).

THERAPIST: I was glad that woman, what's her face, got thrown off.

CLIENT: Yeah, I know who you mean, she was really annoying.

THERAPIST: She was there way too long; the woman who had cancer.

CLIENT: Yeah. You know, I felt bad for thinking that she was so bad because she had cancer (inaudible at 0:39:10.0).

THERAPIST: That was like her thing (inaudible at 0:39:11.4) cancer, keep me on the job, she was terrible. (inaudible at 0:39:15.7). I won't see you next week because it will be Thanksgiving, we're closed.

CLIENT: Yeah, you're right, Thanksgiving.

THERAPIST: So it will be another two weeks.

CLIENT: Okay.

THERAPIST: Okay?

CLIENT: All right.

THERAPIST: All right, so have a happy holiday.

CLIENT: See you in two.

THERAPIST: All right, thanks, George.

CLIENT: You're welcome.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi George, how are you?

CLIENT: Good how are you?

THERAPIST: How was your Thanksgiving?

CLIENT: It was great actually, there was a little bit of a to do because we have (inaudible at 0:00:12.7) oven.

THERAPIST: Oh, no.

CLIENT: So it's made everything a little bit (inaudible at 0:00:16.6) at the end, but it worked out, and everything's okay.

THERAPIST: And the food came out all right?

CLIENT: The food came out perfect, the house didn't burn down. [0:00:22.2]

THERAPIST: Did you do any cooking?

CLIENT: I did actually, yeah.

THERAPIST: What did you do?

CLIENT: I helped out with a bunch of things during the day itself, and I made — what did I make? I made a sweet potato puree the day before. I helped make the stuffing with my mom, and I helped make this — what's it's called, it's like a spinach pie with some kind of cheese and bacon.

THERAPIST: Sounds good.

CLIENT: It's like this thing, like I'm always (inaudible at 0:00:43.7) it's really good, yeah.

THERAPIST: I (inaudible at 0:00:46.6) bacon.

CLIENT: It's like basically a quiche. I don't know, it's not really a quiche though, I don't know how to...

THERAPIST: So there's like a pie crust?

CLIENT: Basically, yeah. It's really good.

THERAPIST: So other than the fire?

CLIENT: Other than the fire that went really well, and that week — well, that was this past week actually because I was going to — I had a mixed time at Chicago State over the past two weeks since I saw you, some of it went well, and some of it didn't go as well. [0:01:09.0]

THERAPIST: Academically we're talking?

CLIENT: Yeah, and I'll break that down for you. Actually, I think that I'm probably going to do well doing the grades on everything, but I struggled a lot more with one thing that I had to do as opposed to a bunch of other things that were easier. The week that I saw you I'd just had two tests I remember, and we talked about that (inaudible at 0:01:24.3).

THERAPIST: You had just got it back and it went really well.

CLIENT: Yeah, and I'd just taken two new ones, and there was a math test I was worried about because I was a little bit uncertain about the material. And I actually, I didn't do as badly as I thought, I got a B which considering that I was worried about the material, and it was actually challenging for me, I was pretty happy with it. And I got an A minus on the psych test that I had that week too.

THERAPIST: Great.

CLIENT: So that also went well, and it seems like I've got testing pretty much on lockdown. But then I had an essay due in my lit class the next week, this past week when Thanksgiving was, and that did not go as well at all. I had a lot more problems getting that done on time. I ended up handing it in a little bit late because I struggled getting it in the day that it was due, and it was for a variety of reasons.

THERAPIST: Was that all right with the professor?

CLIENT: It was all right with the professor because...

THERAPIST: So they're not going to dock your grade?

CLIENT: I don't think so; he's like a really brilliant guy.

THERAPIST: So you were lucky in this (inaudible at 0:02:12.7).

CLIENT: I was lucky, yeah, and my paper itself was — I don't think that my writing was bad at all, but it's just that it took a lot more energy and time than it should have for me for a variety of reasons.

THERAPIST: And also, something that I worry about for you is that I think something that — handing something in late and someone's who's lenient can be reinforcing.

CLIENT: Oh, definitely. [0:02:30.3]

THERAPIST: (inaudible at 0:02:31.8) that worked out well.

CLIENT: Definitely.

THERAPIST: I could do this again.

CLIENT: And I know, to some degree in my head, I knew that my teacher was a really nice guy.

THERAPIST: Yeah, sometimes you know.

CLIENT: And is always understanding, nothing is like the...

THERAPIST: Did you e-mail him beforehand and let him know?

CLIENT: I e-mailed him as it was happening, that I didn't have it ready basically, and I talked to him about it in class. It wasn't like I just bailed on it totally, but (inaudible at 0:02:53.1).

THERAPIST: So you took some responsibility?

CLIENT: Yeah. I went in and I said, I'm really sorry, I tried to do this and I was struggling forever, and I'd already talked to him actually about how I had been going to Oberlin because he sort of asked me what my story was, and he was curious about me a little bit. And so, he was like, "Oh, well, I know that you have issues sometimes, so I don't want (inaudible at 0:03:10.1) you." It was really sweet of him.

THERAPIST: That was very nice.

CLIENT: Yeah.

THERAPIST: So...

CLIENT: But yeah, pretty much, I can boil down what was problematic to me into two different areas, and one is sort of specific to it being a lit paper, but also general to papers in general because most of the papers I write are about things that are sort of open to interpretation, and where it's like very subjective. I had one paper very early in the semester, but it was very factual, it was just like summarize the author's argument in this political science, theoretical work. [0:03:44.7]

THERAPIST: And that was easy?

CLIENT: And that was easy because I didn't really have any like...

THERAPIST: Brain work?

CLIENT: Any brain work or need to worry about am I doing (inaudible at 0:03:51.5) about this. And actually, I found that that's probably the most (inaudible at 0:03:56.1) aspect for me is that I get one — I get one — I have this hyped up opinion of my ability to do really well, but then I apply that really harshly to whatever I have done, and say that it's not acceptable to that standard, and I sort of have these other sort of problems that come into play in that particular area because I don't really feel like that when I'm preparing for a test. I'm not like, oh, I'm preparing for this test wrong. I know that I'm learning some things that are going to help me do well on the test.

THERAPIST: And test preparing is usually factual?

CLIENT: Yeah.

THERAPIST: But in literature analysis, there's always room that your opinion...

CLIENT: And especially...

THERAPIST: Could be wrong.

CLIENT: Even when you're studying for — even when I'm studying for a literature test, that's easy because you do all you can do to prepare, is to be factually prepared. You can't really plan out your argument beforehand, and doing it on the fly, I guess, is like a little bit easier for me, but watching me assemble an opinion over six pages or eight pages or whatever (inaudible at 0:04:47.4).

THERAPIST: So did you find that you were sitting there furiously writing for days, or that you were like, this is too hard, I'm going to take a break, and then took a lot, too many breaks?

CLIENT: It was a combination of the two. At first, I delayed a little bit too much when I had started to budget it into my schedule. And so then I didn't get as early the start as I wanted to, because at first I was like, oh, this is really hard, and then started to construct my opinion, and I'll just sort of not push myself as much as I can, and write an outline and start to do some work, but not really like push it and actually churn some stuff out. And then as it got closer to the day that it was due, Tuesday, right before Thanksgiving, I think on Sunday I was like, I really need to be serious about this. I'm not going to let myself take (inaudible at 0:05:24.1) breaks. [0:05:23.7]

THERAPIST: When was it due?

CLIENT: It was due on Tuesday.

THERAPIST: Oh, right.

CLIENT: So I got some work done, and had a lot of helpful quotes and thoughts that were running around, like not an essay format at all, by Sunday, and I had two pages of that. And then I spent Sunday straight through Tuesday — I mean, I have a big day of class on Monday, so I had that sort of distracting me. But I spent a lot of time writing, and I ended up tearing apart a lot of what I did. And I changed essay topics midway through, and abandoned all of my work which was actually in retrospect a bad move.

THERAPIST: So do you think the first one was actually fine?

CLIENT: I think the first one was actually fine, or that what problems were there, I could have dealt with in a more effective way than tossing everything out the window and starting over again.

THERAPIST: So what is the main thing when you threw that essay away basically, and press delete, I assume?

CLIENT: Yeah.

THERAPIST: At some point.

CLIENT: Yeah.

THERAPIST: What was kind of like the emotion you were feeling like? Was there anxiety?

CLIENT: It was definitely anxiety and also, a low frustration tolerance for my own mistakes in a way; like, I overblew the importance of the few things that I had wrong, and I ignored other parts that were pretty solid, and I think that that was...

THERAPIST: And what things were you thinking in your head?

CLIENT: I was thinking this essay is going to make it clear that I'm not really smart, and that I'm going to be shamed forever because (inaudible at 0:06:41.9).

THERAPIST: Like, if I can't do well at Chicago State?

CLIENT: Yeah, if I can't do a good essay for this easy prompt at my Chicago State class that is easier than my lit classes at Oberlin, how am I going to write an 80 page dissertation or whatever about (inaudible at 0:06:54.5)?

THERAPIST: So you were kind of like, this essay defines my entire career in literature?

CLIENT: Basically, yeah. I sort of made it really important in a way that it wasn't really. [0:07:04.3]

THERAPIST: And if it doesn't come out well, then what?

CLIENT: If it doesn't come out well, then it will be horrible basically is what I was thinking.

THERAPIST: So a lot of awful (inaudible at 0:07:15.3)?

CLIENT: Yeah, I definitely awful-sized a lot.

THERAPIST: And rather than fix the parts that were problematic, you just scraped the whole thing?

CLIENT: Yeah. I didn't step in secondarily, but also, my frustration tolerance was really low in the first place for dealing with my own frustrations in my own writing.

THERAPIST: Did you ever think maybe, let's save this somewhere else, and then start some more, or did you really delete it?

CLIENT: I didn't delete it totally. Instinctually, I left it on the page and I started writing again on the next page, and then I had actually gotten enough work done on a new idea, that I had more work done on that one, and then I abandoned the old one. And so, in retrospect, I was like, maybe it shouldn't have gotten to that point already, but by then it was sort of too late, and I had some it done with the new topic.

THERAPIST: Well, that happens sometimes.

CLIENT: Yeah.

THERAPIST: But why would it be so awful if you had a paper that was — I mean, a B plus, or were thinking it was like a C?

CLIENT: I don't think it was that bad. I think that the paper that I handed in, actually, it was fine and I think that...

THERAPIST: No, but the one...

CLIENT: The one that I didn't hand in that I scraped?

THERAPIST: Yeah, like what you could have worked it out to be? What would really be awful, what grade to you would have been awful to get? [0:08:18.9]

CLIENT: Something bad which is extremely unlikely like...

THERAPIST: Like a D?

CLIENT: To me, bad is like lower than a C plus, I would say.

THERAPIST: So you really thought it was going to be really bad. It wasn't even like you were holding yourself to a super high standard?

CLIENT: Yeah.

THERAPIST: Or I mean, you probably were, but...

CLIENT: I was and I was imagining — I was...

THERAPIST: If the paper had a flaw then it was a failure?

CLIENT: Yeah. The standard wasn't that high, but the way in which I interpreted the information against the standard was sort of skewed.

THERAPIST: So if you didn't meet the expectation that you expected from yourself, then automatically your professor is going to fail you?

CLIENT: Yeah. And also, it sort of came with a lot of — like a sort of anticipation and a worry about being judged, especially because that's sort of like my thing, and what I'm potentially going to get my BA in.

THERAPIST: By your professor or by who else?

CLIENT: By my parents really also, because it's easy for me to say, well, I didn't do that good on this math test; I only got a B, but it's math and they're not worried about it because they don't expect me to be a brilliant math scholar, but because it's like — it's also the field...

THERAPIST: The thing that you chose to do.

CLIENT: It's the thing I'm supposed to do, and it's also the thing that they know I'm good at because they're both really good at it, and they both went to grad school for English literature, and they're both really sort of like proud of my ability to do that, and so...

(crosstalk)

THERAPIST: Do they read your work generally? [0:09:32.9]

CLIENT: No, they don't, but they have been asking me how my assignments have been on one (inaudible at 0:09:37.2).

THERAPIST: So it was more about, like if my parents were to find out that I did bad...

CLIENT: Or I wouldn't be able to stare them in the face, and be like, I just got a C on my English literature essay because I was (inaudible at 0:09:47.7).

THERAPIST: They would be like, oh, my God, my son's actually stupid?

CLIENT: Yeah, or like, oh, my God, my son has no hope basically.

THERAPIST: Do you think that your parents would do that?

CLIENT: I don't know, they would be disappointed, I don't think it would be that bad though.

THERAPIST: Do you think they could possibly think a little bit differently like, my son...

CLIENT: They'd probably be like, oh, my son was lazy and he just didn't work enough, and that's what happened.

(crosstalk)

THERAPIST: And I think that's what you prefer for some reason, rather to be stupid, you'd rather be lazy, right?

CLIENT: Yeah. It's a cop out, yeah.

THERAPIST: But what you were anxious about was that they were actually doubting your ability?

CLIENT: Yeah, or that they would in the future, yeah. [0:10:24.1]

THERAPIST: What if your parents doubted your ability?

CLIENT: I guess nothing (inaudible at 0:10:30.7).

THERAPIST: Could you not go on with your writing?

CLIENT: No, I could.

THERAPIST: Are you sure?

CLIENT: I'm not though (inaudible at 0:10:37.5). I'm not really sure.

THERAPIST: They doubt your ability, just stop writing right away and never pick up a pen again?

CLIENT: No, I don't think it would be that dramatic, but I would definitely hold that doubt inside of me, and it would come up again when I was trying to write again, but I don't think I would feel it that constantly, and say, I can never pick up a pen or doubt it before I started it. It's sort of when I start the process.

THERAPIST: So it would be disappointing?

CLIENT: It would be disappointing.

THERAPIST: And a little upsetting?

CLIENT: Yeah.

THERAPIST: But not awful?

CLIENT: Not awful.

THERAPIST: But were you telling yourself that when you were writing?

CLIENT: I was trying to, but it was hard not to think that it was awful basically, and it was also hard not to think that my essay was awful. That was really the biggest awful-izing (inaudible at 0:11:11.8).

THERAPIST: That my essay is awful?

CLIENT: Yeah.

THERAPIST: And I can't stand it, and you probably took too many breaks because it was awful.

CLIENT: Yeah. [0:11:20.1]

THERAPIST: Right?

CLIENT: Yeah, especially in the...

THERAPIST: Was any of it having to work this hard is awful?

CLIENT: A little bit, I mean...

THERAPIST: (inaudible at 0:11:26.4) to work as hard?

CLIENT: That's been something that I haven't gotten rid of in my process of like...

(crosstalk)

THERAPIST: I (inaudible at 0:11:31.7).

CLIENT: Yeah, I don't (inaudible at 0:11:33.0) either, but I've gotten a lot better at telling myself right away as opposed to waiting a really long time before I even start think about what (inaudible at 0:11:42.1).

THERAPIST: (inaudible at 0:11:41.2) exam.

CLIENT: Exactly, I'm like, hey, this is really (inaudible at 0:11:44.6).

THERAPIST: But it's hard to change the idea that if you were to do badly on something, individual assignment, that you consider yourself to be talented in, then that would be awful?

CLIENT: Yeah. That's a way harder thing for me to consider because to me, it wouldn't really bother me that much honestly if I got a bad grade in my math class. I would say it's not my thing.

THERAPIST: Why would a grade on one essay determine your writing skill?

CLIENT: It wouldn't, you're right because that's just like one sample...

THERAPIST: It's just one essay?

CLIENT: Yeah, but I was also saying, well, all my other writing hasn't been good in a while either, and I always cop out like this and I never really produce something that I'm really proud of in my literature essays. Because that's something that has been (inaudible at 0:12:29.5).

THERAPIST: So, George, what if it turned out that writing was something that was enjoyable for you, but you weren't a genius at it, just good enough?

CLIENT: That would be okay.

THERAPIST: You sure?

CLIENT: Yeah, because I'm not really sure — like I actually have very little attachment to writing analytical literature essays about books. It's not something that I like particularly enjoy doing.

THERAPIST: I don't know if I believe you because you tell yourself it would be awful. So is it just the judgment of other people knowing that you're actually not that good at it?

CLIENT: I guess I care a little bit actually, I don't know, but at the same time, it feels like that's not something that's really important to me on a core level, that I could easily discard it. [0:13:09.6]

THERAPIST: But it's more the opinion of other people knowing that you weren't good at it?

CLIENT: Yeah.

THERAPIST: Specifically, in this example, your parents.

CLIENT: And also, it just sort of makes it feel really surreal and odd, that that's what I'm, like, struggling really, really hard to overcome my natural tendencies to go back to college to do if I'm not really that attached to it. So it's like a complicated thing to say, and that's makes it harder for me to say I don't really care about this. Because I want to care about it so that I have a (inaudible at 0:13:35.0).

THERAPIST: You can care about it, but it doesn't mean that that's what you want to do in the future.

CLIENT: Yeah.

THERAPIST: It doesn't mean — even if you're not — I mean, some people do things that they're not that great at and they still enjoy it.

CLIENT: That's true.

THERAPIST: Right? Or you find that maybe I'm not great at writing analytical literature, but I can do something else while in writing.

CLIENT: And, like, somehow apply these skills in a different way, yeah.

THERAPIST: But would it be awful if your parents knew that you were a fraud?

CLIENT: It wouldn't be that awful, and I know intellectually that it wouldn't be that awful, like, when I try to imagine how my parents would actually respond to that. My mom would be sad, but know that it's just sort of her dream and not really that connected to reality, and my dad would joke about how he would do the same thing, and not read books, but then write essays about them when he was in college. And he would say, well, maybe you're not as good as that as I was, but it's fine.

THERAPIST: Is it really their dream for you to be a writer? [0:14:35.4]

CLIENT: No, not specifically that at all, but it's just their dream for me to be really passionate about getting an education in something, and that's an easy thing for them to see me being passionate about because I really like reading, and it's something that I've expressed interest in, and it's what they did.

THERAPIST: So can you be passionate about reading, but not passionate about your major, and still do it and get it done?

CLIENT: I haven't so far, but I think that I can, yeah, but I haven't...

(crosstalk)

THERAPIST: Because I don't think the passions and the spark, right?

CLIENT: Yeah.

THERAPIST: You don't really feel true passion for analytical writing?

CLIENT: I don't.

THERAPIST: But it's the major you chose and you're almost done, and it's certainly honing your skills at writing.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: So...

CLIENT: I don't know if it's really honing my skills at writing honestly. I feel like saying that because I feel like...

THERAPIST: (inaudible at 0:15:23.9) it because you're not creative?

CLIENT: No, I feel like on some level I haven't really improved the craft in which — that I used to write an essay since high school. I feel like I'm using the same...

THERAPIST: All right, so maybe it's not getting better, but it's really not getting worse.

CLIENT: It's not getting worse, no.

THERAPIST: And it sounds like you've always been a pretty good writer.

CLIENT: Yeah.

THERAPIST: Even if you haven't been the best writer.

CLIENT: Yeah, no, I definitely have been passable, and I can write essays about things that I haven't really read or not (inaudible at 0:15:45.4) familiar with and do okay at them.

THERAPIST: So you're a pretty good writer?

CLIENT: Yeah.

THERAPIST: But you might not be the best, and you might not feel passion for it?

CLIENT: Yeah.

THERAPIST: Is that okay?

CLIENT: Is it, yeah. [0:15:53.3]

THERAPIST: Yeah?

CLIENT: Yeah.

THERAPIST: Can you keep doing work?

CLIENT: I can, yeah.

THERAPIST: I mean, even though you don't feel passionate for — what was the essay you wrote on?

CLIENT: The essay was — well, there were a few different topics, and as I had mentioned, I, like, switched between them. I ended up writing a comparison of a play by (inaudible at 0:16:08.2) Hughes about — well, there weren't slaves, but they were — basically (inaudible at 0:16:11.9) play and a play be Theatre Award that are both about different African American families.

THERAPIST: Sharecroppers?

CLIENT: Yeah. The first one was about sharecroppers, and the second one was about low, middle class families in Chicago during the Great Depression, and the (inaudible at 0:16:26.9) movement. I don't know if you know anything about that at all. It's (inaudible at 0:16:31.0).

THERAPIST: So it was interesting...

CLIENT: It was interesting.

THERAPIST: Books that you read.

CLIENT: No, I actually really enjoyed this lit class because I would never think to take a class about African American contemporary theatre, and it was pretty...

THERAPIST: So was there any enjoyable part about writing an essay?

CLIENT: No.

THERAPIST: So maybe...

CLIENT: Reading the plays was great, I like reading the plays.

THERAPIST: So maybe you don't feel passion for analytical writing.

CLIENT: Yeah.

THERAPIST: But you're getting something out of reading all these books, and you're getting a broader knowledge base, especially at Chicago State.

CLIENT: Yeah. [0:16:57.6]

THERAPIST: Literature that you weren't getting before.

CLIENT: And also, I have...

THERAPIST: And your writing is good.

CLIENT: Yeah, I have some technical ability that I can apply to it.

THERAPIST: And your writing is good, but it might not be amazing, and this might not be your career path. Is that awful if you had to sit down and do something that you're not that passionate about, and that you might not get an A on.

CLIENT: No, it isn't awful.

THERAPIST: And then telling yourself that it's awful, you end up writing — taking so (inaudible at 0:17:22.5) write it, going between topics.

CLIENT: Yeah.

THERAPIST: So telling yourself it's awful is not helping.

CLIENT: It's definitely not helping.

THERAPIST: Telling yourself itself it's awful if my parents judge me.

CLIENT: Isn't helping.

THERAPIST: And then probably your professor too?

CLIENT: Yeah.

THERAPIST: Because you want people to see you as smart and talented.

CLIENT: Especially in the field that I feel like I should be in.

THERAPIST: Yeah, but it's not even the field that you think you should be in.

CLIENT: I know.

THERAPIST: It's kind of silly.

CLIENT: I just have that perception because people voice it, like oh, that's something that you're really good at.

THERAPIST: Yeah, but you seem like you're good at a lot of things, right?

CLIENT: Yeah, I have some talents in other areas (inaudible at 0:17:50.5).

THERAPIST: Seems like a pretty good psychology.

CLIENT: I guess so, yeah. I don't know if I would do it though (inaudible at 0:17:55.4).

THERAPIST: (inaudible at 0:17:57.9) do it (inaudible at 0:17:56.8) deal with these people (inaudible at 0:17:59.5). But so you tell yourself that it's awful, that my parents are going to judge me. That would be awful if they judged me. And you know that they're probably not going to, and it's not helping you.

CLIENT: Yeah.

THERAPIST: What made you get it done, just like pure crazy, like, fervor, writing fervor?

CLIENT: Pure crazy writing fervor and also, repeating to myself, like, I have to get this in as soon as possible. I have to stop wasting my time and going over the same thing, and making the same paragraph even better than it was (inaudible at 0:18:31.6).

THERAPIST: But what if you actually use EBT?

CLIENT: That might be (inaudible at 0:18:36.5).

THERAPIST: Did you think about that? It would probably be too stressed to think (inaudible at 0:18:39.4).

CLIENT: I was (inaudible at 0:18:41.0) about that obviously, like I wasn't really thinking about it that rationally.

THERAPIST: Do you think it would have been helpful to say it's not awful if this isn't the best paper I've ever written?

CLIENT: It would have been helpful. I wasn't really thinking about it. I wasn't think about awful-izing at all during the entire process (inaudible at 0:18:51.9).

THERAPIST: That might be something to think about. Even when you're in that kind of state to write down — go through one of your worksheets and say, what's going on? What's the emotion I'm feeling, or the dysfunctional behavior that I'm feeling? What are my rational beliefs, and then dispute them. Because I know that you are capable of this.

CLIENT: Yeah. [0:19:11.5]

THERAPIST: To say it's not awful if I don't get a A on this, and it's not awful if my parents find out that I don't get an A. It's not awful if my parents find out that I'm really not that passionate about it.

CLIENT: Yeah.

THERAPIST: Maybe you still have a way to go before you find out what your calling in life is, right?

CLIENT: Mm-hmm.

THERAPIST: Maybe there a lot of things that you could do in life.

CLIENT: Yeah.

THERAPIST: And you're just going to eventually choose one, but it's not awful if it's not the one that you thought it was supposed to be.

CLIENT: Yeah. It's definitely not awful, and I think that really, like the number one reason that I didn't step outside of awful-izing it and turning it into something really terrible and awful is that — like I kept on remembering how much it was a struggle for me to try to write the essay that got me (inaudible at 0:19:53.2) from Oberlin and a bunch of other essays there. And I sort of remember...

THERAPIST: (inaudible at 0:19:59.6) on the past?

CLIENT: Yeah, and it was hard for me to escape the remembrances of how I felt in the situations in the past, and to sort of be like, oh, my God, I feel like exactly the same way right now, like how do I escape this? What do I do? It's awful.

THERAPIST: And you failed last time, so it's going to be a failure again this time.

CLIENT: Yeah. And it's the first time I've tried to tackle anything like that at all.

THERAPIST: But you did okay, maybe it's not an A (inaudible at 0:20:18.8).

CLIENT: But it might be, like, I'd be surprised if it was lower than a B, I'd say.

THERAPIST: So you worked hard, and next time you now know you have some other skills that you could use, right?

CLIENT: Yeah.

THERAPIST: So RBT can work...

CLIENT: Can definitely (inaudible at 0:20:34.2).

THERAPIST: More for just then procrastination, right?

CLIENT: It can work for...

THERAPIST: And deal with those emotions?

CLIENT: (inaudible at 0:20:37.8).

THERAPIST: And anxieties. So if you were thinking it's not awful if I don't get an A. I'll just do the best I can do and I'll hand it in when I'm done. Do you think you'd feel less anxiety?

CLIENT: I think it would definitely help, yeah.

THERAPIST: So you just feel like a little concerned?

CLIENT: Yeah.

THERAPIST: (inaudible at 0:20:54.6) a lot of concern.

CLIENT: I think I would feel less concerned and then — I think I would have to reapply that strategically more than once in the process (inaudible at 0:21:04.2).

THERAPIST: So just keep telling yourself that.

CLIENT: And I think that ultimately, that would definitely help, yeah. [0:21:08.5]

THERAPIST: Do you think you would have started the paper earlier?

CLIENT: Yeah, if I had started to apply RBT like on Saturday or Friday the week before, then that would have been a lot easier for me.

(crosstalk)

THERAPIST: Yeah, then you might have started it...

CLIENT: (inaudible at 0:21:19.8) on time.

THERAPIST: (inaudible at 0:21:19.8) earlier and it would put less pressure on the essay.

CLIENT: Yeah.

THERAPIST: But then knowing that I still have to get it done. I'm still going to do the best job I can do, but it's not awful if I do less than what I expected, or what I imagine people did expect of me.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: No, it is. And it's so funny that I didn't think of applying RBT at all because I was actually really self-conscious about applying RBT during Thanksgiving because I had this like...

THERAPIST: During the fire?

CLIENT: No, no, not during the fire. It was just, like, too much of a instinctual reaction. Like, oh, my God, there's a fire. But no, when we had a bunch of relatives come over for the event itself, there was a bunch of tension because my mom and my grandma have been like really hesitant, and sort of awkward about telling other more distant members of the family about what happened to me, and how I'm not going to graduate

from college in five years, and I'm going to a different school because my other school asked me to go to another school. And we hadn't totally spread that truth among all the distant cousins and aunts and uncles and people. And there were some of them that they'd felt really awkward about talking to, and it sort of made me anticipate it as an awful event. And I was like, it's not going to be awful. One, I don't really care what these people think at all, it doesn't really affect me in the slightest. I only see them twice a year. Two, they're probably not going to think that it's that awful. Their, you know (inaudible at 0:22:41.5) is graduating in four years isn't (inaudible at 0:22:43.6) like, I doubt that. Not to be awful about it.

THERAPIST: (inaudible at 0:22:46.7).

CLIENT: I can tell if I was being like extremely abused (inaudible at 0:22:51.6).

THERAPIST: No, you did.

CLIENT: Okay.

THERAPIST: You were, but that's fine. I appreciate it. [0:22:56.4]

CLIENT: Yeah.

THERAPIST: So yeah.

CLIENT: But yeah, like, I tried to one, tell myself that it wouldn't be...

THERAPIST: That's kind of a rationalization.

CLIENT: It is, yeah.

THERAPIST: (inaudible at 0:23:04.4) sense of...

(crosstalk)

THERAPIST: (inaudible at 0:23:06.1) my cousin, but whatever. Say it doesn't really matter what they think of me and I...

CLIENT: And to just try to reconsider the stakes of what was actually going on, and what it would actually matter (inaudible at 0:23:17.0).

THERAPIST: And they might not really care that much because (inaudible at 0:23:18.3).

CLIENT: Yeah.

THERAPIST: (inaudible at 0:23:17.7) and you don't know yet.

CLIENT: Yeah. And in talking to (inaudible at 0:23:21.1) they were like, "Oh, that's good, that's nice that you're living in the city, great."

THERAPIST: So it wasn't so bad.

CLIENT: Yeah, it wasn't that bad at all, and I even was able to casually reassure my parents, although I tried not to get too involved in their concern about it. But I was like, it's not going to be a big deal.

THERAPIST: Yeah, were they, you think, embarrassed?

CLIENT: My mom was embarrassed about it. My mom's like, it's been an issue since this happened, my mom is like, "I'm so embarrassed about what happened, and I don't want to tell any of my friends who used to know you when you were in lower school because I'm just going to hear about how their kids are so successful, and going to all these amazing places and doing all (inaudible at 0:23:54.3) things."

THERAPIST: That must be hard?

CLIENT: Definitely, it is hard and I'm like, mom, you're being crazy, and I don't want you to. [0:24:00.9]

THERAPIST: So she's basically said to you, "I'm embarrassed about what happened?"

CLIENT: Yeah, it's very blatant, there's no hiding of that at all.

THERAPIST: But it's funny because she's still so supportive of you. It's not like she's angry with you.

CLIENT: Yeah.

THERAPIST: She's just embarrassed at what happened?

CLIENT: It's just that she has like an insane social consciousness, where she's like, any problems I have about like not being sure of myself, and not expressing what I want, and worrying too much about what other people are thinking about me, totally come from her. She doesn't like (inaudible at 0:24:31.1).

THERAPIST: She cares a lot what people think about that?

CLIENT: Yeah, like the vision that other people have of her that obviously, she's constructing, they're not telling her about it is the most important thing to her.

THERAPIST: Did that hurt your feelings at all that she was kind of embarrassed?

CLIENT: It didn't really hurt my feelings, no. It just felt sort of ridiculous.

THERAPIST: Like you're being ridiculous?

CLIENT: Yeah. [0:24:47.1]

THERAPIST: That's a pretty healthy way of seeing it.

CLIENT: Yeah.

THERAPIST: Some people could be, you know, like, oh, no, so disappointed (inaudible at 0:24:53.3).

CLIENT: It must be awful.

THERAPIST: But it sounds like you kind of recognize that your mom has her own neuroses, and this isn't your issue, it's her issue?

CLIENT: Yeah. No, because it definitely used to be like, my mom has been saying the same thing forever, and when I first came into Oberlin, and when I was (inaudible at 0:25:05.8) obviously, it wasn't my parents first choice for me, or what they immediately thought of as like the school that was their perfect fit for me. And they were like — like, I remember my mom went to a college counselor (inaudible at 0:25:16.2) like cried in front of my college counselor when she read out the list of all my choices. And I was like, oh, maybe I am an awful son because my mom cried in public. But like (inaudible at 0:25:23.8).

THERAPIST: Probably because the choices weren't Harvard and Yale?

CLIENT: Exactly, because there was some community schools as my backups, and I had (inaudible at 0:25:31.9) school because I thought I wanted to be a photographer. And I was like, at that point in my life, it was a lot harder for me to say, oh, it's just you being ridiculous, but I sort of learned that over time.

THERAPIST: Good, and it sounds like, I mean, any maybe actual disappointments she might have that you're not passionate about what she thought you would be, I mean, it could be real, right?

CLIENT: Yeah. [0:25:55.1]

THERAPIST: Because you were saying, "Oh, she probably doesn't feel like that." But it could be real.

CLIENT: No, it is real, I'm sure that she does feel like that, but that she also knows that it's really all in her head, and that it's not like actually...

THERAPIST: And it doesn't really affect (inaudible at 0:26:07.5).

CLIENT: It's not like (inaudible at 0:26:06.2) me and what I'm ready to do, and what makes sense for me in my life.

THERAPIST: Well, it sounds like you have a good handle on your mother's (inaudible at 0:26:15.1).

CLIENT: Yeah.

THERAPIST: Everyone should have (inaudible at 0:26:16.6).

CLIENT: I've had a lot of practice getting a handle (inaudible at 0:26:17.2).

THERAPIST: So have you thought more about visited Oberlin?

CLIENT: I have and I talked to some of my friends because that was part of my homework (inaudible at 0:26:26.2).

THERAPIST: Yes, it was.

CLIENT: And I had trouble getting in touch with all of the people I wanted to get in touch with. Some of them are like, flakey about responding to my messages.

THERAPIST: (inaudible at 0:26:34.7) right now.

CLIENT: Yeah.

THERAPIST: (inaudible at 0:26:34.0) a little busy, crazy (inaudible at 0:26:35.7).

CLIENT: And that's ultimately, I decided that I don't really have time to go up before I'm done with this semester. But I'd like to go up some time in January pretty soon after winter break is over, and everyone's back up there. But that was pretty much (inaudible at 0:26:50.2).

THERAPIST: It might be a good idea to like, to renew these relationships, especially if you are worried about people feeling more akin to her, to just keep in touch.

CLIENT: Yeah, and I did that with some of the people — it's weird, I should have done it with the people who I'm actually worried about that happening with. Because I talked to all the people I know aren't really going to care, and they're still going to be my friends because I didn't have to worry about it. But there are a few people who it might actually be an issue with, it's a really small group.

THERAPIST: And do you want to see them?

CLIENT: I do, yeah, because I was really friends with them. In particular, it's the people who live in the house with her because I feel like it's a lot harder for them to not be so in touch with what she's saying all the time, and her take on things, and to not be in touch with mine.

THERAPIST: So do you think you could reach out to them?

CLIENT: Yeah, I could. [0:27:33.3]

THERAPIST: Because that might alleviate some of your anxiety. Even if it doesn't go well, you'll say...

CLIENT: At least I'll know.

THERAPIST: (inaudible at 0:27:34.6) whatever, there are jackasses that are going to take her side and be immature.

CLIENT: Yeah.

THERAPIST: And I'll just focus my energy on maintaining friendships with them, rather than going up there and then having it blow up in your face.

CLIENT: Yeah.

THERAPIST: And that would probably decrease the anxiety about it blowing up in your face, and having an awkward interaction.

CLIENT: Yeah, if I already know what's going to happen, then I can't really imagine the worst possible scenario.

THERAPIST: But I also think it will do good to challenge your social anxiety.

CLIENT: Oh, yeah.

THERAPIST: To get in touch with them.

CLIENT: Definitely.

THERAPIST: Because you probably are avoiding that for a reason.

CLIENT: Yeah, and definitely with the ones that I just said I should have gotten in touch with, I am avoiding it for that reason, and that's why it was easier for me to get in touch with the people I already aren't worried about and that I know it isn't really going to matter to.

THERAPIST: So what do you tell yourself when you're avoiding it, like, it's just going to be an uncomfortable conversation that I'm going to have? [0:28:23.6]

CLIENT: Yeah, basically, what I tell myself is, well, I know it's not going to be awful, and I try to remind myself that the worse case — that's okay. I'm tired too. I know that — and this was something that I repeated a lot, I was like, worse case scenario, it's going to be like a temporary, short term disagreement that's going to fade because it's not really that important to any friends. And at most, they'll be a little bit opinionated about it for the next few months, and then it will sort of fade from their memory, and they'll graduate from college anyway, so it's not going to be that big of a deal for them. But then my response to that line of thinking was, well, maybe I'll just wait a little bit until (inaudible at 0:28:57.4) awkward, so it didn't totally (inaudible at 0:28:58.1).

THERAPIST: So could you deal with an awkward interaction?

CLIENT: I could, yeah, because I was really certain that it wouldn't be that awkward with anyone really.

THERAPIST: And I think it will be good. You know what they say, you need to increase your number of awkward interactions if you want to get over this.

CLIENT: Yeah.

THERAPIST: Or get passed it or be able to deal with this. So more awkward that the phone call is, the better it is for you.

CLIENT: Yeah.

THERAPIST: And your social development.

CLIENT: Yeah, that is a good way to think of it. I should tell myself that, the more awkward it is.

THERAPIST: Get into awkward interactions wherever you can. (inaudible at 0:29:33.7) and then you'll be able to handle anything.

CLIENT: Yeah.

THERAPIST: How are things with Vicky, good?

CLIENT: Yeah, things are going well with her. I saw her a few times. It's a little bit complicated because she was living with one of her friends from high school I knew from back in the day too, but they sort of were awful roommates, and always had conflict, and they were always stressed out thinking about the other person being at their apartment. It was just like (inaudible at 0:29:59.8) and so she just moved out, like, back with her parents and that's a little bit uncertain what our interactions are going to look like when we don't have a convenient space to go to absent our parents.

THERAPIST: Got you, is her house close to yours?

CLIENT: No, it's not. Her house is, like, a lot further than her apartment was. Because her apartment was really close, which is like a lot more manageable, but her parents live — it's like almost at the edge of the county. It's this tiny little place (inaudible at 0:30:24.6) in Reddick.

THERAPIST: I actually got lost there. (inaudible at 0:30:26.4).

CLIENT: It's really confusing. [0:30:28.1]

THERAPIST: Yeah, I was like, where is the (inaudible at 0:30:31.0)? Yeah, that's right by Bradley, right?

CLIENT: Yeah, but yeah (inaudible at 0:30:38.1) far from me.

THERAPIST: So yeah, that's a good distance away.

CLIENT: Yeah.

THERAPIST: So you'll have to work something out, I guess.

CLIENT: Yeah.

THERAPIST: Do your parents know that you're dating?

CLIENT: Yeah, I already talked to them about that a few weeks ago actually.

THERAPIST: Your parents?

CLIENT: Yeah.

THERAPIST: Or her parents?

CLIENT: Her parents know too, yeah.

THERAPIST: Have you seen them since you started?

CLIENT: I have, yeah.

THERAPIST: So it's (inaudible at 0:30:54.3) back to high school days, I guess.

CLIENT: Yeah.

THERAPIST: It's manageable. [0:30:58.4]

CLIENT: Yeah, it's not the end of the world, and actually it's sort of a good thing in one sense because I don't want it to get too relationship — not too relationship-y because I'm not going to lie, it is a little bit of a relationship, but I don't want it to get too serious or too long term or too committed and I feel like...

THERAPIST: You feel like if she's living in an apartment, you're likely to stay over there?

CLIENT: Or like more likely to want to be there a lot more because there's no reason for me not to want to come. But now I have the, I don't want to be too much (inaudible at 0:31:26.7) parents (inaudible at 0:31:28.0) reason which is a good one.

THERAPIST: I mean, if the relationship is progressing, is that something to be afraid of?

CLIENT: It's not, but the only thing that I wouldn't be afraid of because I'm asserting about what I want in the situation, is that I want to be single when I go back to Oberlin, and I don't want to have a different, complicated long term relationship that I have to deal with because I knew that it didn't make sense for me now, and I don't think it's going to make sense for me suddenly like seven months from now.

THERAPIST: Why wouldn't it make sense for you then?

CLIENT: Well one, I think that it's going to be hard in particular because I've sort of like wanted to be single at Oberlin, and idealized it while I wasn't for so long, and thought about (inaudible at 0:32:09.3).

THERAPIST: You were kind of single.

CLIENT: I was kind of, but I didn't really feel at liberty to actually explore it basically, and so I am sort of looking forward to having that freedom to be single, and enjoy having the opportunity to hook up with various girls and guys (inaudible at 0:32:24.3).

THERAPIST: And don't want another open relationship.

CLIENT: Yeah, and I don't think that Vicky would be down with that in the same way that Sasha was because there's not like the convenient, gender bending flip of that, that worked out, so not so well.

THERAPIST: So you kind of do feel like staying in this relationship. I guess you have a long time before...

CLIENT: Yeah, that's why I'm trying not to worry about it too much, but I'm keeping it on my radar screen that I don't want it to be...

THERAPIST: I just think that you should be careful too. Remember what we thought about what's more important, getting your chance to explore, and how about with people or preventing a potentially good relationship.

CLIENT: Yeah. I don't want to prevent a potentially good relationship because it actually seems like it could be potentially really good, and I don't want to...

THERAPIST: And to break up with that or to not prevent that from getting closer for fear of not being able to do something that you always thought you wanted to do, you know what I mean? [0:33:20.1]

CLIENT: Because I could easily change my mind about that over the next eight months.

THERAPIST: Because it is a long time.

CLIENT: It is a long time, you're right.

THERAPIST: And something that you want then might not be something that you want now, and just because like a long distance relationship wasn't feasible with Sasha.

CLIENT: It doesn't mean it's not necessarily...

THERAPIST: Doesn't mean it's not going to be feasible with Vicky.

CLIENT: You're right.

THERAPIST: But it is things to keep open because I think you kind of (inaudible at 0:33:43.0) you have, well, I'm going to be single when I go back to — but that's your choice.

CLIENT: It is my choice, yeah. I don't have to.

THERAPIST: Just because it's experience you want to have doesn't mean that you should have it now.

CLIENT: Yeah.

THERAPIST: Or at Oberlin or any of those experience, I guess not with those specific people maybe.

CLIENT: Yeah.

THERAPIST: That you could have at any point.

CLIENT: That's true, yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: I mean, you could hook up with them now if you wanted.

CLIENT: Mm-hmm, yeah, I could just go up there and do it if I want to.

THERAPIST: So (inaudible at 0:34:11.8) think about.

CLIENT: Yeah.

THERAPIST: Because I don't think you should prevent yourself from being happy.

CLIENT: (inaudible at 0:34:16.8).

THERAPIST: And the cultivation of a relationship if it's a good relationship. [0:34:19.9]

CLIENT: Yeah. I wouldn't want to do that either. But I'm not that worried about it actually because we sort of talked about how we don't really know what our long term plans are. We might be somewhere different over the next year. So again, that might change over the next (inaudible at 0:34:36.3) also.

THERAPIST: So it sounds like you're on top of it. What do you want to work on for this week? Did you do anymore cooking research or...

CLIENT: I did and I almost signed up to actually take a two day cooking class over the Thanksgiving weekend. But I knew that it wasn't really a good idea.

THERAPIST: (inaudible at 0:34:53.9).

CLIENT: Yeah.

THERAPIST: When is your last class?

CLIENT: Well, the last class I have is like the 19th or the 20th, but then there's a finals week, and I'm done with finals the 23rd.

THERAPIST: Because that's right before Christmas?

CLIENT: Yeah.

THERAPIST: So maybe you could even book one right after Christmas as your reward for doing so well.

CLIENT: Yeah, that would be nice actually.

THERAPIST: Yeah?

CLIENT: Yeah.

THERAPIST: So you could book one there. Have you given more thought to going into one of the kitchens and kind of working for free? Remember we talked about like...

CLIENT: Yeah, I have thought about that, and I sort of went through a bunch of places like closer to me in Indiana if I wanted to find something that's pretty local. And there are a bunch of restaurants, and the only thing that I'm worried about is finding one where I could actually get work because I've had this weird experience that a lot of — there's a bunch of (inaudible at 0:35:43.5) restaurants in my particular area of Indiana. I don't know whatever chance with that to be true, but I found in a few different Asian restaurants, I tried to work in that often — not always but often there's like unified Asian or like Chinese or Japanese speaking kitchen staff. And there's like a barrier to entry if you don't speak Japanese, you can't be on the team.

THERAPIST: Well, I guess there's only one way to find out.

CLIENT: Yeah, which is just to go to them.

THERAPIST: An awkward rejection.

CLIENT: Yeah.

THERAPIST: Which could be beneficial for you.

CLIENT: Yeah, it could be.

THERAPIST: Right.

CLIENT: Yeah.

THERAPIST: So maybe you could see it as, yeah, this could be awkward, they might say no.

CLIENT: But it will be worth it to get out there and try it. [0:36:20.1]

THERAPIST: For a variety of reasons.

CLIENT: Yeah.

THERAPIST: One, you could actually end up getting some experience. Two, it will just be a way of dealing with awkward...

CLIENT: Awkward interactions.

THERAPIST: Increasing your ability to tolerate that discomfort.

CLIENT: Yeah. Three, it's helping me with I'm getting a job skill no matter what I'm trying to get a job in.

THERAPIST: Exactly.

CLIENT: Yeah.

THERAPIST: So you think you could do that maybe this week, just go to one place?

CLIENT: I could go to one place this week, yeah.

THERAPIST: All right.

CLIENT: Counting this week as like, from this Thursday to next Thursday.

THERAPIST: Yeah (inaudible at 0:36:48.1).

CLIENT: I don't know if I could do it tomorrow.

THERAPIST: No, I don't think that's so good. Okay?

CLIENT: Okay.

THERAPIST: Sound good, and I guess, yeah, and you could find the time to start booking that cooking class and getting it done, right?

CLIENT: Yeah. It might not be immediately after Christmas. I might do it after New Year's because my parents, they talked about going somewhere with me in between Christmas and New Year's.

THERAPIST: (inaudible at 0:37:09.8)?

CLIENT: Well, they're thinking about going up to Michigan because they have this house up there.

THERAPIST: That would be nice.

CLIENT: Though we weren't really sure.

THERAPIST: (inaudible at 0:37:14.3).

CLIENT: Yeah, because it's going to be freezing, so it's all sort of up in the air, but yeah, I'll figure it out.

THERAPIST: Well, whatever, there's no pressure, this isn't a homework assignment.

CLIENT: Yeah.

THERAPIST: This is for you want to do it too.

CLIENT: Okay.

THERAPIST: Okay?

CLIENT: All right. [0:37:28.0]

THERAPIST: So I will see you next week then.

CLIENT: Okay.

THERAPIST: All right?

CLIENT: Same time?

THERAPIST: All right, same time.

CLIENT: All right.

THERAPIST: Great job, George.

CLIENT: Thanks so much.

THERAPIST: And I'm glad — I guess we'll hear how the paper went.

CLIENT: Yeah.

THERAPIST: It sounds like...

CLIENT: Who knows how soon that I'll be (inaudible at 0:37:36.5).

THERAPIST: (inaudible at 0:37:40.3) that's an improvement to the past.

CLIENT: I know, because in the past I just would have not done it.

THERAPIST: Where were you on the day, like at the time — on the 21st — where were you on the paper when it was actually due?

CLIENT: When it was actually...

THERAPIST: Could you have handed it in or was there a paper at that point?

CLIENT: There was a paper at that point, but it wasn't really — I could have handed it in, but it would have been a really bad grade if I'd handed it in right then, and that's the only reason I didn't.

THERAPIST: All right, so it's sounds like you made the right choice and you knew the guy, but...

CLIENT: Yeah.

THERAPIST: Next time you'll have a better plan of action. [0:38:09.7]

CLIENT: Yeah, next time I can actually apply a strategy (inaudible at 0:38:11.7).

THERAPIST: Okay.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

CLIENT: I've been keeping pretty busy so.

THERAPIST: Not much has been going on?

CLIENT: It has been pretty relaxing except with school starting and whatnot I've had a lot to like ready already and everything.

THERAPIST: Oh no. When did school start?

CLIENT: It started for me last Friday, but most people this week I guess, but that was the first day. And I had four of my five classes so it was like.

THERAPIST: Oh, yeah, you had them all.

CLIENT: Yeah.

THERAPIST: At least you're ...now you know what you've ahead of you.

CLIENT: Yeah.

THERAPIST: Five classes, that's a lot. Is that normal?

CLIENT: I use to I was taking four because when I had transferred I was having a lot of trouble but I don't know I've had a lot since I don't have a job right now, I had a lot of extra time last semester and I figured if I could spend the time doing something because I was bored and didn't know what to do so.

THERAPIST: Definitely.

CLIENT: Take a class. And I'm trying to graduate like, you know -

THERAPIST: Maybe a little.

CLIENT: a little earlier then I was going to.

THERAPIST: Okay, well that sounds good.

CLIENT: Yeah. (0:01:02.2)

THERAPIST: Did you manage to practice some of those statements that we had written down over the week?

CLIENT: I started to the first week after I saw you but since then I haven't really done any.

THERAPIST: I feel like that happens to everything, whenever there's a week.

CLIENT: Yeah.

THERAPIST: Well, you kept up with it for the week?

CLIENT: Yeah.

THERAPIST: And you were doing it when you first woke up in the morning?

CLIENT: More, I would remember more at night to do it before I went to bed but I guess that's more my own age to just calm down and kind of go to sleep.

THERAPIST: So yeah if that's what works for you. Do you help it helped at all?

CLIENT: I don't know because I haven't really had much of an anxiety feeling in the past like few weeks, I don't know.

THERAPIST: Gotcha.

CLIENT: Been very relaxed.

THERAPIST: Nice. You said you had a friend's boyfriend who was going to Vegas -

CLIENT: Oh yeah.

THERAPIST: and they were planning this big thing and you were kind of feeling like you didn't want to go to the club.

CLIENT: Oh yeah well.

THERAPIST: So you were going to plan your own event, did that happen?

CLIENT: I never, I just didn't go with her kind of thing and then I went to Joliet for a few days with my brother and then I went to a Cubs game with my brother last week so I kind of kept busy in any ways, I haven't really gone out. (0:02:13.2)

THERAPIST: Okay.

CLIENT: But I've been, you know hanging out.

THERAPIST: Gotcha.

CLIENT: I guess with family.

THERAPIST: Was she angry that you didn't want to go or?

CLIENT: No. I guess she kind of understood it because I said like you know I don't like those places I'm not going being going with you kind of thing and she understood. And I think right now she's more kind of infatuated with the people she works with or something, she thinks they're like, it's like she wants to dress like them, she wants (inaudible 0:02:35.9), alright, you do your thing.

THERAPIST: Where is she working?

CLIENT: Hawaiian Tropics (inaudible 0:02:41.5). If you know what that is yeah so I don't know.

THERAPIST: Like is she, I mean do they have a store or is it?

CLIENT: They have a restaurant so she waitresses -

THERAPIST: Oh I never knew that.

CLIENT: in a bikini.

THERAPIST: I mean I know like the sunscreen and stuff.

CLIENT: So she dresses in her bikini and like she's always trying to get me to work there and I'm like I could never I would never walk around in like a bikini and be able to do that like whatever she wants to do it. And then I guess those girls like, I don't know a whole different ways then, I don't know so. She does her thing with them (0:03:17.2)

THERAPIST: Gotcha.

CLIENT: sometimes. Yeah.

THERAPIST: So have there been any incidents like where you, somebody invited you out and you didn't go out other then that?

CLIENT: Other then her I guess because she'll invite me out pretty often with them and I use to feel like bad kind like I had to go out because we don't really go out so that was like the only thing that would happen.

THERAPIST: This is your roommate, right?

CLIENT: Yeah. My roommate would be going out with them and she would invite me or something and then I wouldn't go and she wouldn't end up going because I didn't know. But I guess since this summer I've kind of been missing most of the summer, she got use to going out with them and she's closer with them so it's kind of okay now like for me to just feel like no I'm not going. (0:04:03.1)

THERAPIST: Is that okay or is there some like, because you sounded like is there a little bit of jealousy that she has formed some new relationships or no not really?

CLIENT: I think I use to feel like that but to be honest now it's just kind of like woo alright now I don't have to go do that stuff or like pretend that I like to go to clubs. Like she doesn't have to bug me and.

THERAPIST: Yeah, yeah. Okay.

CLIENT: Kind of like a relief.

THERAPIST: Good, good. But the only thing that I do worry you know is that (inaudible 0:04:31.1) obviously you don't have to go somewhere you don't want to go, but sometimes it gives you a good excuse now that she's not going to bug you any more to go out -

CLIENT: Yeah.

THERAPIST: that you kind of lost that and have to feel bad and you shouldn't have to feel bad but we still need to work on the social anxiety.

CLIENT: Well, I've kind of, because it has been awhile since I have gone out with friends so I told a few of my friends from my school and I told my roommate like I want to go out this coming weekend (0:05:01.2)

THERAPIST: Okay.

CLIENT: to kind of celebrate like we just started school again so now they all took that idea and ran with it so I think I'm going to be going out this weekend.

THERAPIST: That sounds really good. And it was your idea so now you can't back out.

CLIENT: Yeah, that's what I, I kind of, because I always feel like, like I'll always suggest something and then the time comes and I will back out or something so this time it's like oh alright let's do something and it's, I mean we're just going to be hanging out it's not going to be anything crazy so.

THERAPIST: You feel like you can handle that?

CLIENT: Yeah, hopefully.

THERAPIST: What do you mean, when you guys go out were you just going to go out to bar or?

CLIENT: Probably just a bar like we haven't all hung out in forever either, probably even most of the summer so.

THERAPIST: When you go out to a bar do you drink a lot?

CLIENT: I guess it depends on the night but most of the time I really don't and a lot of it has to do with my stomach because I'll have like a drink and I'll have to like sit there on it because like if I drink too much or something my stomach will get upset obviously. And then if I'm feeling fine I'll have like, it really depends on the night, but I'll have a few drinks and I don't get too crazy or anything.

THERAPIST: (inaudible 0:06:07.1).

CLIENT: Sometimes my roommate she like will get like she doesn't even know where she is kind of thing and so I'm always like taking us home or whatever. That's another think like I, I don't know I think it's so annoying so I always leave early because I'm like alright I'm done.

THERAPIST: That's really hard. I know a lot of people I mean and it's an interesting case because a lot of people with social anxiety tend to drink a lot when they go out.

CLIENT: Really.

THERAPIST: Because it's easier you know when you're drunk you don't feel that anxiety but it's interesting because you can and I would say that's probably good thing because sometimes people with social anxiety develop alcohol abuse issues because (inaudible 0:06:47.0) to compensate for the anxiety.

CLIENT: I'll notice with the more I do drink if I force myself or if it's not that bad then it will go away but it's like if I have anxiety most of time I can't, I can't even drink like water without like feeling nauseous so. (0:07:03.9)

THERAPIST: Well, as I said the more you do it, you know the easier it gets.

CLIENT: Yeah it's just it has been so long since we all like hung out and kind of.

THERAPIST: How are you feeling about that coming up?

CLIENT: I don't know, I don't have the too many nervous feelings but at the same time I don't know because it has been so long since I've gone out like I don't even know what to expect.

THERAPIST: Yeah, if that what's the most anxiety provoking?

CLIENT: Not really knowing.

THERAPIST: Not knowing.

CLIENT: Or just thinking that I don't know I guess like if I don't go, like I always think oh if I don't go what's going to happen and that like I don't know.

THERAPIST: Well, what's going to happen if you don't go?

CLIENT: Like I just feel like I'm always canceling and I always feel bad like.

THERAPIST: So if you don't go then you feel bad?

CLIENT: Yeah.

THERAPIST: You don't like feeling bad and then you start feeling bad about yourself.

CLIENT: Yeah, like it's a whole team of reactions so that's why I am like that's probably what I'm most nervous about is getting the anxiety and not going. (0:08:00.3)

THERAPIST: It's interesting because you know it's like you get anxiety and it's not the situation that is most anxiety provoking it's the I'm going to let down my friends and I'm going to let down myself.

CLIENT: Yeah.

THERAPIST: That creates the anxiety. But do you think ...like as you were saying do you think feeling that anxiety about maybe letting yourself down or letting your friends down, does that help you have less anxiety?

CLIENT: Not at all no.

THERAPIST: Not at all.

CLIENT: I don't know I just feel bad like I don't know.

THERAPIST: And we talked about this.

CLIENT: Change that.

THERAPIST: We talked about those self-statements that that's exactly you know what those will help with.

CLIENT: Yeah.

THERAPIST: Because even though it's only talking about accepting yourself as someone who has anxiety, you know so you could feel better sometimes when you do turn down invitations, also alleviating that anxiety will make it so that you probably won't feel like you need to turn down as many situations.

CLIENT: Because then I like carry it over to like the next time I'm going to go out and I think alright well we went here last weekend and I didn't go and then if I don't go again then I'm like alright well the past two times we went out I didn't go and then like I just keep like a record until I guess it's too far gone. (0:09:12.9)

THERAPIST: And when, what happens if you missed the last three times are you likely then to say I'll probably miss this one too?

CLIENT: I feel like the more I don't go out the easier it is, I feel more guilty about it but it's just easier for me to say no. Like not easier maybe just I just feel more anxiety and I don't know I just don't.

THERAPIST: But then you know what every time you escape you're reinforcing that anxiety because you get that nice relief feeling, right?

CLIENT: Yeah.

THERAPIST: I'm not going, woo, I didn't have to go. So I think it's really important in that situation you know to say it's okay to feel anxiety -

CLIENT: Uh-hmm.

THERAPIST: it's okay to feel that. As you said you're human (inaudible 0:09:58.5) anxiety, of course, you're going to feel it. (0:10:00.7)

CLIENT: Yeah.

THERAPIST: Right? Why would it be surprising that you feel it? But if you really want to fight it you got to go out because every time you say I think I'm going to go, I think I'm going to go oh I'm not going to go your body has like, like a drug you know.

CLIENT: Yeah.

THERAPIST: You have that delicious feeling of relief.

CLIENT: Yeah.

THERAPIST: You know and it's really reinforcing. So every time you do it you're reinforcing it just like you said for the next time.

CLIENT: It makes it that much harder.

THERAPIST: So we need to work on tolerating that anxiety feeling.

CLIENT: Yeah.

THERAPIST: So just because I feel anxiety doesn't mean I've got to run away.

CLIENT: Yeah.

THERAPIST: Right? So can you tell yourself on top of the fact that I'm hearing anxiety and that's okay and I can accept myself.

CLIENT: Uh-hmm.

THERAPIST: On top of that we need to work on statements that I'm feeling uncomfortable and feeling you know I'm feeling I just -

CLIENT: Yeah.

THERAPIST: that I can stand it.

CLIENT: I think I just don't like actually physically throwing up or something or getting sick because that's what it all ...like that's what I feel like. Like at the whole time that I have anxiety I'm fighting like the throwing up regardless if I have something in my stomach or not it's like fighting that like feeling like the nauseous feeling and like I'm more just like I don't want to throw up, like I don't want to have to go to the bathroom, what if I don't make it to the bathroom. (0:11:23.9)

THERAPIST: So how often do you throw up would you say?

CLIENT: It has probably been awhile since I have because of anxiety. But it's like that constant battle like I'm like literally keeping it.

THERAPIST: Yeah, I didn't realize that it got so bad that you're throwing up.

CLIENT: Like I have to like three, like that's how the breathing works for me because I guess I'm tense so like obviously my stomach is not relaxing so the breathing works. But I get so nervous to actually throw up like, I mean it hasn't all summer I haven't gotten sick like that because of anxiety or. (0:12:01.4)

THERAPIST: When was the last time you think it might have happened?

CLIENT: I'm trying to, I guess last spring because I remember.

THERAPIST: Last spring or this past like right before the summer?

CLIENT: Yeah, right before the summer. I remember, I forgot I think it was like it was kind of building up after like, I hadn't seen Caitlin for like three weeks had gone by and like I didn't really talk about things because I don't talk about it kind of thing and it builds up and I was very kind of sad about not having a job, not having anything to do and at that point my friends were busy so it like built up and one day I just got really bad anxiety.

THERAPIST: Was it before going out or it was just something on your own?

CLIENT: It was just, I was, I actually was at the house for a week by myself, my family was away and I was watching the dogs. And then the week after my parents were back at work and my brother who lives at home he works too so he was at work, my friends were all busy and it was kind of just a lot of time by myself and a lot of time to just think about everything and I just really wasn't happy so. (0:13:16.0)

THERAPIST: So what do you think, I know it's a long time ago, but what do you think your thoughts would mean because this situation it wasn't like I'm really nervous I'm going to have to see people -

CLIENT: Yeah.

THERAPIST: it was more like oh I'm such a loser I'm not going out.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: I just felt really guilty that I didn't have a job and like that's one thing that I guess I don't really think about until I'm sitting doing nothing and that's like the problem like because then at that point it's kind of like I spent all this time not doing anything about it and that's what I get upset over like I don't know.

THERAPIST: That's something we can work with. But what you know you're sitting there and you're thinking about I don't have a job and you're feeling anxiety would you say? (0:14:01.9)

CLIENT: Yeah, and also because I get comments like crazy from friends and my family and like my family not as much my brothers tease me that I don't have a job but that's, there are my brothers. And like my mom doesn't at all now because she knows that it has caused me anxiety or whatever and my dad really doesn't. But like my friends and like it bothers me when my aunts and uncles are like oh well what are you doing because I feel guilty like I should have a job.

THERAPIST: Why should you have a job?

CLIENT: Because I don't and everyone else does like.

THERAPIST: So if everybody else you know has a job why should you have a job?

CLIENT: Like I want, I want to help out like I don't know.

THERAPIST: Help out with?

CLIENT: Money and like.

THERAPIST: Could your parents pay for -

CLIENT: Yeah.

THERAPIST: your tuition? So you feel like you're not contributing?

CLIENT: Yeah. So I feel like, I don't know and plus I'm living here in this and I spend more money in here then I have ever spent like living anywhere else so it's like ...I feel like I should and like my friends will make comments all the time and whatnot and that drives me crazy. (0:15:15.0)

THERAPIST: This doesn't sound like you have anxiety you know we talk about what's the feeling that you're having when you throw up.

CLIENT: Yeah.

THERAPIST: But it's more like guilt.

CLIENT: Yeah, a lot of guilt and it, I don't know if I sit and think about it then my stomach gets very like then it will start.

THERAPIST: Yeah. I'm thinking about what we could feel instead of guilt do you think that could be more healthy?

CLIENT: I don't know.

THERAPIST: Yeah. There's a nice sheet here that has some healthy or negative emotions. What do you think is a healthy or negative emotion for guilt, instead of feeling guilty?

CLIENT: Regret.

THERAPIST: Yeah, maybe regret. (0:16:01.8)

CLIENT: And that I haven't done ...

THERAPIST: Do you think that that would work? Because you're not going to magically not feel you know a little upset about the fact that you don't have a job, but maybe you know so I would prefer it if I had a job.

CLIENT: Yeah.

THERAPIST: But I have anxiety which makes it hard.

CLIENT: I guess yeah.

THERAPIST: I'm just going to regret that I don't have it.

CLIENT: I just feel like the comments, even though people don't really realize they are just making fun or whatever I feel like sometimes like I can like my roommate I feel like has some bitterness and like, I don't know like I just feel like certain people like really mean it when they say things about it and it really likes gets to me like really.

THERAPIST: So it's the judgment as well?

CLIENT: And it like, it annoys me to some extent, it pisses me off but then it upsets me more then it like gets me mad so.

THERAPIST: So you get angry with other people briefly?

CLIENT: Yeah.

THERAPIST: And then it more turns on yourself?

CLIENT: Yeah. And then I get really because then I think about what they said and I'm like well they're like my friend, my age, whatever and they're doing this so why can't I, like why am I not doing that. (0:17:09.1)

THERAPIST: And then it comes down to again unconditional love acceptance, right?

CLIENT: Yeah.

THERAPIST: Well, it's like they can say whatever they want but they don't have my experience, right?

CLIENT: Yeah.

THERAPIST: And working this job I think is something, if that's really what you want and not just what other people are pressuring you to do, then I would say that is something we can work through and that can be you know our homework assignments and we can practice doing imagery, going out and getting a job, things like that. But the judgments you know so what if they say, what are you thinking in your head, what is something that your roommate might say to you?

CLIENT: I don't know just a comment either about not doing anything or like.

THERAPIST: Like what oh you're just going to sit on the house anyway today?

CLIENT: Yeah, like and things like that and like sometimes like I don't know it bothers me because I know that I'm doing more work even though I don't necessarily have a job but just in general then she does like because she's a very lazy person. And sometimes it annoys me that like no one sees any, like people think I do nothing kind of thing and it's like I don't necessarily, like sometimes yeah. (0:18:19.1)

THERAPIST: So what would be so bad if other people couldn't see the hard work you did? Why would that be bad? Why would that mean something to you?

CLIENT: I just want, I feel like they kind of look down upon me like oh you don't do anything and I want to like at this point it's like, I don't know it's like really annoying like.

THERAPIST: And if other people looked down on you, you know would that be something that you couldn't stand? You can't stand when other people look down on you?

CLIENT: No I can stand it.

THERAPIST: It makes you feel bad about yourself?

CLIENT: Yeah, it just I, I think about it later on like I hate, I just hate when people like make the comments like I think it's very rude too because no one knows like really how I feel most of the time so I think it is really rude but. (0:19:06.7)

THERAPIST: There are some demands that you're telling yourself right now and I think they're pretty normal but that doesn't mean that they're healthy. You know something like other people should see the hard work that I do you know I think they should recognize that I'm working hard even if I don't have a job.

CLIENT: I don't mean that, I mean like I don't say anything about them or anything. Like why are they saying, why they like I don't know.

THERAPIST: So other people shouldn't judge me, I don't judge them they shouldn't judge me.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: Is that the way the world works?

CLIENT: No, not at all.

THERAPIST: You shouldn't judge me, are people not going to judge you?

CLIENT: No.

THERAPIST: No. So we can't really control the judgments of others.

CLIENT: Yeah.

THERAPIST: And that's something that's very hard to accept for you I think.

CLIENT: And like ...

THERAPIST: That's the part of getting the job and working on the same things right?

CLIENT: Yeah. I feel like everything like, if I don't have a job they make (inaudible 0:19:58.4) you're so easy or whatever. If I do have a job it's like, like if I complain at all or something about my hours it's like oh why are you working you don't even have to work or something and they make kind of like a little snooty like I don't know and that bothers me. (0:20:14.0)

THERAPIST: Do you think everybody who gets judged feels bad about themselves when someone judges them?

CLIENT: I guess to some extent.

THERAPIST: Do you think? Every single person on earth feels bad.

CLIENT: No I guess most people can probably just don't care.

THERAPIST: How do they do that?

CLIENT: I don't know.

THERAPIST: Well, how do they not care?

CLIENT: Not think about.

THERAPIST: Do you think maybe, some people might care but they might say oh well you know she has a right to her own opinion or they can have their own opinion -

CLIENT: Yeah.

THERAPIST: and I think (inaudible 0:20:45.4) but you know everybody has a different opinions, right?

CLIENT: Yeah, I guess everyone does and like I'm sure I judge people without realizing it.

THERAPIST: So how do you think you can help yourself? You know I mean this judgment thing I think goes just, right? (0:21:03.4)

CLIENT: Uh-hmm.

THERAPIST: This is for getting a job, this is for going out into bars.

CLIENT: Yeah.

THERAPIST: If you're being judged. What does it matter if they judge? Does it affect you later, just a stranger judges you? Let's just work with a stranger because these people aren't strangers. If a stranger judges you what's so bad about that?

CLIENT: It's not I mean I don't know I guess normally like something like that, like a stranger I want to say wouldn't bother me but I think it all depends like I don't know.

THERAPIST: Yeah.

CLIENT: It shouldn't bother me. I don't know why I'm sensitive but.

THERAPIST: Yeah, I don't think you're sensitive I think that's normal but it's not working for you because it's like causing a lot of debilitating anxiety, right?

CLIENT: Yeah.

THERAPIST: So we need to work towards just feeling a little concerned that okay maybe they're saying something about me whatever. But with your friends it means something more, right?

CLIENT: Yeah. (0:22:00.5)

THERAPIST: Are these people that you respect?

CLIENT: Yeah.

THERAPIST: Would you say you respect your roommate?

CLIENT: Not as much recently but I don't know, I've got like mixed feelings now because we used to be so close and we've only been living together for like two years. So we were really close and now it's just ...

THERAPIST: So this girl who you don't even actually respect that much, when she judges you for not having a job.

CLIENT: It gets me very angry with certain people, like with her it gets me like just angry like why are you saying this.

THERAPIST: So you're saying that it feels like she gets you angry when she says this stuff?

CLIENT: Yeah.

THERAPIST: But who is really getting you angry?

CLIENT: I guess myself I don't know.

THERAPIST: Because what are the thoughts you're having? She shouldn't judge me.

CLIENT: Yeah.

THERAPIST: It's not her right to judge me, I don't judge her so these demands.

CLIENT: Yeah I think I just care too much like of what other people say, I don't know.

THERAPIST: And you have these automatic thoughts that say how dare should she, she shouldn't do that, that's not right that she's doing that she's suppose to be my friend.

CLIENT: Yeah.

THERAPIST: Friends don't do that. Are these similar thoughts that you have? (0:23:06.9)

CLIENT: And it's like I always ...it's funny because my mom I feel like is so much the seam in that way and like whenever we go out together like often I guess, whenever we're out like if someone like says something or whatever my mom will take it like personally and I'll be like who cares like and I can easily like with her I can just like, well like she worries all the time. And with her I could easily see like why do you care if that person said, did or whatever but then when it comes to myself I'm like the same way like I worry about every little comment and.

THERAPIST: Do you have to be perfect all the time?

CLIENT: No I'm not.

THERAPIST: But do you think that you have to be perfect all the time?

CLIENT: I guess I try to strive to I guess.

THERAPIST: Because usually when your mom you know is being a little ridiculous about the judgment you're like oh mom get over it, it's not that big of deal.

CLIENT: Yeah.

THERAPIST: With yourself, you know you hold yourself to a higher standard. Everyone in the room should always think that I'm okay, should always think of my highly. (0:24:08.6)

CLIENT: I don't know why I do that like.

THERAPIST: It's perfectionism.

CLIENT: Yeah.

THERAPIST: So you can say, you know I prefer if people you know wouldn't judge me but I can stand in it and it's not going to ruin my fun if they do.

CLIENT: Yeah.

THERAPIST: I'm not going to think badly about myself just because they may be judging me and you're not even sure.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Most people I feel like when I'm out and stuff aren't and I just think they are like I was like I'm careful with what I say like I don't know what to say like I always feel awkward in conversations and like.

THERAPIST: What's the thing that you worry about being judged? Is it looks, is it conversation, is it being smart, is it?

CLIENT: I think it's more conversation, more and then it's like I feel I don't know when I see family and whatnot I even get anxiety like what am I going to talk about because I know they're going to bring up the job thing and. (0:25:04.6)

THERAPIST: Okay. So the job thing is one major one you think people are going to ask you to talk about your job and you don't have one?

CLIENT: Yeah. And it's kind of, it's, I feel embarrassed because when I do talk about it with family and friends they do comment so it's like when I talk about it with other people when I say I don't have a job I feel like I should be embarrassed.

THERAPIST: You know a lot of people don't have jobs and they're undergrad. To be honest I didn't have a job in my undergraduate.

CLIENT: Yeah.

THERAPIST: I mean I could have felt a little guilty, I probably should have.

CLIENT: I don't know for some reason I feel like if I was on a campus like I was my first year I don't think I would feel guilty but living here people like, because some of my friends who make fun of me for not having a job only have a summer job they don't have one when they're at school and so I don't know why I feel like that I'm here I should have a job.

THERAPIST: Have you ever said something to like maybe your roommate, I'm really offensive about that maybe could you not tease me about that, I'm trying my best? (0:26:05.8)

CLIENT: No I haven't. I don't think it would be, the only people maybe my family like my parents.

THERAPIST: Have you said to your family and they've stopped?

CLIENT: Yeah. And my dad, well, my dad will tease me once in awhile but like he's very nice about it now and he's like you know I'm just kidding, right, that kind of thing.

THERAPIST: What if you said something to your brothers?

CLIENT: I don't really care. They would, I don't know, maybe they would take it into consideration but the would still tease me. I don't really care about them as much because they're my brothers. It's more like my roomie, my friends who I don't live with, and when I ...

THERAPIST: Maybe we start with one person, the roommate. Maybe you don't have to wait for her to bring it up again, maybe you could be like yeah I'm thinking about getting a job again it really upsets me when people, you know make me feel bad about it, I'm trying my best but I'm just it's hard.

CLIENT: Yeah.

THERAPIST: So you know if you could maybe make a conscious effort not to talk about me not having a job. (0:27:05.5)

CLIENT: Yeah, that would be good if she did. Like if I was able to say that.

THERAPIST: Do you think you could?

CLIENT: I can, I just, I feel like why like not she has a right to say something but like.

THERAPIST: Well, you're not telling her not to you say it would be nice, I would prefer if you didn't talk about it because it makes me really anxious and I'm trying to work on it.

CLIENT: I guess I never like told many people, like my friends that like I do have anxiety with getting, actually getting a job and like each time, I feel like every time I tell them something about anxiety and how I feel like it's hard for me but then I'm relieved after.

THERAPIST: Because you said that in talking about your anxiety. I mean I think part of it is you need to learn how to handle when people, people aren't going to always, that's one of the first things oh what do you do? You know it's like one of the first things that people say.

CLIENT: The first question.

THERAPIST: But also I think part of dealing with your anxiety is asserting yourself. (0:28:04.5)

CLIENT: Yeah. I think.

THERAPIST: What do you think prevents you? Haven't you wanted to say this before to her?

CLIENT: Oh yeah.

THERAPIST: So what stops you?

CLIENT: I just kind of let her, try to let it roll off my shoulder and then, I don't know I don't really, I don't really like confrontation and so like -

THERAPIST: Why?

CLIENT: I don't know I'm very like there's a lot that has been bothering me with her and like I just kind of take it and like don't really say anything. Like I get mad about the same things that happen over and over and I just don't say anything.

THERAPIST: Do you think that helps the relationship with her?

CLIENT: No it has kind of made me more distant not her, like she's the same and whatnot but it's me, it gets me angry at her for no reason like I'll be angry at her and I'll be why am I angry.

THERAPIST: So it's not helping your relationship, it's making it harder to live with her.

CLIENT: Yeah.

THERAPIST: But yet you feel good. So what do you think is going to happen when you confront her, do you think she's going to scream at you? (0:29:01.4)

CLIENT: No because there are times when I confront her about things and she is so nice and whatnot and she's like oh my god I'm so sorry and then.

THERAPIST: Do you think she'll feel bad?

CLIENT: Yeah, she may, I don't know.

THERAPIST: Is that what stops you from saying it? What stops you from saying it?

CLIENT: I guess I feel like I don't know.

THERAPIST: Do you feel that you don't have the right to tell people what to say?

CLIENT: Not really, I don't know I just feel like bad. I don't know how to explain it, I feel bad. I don't want to offend anyone else. I don't know why I'm so like I don't ever like offend anyone else kind of thing and I don't know why. Like I guess because I feel like you I don't ever want to be offended.

THERAPIST: But this is just saying what you think.

CLIENT: Because I don't, I guess I don't say it to her, things to her because I feel like she might take it the wrong way, I don't know how she's going to take it. (0:30:00.1)

THERAPIST: But other people talk all the time, right?

CLIENT: Oh yeah she's a big talker.

THERAPIST: You know it's funny because a lot of times you worry that people will take things offensively but you know you're letting, she might be taking offensively that you're pulling away from her.

CLIENT: That's true.

THERAPIST: She might be relieved if you talk about the things.

CLIENT: Yeah.

THERAPIST: You and all relationships you need to have the openness and if you are holding back from her you're never really going to have that closeness with her.

CLIENT: Yeah that's true. It's definitely we've been drifting and whatnot. I just I don't know I don't want to make her feel bad if I say like I don't like ...I guess with telling her about the anxiety about a new job -

THERAPIST: (inaudible 0:30:37.5).

CLIENT: would be okay. Like that ...

THERAPIST: And this is amazing you don't want to make her feel bad. Do you have a control to make her feel bad?

CLIENT: No.

THERAPIST: Can she make you feel bad?

CLIENT: Well, if I let her.

THERAPIST: Yeah. So she would have to let it and you can be nice about it.

CLIENT: Yeah.

THERAPIST: You're not saying anything mean this is just something that you're sensitive about.

CLIENT: Yeah, I guess. I guess I could start with letting her know about my anxiety about the job and then.
(0:31:08.3)

THERAPIST: Do you want to practice?

CLIENT: I don't know what I would say.

THERAPIST: Alright. So what, where do you normally like meet up, is she usually watching TV and then you see her in the living room?

CLIENT: Yeah more in the living room.

THERAPIST: Okay. So she's watching TV, what is her name?

CLIENT: Becca.

THERAPIST: Becca, I'm Becca, I'm watching TV, I'm in my bikini by the way so I just got back from work.

CLIENT: So I can laugh. I don't know, could I talk to you? I'm starting to look for a job and I just wanted to let you know that I'm pretty sensitive about it.

THERAPIST: Yeah I know.

CLIENT: Things, when you say things like that it upset like it kind of gets to me like my anxiety, like she knows about my anxiety.

THERAPIST: I'm still Becca.

CLIENT: Yeah.

THERAPIST: What do you mean it gets to you?

CLIENT: Well, I don't know it makes me feel really bad and ... (0:32:03.6)

THERAPIST: When I say what?

CLIENT: Judge, like any judgments about me having a job or why I don't have one it's just very hard for me for the past few months.

THERAPIST: Have I done that recently?

CLIENT: I don't know if I could like recall the last time. I haven't been looking for a job but just any little comment about oh you don't do anything like is like.

THERAPIST: It hurts your feelings?

CLIENT: Yes.

THERAPIST: I'm sorry I didn't mean to do that.

CLIENT: Now I feel like the way it's going to go is she going to feel bad like oh I'm sorry and like. I don't know if I don't want her to feel bad.

THERAPIST: Maybe she should feel a little bad, (inaudible 0:32:45.0) but you know she has been judging you. And maybe say you know this is my own issue and I know you probably were just joking.

CLIENT: Yeah. I think that would be better.

THERAPIST: And then maybe if you're worried about leaving it that way you could just be like how was your day afterwards, you know what I mean? (0:33:02.8)

CLIENT: Yeah.

THERAPIST: And she's going on with the conversation.

CLIENT: I think, I don't think the conversation will end awkward, I don't know. I think just taking that first step to actually say something.

THERAPIST: Do you think she would likely be like oh can you tell me when that happened? Is that something that she would do or she would just?

CLIENT: She would, I feel like she's very overwhelming at times, I feel like she's like oh my god I'm so sorry and whatnot and so I think she would be nice about it but I don't know if she necessarily stop all the comments. I feel like it's more me being sensitive about it because like it's just in regular conversation like obviously sometimes I do do nothing so what is she going to say like.

THERAPIST: So at the same time we need to work on caring less about the judgment -

CLIENT: Yeah.

THERAPIST: and the demands that you're saying in your head that you don't realize that you're saying, you know that she shouldn't do that and that gets you really riled up and then you start getting a little angry and then you feel guilty.

CLIENT: Yeah it almost like a cycle. (0:34:00.7)

THERAPIST: A cycle. So we have to work on saying that I would prefer that people wouldn't say these things but I can't control it.

CLIENT: Yeah.

THERAPIST: And I'm going to try to, you know to not let it make myself feel bad about myself.

CLIENT: Yeah. I don't know I just I don't think I've ever felt like it was okay not to have a job and I don't know how my mind frame switched from ...when I headed into college I was like woo I don't have to work like and then I came to the city and it's like everyone works, everyone you know, I'm a full time student, I'm a full time worker and so it's like.

THERAPIST: Do you want to go full time job?

CLIENT: No, not at all I really don't.

THERAPIST: So how are you going to go about getting a job?

CLIENT: I don't even know at this point where, I guess I can look anywhere but I'm trying to avoid like retail and whatnot and besides like I really don't even know an entry level like whatever like where to even look because I feel like ...

THERAPIST: Why are you trying to avoid retail?

CLIENT: Because that's pretty much what I mainly worked in and I cannot stand it. (0:35:05.0)

THERAPIST: Why can't you stand it?

CLIENT: I just don't, well, I guess it depends on where really because I worked like Forever 21, Gap, so it's and Express and so I've worked like different levels or whatever. And when I worked at Forever 21 they would keep us there until 1 in the morning cleaning the store and that I will not do because.

THERAPIST: Okay. So it wasn't the social aspect of it?

CLIENT: Yeah. When I worked at Gap, it was okay I guess. I guess it's more, I guess I was just more bored then when I've worked at other jobs besides retail.

THERAPIST: Okay.

CLIENT: But I guess that's really I don't have to not work in retail.

THERAPIST: Okay. I was just making because I don't care where you work, I just wanted to make sure you're not avoiding something because of social interactions.

CLIENT: No that's just a general, that's mainly for any job any.

THERAPIST: Any job you'll have to mainly. So what other kinds of jobs are there? Would you want to work in a restaurant? (0:36:02.4)

CLIENT: See I always ...

THERAPIST: As a bikini waitress?

CLIENT: I always want like thought that would be nice, like I've been a hostess but that was in Joliet so I never really had the anxiety as much there but.

THERAPIST: That would be something (inaudible 0:36:19.5) to be a hostess.

CLIENT: Yeah. It wasn't, like I enjoyed it actually it wasn't too bad I just ...I don't know I've been thinking more just, I would want to learn how to waitress or whatever, but how do I go about that? Like especially with my anxiety like I'm just going to go start working some place and have them train me as a waitress like I don't know, I just don't see that for me.

THERAPIST: Well, I mean you never know because sometimes something like that could be very good for you.

CLIENT: Yeah.

THERAPIST: Something like that could have you, I mean you got judged all the time how many times have you said well the hell is the waitress?

CLIENT: Yeah.

THERAPIST: Right? Or people are immune to waitresses sometimes. (0:37:03.5)

CLIENT: Yeah.

THERAPIST: And at the stand you would say oh well whatever I'm having a bad day.

CLIENT: And my only thing is like I'm more nervous about the training and how I'm going to do and that, with that, I don't know.

THERAPIST: Well, you're a pretty competent worker why would you not be able to?

CLIENT: I don't know because a lot of my friends have been waitresses or are waitresses and I don't know I'm just nervous to like learn and be thrown in. I guess both of my two closest, my roomie and then my closest friend both have told me like oh on my first or second day like I dropped a huge thing or and one friend still drops things and she has been working at the same place for like a few years, but then I think if I did that I would feel like I don't know very embarrassed and I don't know that I would be able to continue on. And like all these thoughts get in my head like for reasons why I can't do that. (0:38:02.7)

THERAPIST: So where do most people look for jobs now? Do they just go into stores or go into restaurants and say do you have any openings?

CLIENT: I guess you have to do, I guess that and then also on the Internet and also if you know someone it's just really getting lucky I feel like.

THERAPIST: Okay. So why don't you start walking in, I think that's actually a good social anxiety exercise anyway. Why don't we pick out we have like two minutes left.

CLIENT: I'm trying to think of like ...

THERAPIST: Where can we go?

CLIENT: Areas or something.

THERAPIST: Are there any stores that you would like to work at?

CLIENT: Nothing specific with retail. I guess more of a Gap type store just because they're very good with your breaks and then some give too many breaks.

THERAPIST: Okay. So Gap and probably American Eagle.

CLIENT: Yeah.

THERAPIST: Done as the same way? So this week ...is there a Gap by you? (0:39:02.0)

CLIENT: No, there are a few in Chicago.

THERAPIST: Okay. So I want you to walk into Gap and you may feel stupid because they might be oh you have to look online you know. Don't apologize you're going to say okay (inaudible 0:39:14.9) but I want you to walk into one Gap and one Bebe -

CLIENT: Okay.

THERAPIST: and ask them, "how do you go about getting a job?"

CLIENT: Okay.

THERAPIST: That's your homework.

CLIENT: I'm thinking of like, I don't know, I want to do that for like the hosting too maybe.

THERAPIST: Okay.

CLIENT: But I don't know what to like with that I feel like it's harder with restaurants, like I had my last hostess job because I knew someone who had been working at the restaurant.

THERAPIST: Well, you don't have to say that. I've been a hostess before, I'm looking to.

CLIENT: But I feel like how do you find out like I don't know when restaurants are hiring.

THERAPIST: You don't, just walk in.

CLIENT: I guess just walk in. I guess that is ...

THERAPIST: And they'll let you know where to go from there.

CLIENT: I guess that is how I have got each of my jobs is more just going in and.

THERAPIST: Well, yeah why don't you say, you know can I speak to your manager I want to talk about getting a job. (0:40:02.9)

CLIENT: Okay. I don't know where to.

THERAPIST: I would probably go to a restaurant that is probably like you know have a lot of business because the economy is you know lots of places aren't hiring but.

CLIENT: Yeah, that's.

THERAPIST: I think this is a good social exercise because people are going to, people might judge you, people might -

CLIENT: I know.

THERAPIST: people might well people might give you positive feedback, you know but in the end the best thing that you're going to have is negative because it's going to make you stronger and make you better for the next time, right?

CLIENT: Yeah.

THERAPIST: You had all these experiences where people were nice you would be like, they wouldn't prepare you for when you actually got judged, right?

CLIENT: Not at all. I think I just, I don't know I wasn't really ready I don't know because it's just so different living here then anywhere else.

THERAPIST: And now you don't have a way to back out. So there are two places you can add to the list, okay?

CLIENT: Okay.

THERAPIST: So your homework is to go into a few stores, ask for the manager and say you're interested in finding a job. Do you have a resume?

CLIENT: Yes.

THERAPIST: So you can bring that with you. (0:41:01.6)

CLIENT: Actually I haven't changed the.

THERAPIST: Okay, just bring it with you, you know and say you're a college student you know and you're looking for a job and if they have any advice, you know if it's a franchise, they are like a chain you can say where should I go and what should I do I just wanted some information.

CLIENT: Okay.

THERAPIST: You can't feel stupid about getting some more information, right?

CLIENT: Yeah. And I guess they wouldn't even remember me like if they aren't hiring.

THERAPIST: Do you have a strong handshake?

CLIENT: No.

THERAPIST: Why don't we try, squeeze a little more, there you go, okay? Because nobody likes a (inaudible 0:41:39.6). It's okay I have a friend who has a extremely painfully strong handshake that's almost inappropriate. But yeah don't be afraid to come on and you can even pretend you're an actress you know. I'm acting with someone with confidence. (0:42:00.5)

CLIENT: The whole things like that.

THERAPIST: Exactly. So why don't you try that out, okay?

CLIENT: Okay. Alright.

THERAPIST: Oh actually I have something else for you. Some more homework. In my supervision class we have this format where you can make up your own questionnaire and this one has been specifically designed for you.

CLIENT: Oh.

THERAPIST: So this is about social anxiety.

CLIENT: Okay.

THERAPIST: (inaudible 0:42:24.9) every week, is that okay?

CLIENT: Yeah, that's fine.

THERAPIST: I thought this would be a good maybe bring it home because I thought if you did it here it would be right after we just practiced everything it wouldn't be as helpful.

CLIENT: Okay.

THERAPIST: So it you can do it just sometime during the week.

CLIENT: Alright.

THERAPIST: Not all the questions are entirely relevant to you, fill it out the best you can and bring it back next week.

CLIENT: Okay.

THERAPIST: And I will give you another one.

CLIENT: Alright.

THERAPIST: And this way we can actually chart and see if it's getting better, getting worse and see if we can anything different.

CLIENT: Okay.

THERAPIST: Help you along the way.

CLIENT: That's fine.

THERAPIST: Okay. And do you have a relaxation tape?

CLIENT: No.

THERAPIST: They do sell them, CDs downstairs if you're ever interested (inaudible 0:42:56.3) this week.

CLIENT: I'm not really sure like what I don't know if you have any titles or anything.

THERAPIST: No right downstairs they have CDs about, now just a few of them. (0:43:04.9)

CLIENT: Oh.

THERAPIST: I'll look at which ones I think would be best for you.

CLIENT: Okay.

THERAPIST: Maybe we can pick one out next week?

CLIENT: Alright.

THERAPIST: Okay.

CLIENT: I'll look at them.

THERAPIST: Oh, also I'm sure I don't know what your schedule is but I do have an opening because you have a make-up.

CLIENT: Yeah.

THERAPIST: I do have one tomorrow at 5, is that something that would work for you or do you want to go another week and?

CLIENT: I'm trying to think of when my class is. I think I have class right at that time, yeah it's until 6:50 so it starts around.

THERAPIST: Okay. So then the following the Friday.

CLIENT: Okay.

THERAPIST: Maybe we could have it, I don't have any cases yet, do you, would you like to put one in?

CLIENT: I have class all day but between 12:30 because I'm going to be right near here, 12:30 and 2:30 I have.

THERAPIST: I'm here on Fridays until 7.

CLIENT: Okay. So after 5.

THERAPIST: Yeah.

CLIENT: What about like I guess closer to 5, as close. (0:44:00.5)

THERAPIST: Okay, yeah, it's 5, work for you on Friday? I think I have some things no, no, that's at 6 so at 5?

CLIENT: Okay. Yeah.

THERAPIST: Yeah, that would be great.

CLIENT: I'll take that then.

THERAPIST: I think, I'll call you if I get it wrong. 5 and that's -

CLIENT: This Friday?

THERAPIST: Not this Friday, next Friday.

CLIENT: Okay, next Friday.

THERAPIST: Okay? Great.

CLIENT: I'll have to write that down once I get home.

THERAPIST: Okay. Do you want me to call and leave a message for you?

CLIENT: Well, I'll see you next.

THERAPIST: Yeah.

CLIENT: Okay.

THERAPIST: Have a good week Theresa.

CLIENT: Alright, thank you very much.

THERAPIST: I'm glad things are going well.

CLIENT: Thank you.

THERAPIST: I can't wait to hear how it goes. Bye.

CLIENT: Bye.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Come in.

CLIENT: Hello.

THERAPIST: Hi, Catherine, how are you?

CLIENT: I'm good, how are you?

THERAPIST: Good. How was your week?

CLIENT: It was good.

THERAPIST: And your Labor Day?

CLIENT: Good, I really didn't even realize till like that day that it was Labor Day, I was just (therapist laughing – inaudible 0:00:14.1). I didn't go home or anything, I planned to originally but I don't know it was like crazy just with school, a lot of reading.

THERAPIST: Oh so you had to like work all weekend?

CLIENT: Yeah. A lot, a lot of reading because I guess the beginning of the semester so my teachers are like oh read Chapters 1 through whatever.

THERAPIST: I love that, 1 through 12, the whole book.

CLIENT: Yeah. Yes, so just a lot of reading.

THERAPIST: Did you get to enjoy the weather at all?

CLIENT: Not really I just kind of stayed in or went to school pretty much every day.

THERAPIST: Okay, well, at least you got to like see outside the window while you read, right?

CLIENT: Yeah. But it wasn't I mean it wasn't a bad week though, I mean reading isn't too bad.

THERAPIST: No, it's better then writing papers or taking tests.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Definitely and that's to come soon so.

THERAPIST: Now, you said you're taking five courses? (0:01:02.0)

CLIENT: Yeah.

THERAPIST: Okay, so you had like a full.

CLIENT: Yeah, and two of them are writing intensive courses so that's also what I guess there's a lot of reading right now because I'm going to be writing a bunch of papers.

THERAPIST: What's your major?

CLIENT: Psychology. I actually, I just switched so I'm kind of new to the major, I was going for math for awhile until I didn't know what I wanted to do.

THERAPIST: So do you think coming to therapy as a part of it or?

CLIENT: It was always something I feel like since I started way back in high school, it was always something I would think about but then I was kind of like oh I'll be in school forever and I didn't want to do it and I didn't have my mind set on it so I chose math thinking oh I like math it's easy for me.

THERAPIST: It's unusual.

CLIENT: An easy way out.

THERAPIST: Yeah.

CLIENT: Be a teacher or whatever and then I realized no I don't like math, it's driving me crazy so.

THERAPIST: Well, not everybody gets on, you know like goes on and does the thousand year track that I'm doing.

CLIENT: Yeah.

THERAPIST: You know because you can do a lot with I think a psychology undergrad.

CLIENT: Well, I've been thinking more about it now that I'm in school and whatnot, like I don't know I just I've grown up somewhat in the past few years but so I don't know, see how it goes. (0:02:16.3)

THERAPIST: It's funny because people, you know my friends will always say oh you're like ... sometimes they'll be like oh you're so lucky you actually know what you want to do and I'm like well you're out doing it.

CLIENT: Yeah, yeah a lot of my friends actually, one of my friends graduated early so she's already starting and whatnot so it's interesting but. And then my other friend is getting her four year degree and she decided she wants to be a pharmacist so now she's has got to go to school for six years because she didn't do anything towards it.

THERAPIST: Yeah, yeah.

CLIENT: So.

THERAPIST: Well, how many courses have you ... which psych courses are you taking this semester?

CLIENT: Right now I'm taking two pretty general, Women's Psychology -

THERAPIST: I like Women's Psychology.

CLIENT: and then Animal Behavior.

THERAPIST: Oh.

CLIENT: So it's like I had to take two courses in a certain level so I picked those because Women's I also, I needed a ... it also takes another general requirement for like a women's study so. (0:03:11.1)

THERAPIST: Well, there's a (inaudible 0:03:13.5)?

CLIENT: Well, it's not directly for that, I forget what it is but it's like a dual like it takes away (therapist laughing – inaudible 0:03:20.9), so why not.

THERAPIST: (inaudible 0:03:22.6).

CLIENT: But it's actually an interesting course.

THERAPIST: No I really, I liked Women's Psychology.

CLIENT: Yeah.

THERAPIST: The professor sometimes can be a little ...

CLIENT: I actually like my professor (therapist laughing – inaudible 0:03:31.7), like I don't know she's a good professor and she's nice (inaudible 0:03:36.4) so.

THERAPIST: I had like an ultra feminine like.

CLIENT: That's what I was expecting but it's not too bad so.

THERAPIST: Yeah, I sort of like it but it was a little rough.

CLIENT: It's funny because then we have, we have a few guys in the class not too many, and then when they speak sometimes they say things that like offend people so (inaudible 0:03:55.0).

THERAPIST: And all the women are like.

CLIENT: Yeah, and I'm like uh-hmm we're guys shouldn't be in here.

THERAPIST: Why did they (inaudible 0:04:00.3)?

CLIENT: Yeah.

THERAPIST: Too many girls.

CLIENT: Yeah, exactly.

THERAPIST: So do you remember what your homework was?

CLIENT: Yes. I actually have that sheet.

THERAPIST: Very, actually I might have you fill out another one right here before and that way you don't have to take it home every week.

CLIENT: Oh okay.

THERAPIST: But it's here for you.

CLIENT: I didn't apply for my job.

THERAPIST: You didn't? Well, we can talk about that.

CLIENT: Okay.

THERAPIST: Okay? So you want to fill out this one?

CLIENT: Yes. (inaudible 0:04:29.8)

THERAPIST: It's pretty well here because that way it will be easier (inaudible 0:04:36.5) back and forth every week.

CLIENT: Okay. Should I fill it out now or after?

THERAPIST: I think it's good beforehand because then it's like if the therapy has a benefit then it's not going in yet you know it will be like for the end of the week.

CLIENT: Okay. Now, your, if I, alright because when I was reading through this a few days ago, do you want me to put like if I have thought about one of these statements but also like I think I agree but yet I disagree kind of neutral, do you want me to put neutral like I'm not really sure? (0:05:14.1)

THERAPIST: Yeah.

CLIENT: Or no?

THERAPIST: Yeah.

CLIENT: It's something that I have thought before but not right now.

THERAPIST: Oh yeah then I guess neutral would be more -

CLIENT: Yeah.

THERAPIST: the way to go because it wouldn't be not at all or you know.

CLIENT: Yeah.

THERAPIST: I know it's weird that it's neutral because it's like some -

CLIENT: Yeah.

THERAPIST: but not, I know what you mean.

CLIENT: Because it's, I don't know I found myself saying some of these things.

THERAPIST: But then put them maybe for, you know.

CLIENT: Okay. (Filling out a form)

THERAPIST: Thank you, do you want me to look at this now? (0:07:03.9)

CLIENT: A lot were neutral but that's, I feel like because I don't know, it depends on how I'm feeling when I fill them out because I can notice -

THERAPIST: You don't have to ...

CLIENT: like the difference.

THERAPIST: Yeah. No, and I think you know the fact that they are even a bunch of 5's, you know those are things to work on.

CLIENT: Uh-hmm.

THERAPIST: And now we'll know, be able to track it better.

CLIENT: Yeah.

THERAPIST: And see if it is getting better. So I'll keep track of these and make sure I know what we're doing and hopefully (inaudible 0:07:29.8) if not oh well that's that. Right? So I feel better about that, you've seen Psychology like doing the research stuff can really help.

CLIENT: Yeah.

THERAPIST: And then the practice of it. Because I just don't want to do things because I think that they'll work and then they don't you know.

CLIENT: Well, yeah. I think it's a good idea also because I feel like I've been going from person to person kind of just staying at the same level so I feel like just working on it -

THERAPIST: Yeah.

CLIENT: and actually doing something is good.

THERAPIST: Okay, good.

CLIENT: So that's why I came here so.

THERAPIST: Did you feel like working (inaudible 0:08:01.2)?

CLIENT: Yeah.

THERAPIST: Did you feel like you had made some progress with her?

CLIENT: I did because it was a big switch, I don't know for me seeing my physiologist like he was an older man, I really liked him but it was just kind of like more him talking to me and me just kind of like sitting there and chiming in once in awhile.

THERAPIST: Yeah.

CLIENT: So it wasn't very, I don't know it was, I would go like talk to him I would feel better for like a day and then my anxiety would be back and it would dwell until the next time I saw him.

THERAPIST: Yeah.

CLIENT: So it was kind of, it was nice to have a change.

THERAPIST: Yeah.

CLIENT: To be more proactive about it.

THERAPIST: Definitely. So there were two homework assignments that I remember. One of them was to look for the job and another one was to say something to your roommate about her making comments about your job or the lack of job.

CLIENT: Yeah, I actually didn't, I more spoke to her about things around the apartment that were bothering me.

THERAPIST: Oh you did?

CLIENT: And that was more recently like two days ago. (0:09:01.7)

THERAPIST: Okay.

CLIENT: So it was, I spoke to her about something else but not about the job.

THERAPIST: But not.

CLIENT: Because it kind of slipped my mind but.

THERAPIST: Okay. Well, was it, is it hard usually to talk to her about things that are bothering you around the apartment?

CLIENT: It's hard to me but I never really tried so it's not like and the few times that I have said something it's not like she has gone crazy she's very fine about it so. I don't know I let her know like a few things around the apartment that were bothering me and whatnot and she was okay about it, she was like oh I'm so sorry, I'm like no sorry just from now on -

THERAPIST: Yeah.

CLIENT: things should be like this or.

THERAPIST: What was bothering you with the stuff around the apartment?

CLIENT: Just a lot of cleanliness which is hard, I feel bad talking to somebody about like I don't want them to think I think they're dirty or something, I feel like that is offensive so I don't want to like come off too strong. So there were a few things that I just wanted to be a little bit cleaner because I felt like it was very unhealthy and whatnot. (0:10:04.7)

THERAPIST: What were the things?

CLIENT: Just like the dishes and whatnot. Like she doesn't ever do them so I do them everyday so I could ... like it drives me insane.

THERAPIST: So you do all of her dishes everyday?

CLIENT: Yeah, because otherwise she'll leave them for like a week in there -

THERAPIST: Yeah.

CLIENT: and she won't even like put water in there it's like things that drive, little things that I'm like -

THERAPIST: Yeah.

CLIENT: ooh.

THERAPIST: Yeah.

CLIENT: And like other areas of the apartment that never ever get cleaned.

THERAPIST: And you find yourself usually do it for her?

CLIENT: Yeah, that's, that has been driving be crazy for like this past year I feel like small things because we have two cats too so it's like, it's clean the litter box everyday so.

THERAPIST: Well, that's good. Were you nervous before you ... did you like think about approaching her or did you just do it all of a sudden?

CLIENT: I felt really bad like I don't know I just sort of, I didn't know if I should because I don't know I felt like it would come off the wrong way I didn't know how she would take it. And I always, like I always vent to my mom about it like when I'm done cleaning I'll call her up and she's like well just say like can you clean this or why don't you clean this, like just tell her and I'm always like oh no next time and the next time comes the same thing happens. (0:11:16.4)

THERAPIST: So have you noticed a difference, I mean it has been only two days?

CLIENT: It has only been two days and normally it's like she'll do the dishes when I tell her or something and then it will just not, I don't know the same thing will happen.

THERAPIST: Yeah.

CLIENT: Like it will repeat so I'm going to wait and see. I said this time I was like and from now on like I don't care you don't have to say you're sorry like it's fine like whatever but from now on, I tried to make that point and like just stay clean.

THERAPIST: Good, good for you. And did she, did the world explode?

CLIENT: No, it actually felt like better just to say from now on because like I've said things a few times in the past but it's like nothing ever changes so I figured if she at least knows that I'm really, really annoyed by this, like I told her I'll keep bugging you now if you don't. (0:12:05.5)

THERAPIST: Really.

CLIENT: So because after she was like okay like yeah, alright I'm going to keep bugging you like.

THERAPIST: Yeah. And she's okay with that?

CLIENT: Yeah she was fine so it was a lot, I don't know it felt.

THERAPIST: And remember we talked about having like a real friendship anyway if something were ... you need to let each other know the little things that annoy each other or else you're kind of being you know just dishonest with your friends.

CLIENT: Yeah.

THERAPIST: You know if you don't tell them that, if something they say bothers you it can't be that close of a friendship.

CLIENT: Yeah. And I feel like it was I was resenting like living with her because of just not telling her how I felt so it was kind of nice. Like now I feel better. Like I don't know she's very, a very overwhelming person, very talkative but she doesn't mean to be so it's and I'm not, well I guess I probably seem talkative to you. But I'm normally like I don't really talk much at all so it's like hard for me to really get a word in. (0:13:03.8)

THERAPIST: Yeah, no but it sounds like you were able to.

CLIENT: Yeah.

THERAPIST: Now what's preventing you from talking the same thing about the job? Is it really that you forgot this week?

CLIENT: This week it really is I forgot but I don't know I just I feel she's going to like just laugh at me or something and be like really like okay. I guess it's not a big deal if she says that but.

THERAPIST: Even if she laughs so it will probably be likely to not do it again or think about it before she does it.

CLIENT: Uh-hmm. So I guess it's still something I should do because.

THERAPIST: Because it's the same type of relationship like -

CLIENT: Yeah.

THERAPIST: this is your close friend, she should know how you feel and she wouldn't want to be insulting you.

CLIENT: Yeah, I don't think she would take offense if I said anything or make fun of me actually. I don't think she would laugh but.

THERAPIST: (inaudible 0:13:55.0) this is something I'm really sensitive and I know it's kind of a silly thing -

CLIENT: Yeah.

THERAPIST: but to me it's you know it's important. (0:14:03.7)

CLIENT: Yeah. I'll talk to her hopefully this week.

THERAPIST: Now, here's the real question, what is so – what's the problem with maybe offending somebody?

CLIENT: I don't know I feel like ...

THERAPIST: I've heard you say that a bunch of times.

CLIENT: Yeah, I don't know. I feel bad like. I don't, I don't know I'm guess I'm where I don't know what they're going to say back, how they're going to react, I hate confrontation like arguments, I'm kind of just ...

THERAPIST: Is it the not knowing how they're going to react or is it the anticipating a negative reaction?

CLIENT: It's more anticipating a negative reaction because that's normally like I'm not thinking oh I don't know how they're going to act it's more like oh what if they act like they get mad or something or annoyed or.

THERAPIST: Do people get annoyed with you ever? You seem like a pretty inoffensive person.

CLIENT: I guess but people say I'm always like you're quiet, like whatever and I, I don't know I usually wait till last something really annoys me and like I explode (therapist laughing – inaudible 0:15:08.4), I'm like don't really say much.

THERAPIST: It sounds like maybe some, I mean some of the quietness that's personality, some of it is what we're born with, some of it's our temperament, you know where our sibling number you know in the family, it is what we have learned. But it also sounds like a quietness is you know because you don't want to have that, to anyone to ever have that reaction to you.

CLIENT: Yeah.

THERAPIST: But the avoiding.

CLIENT: I guess I do kind of avoid it. And if I ever do have like a confrontation with someone or whatever I get very, like I get that feeling in my stomach that I get when I have the anxiety like until it's solved like, I don't like any arguments or fights or whatever like. And it's not like I can go about my day like that's all I think like I'm obsessed with like solving it kind of thing. (0:16:04.3)

THERAPIST: Yeah, what kind of thoughts go on in your head?

CLIENT: I don't know it's hard to say now because something like that hasn't really happened recently but I mean.

THERAPIST: Because it never happens because you never let it happen.

CLIENT: Like but.

THERAPIST: So I think the major issue is more the, because it's not even that the ruminating over I've upset her it's the ruminating over I shouldn't, I must not say anything that could be offensive because that would be so uncomfortable and you know if they were to get mad but you never -

CLIENT: Yeah.

THERAPIST: you never let anyone, you never see how people are going to react.

CLIENT: I know, I guess I use to like back when I was in high school and whatnot but I don't know I got to college and just like.

THERAPIST: So in high school you felt like you kind of spoke up more and said hey I thought you weren't so, you weren't so concerned -

CLIENT: Yeah.

THERAPIST: with the fact that some might be offended?

CLIENT: Not that I didn't care but it was more I would I guess not think so much before it was like every conversation, every like, I feel like now I just always am overanalyzing every situation. (0:17:09.8)

THERAPIST: What if someone was mad, like was offended by something you said, what would happen?

CLIENT: I don't know, I apologize I guess but.

THERAPIST: No, but how would you feel?

CLIENT: I don't know I would feel I want to say bad but I feel that's not really explaining much but.

THERAPIST: You felt uncomfortable?

CLIENT: Yeah, I feel like that would be a good word just very uncomfortable for me to deal with that.

THERAPIST: What do you think is going to help you feel more comfortable?

CLIENT: I don't know. Trying to not care, not I feel like that's something bad, like bad to say but not not care about their feelings but at least stick up for myself more.

THERAPIST: You know what I think, I mean I think all of this is going to be helpful but I think generally in all things in life what is going to be helpful for you is to learn to tolerate that discomfort. (0:18:01.9)

CLIENT: Yeah.

THERAPIST: Tolerate the discomfort and you probably said it before like you know the statements it's uncomfortable but I can stand it, right?

CLIENT: Yeah, yeah.

THERAPIST: But even though you tell yourself that you don't quite believe it yet.

CLIENT: Yeah, it's, I can believe it now in the moment and the whatnot I can see behind the thinking of it but then when I'm in that situation it's kind like I can't stop that feeling of like discomfort, like creeping up on me like it just, I don't know it's so natural now or I feel like it's just like second nature.

THERAPIST: Yeah. If ... look if I was wearing something that you thought was ugly could you say I don't like that? I don't know those shoes are ...

CLIENT: They're probably (laughing – inaudible 0:18:48.1).

THERAPIST: You probably would have.

CLIENT: But.

THERAPIST: Well, that's kind of rude, that's kind of rude to say.

CLIENT: I don't understand that if someone like asks me but even if someone asked me I'll go no. Like I guess if my roommate asked me like if I really didn't like it I usually am like hmm, hmm. (0:19:02.0)

THERAPIST: You would be really uncomfortable what to say.

CLIENT: I'm nicer than other people are, not like that they're mean when they say things but I do try to sugar coat a lot so I guess, I do tell, like I will tell someone if they ask me but I kind of more like let them figure it out, kind of hint to it.

THERAPIST: What do you think of my shoes?

CLIENT: I would wear them.

THERAPIST: Yeah, I don't know there's nothing about what I'm wearing today that you think is kind of ... what if you had to tell me that something was unattractive that I was wearing would you feel really uncomfortable?

CLIENT: I would be because I feel like I don't know, we don't know each other on that level so.

THERAPIST: But that's, that's the difficult part you know.

CLIENT: Yeah.

THERAPIST: I want, what I want you to do is to put yourself in uncomfortable situations because I think you avoid it.

CLIENT: Yes.

THERAPIST: And I think you know that.

CLIENT: Yeah.

THERAPIST: And what's really going to be like, you know you tried taking pills, you tried, that's going to the magic you know.

CLIENT: Uh-hmm. (0:20:00.7)

THERAPIST: To learn that you can tolerate it and nothing happened.

CLIENT: I think I have been able to avoid it so much because I don't have a job, don't really need to get a job so I've been able to avoid it a lot that way so I just hang out with the people that I've been hanging out with since before my anxiety got to bad.

THERAPIST: And even still with your roommate there are things that are anxiety provoking that you -

CLIENT: Yeah.

THERAPIST: avoid saying that those things are hurtful. I mean everybody I kind of think says oh it's not that important to say this -

CLIENT: Yeah.

THERAPIST: but I think ... what do you think would make so that you do ... like what prevented you from doing the job stuff this week? Because you had a lot of free time.

CLIENT: I just I did have because I was just reading so I could have and whatnot but I don't know I think it was more just maybe laziness this week, not necessarily, I wasn't thinking about it too much kind of just doing my reading and going through the week so it was less, like I really wasn't thinking about it too much so. (0:21:06.0)

THERAPIST: Okay.

CLIENT: I wasn't like worrying because I wasn't.

THERAPIST: Because you weren't doing it?

CLIENT: Yeah.

THERAPIST: But was there something that maybe prevented you from doing it? The thought of being uncomfortable (inaudible 0:21:16.9)?

CLIENT: Yeah, it's probably easier for me to say oh I'll do it next week, because I feel like I've been doing that forever and that's what has kind of been going through my head oh I'll go next week and or this weekend I was planning on it so I'm like, I keep like delaying it.

THERAPIST: What do you think is going ... like is there something that you could reward yourself with or not allow yourself to do unless you do it?

CLIENT: I think that would be better than rewarding myself because I think the reward would be just having savings again so.

THERAPIST: So you got manicure, pedicure every week?

CLIENT: No I do it myself.

THERAPIST: You do it yourself?

CLIENT: Yeah.

THERAPIST: Is there something that you like, like to go out and do? (0:22:01.4)

CLIENT: I'm trying to think, I don't know because I feel like I don't really go out because I avoid it so much so if I say like oh ...

THERAPIST: What about to get like some food or like if you were to do something and then, like if you were to actually go do it and then what if you got a manicure?

CLIENT: I guess I have, I am a compulsive like shopper even though I don't have jobs so I shouldn't be but I've been trying, like I'll just go into a store and like buy one thing and think that's okay kind of so maybe ...

THERAPIST: So is there something that you really want right now?

CLIENT: No, but it's very like I don't know I hate being downtown so I just go back after this because I have nothing because if I have free time I'll walk into a store and want to shop so.

THERAPIST: Yeah, well, look I know you don't want to spend money so what's something that you know that would be rewarding?

CLIENT: I guess, I don't know just being able to tell my family I have a job or tell my ... (0:23:04.0)

THERAPIST: So that's reward enough.

CLIENT: Yeah.

THERAPIST: Can you think about that when you're ...

CLIENT: Yeah, I guess that's like the one, that's what I think about mostly just, not necessarily telling them but just like ooh I'll feel like relieved, I'll feel so much better, like better about myself, so I kind of think about that and that's what will get me to like go online and start looking and then that kind of fades away and I stop thinking about it and then get distracted. But that's like usually the main thing like just because I know that it will make, like I'll just feel so much better in general because that's like one thing that has been bothering me.

THERAPIST: What's something that like you do like you could punish yourself but if you don't do your assignment that would bother you?

CLIENT: Punishment. I'm trying to think.

THERAPIST: Do you do your nails every single week?

CLIENT: Yeah, or whenever like ... (0:24:00.3)

THERAPIST: Are they getting bad yet?

CLIENT: Well, I just did these and it sort of like came off but.

THERAPIST: Is that something that you want to go home and do immediately?

CLIENT: No, because see that wouldn't be a reward or a punishment because I don't really care.

THERAPIST: What about, like not being allowed to wash the dishes or something until you?

CLIENT: Oh that would drive me insane so I guess that would work.

THERAPIST: Yeah?

CLIENT: Yeah, because that would get me to because I wash the, every time I come home I'm like washing dishes.

THERAPIST: What are you doing today?

CLIENT: Actually nothing except homework so I guess I can start today.

THERAPIST: Okay.

CLIENT: Start applying.

THERAPIST: So where are you going to look after this?

CLIENT: I think I want to, I don't know because I always say I want to look by me and then I'm like oh I wish I could have worked downtown, but then when I work downtown I wished I worked closer to home so I think I'm going to look by, in a store that just. (0:25:01.3)

THERAPIST: Okay. What stores are, (inaudible 0:25:03.5)?

CLIENT: I live two blocks from Jackson.

THERAPIST: Okay. (inaudible 0:25:06.5).

CLIENT: So I'm thinking of walking, if I walk up and down (inaudible 0:25:09.2), I know.

THERAPIST: There's a Banana Republic there, right?

CLIENT: Yeah, there's a Limited so.

THERAPIST: I know you said that Limited something but Gap treats you better then.

CLIENT: Yeah, I actually I've applied to that Limited when I first moved there like two years ago and they didn't hire me so, but I could apply again.

THERAPIST: So the goal of this as I meant is not to get hired perhaps, even going into stores that you don't care about.

CLIENT: I could do that then.

THERAPIST: Right, you could maybe even start with those because you don't really care if you get it.

CLIENT: Maybe it will be easier if I go today because I don't have school.

THERAPIST: No school and you're not allowed to wash your dishes.

CLIENT: Okay.

THERAPIST: You can't wash dishes tonight if you don't do this.

CLIENT: Alright, that will be hard. So.

THERAPIST: And I imagine how much your roommate would be judging you.

CLIENT: Yeah, she'll be like you just (therapist laughing – audible 0:25:55.3), do dishes.

THERAPIST: Yeah. So you think you can do that today?

CLIENT: Yes. (0:26:00.3)

THERAPIST: It's going to be a little rainy but you're going to do it anyway.

CLIENT: Yeah, that's fine.

THERAPIST: And it might be better because the stores might be more empty.

CLIENT: Yeah, I don't mind the rain.

THERAPIST: Okay.

CLIENT: Yeah.

THERAPIST: So which stores are you going to go into? Do you have a game plan?

CLIENT: I think I'm going to start at Limited and then just go to any, I don't know, stay away from the smaller stores and go to just like the bigger, maybe I don't know if I would want to work in Urban Outfitters. I love shopping there.

THERAPIST: Why don't you just go in anyway?

CLIENT: Yeah.

THERAPIST: Even if you don't want to work there you don't have to take the job if they offer it, right?

CLIENT: And yeah and I guess like Footlocker is there.

THERAPIST: Looking for shoes?

CLIENT: I'm going to like the (audible 0:26:38.7), there's like one on every corner.

THERAPIST: Exactly.

CLIENT: And just apply so.

THERAPIST: Exactly.

CLIENT: I'll do that.

THERAPIST: Okay.

CLIENT: Uh-hmm.

THERAPIST: So what are you going to go in and say?

CLIENT: Hello, I'm looking to apply for a job I'm just wondering if you had an application or actually I will probably ask to speak, if it's a some place I really, really want to work I'll ask to speak to the manager. (0:27:03.3)

THERAPIST: Yeah.

CLIENT: Because that's, I normally ask to speak to the manager so.

THERAPIST: So how do you practice because you know you have some social anxiety? So how do you practice your assertiveness getting a job?

CLIENT: I don't really usually practice.

THERAPIST: Well, let's shake hands.

CLIENT: Oh, I forget.

THERAPIST: Oh, that's good, okay. Hi, what I can help you with?

CLIENT: Hi, I'm looking to speak with the manager.

THERAPIST: Okay. I'm the manager what can I help you with?

CLIENT: Hi, my name is Catherine, I'm looking to apply for a job today, I was wondering if you had an application?

THERAPIST: We do have applications. Do you have any experience working in retail?

CLIENT: Yes, I actually have worked at Gap and also Express and Forever 21, a few stores.

THERAPIST: Okay. Let's suppose that I'm actually interviewing you right now. Okay, so you filled out the application and I'm like actually yeah we need some people right away. So what was the reason that you left your last job? (0:28:04.4)

CLIENT: See that's what I always think about before and I'm like what am I going to say, like oh I had anxiety like.

THERAPIST: That's obviously not what you said, right?

CLIENT: Yes. So that's why I always ...

THERAPIST: So what are you going to say?

CLIENT: That's another thing that like keeps me because I'm always like what am I suppose to say I left my last two jobs not like directly anxiety but pretty much.

THERAPIST: Well then why don't you a white lie in this case.

CLIENT: Yeah.

THERAPIST: What can you say? I started school?

CLIENT: Yeah, that's what I had to focus more on school so.

THERAPIST: And why can, are you still in school?

CLIENT: I am, I just have more time for a job right now.

THERAPIST: Okay. So you have some flexibility?

CLIENT: Yes.

THERAPIST: Okay. How are you with working nights?

CLIENT: Not late nights because I do still have school in the mornings on a few days but flexible hours.

THERAPIST: Okay. And weekends?

CLIENT: Weekends are definitely good. (0:29:01.5)

THERAPIST: Okay. And do you have any letters of reference or anybody who could vouch for you?

CLIENT: Yes, I have my resume.

THERAPIST: Yeah. Who is on your resume?

CLIENT: Well, actually I just have my former employers on my resume so I guess they don't, I have kind of references that are available.

THERAPIST: Okay.

CLIENT: I guess that didn't answer that question but.

THERAPIST: Okay. But you see by knowing everybody has their reasons like sometimes they quit a job because I don't want to work there any more or I wanted a better job that paid more and that's not something you want -

CLIENT: Yeah.

THERAPIST: necessarily tell somebody. Yeah, so thinking up beforehand what you're going to say, you know how to reduce your anxiety.

CLIENT: Yeah.

THERAPIST: So you obviously probably weren't nervous.

CLIENT: Yeah.

THERAPIST: With me.

CLIENT: But normally I do I think a lot about just oh my god what if they ask me about my old jobs and I always have like in the back of my head just say school but then I feel like, because I know I'm lying I feel like do they believe them. (0:30:00.4)

THERAPIST: I think I would believe you.

CLIENT: Like I guess they have no reason to question school as obviously is important -

THERAPIST: Uh-hmm.

CLIENT: to many people.

THERAPIST: I started school, I wanted to concentrate, I wanted to concentrate on my studies.

CLIENT: Yeah.

THERAPIST: But now I'm ready to take on more.

CLIENT: Yeah. I guess I think I said that to my last employer about my job before that so.

THERAPIST: Okay. I think that sounds very good, you know so right now we'll work on just getting out there it doesn't matter what job it is, just as long as you practice, right?

CLIENT: Yep, practice.

THERAPIST: And what are you going to tell yourself for saying this is so uncomfortable I want to get our right now?

CLIENT: Tough, deal with it and you'll be out once it's over.

THERAPIST: It feels uncomfortable -

CLIENT: Yeah.

THERAPIST: but I can handle it?

CLIENT: Yeah, I can.

THERAPIST: I can handle it.

CLIENT: I have before so why not now?

THERAPIST: Yeah. And it's worth it.

CLIENT: Yeah, right.

THERAPIST: It's worth it to do so.

CLIENT: Yep.

THERAPIST: So you think you can handle that homework?

CLIENT: I think so.

THERAPIST: Yeah.

CLIENT: I think, I should. (0:31:01.3)

THERAPIST: How are you going to deal with the roommate stuff?

CLIENT: See how I guess this week goes and I think I'm just going to, since she was so fine about it and I told her I was like I'm going to, you know from now on I don't really care about what happens, like the dishes then, but I'm just going to, you know remind her it's (inaudible 0:31:21.4).

THERAPIST: Yeah, and you better go looking for jobs today or else -

CLIENT: Yeah.

THERAPIST: you're going to be such a hypocrite.

CLIENT: Oh god, I didn't think about that. But actually it's clean because I did all the dishes last night.

THERAPIST: But you can't do that tonight.

CLIENT: That's true. Tell her not to eat anything. But yeah but I think, I think it'll be okay I'll be able to do them because I think I'll get out there and apply at least to a few places.

THERAPIST: Okay.

CLIENT: Especially since I do live right near a shopping center and is there so many places.

THERAPIST: Yeah, and then we get some people working close to where you live.

CLIENT: Yeah, (inaudible 0:31:58.5).

THERAPIST: And you know they might say well we don't have any availability now but we have one in another store and then (0:32:04.6)

CLIENT: Yeah.

THERAPIST: I don't know if you wanted and you can check out -

CLIENT: Yeah.

THERAPIST: other places. You know it's tough times to get a job but you never know -

CLIENT: Yeah.

THERAPIST: you're not going to find out unless you look.

CLIENT: Yeah, I feel like it might be easiest for me right now in retail just because they're always having people in and out so.

THERAPIST: Yeah. And I guess you could look at restaurants because you said you did want.

CLIENT: Yeah. I think if I did restaurants I would probably come into the city somewhere.

THERAPIST: You think probably make better money obviously.

CLIENT: Yeah. And there's more, I feel like by me there's not too many restaurants.

THERAPIST: I was thinking of, it's like The Loop though and it goes perpendicular to -

CLIENT: Yeah.

THERAPIST: it's like so many restaurants on that is what I think is The Loop.

CLIENT: There is yeah there's a lot ...

THERAPIST: A lot of Greek restaurants and.

CLIENT: Yeah. (inaudible 0:32:57.7) yes because it's beside (inaudible 0:32:59.6) like then all the restaurants but there are a lot of smaller restaurants. (0:33:04.5)

THERAPIST: Yeah, they're small.

CLIENT: They have bays and stuff, I guess I see a lot of girls my age as hostess at the Café's so they do hire.

THERAPIST: Because a lot of times it's hard to get a job as like a waitress in like a big restaurant because they want somebody who is really experienced, especially in Chicago, but once you get, basically once you say I've been a waitress before then all the other doors open up because.

CLIENT: I know my roommate when she first, like they give her a little attitude because she only had like a month's worth of experience like two years ago as a waitress -

THERAPIST: Yeah, that's like my waitress.

CLIENT: and they were kind of leery. They were like oh so is everyone around here so yeah they always want experience with that.

THERAPIST: In the end for a restaurant I feel like all they care about is like attractive, you're like (inaudible 0:33:58.6) that tends to be like oh you're attractive you look like a restaurant waitress -

CLIENT: Yeah.

THERAPIST: you know you seem nice. (0:34:06.8)

CLIENT: Yeah, I guess it's not, they're not looking really for anything spectacular so.

THERAPIST: I feel like (inaudible 0:34:14.5) as much like looks is such a policy.

CLIENT: Yeah.

THERAPIST: So how do you feel if they were judging your looks?

CLIENT: I don't know, I'm more just, that doesn't bother me as much I don't know I don't really.

THERAPIST: It's more the judging of your personality that?

CLIENT: Yeah, I don't know why but it just, I'm more worried about that I guess.

THERAPIST: Okay. And what if I was judging your personality during the interview?

CLIENT: I don't know it would make me feel really uncomfortable but.

THERAPIST: You can stand it?

CLIENT: Yeah.

THERAPIST: Well, they say oh you seem a little quiet are you going to be able to help a customer?

CLIENT: Yeah, I'm quiet but I enjoy working with customers and helping them out. (0:35:00.3)

THERAPIST: Yeah?

CLIENT: I'm much better talking with customers (therapist laughing – inaudible 0:35:03.5). That I could deal with but.

THERAPIST: Well that's good.

CLIENT: Yeah. I am good with the customers so that's at least one thing.

THERAPIST: That's a strength of mine actually even though I'm a little quiet, you know I find people don't find me offensive like sometimes people are annoying in stores.

CLIENT: I feel like most customers, well it depends because when I worked downtown it's completely different but they're just they need your help so it's easier to talk to someone because they need your help but some people just give you an attitude. And it's easier for me to deal with the people in that sitting -

THERAPIST: Yeah.

CLIENT: those type of people then I think it would be like on the street or something.

THERAPIST: It's easier to deal with someone giving you an attitude in the store?

CLIENT: Yeah, then if I was out like or something.

THERAPIST: Why do you think that is?

CLIENT: I don't know, because it's my job maybe so it's kind of like I guess (inaudible 0:35:54.5) what I have to do maybe that's why I kind of feel a little bit like well this isn't me. (0:36:00.3)

THERAPIST: Maybe you also know that they're not probably mad at you they're just generally annoyed with.

CLIENT: Yeah.

THERAPIST: Is there anyway you can think about that? Sometimes if other people are giving you an attitude or seem rude to you, that it might not be you.

CLIENT: Yeah because when I would work in retail I would always see people like that and I always think oh they're just unhappy person they're just I don't know. I guess I should start thinking about that more and just an everyday -

THERAPIST: Yeah.

CLIENT: life.

THERAPIST: I think we should start doing more exercises also, I mean the job is part of your immediate goal.

CLIENT: Yeah.

THERAPIST: But maybe having people judge you on the street.

CLIENT: Yeah.

THERAPIST: Some of those strangers you'll never see again but it still bothers you to.

CLIENT: Yeah, it's I don't know.

THERAPIST: Yeah.

CLIENT: And I feel like only certain times like sometimes strangers can really bother me but if I'm in like a mind set where I'm just like I don't care like I can just go through my day and like be dressed as like I don't know a bum and not even care but then other times I'm like why is everyone like talking to me, leave me alone, I don't know. (0:37:07.9)

THERAPIST: Okay. Well, I think that you have some good practice, the homework and no washing dishes until you do it.

CLIENT: Yeah.

THERAPIST: Okay? And I want you to start thinking more about maybe (inaudible 0:37:19.1) because I think it's going to help your relationship and especially now that you're looking for a job she might even say something like -

CLIENT: Yeah.

THERAPIST: oh I'm surprised you're looking for a job right?

CLIENT: Uh-hmm.

THERAPIST: Is that likely to happen?

CLIENT: Yeah, any comment regarding someone who doesn't have a job, anything you can think of that's what my friends say to me so that's why I guess I should take it more in like a light matter but I'm working on it.

THERAPIST: Okay. We can talk about that next week.

CLIENT: Yeah.

THERAPIST: Okay. This week you're going for the job.

CLIENT: Yep.

THERAPIST: Okay? And it doesn't matter if you get it, success for you will just to have been going in -

CLIENT: Uh-hmm.

THERAPIST: talking to somebody.

CLIENT: Yeah.

THERAPIST: Even if they are rude to you and even if they say you don't have any experience, even if they say you're dressed like shit why would we hire you, the success for you is just to go in and tolerate the uncomfortableness. (0:38:12.5)

CLIENT: Yeah.

THERAPIST: Okay?

CLIENT: Yep.

THERAPIST: The goal is not to get a job.

CLIENT: Okay.

THERAPIST: It would be nice to get a job you can think of it that way, but the goal is, there is no stress that you have to get this job.

CLIENT: Okay. I think that makes it a little bit better especially if I do feel uncomfortable by someone, I don't feel the pressure like oh well too bad.

THERAPIST: (inaudible 0:38:35.9)

CLIENT: Too soon.

THERAPIST: You don't need this job you've been doing fine without a job.

CLIENT: Uh-hmm.

THERAPIST: It's nice to have a job but you don't need it. The point of this exercise is to just go in -

CLIENT: Yeah.

THERAPIST: and -

CLIENT: Just work on.

THERAPIST: and work on talking. Talking to strangers and asking for things.

CLIENT: Yeah, I think it has been so long since I really have so it's just.

THERAPIST: When you're in a store like and you're the customer do you have trouble asking for help? (0:39:03.8)

CLIENT: No.

THERAPIST: You don't feel like you're bothering them?

CLIENT: No, I don't know when I'm in the store it's like I'm different, I don't know I'm just, I'll ask them for help and I guess, I still am like quiet like I'll be okay excuse me like but I also hate to go into stores where they like come up to and they're like hi do you need any help and they like stand right there and that makes me uncomfortable. But I feel like I'm (inaudible 0:39:29.9) when I'm uncomfortable.

THERAPIST: What about going into like when you go into like Macy's or Bloomingdale's and they like bombard you with like samples of perfume?

CLIENT: I just, I can't stand that, I'll just walk past them and just like. It's weird because I feel like I can walk past like people who are like handing things out, you know like on the streets they're always handing things out, and I'm like oh like I get so annoyed at them. And I only think about them and like how, like oh I just gave them an attitude like I just like, but if it's someone else. (0:40:01.0)

THERAPIST: They don't take it insultingly right?

CLIENT: Yeah.

THERAPIST: They've got people doing that everyday.

CLIENT: They don't care and I can't apply that to like other situations I don't know.

THERAPIST: I want you to practice as much as you can talking to strangers. What about those people handing things out and taking it and saying thank you? Would that be annoying for you?

CLIENT: I do that with the kids, like when I see the kids handing it out I'll take one.

THERAPIST: Okay. So that's not something well, I'm going to think of more things that are going to be annoying for you.

CLIENT: Okay.

THERAPIST: Okay?

CLIENT: I'll start.

THERAPIST: And anything that you can think of that you do, you know let me know.

CLIENT: Okay.

THERAPIST: If you think of your own activities and think of things that would be.

CLIENT: If I just get out more in general then I'll at least come into contact.

THERAPIST: Are you going to go out this weekend?

CLIENT: I might actually be going to Michigan to visit my friend because she's working up there and she's kind of stuck there for like awhile now that she graduated so.

THERAPIST: That will be fun.

CLIENT: So that will be people I don't know so.

THERAPIST: Yeah, because you'll be hanging out with all her friends and stuff, right?

CLIENT: Yeah. I met two of her friends like a month or so up there and they were really nice so I'm hoping like. (0:41:04.9)

THERAPIST: So

CLIENT: Just comfortable.

THERAPIST: She has invited you up and you just haven't said yes yet.

CLIENT: I said yes and I'm not sure if I can go this weekend or next weekend, she's like my closest friend so it's kind of like whenever I can just tell her the day before that I'm coming.

THERAPIST: What would stop you from going up this weekend?

CLIENT: I'm kind of thinking of going to Joliet, going home, but I'm not sure because my mom is like I haven't seen you in forever, it has only been like a few weeks.

THERAPIST: I think you should go to Michigan because I think home is too comfortable.

CLIENT: Yeah, that's it's like.

THERAPIST: It gets too much of a habit.

CLIENT: Kind of thing.

THERAPIST: So I think it would be good for you to go to Michigan.

CLIENT: Yeah.

THERAPIST: Have some fun.

CLIENT: Yeah.

THERAPIST: Okay?

CLIENT: Alright.

THERAPIST: Alright. Well, I'll see you next week. I can't wait to hear about all the job interviews -

CLIENT: Yeah.

THERAPIST: and all the jobs.

CLIENT: Well, thank you.

THERAPIST: And annoying jobs you probably ... you're welcome. Alright, have a good week.

CLIENT: You too.

THERAPIST: And hopefully you'll have some nice weather.

CLIENT: Oh wait Friday.

THERAPIST: Oh yeah we're, I'm going to hear write out your ...

CLIENT: The time I have it right here.

THERAPIST: Friday, yes I do remember it is on ...

CLIENT: 5.

THERAPIST: I think it's 5. Okay. Thank you for reminding me.

CLIENT: No problem.

THERAPIST: So Friday I'm going to hear about your jobs.

CLIENT: Oh yeah.

THERAPIST: So you better do it fast.

CLIENT: Makes my week short.

THERAPIST: Yep, okay.

CLIENT: Thank you.

THERAPIST: See you. Bye.

CLIENT: Bye.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi Catherine. (Chuckles).

CLIENT: Hello.

THERAPIST: Different office today. (Chuckles).

CLIENT: Yeah, I saw, I was -

THERAPIST: I like this one though, right?

CLIENT: Yeah, it's very big. (Chuckles).

THERAPIST: Yeah. Oh, like that little closet we were in. (Laughs).

CLIENT: Yeah, how are you?

THERAPIST: Good. You got here okay in the weather.

CLIENT: Yeah, I actually just ended class like five minutes ago.

THERAPIST: Oh, really? Oh, so well, lucky this is the your regular time.

CLIENT: Yeah, so.

THERAPIST: How close you go to Shimer?

CLIENT: Yeah, I go right there.

THERAPIST: So is it right where is -

CLIENT: It's right around the corner.

THERAPIST: That's so convenient.

CLIENT: Yeah, so.

THERAPIST: Oh, that works well for you. (Chuckles).

CLIENT: I still got like wet and all.

THERAPIST: I know, I know. I broke out my fall boots.

CLIENT: Yeah.

THERAPIST: (Laughs). (inaudible) today.

CLIENT: Yeah, I was I originally was leaving the house in sandals, and then my roommate was like, "Ah, it's raining out right now."

THERAPIST: (Laughs).

CLIENT: And I was like, "Oh." (Chuckles).

THERAPIST: Yeah, good good call. (Laughs). So how did this week go? Or, it's only been like three days since I saw you. [0:01:04.5]

CLIENT: Yeah. Yesterday I actually I ended up doing it Wednesday, yesterday, I went into three stores.

THERAPIST: You did?

CLIENT: So I one of them wasn't the Bebe wasn't hiring, but I filled out an application anyway, and then Limited and Footlocker are the other two because I mean Limited I figured I'd do it anyway. Footlocker, I asked to speak to the manager at every place, so it wasn't that bad.

THERAPIST: Why did you ended up not doing it that day?

CLIENT: I think I just got sidetracked to be honest.

THERAPIST: (inaudible)?

CLIENT: Yeah. It wasn't that I was hesitant; and then the next day I kind of just I got up, I had two meetings at school, and then I once I got home I went right to it. I was like, "All right, I have to do this, I'm seeing Christy tomorrow."

THERAPIST: (Laughs).

CLIENT: Do this today. So I think because I didn't really sit and then like do something else and then think about it, it was easier for me to just keep going, and I went out. [0:02:09.2]

THERAPIST: Good. That's great. I'm so proud of you.

CLIENT: (Chuckles).

THERAPIST: How did you feel getting it done?

CLIENT: I felt good. I just now it makes me want to look apply to more places when I have more of a choice.

THERAPIST: Because definitely the job market is crappy right now.

CLIENT: Yeah, so.

THERAPIST: So if you don't get any well how do you feel about like getting them because all it is, is an application, right?

CLIENT: Yeah.

THERAPIST: So do they usually call you back? I've never actually worked retail.

CLIENT: Normally I'll call back in either like a week or a few days or something and just so they have my name kind of thing, talk who I am, but otherwise they usually call back within I guess if they are hiring within that week, or (crosstalk).

THERAPIST: And they calling to have an interview?

CLIENT: Yeah, an interview.

THERAPIST: So is that more the part that you would be nervous with, or was it just as bad to walk in and to talk to the managers and stuff? [0:03:02.2]

CLIENT: I think it's probably more nerve wracking to do the interviews because you never know like some of them will have you like be hands on, like, "Here, make an outfit if you had to go out on a Saturday night, or if someone came in here and needed an outfit for Saturday night."

THERAPIST: Really? I never knew they tested you like that.

CLIENT: Yeah, some do, so it's always like you never know if it's going to be like one, two, three interview over, or if they're going to actually -

THERAPIST: Test your fashion skills.

CLIENT: Yes -

THERAPIST: (Laughs).

CLIENT: It gets a little intimidating, but I don't know, it's more I'm just nervous about getting a job and then -

THERAPIST: And keeping it.

CLIENT: And keeping it. That's what my whole thing, like -

THERAPIST: Okay, and that's something that we can definitely work on here.

CLIENT: Yeah, I guess -

THERAPIST: When you were going in to the stores, were there any like thoughts that like, "If I could just get out of this real easy right now," or was it mostly like, "I'm going to see Christy, I have to do this"?

CLIENT: No, it was more like, "All right, don't shop -" [0:04:02.7]

THERAPIST: (Laughs).

CLIENT: "And go and talk to them right away." Like I just kind of went in each store I just went straight there straight into the front desk area.

THERAPIST: And did you get any of the physiological feelings (crosstalk)?

CLIENT: I actually didn't. I don't know if it was because I was more just like I didn't treat it as like I don't know, something that I had to like life or death situation, it was more just, "Okay, this is something Christy wants me to do, why don't I do it? It'll take, what? Five minutes at each place."

THERAPIST: And do you think it was helpful that we went in with that attitude of we're talking about how this is not about getting the job, this is about just doing the exercise?

CLIENT: It was helpful because I think I at lot of things I'm always just like, "All right, I have to get this," or you know, I always give myself an ultimatum.

THERAPIST: And you said something interesting, like it's not life or death situation, but sometimes I bet it you make it seem that way -

CLIENT: Yeah.

THERAPIST: You know, about keeping the job, or, "If I don't keep this job like what does it say about me?" [0:05:02.0]

CLIENT: That's what I feel like it about with say I do end up getting a job any time soon, I feel like it I do look at it as a life or death you know, loosely using that term -

THERAPIST: Yeah.

CLIENT: Situation about keeping it. Like, "This will make me or break me," type thing, even though I know whenever say something happens, I get anxiety, if for some reason I quit this job because relating to that like I know that that's not the end. I can go apply for another job, but at the same time, that's what scares me, like -

THERAPIST: So do you think it will help when you think of it like, "This is a life or death situation, I have to keep this job"?

CLIENT: No. (Chuckles).

THERAPIST: It probably increases that anxiety.

CLIENT: Not at all because with just the applying for them just kind of release some of the anxiety just thinking, "Okay, I don't have to work at one of these three places, but it would be nice to get interviewed just to get myself comfortable." [0:06:00.0]

THERAPIST: Definitely, and that's hopefully I think definitely in this market is the way to go just to apply to as many it doesn't there's no harm -

CLIENT: Yeah, so.

THERAPIST: In filling (inaudible) if you have the time, and also I had a question: When you went into the first store, did you have maybe like that anxiety more than when you had it when you went into the third store?

CLIENT: Yeah, when I went into the second and third store it was I didn't really think much before. When I went to the first store, I was like, "All right, what am I going to say? How am I going to approach them? Who am I going to approach? But then after doing the first one, I kind of just I guess after that I just went right in and did the same thing

THERAPIST: Definitely, so -

CLIENT: Repeated.

THERAPIST: It just exactly shows that the more you do it, (crosstalk) do it again.

CLIENT: Yeah.

THERAPIST: Now you're going to go into ones that maybe are a little more intimidating that you (crosstalk)

CLIENT: Yeah.

THERAPIST: Like are there any other stores that you feel like are a real reach for you to get?

CLIENT: We're avoiding restaurants, although I would like to work in a restaurant, but I'm more avoiding that because I never have well, I have back home on Long Island; I was a hostess. [0:07:02.4]

THERAPIST: And you said you were a hostess, right?

CLIENT: But that was a completely different situation that I grew up with the people that worked there.

THERAPIST: It doesn't matter though, it's experience, and they don't know that, right?

CLIENT: Yeah, but I just feel like I'm kind of nervous to like I don't know if I'll step into that area even though -

THERAPIST: Well, once again, why don't we just go in with an attitude of, "If I don't have enough experience, I don't get it. It's not a big deal." Like, "I'm walking in for the exercise of applying to a restaurant." And you can -

CLIENT: I think I'm more nervous about getting it. I don't know (crosstalk).

THERAPIST: But you don't have to take it, right?

CLIENT: No.

THERAPIST: And it's practicing your anxiety and then hopefully it'll get less and less and maybe eventually you will be able to deal with the anxiety of working a job where you don't know what the hell you're doing. (Laughs).

CLIENT: I think that's my main thing of just getting a job where I don't know what I'm doing at all and like just I guess how I'm going to be judged at that point -

THERAPIST: So why would -

CLIENT: Because I would like a job in like a restaurant because I feel like that's something I could do while going to school, the hours would be flexible, and it's just I'm like I don't know, I would want them to be like, "Oh, you have this job," but then once I got it I feel like I'd be like, "Oh, no." [0:08:14.5]

THERAPIST: Well, do you think you're the first person who's never worked in a restaurant who then starts to work in a restaurant before?

CLIENT: No, not at all. Like -

THERAPIST: So everybody has to start there sometime.

CLIENT: Yeah, I don't know why I have like I feel like I'm not going to be able to do it. Like my friends who you know, obviously they started somewhere, and I have heard horror stories, and they laugh about it, but for some reason I look at it like, "Oh, I'm not going to be able to do that," or, "Oh, if that happened to me like oh, no," like what would I think?

THERAPIST: Well, how do you think they handle it. You said they laugh about it.

CLIENT: Yeah, like I guess at the time they're probably like startled, but when they're telling me, they're just laughing about it. I know if I was I'd feel like if I was telling them the story, I'd be like, "Oh, my God, I can't believe I did that," and I'd just be freaking out, I don't know. And they just say it with so like, "Oh, I dropped a whole tray of food," and I'm like [0:09:10.5]

THERAPIST: (Laughs).

CLIENT: "Oh, wow."

THERAPIST: But if you hear it, it's probably like if you talk to anyone who works at a restaurant.

CLIENT: Yeah.

THERAPIST: They must all do that sometime, right?

CLIENT: I'm sure, yeah, especially when you just start.

THERAPIST: Definitely. And you've seen people I mean I guess sometimes like I've had (inaudible) bitch and been like, "(Grunts), I can't believe this job," but I think most of the time don't you feel really bad for them as a patron?

CLIENT: Yeah, actually one time they dropped me and my friend were at Red Lobster and the waitress dropped plates a few a little bit of food got on my, a lot of food got on my friend's coat, and my friend was so

mad, and I was like, "No," like, "She didn't mean it," and I felt so bad for her and all. And my friend wasn't saying anything or anything bad, but I did feel bad, like -

THERAPIST: So sometimes people not be so angry.

CLIENT: Yeah.

THERAPIST: Some people might. [0:10:00.2]

CLIENT: Oh, yeah.

THERAPIST: Right? But you said when you're working in retail it wouldn't bother you so much if someone was a bitch to you because you know it's just part of it.

CLIENT: Yeah. I feel like also because in retail in if I was like say a waiter or something, that table is my responsibility, so but in retail it's more like that customer is not only your responsibility, like you do have to help them out. You kind of like cycle like, oh, if you can't help them at that moment or you don't know something, you just get another employee and they're right next to you.

THERAPIST: You do that you could do that as a waitress?

CLIENT: I guess yeah, but it's more like quick (inaudible) I guess.

THERAPIST: It's a little faster, right?

CLIENT: Yeah.

THERAPIST: But there are slower paced restaurants you know.

CLIENT: That's true -

THERAPIST: Not all of them -

CLIENT: You don't always have to go around.

THERAPIST: Not -

CLIENT: Plus I don't I'd rather steer clear of anything too crazy, but or too big of a restaurant.

THERAPIST: Yeah, so there are slower paced restaurants and there are places where actually bosses are going to be complete assholes [0:11:00.4]

CLIENT: Yeah.

THERAPIST: To you and there are places where they might be nice, but is there any way you could go in looking like you know school, like sometimes school gets hard?

CLIENT: Um hm.

THERAPIST: Sometimes professors might be rude to you. Are they ever?

CLIENT: Yeah.

THERAPIST: To you? But you can take it because it's part of the school experience, right?

CLIENT: Yeah.

THERAPIST: It's what you expect.

CLIENT: Um hm.

THERAPIST: Sometimes people are going to be assholes, sometimes people are going to be rude.

CLIENT: Yeah.

THERAPIST: Sometimes you fail a test, that's part, right?

CLIENT: Yeah.

THERAPIST: So is there any way you could look at working at a restaurant or any job, you know, that's stressful, "This is just part of the job, sometimes people are going to be rude to me. Sometimes I'm going to make a fool of myself."

CLIENT: Yeah.

THERAPIST: But everybody does it.

CLIENT: I know. I like under like I understand -

THERAPIST: But it's okay for other people to do it, why is it not okay for you to do it?

CLIENT: I don't I don't know. Like I don't know why I feel like that, I just feel I don't want I don't know, I don't want them to think negative I guess about me, and I don't know why it always comes back to that, but that's like what I'm always thinking when I'm on a job, like, "Oh, I hope this I do this right," or if I do something wrong and they not yell at me, but if they're just like, "Oh, you were supposed to do this," whatever, I take it like very personally. [0:12:06.6]

THERAPIST: Okay, so you suppose you take something personally. You know, you take someone someone is judging you, what is so bad about that?

CLIENT: I don't know. I guess it just makes me feel bad about myself kind of.

THERAPIST: So if that other people are judging me, now I feel like shit?

CLIENT: Yeah, and I know I shouldn't care about what they think, but I don't know, I just analyze it in my head and kind of like, "Oh, I see what they -"

THERAPIST: Do you say, "I'm such a loser," do you say things like that?

CLIENT: No, not like, "I'm such a loser," but I just I feel bad, like, "Oh, I let this person down. Oh, I should have done it like this; this is my fault."

THERAPIST: Okay, so it's kind of like you did your job wrong and that's and then that means that's poor.

CLIENT: Yeah.

THERAPIST: Like that's poor to you to have to have done something -

CLIENT: Yeah, and I feel like -

THERAPIST: Worse than the way you have the capability of doing it.

CLIENT: Yeah, and I feel like they must be annoyed now, like this probably upset them now. [0:13:01.0]

THERAPIST: So it's more like -

CLIENT: It's like both ways (crosstalk) -

(Crosstalk)

THERAPIST: You don't want to upset anybody, and if you upset somebody you feel bad about yourself -

CLIENT: Yeah.

THERAPIST: And you put yourself down for that.

CLIENT: Yeah.

THERAPIST: "Oh, I'm such a terrible person, I can't believe I made them feel bad."

CLIENT: Yeah.

THERAPIST: Okay. But saying things like, "Oh, I'm such a bad person," is there any way that you can see, Catherine, as having more qualities just because you did something bad in one situation?

CLIENT: Yeah, like I don't know. I feel like I get so concentrated on that situation, like all my like anything else goes out the window, like I don't even -

THERAPIST: But there's so many other things about you, then you said, "Oh, I'm a terrible person." Can you say something like, "You know, I made a mistake in this one situation; I'll learn from it"?

CLIENT: Yeah. I wish -

THERAPIST: You know what I mean?

CLIENT: I wish I can (crosstalk) -

THERAPIST: It's like you got to practice doing that.

CLIENT: Yeah.

THERAPIST: Because I bet you do it in other parts of life, just -

CLIENT: I do, like -

THERAPIST: Being late or like, "Oh, I suck so much this person is going to be mad at me." [0:14:02.6]

CLIENT: Yeah, in certain situations I'm like I don't know how I let them go, but others I dwell on and I just -

THERAPIST: Because obviously they hold more importance to you, but in the grand scheme of life, Catherine, you know you're a student who works hard, you're you seem like you're really close with your family, you're a good daughter, you're a good sister, you have a couple of very close friends who probably really count on you, you're a good friend to them. You know you have all these wonderful things about you, that you're responsible, you're like always on time you know, like today you were a few minutes late, but you had class.

CLIENT: Yeah.

THERAPIST: You know what I mean? Like you're a responsible person. There's all these wonderful things that make up about you, and you have some negatives as well, right?

CLIENT: Yeah.

THERAPIST: Some social anxiety makes it difficult, you worry a lot, but why the fact you know, like that one bad thing cancels out all the others in that situation?

CLIENT: I don't know, I never thought about it like that I guess. I don't really think of the good things.

THERAPIST: When that situation happens -

CLIENT: Yeah. [0:14:57.0]

THERAPIST: That's all you think. So that's the same thing as changing the way you think like you know, "I can stand it even if this happens. I wish I'd prefer it not to happen like this, but I can stand it if it happens this way." In these situations you can say the same thing, you know like, "I wish I didn't mess up there, but it doesn't make me a terrible person. I still have other qualities," right?

CLIENT: I think I need to practice more thinking positive, rather than -

THERAPIST: And it doesn't have to be just positive, but seeing yourself so I went to a good lecture where (inaudible) (chuckles) because I don't want (inaudible) but basically talking about, "Oh, I messed up, now I'm a stupid person." You know, "I did this, now I feel like just a stupid idiot," and the person basically was sitting on stage giving this talk on doing therapy. (inaudible) glass of water, and all of a sudden he goes like this, (does something visual), and splashes his face.

CLIENT: Yeah.

THERAPIST: And apparently he did that in front of his patients and said, "Okay, I just did a stupid thing," right? [0:16:00.9]

CLIENT: Yeah.

THERAPIST: Am I a stupid person?

CLIENT: No. (Chuckles).

THERAPIST: Right? If I just picked up a bottle I'm not going to really do it -

CLIENT: (Laughs).

THERAPIST: I'm not that dedicated. (Laughs). But if I was sitting here and picked this up and threw it in my face and I was soaking wet, you'd be like, "That's a little weird."

CLIENT: Yeah.

THERAPIST: But would you think I was an idiot?

CLIENT: No, I wouldn't I would just laugh like, and then forget about it like (chuckles).

THERAPIST: Yeah because I do I can do therapy, I come in on time -

CLIENT: Yeah.

THERAPIST: You know, hopefully I'm a nice person. There's other things that you judge people on.

CLIENT: Yeah.

THERAPIST: But you're just judging yourself on one action here and there -

CLIENT: Um hm.

THERAPIST: And you're letting it really get to you.

CLIENT: Yes, I think I definitely focus on that specific action that whatever it was that happened, (crosstalk).

THERAPIST: What you said or what you didn't say, (inaudible)?

CLIENT: Yeah, and I really want to like avoid fixating on like whatever negative thoughts are going through my mind, but I feel like that's just what I always, always do.

THERAPIST: Well, how do you change that? You know, just because that's what you always do, does that mean that's what you're always going to do?

CLIENT: I guess I have to just stop myself in my train of thought and just -

THERAPIST: No, exactly! [0:17:02.3]

CLIENT: Switch it.

THERAPIST: That's the point is that you're the irrational beliefs, they're not going to just go away.

CLIENT: Yeah.

THERAPIST: They're going to still be there, but every time they come into your head you need to replace it with a rational one.

CLIENT: Yes, I (crosstalk).

THERAPIST: And that can be a lot (inaudible) day depending on how many times you say it, but I bet you say it a lot.

CLIENT: Yeah, I think I need to practice it on a daily basis rather than just like -

THERAPIST: When you say you're setting a time to practice it.

CLIENT: Yeah. Like I need to just well, like all day every day at random moments just think about it because I feel like even if I'm not like the anxieties feeling, it's not like very strong, I can be walking down the street and I'm always thinking like about other people's reactions towards me, and like -

THERAPIST: Okay.

CLIENT: Over analyzing it. I don't know why like -

THERAPIST: So there's two different things, there's the refractionism (ph), you know -

CLIENT: Yeah.

THERAPIST: Even though I make a mistake that doesn't make me a bad person -

CLIENT: Um hm.

THERAPIST: You know? I wish I didn't make that mistake, but I can stand (inaudible) you know? That I [0:18:02.6]

CLIENT: Yeah.

THERAPIST: But what about the reactions, the judgments of others; what can you say to yourself?

CLIENT: I don't know. Mostly because people don't even know me, so it's like -

THERAPIST: So, "I'd prefer if people didn't judge me."

CLIENT: Yeah, but -

THERAPIST: I can't control the other world, I'm not going to let that control my life.

CLIENT: Yeah. I mean they can't hurt me.

THERAPIST: Why let strangers that you know?

CLIENT: Yeah.

THERAPIST: Affect you because in this case it'll be strangers, in other things in life sometimes there'll be people that you run into again, but most of the time it's strangers -

CLIENT: Yeah.

THERAPIST: Right? And you're letting these people. You're just your own person, you're in school, you're doing all the things, you want to get a job, you want to be responsible, but you're letting all these other people control your life.

CLIENT: Yeah.

THERAPIST: And you don't even know them.

CLIENT: I know. (Chuckles). I mean -

THERAPIST: So can you say you know?

CLIENT: And it's a difference between when I'm walking like alone on the street and then if I walk with a friend. I don't even guess the distraction, I don't even really pay attention to the people around us, but when I'm walking alone, I notice, and like if I trip or something I like bug I guess everyone gets that whole feeling too, (inaudible), but I'm like I don't know, it just gets me I don't know I over analyze. Like people could not even know that they looked at me and I think that, "Oh, they were just staring at me," like what's wrong," like [0:19:21.8]

THERAPIST: (Laughs).

CLIENT: "What coming off?"

THERAPIST: (Laughs). So I do think that you should pursue because that's what you want the restaurant jobs, you know?

CLIENT: Um hm.

THERAPIST: I think that's something that you should go for. So there's first the part that's going to be hard, is going to be selling yourself because I think you're going to just do the, "But I don't really have that much experience," you know?

CLIENT: Yeah.

THERAPIST: Remember talked about fudging it to make it sound like more?

CLIENT: Yeah.

THERAPIST: You don't have to lie.

CLIENT: To make build myself up a little instead of like pointing out like -

THERAPIST: "That I don't have I don't have real waitress experience, I've only been a hostess."

CLIENT: Yeah.

THERAPIST: You can say, "I've been hostess in this restaurant, but I feel like I've watched people doing waiting and I'm a fast learner." [0:20:03.5]

CLIENT: Yeah.

THERAPIST: They always like hearing that. Do you say that kind of stuff?

CLIENT: Yeah, I do. Like I feel like each time is just different, whatever comes to my mind. I actually my roommate was an assistant manager for a retail, like they have a few locations around Chicago, so she and then she got promoted to doing all the new hires and interviewing and whatnot, and -

THERAPIST: Where does she work? Wait, this is the Desert Sun roommate?

CLIENT: Yeah. Before that she worked at H&M.

THERAPIST: Oh, yeah, there's one right up here.

CLIENT: Yeah, she used to work there -

THERAPIST: My friend loves that store. (Laughs).

CLIENT: Yeah, and she had worked there for so long, so like she was one of the longest people there, so they had her do assistant managing, but I don't know light work of it, but so she does like interviews and whatnot, and she reviews resumes all the time, so I always like -

THERAPIST: But she still does that even though she works at -

CLIENT: No. I mean she no longer does that because she thought she was going to get more pay at Desert Sun, but that's not even (inaudible). [0:21:00.0]

THERAPIST: Wow. That's probably a lot crappier work too.

CLIENT: Yeah, exactly, so so I always have here like look through my resume and I'll be like, "Well, what do you think I should say about this or that?"

THERAPIST: So she's helpful with that.

CLIENT: So she yeah, she does help me a lot with that because like she knows I guess what to look for and then things that like -

THERAPIST: They're going to ask.

CLIENT: Yeah.

THERAPIST: That's great. So then you can practice about the waitress. So do you have a few places in mind that you can go in?

CLIENT: See, that's the thing, I don't even know where I guess -

THERAPIST: You were talking about it in a story I like, I guess there's all those small like Greek restaurants.

CLIENT: Yeah. I feel like a lot are family owned, but I guess -

THERAPIST: They got to hire somebody though.

CLIENT: Yeah, I guess they I don't know, I guess it doesn't matter too much.

THERAPIST: Especially the times that you want to work are like nights, like probably people with families don't want to work -

CLIENT: Yeah.

THERAPIST: I guess that's the best time you're paid though, so I don't know in tips.

CLIENT: I wouldn't even mind to say I would work nights on the weekends, like hours that most people want off. Like I don't care about doing things, so (chuckles). [0:22:00.0]

THERAPIST: Well (laughs). We're going to get you out doing things too.

CLIENT: (Chuckles).

THERAPIST: So maybe you'll be so conflicted and (chuckles) and you'll finally get the job.

CLIENT: Yeah.

THERAPIST: But I want you to go into three I think that's a good number.

CLIENT: Three.

THERAPIST: Three restaurants, and now you're -

CLIENT: Okay.

THERAPIST: And you can go into some more retail because it sounds like you're comfortable with that now.

CLIENT: Yeah, like I'm very comfortable with the whole retail with applying for the job, but then when I get there it's a whole different (chuckles) story, but -

THERAPIST: Okay.

CLIENT: I also don't know that I hate working in retail, but I feel like that's my most comfortable like my easiest shot.

THERAPIST: Yeah.

CLIENT: So that's why I kind of want to try something else, something different.

THERAPIST: Why not? Why not try? It takes five seconds to throw out an application, if they never call you back -

CLIENT: I don't want to be stuck -

THERAPIST: Are you going to take it personally if they don't call you back?

CLIENT: No, I've had that.

THERAPIST: And I think you can't know what I mean? You can take anything personally, but you got to always remember there's a thousand other factors.

CLIENT: Yeah.

THERAPIST: Especially even if people are rude to you and things like that, taking it personally you know -

CLIENT: Yeah.

THERAPIST: Looking at the big picture, you know what I mean? Just like you look at the big picture with you, with yourself, "Oh, I have all these other things going on, why am I calling myself an idiot?" [0:23:07.3]

CLIENT: Yeah.

THERAPIST: It's one situation in one field, you know? In the same way, when somebody else is rude to you, you can say, "They could have had a bad day, they could have -"

CLIENT: That's true.

THERAPIST: The shitty economy, they might not be hiring, they might have gotten someone who was like an amazing resume that I just don't have yet, so I think it's important to look at the big picture that way too.

CLIENT: Yeah.

THERAPIST: So your main thing, it's (inaudible) about once you're there, well, in retail I guess you're worried about like talking with staff?

CLIENT: Yeah, and also I feel like they want you to learn everything like that, which I understand you should learn quickly, but I feel like if I don't know something I'm like I kind of after a while like I don't want to ask

anyone kind of thing because I feel like I should know this by now, and like that's also another thing, like and also if I ever God forbid have to call out, that makes me feel like [0:24:06.3]

THERAPIST: What do you mean call out?

CLIENT: Really bad. Like say I get sick or something, I'm always like -

THERAPIST: Oh.

CLIENT: "Oh, I can't call out." That like one time I think I was sick for like a week and I couldn't work, and like they were getting annoyed at me, so I just didn't want to go back to work like after that. When I went back I ended up quitting because I was like -

THERAPIST: Because you felt like they judged you for taking that week off?

CLIENT: And I know it was just more them that they didn't have like extra people, so it was rough and whatever, and I know that like they've got people there that they can't even stand and that know that the boss can't stand them, and it's fine. Like everyone still likes each other on a friendly level, it just really made me uncomfortable.

THERAPIST: Wow, and it drove you to quitting because you were having these thoughts that they're -

CLIENT: Yeah.

THERAPIST: "They're talking about me. They're thinking bad about me."

CLIENT: But then I see like there's always that one person that doesn't do anything at every job, I feel like, that doesn't do anything and whatever, and that everyone behind their back like, "Oh, he's not doing his work again," or that the boss is always like having to yell at and they're fine and they're like, "Ha, ha, ha," always joking around. Like and I always look at them like, "I wish I could have that attitude," not to that extent obviously. [0:25:22.1]

THERAPIST: But why can't you just look at it as a job, "So I lose it"?

CLIENT: Yeah.

THERAPIST: I mean right now you're not supporting a family.

CLIENT: That's what my my roommate is always like, "So you they fire if you if you don't go," and my mom like, "You're sick, you can't go in, so they fire you. What's the big deal? It's not the end of the world." And I'm always like -

THERAPIST: But to you it is.

CLIENT: Yeah, like I don't because I feel like it's saying something about myself, like I don't know.

THERAPIST: If you got fired it says something about you? What if only you knew that you got fired, would it still be as upsetting? Or is it more like everybody else knowing you got fired?

CLIENT: I think that it's more everyone else knowing that I got fired and yeah, and my fellow employees even though I probably will never see them again after that. [0:26:08.6]

THERAPIST: So it's kind of an emotion the emotion there, it's anxiety about future shame.

CLIENT: Yeah.

THERAPIST: The shame that you never get to experience.

CLIENT: (Chuckles). Yeah. I don't know.

THERAPIST: Which leads me to your homework for this week: The restaurants -

CLIENT: The restaurants.

THERAPIST: It's homework, but I have more of a this homework is going to be really hard because I know you're going to do the restaurant one.

CLIENT: Okay.

THERAPIST: You're that one's fine, you're going to do it, right?

CLIENT: Yep, I'll do it.

THERAPIST: Okay. This one -

CLIENT: (Chuckles). Oh, God.

THERAPIST: This one is going to be tough, but if yeah, I have a backup plan if you don't do it.

CLIENT: (Chuckles). Oh, God.

THERAPIST: So the backup is worse. So -

CLIENT: (Chuckles).

THERAPIST: (Chuckling) so you better do the other one. Ellis is big on something called "Outward House (ph)," you know?

CLIENT: Yeah.

THERAPIST: (inaudible) was big on something called "shame attacking" exercises.

CLIENT: I don't know. Never heard of it.

THERAPIST: "Shame attacking" exercise it's a way basically that you make an ass of yourself [0:27:01.6]

THERAPIST: And realize that you can handle it -

CLIENT: How?

THERAPIST: And that it's not the end of the world.

CLIENT: (Chuckles).

THERAPIST: So I have a good one for you that I thought would be good.

CLIENT: (inaudible).

THERAPIST: Well, at first I mean you could tell me I'll give you some choices, okay?

CLIENT: Okay.

THERAPIST: The real one though is about there's others judging you for speaking, first, for saying stupid things; that's a big one, right?

CLIENT: Yeah.

THERAPIST: But then there's also the looking stupid.

CLIENT: Um hm.

THERAPIST: You don't like that. Which one do you think is stronger?

CLIENT: I think saying stupid something stupid because that I feel like affects me more deeply than the looking stupid.

THERAPIST: Okay. Would you like to work on that one?

CLIENT: Yeah.

THERAPIST: This is what's going to help. How do you feel about going out to like I mean maybe you go to Lincoln Park or I think that's like kind of an easier or you can just do it on the street, you could do it back on your way here to therapy, you know? Something to talk about (inaudible), you could do it on your way home going up to people on the street and asking them if they know what month and year it is. [0:28:00.0]

CLIENT: (Chuckles). They're going to think I'm insane.

THERAPIST: Exactly.

CLIENT: What month and year it is.

THERAPIST: "Excuse me, do you know what month it is?" Or, "Excuse me, do you know what year it is?"

CLIENT: (Chuckles). As long as no one decides they want to hit me for asking -

THERAPIST: You think someone is going to hit you for that?

CLIENT: I don't know.

THERAPIST: They're going to be like, "This poor crazy girl." (Chuckles).

CLIENT: Yeah.

THERAPIST: I think most people are going to tell you.

CLIENT: (Crosstalk) like, "Get out of here you crazy."

THERAPIST: Do you think you could do that?

CLIENT: I guess, yeah.

THERAPIST: To three people. I like the number three with you.

CLIENT: Okay, three people. I'm going to have to like -

THERAPIST: It can't be people you know. (Laughs).

CLIENT: Yeah.

THERAPIST: Although you're going to be more embarrassed [then maybe] (ph).

CLIENT: I'll pick out the nicest looking people. (Chuckles).

THERAPIST: You can pick out nice looking people.

CLIENT: Okay. I want to I'll try because I want to see if I actually can -

THERAPIST: Okay.

CLIENT: Get myself to do it.

THERAPIST: Deal with the fact that, "Okay, so they thought I was stupid."

CLIENT: Yeah.

THERAPIST: (inaudible).

CLIENT: I want to try it. I want to see if I can do it.

THERAPIST: And the more you can do this, you're going to make them the other exercise I was thinking about but it seems like you were okay with the process I was going to make you wear something silly and walk in and ask for a job application. [0:29:08.8]

CLIENT: (Chuckles).

THERAPIST: Like go into a nice store that you don't really plan on working at, you know, something -

CLIENT: I'll do it, but I don't think that would be as effective as actual speaking.

THERAPIST: Okay, so you want the speaking?

CLIENT: Yeah.

THERAPIST: I like that you're being brave and saying you're going to take on -

CLIENT: Yeah, I guess sort of to see if I can (chuckles) actually like because I feel like I can say, "Yeah, I'll do it," and then I start walking up to someone and I'm like, "Okay, never mind." (Chuckles).

THERAPIST: Well, what are the statements that you're going to practice saying?

CLIENT: What do you mean? Like with the people -

THERAPIST: Yeah.

CLIENT: Asking the people, or -

THERAPIST: Well, what are you going to tell yourself? Because what are your irrational beliefs? What do you think is what's going to be going on in your head? What are the thoughts that are going to be going through your head?

CLIENT: My irrational ones?

THERAPIST: Um hm.

CLIENT: This person is going to get an attitude with me and think I'm crazy (chuckles) and think badly. This person will make fun of me, (crosstalk). [0:30:00.0]

THERAPIST: Okay, "And if they make fun of me."

CLIENT: Then I won't see them in like a second.

(Crosstalk)

THERAPIST: They might make fun of you and they might think you're stupid, but the point is what do you say after that? So, "If this person might think I'm stupid," you might normally say, "I'm such an idiot," or right?

CLIENT: Yeah. Yeah. (Chuckles).

THERAPIST: That's mostly what it goes back to, so what are you going to say this time? So this person is going to think you're probably an idiot.

CLIENT: Yeah.

THERAPIST: Right? So what do you tell yourself? How do you make that okay?

CLIENT: Well, "Yeah, at least he doesn't know me because I obviously know the month and year it is, so -"

THERAPIST: Yeah.

CLIENT: "What he's thinking is not really based on anything -"

THERAPIST: Exactly.

CLIENT: Truthful. Like I don't know.

THERAPIST: And is one thing you say to a stranger once, is that based on anything truthful anyway even if it was something that you really meant?

CLIENT: No. I mean it's something that will be forgotten.

THERAPIST: And it's based on one thing that you say in your entire life.

CLIENT: Yeah.

THERAPIST: You know, like when you meet somebody -

CLIENT: Because you say a million things. [0:31:01.7]

THERAPIST: And you talk to them, it's the same same thing.

CLIENT: That's another thing, is going out -

THERAPIST: I know.

CLIENT: And talking to people.

THERAPIST: But the more you talk to strangers -

CLIENT: Like having a conversation. (Chuckles).

THERAPIST: But the more you talk to strangers you can say, "It's something that I said once and if he thinks I'm stupid -" I mean in this case you're saying things that are kind of stupid.

CLIENT: Yeah. (Chuckles).

THERAPIST: I mean, who knows, you could have just flown in from another year -

CLIENT: Yeah, (crosstalk).

THERAPIST: A time machine. (Laughs).

CLIENT: (Chuckles).

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: I mean you could say that, "I've just got abducted by aliens, can you tell me (laughs) the month and year?"

CLIENT: (Crosstalk) probably on the third person, I'll (inaudible) that.

THERAPIST: (Chuckles). You know, there's a reason why you don't know what day and year it is.

CLIENT: Yeah.

THERAPIST: You could say, "I just got out of a coma," like (laughs), "Can you tell me the month?"

CLIENT: So I walked out of the hospital.

THERAPIST: Yeah, can you tell me the month and year? You know, you can make it as silly as you want, and the more that you can make it silly and you get comfortable with it -

CLIENT: Yeah.

THERAPIST: It won't be such a big deal.

CLIENT: I think if I could laugh about it, it'll just make it easier.

THERAPIST: And you can laugh about it -

CLIENT: Laugh at myself.

THERAPIST: I think the trick is to find someone that you got some guy that you think is like cute and then do it [0:32:03.7]

CLIENT: Yeah. (Chuckles).

THERAPIST: To him, right?

CLIENT: Yeah. And that will start a conversation.

THERAPIST: (Laughs).

CLIENT: I'll have to explain why I asked.

THERAPIST: No, no, you're not allowed to you're not allowed to explain because that's what you want to do afterwards, "But actually this is just a psych experiment." You can't say that afterwards. (Laughs).

CLIENT: I'll be like, "Yeah, I just returned from Mars."

THERAPIST: (Laughs).

CLIENT: (Chuckles).

THERAPIST: So this is going to make it easier, you know?

CLIENT: Yeah.

THERAPIST: And then you can work up to just instead of doing ridiculous things, you can work on just general talking. But once it's okay to make an ass of yourself...

CLIENT: I think it might be easier to say something like go up to someone to say something like that than if I guess in the future just going up to a random person and asking them about something realistic.

THERAPIST: Yep. Well, since your roommate goes out, that's something I know that you want to work on, the jobs and the social stuff, so you know, your roommate goes out a lot, right?

CLIENT: Yeah. Well, more than I do.

THERAPIST: Once a weekend?

CLIENT: Yeah, at least. [0:33:00.5]

THERAPIST: So that's more than you.

(Crosstalk)

THERAPIST: That's a lot right now, right? So that's something else, you know, this week we're going to work on that, and once you get more comfortable with that we can work on going out and you know you'll have an assignment of like talking to like three guys at a bar.

CLIENT: (Chuckles). We'll see about that.

THERAPIST: (Chuckles).

CLIENT: I'm usually the one who's like, "No, I don't want to talk to you."

THERAPIST: What if you talk to an idiot? It'll be practice and you don't even care what they think, right?

CLIENT: Yeah. Well, I feel like even if I'm talking to somebody who I think is absolutely ridiculous so I don't know like I'm afraid I'm always afraid I'm going to say something and they're going to be like, "What? What did you just say?" Like, "You're crazy," like -

THERAPIST: And if they say that?

CLIENT: I shouldn't care.

THERAPIST: Are you crazy?

CLIENT: No. (Chuckles).

THERAPIST: No. Do you think you say crazy I don't think you say crazy things.

CLIENT: No because I'd be like (chuckling) -

THERAPIST: (Laughs).

CLIENT: (inaudible).

THERAPIST: And even if you do.

CLIENT: That's true. I never I do really think of it like that I guess, like -

THERAPIST: So you got to practice the rational thoughts.

CLIENT: Yep.

THERAPIST: Okay, so homework is going to -

CLIENT: Three restaurants.

THERAPIST: Three restaurants [0:34:00.1]

CLIENT: And then -

THERAPIST: Applying, and then because you probably won't get any call backs before you see me next.

CLIENT: Yeah.

THERAPIST: Right? And we'll work on that, what you're going to do next if anyone has called.

CLIENT: Um hm.

THERAPIST: The next step, we'll work on more shame attack exercises.

CLIENT: Yeah.

THERAPIST: But I'm very excited to see how it goes.

CLIENT: Okay.

THERAPIST: So (inaudible), Catherine.

CLIENT: Yeah, I'll try at least I will at least do a few people, I don't know about three. I'll try.

THERAPIST: Okay, okay.

CLIENT: I will try.

THERAPIST: When you go downstairs, can you fill out an OQ?

CLIENT: Oh, yeah, I forgot last time actually.

THERAPIST: Yeah, I was like (inaudible), did I (inaudible)?

CLIENT: Yeah, so -

THERAPIST: It's okay. I'm sure they forgot to give it to you, or I'm sure it was -

CLIENT: Yeah, so she actually mentioned it.

THERAPIST: On the way yeah, no, she said on the way out that she was going to do that. So okay?

CLIENT: Okay. (Chuckles).

THERAPIST: Have a good week and I'll see Wednesday morning, right?

CLIENT: All right, thank you. Yep.

THERAPIST: Okay, by Catherine.

CLIENT: Thank you very much.

THERAPIST: Have a good weekend.

CLIENT: Ooh, what did I drop?

THERAPIST: Yeah, (inaudible).

CLIENT: Bye.

THERAPIST: Bye.

CLIENT: (inaudible) right?

THERAPIST: Yeah, and then you just go straight out I think.

CLIENT: Bye.

THERAPIST: Bye, have a good week. [0:34:56.2]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi Catherine.

CLIENT: How are you?

THERAPIST: Good, how are you?

CLIENT: Good.

THERAPIST: It's been a long while. (Laughter)

CLIENT: I know. (Chuckles)

THERAPIST: How are things going?

CLIENT: Good, just a little bit more busier at school, but—

THERAPIST: Okay, what happened last week? It was—

CLIENT: I was not feeling well, and I thought that—I had a scare that it was related to my Crohn's, but it was really just period.

THERAPIST: Oh, right. (Laughter)

CLIENT: But I got it early, so I thought like the cramps were related, or something.

THERAPIST: Okay. I'm glad everything is okay.

CLIENT: Yea. And I don't have a doctor right now, so I was like freaking out, but I think I'm getting a new one today.

THERAPIST: Okay.

CLIENT: Yea.

THERAPIST: So how is like the homework stuff that we were working on, because I know it's been like two weeks, so did you forget to do it?

CLIENT: I know. Well, the going up to someone, I haven't done because I feel like really—I don't know, like, what that's going to do for me? But—

THERAPIST: What's it going to do? Oh, you mean, like, how is it going to benefit you? 0:01:01.9

CLIENT: Yes. (Chuckles)

THERAPIST: Well do you think you're fighting whether it's going to benefit you because it's something you don't want to do?

CLIENT: I guess, possibly. But, I don't know.

THERAPIST: Do you want me to explain why I assigned—

CLIENT: Yea. (Chuckles)

THERAPIST: And it's like fair enough for you to say, like, "why are we doing this?"

CLIENT: Okay.

THERAPIST: Well, the going up to a person and kind of saying something stupid is basically about when we talked about, before, a lot of your anxiety stands around the judgments of others and saying stupid things around each other, right; other people that you—don't even know sometimes—but that you respect, that

you're worried about judging you—even just perfect strangers. And I think that this would provide a perfect opportunity for you to be judged by a stranger—

CLIENT: I guess. (Laughter) Yea

THERAPIST: And to show you that it wouldn't be completely awful and terrible if someone judged you poorly, and that you could stand it.

CLIENT: I guess I'm more—yea. 0:02:02.5

THERAPIST: And even though you know you can stand it, something else must be going on because you're still not doing it, right?

CLIENT: Yea. I guess I'm more just nervous they're going to get angry, or something, I don't know.

THERAPIST: You're nervous that they're going to get angry?

CLIENT: I guess they wouldn't get angry, I mean I wouldn't get angry, but I don't know how other people—

THERAPIST: If you just asked somebody today, "And you're?"

CLIENT: I guess they wouldn't. I don't know.

THERAPIST: Okay. Well, I guess since it's been a few weeks, and you haven't been able to do this one yet.

CLIENT: Yea.

THERAPIST: You kind of have two options, because I do think that this is going to benefit you.

CLIENT: I should still do it?

THERAPIST: A few options: we could make them less—we start off with something that, maybe, you would feel less stupid asking. Like would you be uncomfortable just asking someone the time?

CLIENT: No. That would be fine. (Chuckles)

THERAPIST: You really think that, or—

CLIENT: No I really think—because I've done that before, I guess, if I see they have a watch on, or something. 0:03:04.1

THERAPIST: Well then now I'm throwing that out the window because that one is so easy for you. And now, I have another idea.

CLIENT: Okay. (Chuckles)

THERAPIST: What if we go outside right now and then you do it?

CLIENT: For the time? Okay.

THERAPIST: No, not for the time.

CLIENT: Oh, for that?

THERAPIST: And I'll be there to make sure no one beats you up.

CLIENT: I feel like then I'll be with someone and—

THERAPIST: No but I'm not going to stand with you; I'm going to stand on the side of the street somewhere else and watch you do it. What do you think?

CLIENT: I think I'd feel a little bit better having someone with me, to be honest. It would be a lot easier than doing— I think I've just like, I don't know, if I go up to someone by myself on the street, I don't know if they're going to like— I don't know.

THERAPIST: Well this is a good way to find out what's going to happen.

CLIENT: Yea.

THERAPIST: Alright? And at worst, it's probably just going to be that they're going to judge you and think that maybe you're an idiot, or a little bit weird.

CLIENT: Yea.

THERAPIST: Yea?

CLIENT: Probably, but I don't— I think it's easier for me then if someone is with me, even if they're not right near me just because— 0:04:07.4

THERAPIST: Okay, and that's okay. But I think that may be— Do you think that it would be helpful just for you to do it this one time and then it would make it easier for you to do it on your own? Because the point is to get you comfortable with the idea that if you make an ass of yourself, it's okay.

CLIENT: I guess I want to— Alright, I'll try it. Especially on my own, I feel like that would benefit me more because I'm thinking now I feel so much better knowing that you might be with me, or something, that one time. So, I'm just nervous because I feel like every time I think of doing it, I just like, oh no, people are going to get crazy.

THERAPIST: Well, let's like—

CLIENT: You know, deter myself and just don't—

THERAPIST: What would someone do? What is the worst thing that someone could do?

CLIENT: I guess the worst thing someone would do is yell, or something, I don't know. But, I wouldn't yell at someone. (Chuckles) 0:05:04.7

THERAPIST: And right now, we're on midtown east, right? People are pretty civilized here, wouldn't you say?

CLIENT: Yea, I guess I didn't think much of that. I'm thinking about, like, I'm going to pick the worst person in the crowd, or something.

THERAPIST: Well you think you're going to?

CLIENT: No. (Laughter)

THERAPIST: (Laughter) So evidence is pointing against your worst fear.

CLIENT: Yea.

THERAPIST: But I think let's find out.

CLIENT: Okay.

THERAPIST: Yea? So want to take a walk?

CLIENT: Sure. (Chuckles)

THERAPIST: Okay.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Come in.

CLIENT: Hello.

THERAPIST: Hi, how are you?

CLIENT: Good, how are you.

THERAPIST: Good, how's it going?

CLIENT: Good.

THERAPIST: For an early morning. Do you have class on Wednesdays?

CLIENT: No I don't actually.

THERAPIST: Oh, so it's just a day that you come in for fun?

CLIENT: Yeah.

THERAPIST: It's a shame it wouldn't work out, you know, on a day that, you know...

CLIENT: Yeah, but its fine.

THERAPIST: So how did the week go?

CLIENT: Good, I didn't really do much. Like I didn't end up going out but...

THERAPIST: Why, what happened?

CLIENT: Well my friend I don't know. My roommate had a whole drama issue with work and she hates her job now.

So I was supposed to meet her and go out from there and we didn't. So I just kind of felt...

THERAPIST: Because?

CLIENT: She ended up coming home early from work and didn't want to go out and was all upset.

THERAPIST: Okay. So you were kind of comforting her and being...

CLIENT: Yes, because we were going to go out together and then go from there and see what happened but...

THERAPIST: Okay, so plans kind of changed. And that was Saturday night?

CLIENT: Yes, Saturday.

THERAPIST: And did you go out at all again over the week?

CLIENT: No, I don't really I guess go out during the week as much.

THERAPIST: Because you had spoken about maybe going out, because usually your roommate is not always available.

CLIENT: You had kind of spoken about going out with a different friend.

THERAPIST: Okay. How does it go for you meeting people in through class?

CLIENT: I don't really know anyone except for like my one friend in school.

THERAPIST: Who's your one friend in school?

CLIENT: It's actually my roommate's boyfriend.

THERAPIST: Okay. And you knew him through your roommate?

CLIENT: I met him through her and then we became close friends and then we ended up having like classes together.

THERAPIST: Okay, so you're good friends with him?

CLIENT: Yeah.

THERAPIST: Is that hard for your roommate or no? [0:01:58.0]

CLIENT: No, not at all actually. And there's a few other guys at school that I'm friends with because we all are kind of close friends like me, her, and then him and like four other guys.

But I try not to see them when I go to school because if I see them they're often someone's not going to class at this time or someone they're always like come on, just hang out.

So I just I'm like I'm not seeing you guys this semester.

THERAPIST: But they are good people to hang out with?

CLIENT: They are. They're just...

THERAPIST: They're not the best students?

CLIENT: Yeah. Well I guess now they are but they weren't. And they would always go oh come on, skip class.

So I just at school I don't see them.

THERAPIST: Is there any way that maybe you could go to class and then see them afterwards, like that would be a great time to like get in some going out time and socialization.

CLIENT: I guess, yeah. I don't really know their schedules I guess at school.

THERAPIST: But if would you say they're friends of yours?

CLIENT: Yeah yeah but I don't normally hang with them I guess unless it's most of us together

THERAPIST: So if you were to say like oh, do you want to come meet me for coffee after class, would that be weird?

CLIENT: I guess not. The only one I've really hung out though like is my roommate's boyfriend. But it's not weird or anything like that.

THERAPIST: Okay. Is there any other one that you would think you would want to be friends with?

Do they all have girlfriends, are they all single?

CLIENT: Right now I think they're all single. But I don't know, we're not like that close but it wouldn't be weird if I did I guess.

THERAPIST: Because I'm just trying to find some time because sometimes like and this weekend you were willing to go out, it sounded like but other people were kind of not as willing.

So maybe you need to take the ball into your court and kind of start doing more than just Saturday night socialization.

CLIENT: I guess yeah, because I don't really do much during the week.

THERAPIST: And you have time right, because you have time for coffee, you have time for a drink after class. How late are your classes? [0:03:59.2]

CLIENT: Well I have classes until five but I only have class pretty much on Tuesday and Friday. Thursday is short.

THERAPIST: So Tuesday and Friday or like that's like Happy Hour.

CLIENT: Yeah.

THERAPIST: Is that any way that you could go out and meet someone for a drink or, I mean if you're not comfortable going out with one you could I mean message a couple of them and be like hey, you want to go out for a drink on Friday at this time or Thursday or whatever?

CLIENT: I guess yes. That girl that was in Joliet this weekend, she is always going out during the week because she's here mostly during the week. So I guess I could always...

THERAPIST: And you could do that too, right.

CLIENT: ...call her too.

THERAPIST: Because you have time to get your work done.

CLIENT: Yeah, I always she'll ask me most of the time if I want to and then I'll normally just be like no, like during the week. I don't know, but it's not like I'm doing anything.

THERAPIST: Yeah. Are you still thinking about that job stuff?

CLIENT: Yeah, only because I haven't really made I haven't really followed up. So I was thinking today maybe just restarting the whole process.

THERAPIST: I think that would be a good idea. [0:05:01.9]

CLIENT: Like go out, apply again, and then well I know a few places that said they were hiring the end of this month.

THERAPIST: That's a great time to go back and you can go back in person or you could call.

I mean I think going in person always helps. You know, I was just checking in, following up on you know, I applied here.

Are you still interested in doing any of the restaurant stuff because I think your grandfather had passed away and that was the week that we were going to talk about that stuff.

CLIENT: I actually haven't I don't know, I still haven't gone to restaurants. But it's more just I don't not that I'm like trying to chose a specific restaurant but I just don't know where to start I guess.

THERAPIST: Okay.

CLIENT: Like who what restaurants would be hiring, especially. I have some experience in hostessing but really not that much.

THERAPIST: But that's okay. I mean there's a lot of small restaurants out by you, right?

CLIENT: Yeah.

THERAPIST: have you thought about just going in and asking. There's no harm. Are you looking for servers or hostess or anything, you know, I'm looking for a job.

CLIENT: I didn't really think to I guess. I was more thinking like of bigger restaurants. But I'd rather go into a smaller one to be honest and something closer.

THERAPIST: Especially to be close to your home. Like you can do it whenever you want, you won't be too late getting home, and also it's good practice for if you want to then go into a bigger one.

CLIENT: Yeah.

THERAPIST: So do you think that's something you can do this week?

CLIENT: Yeah.

THERAPIST: Well are you going to do it?

CLIENT: Yeah, because it's I mean it's right (inaudible at 0:06:28.4).

There's a million restaurants on (inaudible at 0:06:32.0 and I live right there.

THERAPIST: Okay, so that could be something good, right? Now what we didn't talk about is did you manage to do any of the shame attacks?

CLIENT: Oh, I didn't do that go into a store. I thought about that. I really not that I avoid it, I just I guess...

THERAPIST: Avoided it?

CLIENT: Avoided?

THERAPIST: Not that you avoided it but you just avoided it?

CLIENT: No. I guess I did. I just kind of didn't make time. So I guess that's avoiding in a sense. [0:07:03.7]

THERAPIST: Did you find that what we did last week was helpful?

CLIENT: Yeah, it made me used to it I guess. Like not as fearful like just that I know it's like okay.

THERAPIST: Can you see that that could happen with going out and things like that?

CLIENT: Yeah.

THERAPIST: Like the more you do it the more you're used to it.

CLIENT: Yeah. That's why like I tried but then it's so easy for me to just not go out.

THERAPIST: Because I think you need to take the reins in some of the situations and make the plans yourself.

So I think there's two goals I like your are those like leg warmers?

CLIENT: Yeah, I have them under here because I was cold.

THERAPIST: Like two things that you could maybe work on this week would be to well the job stuff I guess that goes on your own. Because I think like you have drive hopefully to get that done?

CLIENT: Yeah, I think I've gotten to the point where applying is now okay, because I've been doing it. But I'm still nervous about actually getting it.

THERAPIST: You can still make that homework. And the second thing, I mean maybe we can take a pause (inaudible at 0:08:07.5).

We can talk about the reasons that you didn't do it and the reason that you're still avoiding it. But I think the goal for this week is to make some kind of social plan yourself. Arrange it yourself, invite somebody and stick to it, you know.

CLIENT: I (inaudible at 0:08:20.6) just to make my own plans kind of.

THERAPIST: I think it would be especially beneficial if it was with someone kind of a little more new, a little that you might be a little uncomfortable with because it's good practice.

CLIENT: Okay. I'm trying to think of, you know.

THERAPIST: Like the guys that could be you know, it's easier at school. Do you know bars that you like around there?

CLIENT: They do. I know they do. Like they used to go out like after class some days.

THERAPIST: Okay. I mean there's a lot around here there's a lot of bars like the Irish pubs and stuff.

So is that something that you can do?

CLIENT: Yeah.

THERAPIST: Is it something that you will do? [0:09:01.0]

CLIENT: Yes. I'm trying to think what I have between now and next week. I guess yeah, it would be fine.

THERAPIST: And today is Wednesday. Friday is always good. You have class on Fridays?

CLIENT: Yeah, but I wouldn't mind going out after since I have nothing on Saturday.

THERAPIST: No but that's what I mean so Friday night right after class and you don't even have to make it a late night.

It could just be three drinks.

CLIENT: Yeah.

THERAPIST: Going out for you doesn't have to be like staying out until three, you know. Just getting out and doing it more often.

It doesn't have to be once a week privilege to hang out with people, right?

CLIENT: Yeah, I feel like that's kind of if it's once a week it's kind of like a once a week.

THERAPIST: Yeah I mean it's good meeting someone for coffee, you can do that in-between class, you know.

CLIENT: Yeah.

THERAPIST: What do you do for lunch when you're at class?

CLIENT: I read.

THERAPIST: But you could take that opportunity to meet up with someone. I don't know, do you ever have anyone else in the class that like seems nice or no?

CLIENT: Yeah, I guess. I feel like everyone when I transferred, everyone already had their groups kind of thing

But there are nice people I talk I do talk to people here and there.

THERAPIST: Do you ever make study groups or anything like that? Like do teachers ever make groups.

I don't know, do you have group projects?

CLIENT: I actually my Woman's Psych course I have groups because at the end we do like a presentation together. But as of now she doesn't want us to meet because she wants us to like do our research on our own and then meet in like a few weeks.

THERAPIST: So that could be an opportunity to meet. Do you know who's in your group?

CLIENT: Yeah, I know.

THERAPIST: Do they seem like normal, nice?

CLIENT: Yeah, actually I like my group. Sometimes like, you know, it's harder but everyone is pretty nice and talkative.

THERAPIST: Do they seem like something that maybe you be friends with?

CLIENT: I guess, yeah.

THERAPIST: I think because I think it's important to have more than just your roommate and her friends you know, and then have one friend (inaudible at 0:10:52.5) island thing, because sometimes they fall through.

CLIENT: Yeah, often. That's why I feel like I'm not used to really going out with different people and people that I'm not as comfortable with. [0:11:02.6]

THERAPIST: Well that could be a good opportunity, you know. In a few weeks you can set yourself up, you know. You meet and then you say oh, you want to go get dinner afterwards if you find they're nice.

Or do you want to go get a drink?

CLIENT: There is I think two girls and two boys.

THERAPIST: So it could be fun. And if you initiate it you know, like they'll think I think the key is I don't know if you've ever heard this before but sometimes I've read in research about people with social anxiety that you think you're coming off really shy, right.

CLIENT: Yeah.

THERAPIST: Sometimes people take the shyness as disinterest.

CLIENT: I got that a lot in high school.

THERAPIST: Yeah. So did everyone thing you were like a bitch or...

CLIENT: Yeah, and I'd be like no, I really just don't talk.

THERAPIST: Yeah. So I think making more of an effort. You worry so much about what you're going to say is going to sound stupid but I think not saying anything sometimes can be more dysfunctional than saying something stupid.

CLIENT: I guess, yeah. I guess I don't really think of it ever thought of it that way.

THERAPIST: You know you worry so much about saying the wrong thing that not saying anything is also like...

CLIENT: Yeah.

THERAPIST: I mean I'm not trying to make you freak out either way.

CLIENT: Oh, no.

THERAPIST: But because you're aware of that right, that people could perceive that as disinterest.

I don't know if you've practices this but some ideas for I mean especially in a bar with new people you feel like you're going to say something stupid and you don't want to talk is that right?

CLIENT: Yeah, along those lines. Just I don't know what to say or whatever.

THERAPIST: Do you try asking people questions about themselves?

CLIENT: I feel like I don't even know what to ask, like what to begin with. I don't know.

THERAPIST: You know how to have a conversation.

CLIENT: I know, but I feel like I get I don't know. I don't know what I feel like I'm always like, well what's the right thing to ask. [0:12:58.4]

THERAPIST: Well here's the truth. Most people like talking about themselves. Maybe not you, you might be an exception, right.

Or with strangers you don't like to talk about but with your parents and your friends you like to talk about yourself.

Because everyone likes to talk about themselves, right?

CLIENT: Yeah, I get what you're saying.

THERAPIST: If you ask anybody anything they'll generally probably talk about it and you'll seem really interested in them and that you care.

CLIENT: I know, it's scary.

THERAPIST: So why don't you practice right now, okay. We don't really know that much about each other outside of therapy.

So, okay hi Teresa, how are you?

CLIENT: I'm good, how are you?

THERAPIST: I'm good. I had like a really busy weekend. Yeah, you?

CLIENT: I didn't do much. What did you do over the weekend?

THERAPIST: Oh, I got a cat yesterday actually. I guess it wasn't the weekend.

CLIENT: Oh, wow.

THERAPIST: Yeah, I got a cat so I'm really excited and he's really cute and he's ten months old. And yeah, he's really sweet.

CLIENT: What you name him?

THERAPIST: I named him Gatsby.

CLIENT: Oh, where'd you get that from?

THERAPIST: Like because it sounds like a cat Catsby.

CLIENT: That's cute, I've never heard that explanation before.

THERAPIST: But he's really friendly and like, you know, like I was my friend adopted a cat a while ago it was really scared and it would never come out for the first five days.

And this cats like all over my apartment already. He's cuddling, he was sleeping in the bed last night. He's really cute.

CLIENT: Adorable. See, I don't know what to say.

THERAPIST: So what can you say?

CLIENT: I guess I could I don't know.

THERAPIST: But that went on for a while, right?

CLIENT: Yeah.

THERAPIST: Because I wanted to talk about it my new cat.

CLIENT: I guess it would have I just lead you into questions.

THERAPIST: Yeah. And I mean you can keep that going, you could say, you know, what are you doing right now or like do you have any plans for the weekend.

CLIENT: I don't know why I get so nervous about just even just saying what's your cat's name or something.

Like I just get so nervous to say anything in that moment.

THERAPIST: I don't think people remember what we were saying when I mean we proved it when we went to the store, that people aren't so wrapped in everything you say, right?

CLIENT: Yeah, they're more wrapped in their own...

THERAPIST: Their own stuff. I mean I think maybe if you do something really crazy like come in like painted green and asked to buy a bird and, you know, like that might come off weird. [0:15:11.8]

But most of the time people are pretty forgiving of the things you say, and especially if maybe when you're younger people are a little more judging.

CLIENT: Yeah, I guess. Well not as much I guess when I in high school.

THERAPIST: Yeah, not like elementary school, everybody runs their children.

CLIENT: Yeah, elementary school is fine.

THERAPIST: But people don't really, you know, care that much anymore. And you know you can I think when you go out with a group it's easy to you don't have to have to talk as much.

But, you know, just ask questions here and there and most people will quit talking and they'll ask you questions back. Do you have a hard time talking about yourself?

CLIENT: Not if someone's asking me, I guess I can talk about it. Like it will be fine if they're like starting the conversation I still am uncomfortable just because I still am thinking, oh no, what if I'm saying like, I don't know what to say.

But obviously they're asking me questions that I can answer I don't know.

THERAPIST: And I mean you always have questions like oh, where did you go to school under grad. There's always discussions like that.

What do you do? Do you have a job or...

CLIENT: That always makes me nervous. I hate...

THERAPIST: Because then you have to talk about that you don't have a job.

CLIENT: Yeah. Because I feel like I know how my family and friends think like I should, you know.

THERAPIST: What if you said when you ask I mean you don't have to ask that question. But if they start talking about a job and they say, do you have a job, what could be a good response?

It could be, no, but I really want one if you know of any leads or anything that would be great.

CLIENT: I feel like I'd have like my a friend around who would be like right, she hasn't had a job for whatever. Like I don't know, I always just that's just very embarrassing.

THERAPIST: Be like yeah, I know, I get nervous about the interview process. But other than that I'd really like to have one.

And your friends these friends of yours, you know, we've talked about approaching them before and asking them not to say stuff about it. [0:16:58.1]

You can avoid it or you can just not I mean with the new group of friends they don't know anything about this.

CLIENT: That's true. I guess they wouldn't even have any idea.

THERAPIST: And making friends can lead you to great things sometimes, you know. Oh, there's an opening up in that area or, you know.

Or I know a girl that's quitting or I work at a restaurant and I know the hostess and she wants more time off she just had a baby, you know.

CLIENT: Yeah, I guess.

THERAPIST: you never know what will come up from conversation. And in a bar when you're talking to guys because that was going to be your assignment to talk to three guys at a bar, right.

I mean there's like a thousand questions you can ask him. What do you do for a living? I would do like the job how do you feel about that job?

CLIENT: I guess, yeah. I don't really think of asking more about like I don't know, I always concentrate on the next question and that's like I don't know.

THERAPIST: You can ask a thousand questions about...

CLIENT: One topic.

THERAPIST: ...like where did you get your cat, you know. Like were there other ones that were cute there.

I think the more you think about it, you know, you psych yourself up from enjoying the conversation.

CLIENT: Yeah.

THERAPIST: Were you nervous with that conversation?

CLIENT: Actually yeah, not in the same not that I felt anxiety but I was still like oh no, what am I going to say.

But I don't know why I guess because I'm also not used to going out and being the one to like to have conversations.

Like when I go out with my friends if it's like three of us and two of them are off, I'm very uncomfortable being left by myself because I don't know what to do.

And I understand that's an uncomfortable situation.

THERAPIST: Yeah, I think most people might be uncomfortable about it.

CLIENT: But like even I don't know, I just kind of sit there. Like I'll go on my phone and just like kind of like I want to leave or something.

THERAPIST: Well what's the worst in the worst case scenario you start a conversation with someone and it sucks, right.

CLIENT: Yeah.

THERAPIST: What can you do?

CLIENT: I guess just walk away, right. (inaudible at 0:19:03.0)

THERAPIST: Like, I've got to go to the bathroom, right? Say, you know, actually I have a boyfriend or something, right?

CLIENT: Yeah. I feel like my friends with boyfriends are so much more outgoing because they know that they could just feel like I have a boyfriend and...

THERAPIST: Well you could say that too.

CLIENT: Yeah, and I don't know. I feel like they're always to go find...

THERAPIST: Well you don't have one and would it be nice to start going on dates and...

CLIENT: Yeah, well it would be but I'm still nervous to like even get to that.

THERAPIST: So let's start, you know, getting to are there any of those guys that you're interested that you hang out with? Are any of them cute? [0:19:38.2]

CLIENT: Not really well, I don't know. I'm not really interested. But one of them, me and him are both we have the same personality.

And he really I guess likes and told me kind of over the summer at one point. But nothing really happened because we were both like we don't really talk that much.

And he's a really nice kid and I enjoy hanging out with him but I always tell my roommate it's hard because we really don't talk until we're drunk or something.

Because we're both very...

THERAPIST: Shy?

CLIENT: ...shy and just...

THERAPIST: Well what if you took an initiative. Maybe he's the perfect person to ask because it sounds like he would jump for an opportunity go out with a drink for you.

CLIENT: Like he'll text me and what not ever so often and we'll talk like online. But it's just never like when we're out sober.

THERAPIST: Well what's why don't you go out. I mean if you go out for a drink you're not going to be drunk for most of the time.

CLIENT: No yeah he wants me to come out Friday for the Cubs game but I'm like, okay.

THERAPIST: But what?

CLIENT: I don't know. Because my roommate is going to be at work and then I don't know if it's just I don't know if her like if her boyfriend was going I'd probably feel fine because I don't know...

THERAPIST: So what if it's just you and him, what's going to happen?

CLIENT: I don't know. I just...

THERAPIST: He already likes you, right?

CLIENT: But it's just I just want to be comfortable. It's not even like it's not that I want him to like me or anything, I just want to have fun with him like whatever, like hang out.

Because he's my friend too.

THERAPIST: Okay, can you do that?

CLIENT: I don't know why the fact that he kind of likes me gets me nervous.

THERAPIST: I think even if he didn't like you you'd probably be nervous.

CLIENT: Yeah.

THERAPIST: Just going out with him.

CLIENT: I think I'm probably not nervous going out with my roommate's boyfriend because it is my roommate's boyfriend I feel like he's my brother.

THERAPIST: Okay. Well what if you just go out...

CLIENT: But anyone else.

THERAPIST: I mean I think you go on with these demands like I must say everything perfect, I must be comfortable (inaudible at 0:21:27.4), this must be a comfortable social interaction, right?

CLIENT: Yeah.

THERAPIST: Remember we talked about when you say things as a demand it makes it so much more stressful.

CLIENT: Yeah.

THERAPIST: I would feel like that too if I was like, this has to go perfect. If it doesn't go perfect it's awful and it would be the end of the world and I can never hang out with him again and it would be so awkward and this is all the friends I have at school.

Is that kind of the thought?

CLIENT: Yeah.

THERAPIST: Okay. So what if (inaudible at 0:21:52.0)? It would be nice if it goes well, if it doesn't it's not the end of the world.

At least I got a free ticket to the Cubs game or maybe not.

CLIENT: Or just like at a bar he wants to hang out.

THERAPIST: Oh, okay.

CLIENT: So just because we were supposed to actually watch it with a bunch of friends this past weekend but then...

THERAPIST: And you like the Cubs, right?

CLIENT: yeah.

THERAPIST: So you could spend most of the time watching the game.

CLIENT: That's what I was thinking. But then I was like, I don't want it to be awkward. Because it's also like he's probably besides my roommate and her boyfriend, the third person that I see most often.

Because he's my roommate's boyfriend best friend.

THERAPIST: What's his name?

CLIENT: Brendan. I just don't want it to be like awkward or anything.

THERAPIST: Why would but every first date is a little bit awkward.

CLIENT: And I guess it wouldn't even be like...

THERAPIST: It wouldn't be a date maybe in his eyes it would be. But it could be fun.

CLIENT: See that's what I want. I want it to be fun but I don't know.

THERAPIST: So how would but are you going to have any fun if you don't go?

CLIENT: No, not really.

THERAPIST: And if it's not fun can you leave?

CLIENT: Yeah, but I would feel...

THERAPIST: Could you say like oh, I'm not feeling well, I'm going to go home, sorry. I think I'm going to puke. [0:23:03.8]

CLIENT: See but that just having to even say that I feel like he'd feel like okay, it's an anxiety.

Or like anyone anyone close to me...

THERAPIST: So could you say something..

CLIENT: ...anyone who knows me...

THERAPIST: ...could you do like, my mom like I have a family issue, I have to go home, I'm really sorry.

CLIENT: I guess.

THERAPIST: You could make up a thousand excuses, right?

CLIENT: Yeah. I can make something up if worse comes to worse.

THERAPIST: And it probably won't happen. You know this guy well. It will probably be fine. You'll watch the game. It's two hours.

What do you think about texting him right now and saying do you still want to go watch the game on Friday?

CLIENT: I don't know.

THERAPIST: That's your Friday plan. You already...

CLIENT: I don't know.

THERAPIST: I know.

CLIENT: I don't really ever text him.

THERAPIST: He texts you.

CLIENT: Yeah, like sometimes. I don't know.

THERAPIST: Can you stand being comfortable?

CLIENT: I can.

THERAPIST: How are you ever going to be like you say that this is dysfunctional, this anxiety. You know it stops you from doing all these things, right.

CLIENT: yeah.

THERAPIST: How is not going out with him helping your goals?

CLIENT: It's not but I feel like I don't know. I feel like if I text him now that would be fine because I always do that and I'll be like yeah, we can hang out.

And then it comes to that day and then I'm like...

THERAPIST: Okay, well e can work on that.

CLIENT: ...I retreat kind of like.

THERAPIST: Well we can work on the thoughts that will prevent you hopefully from retreating.

But why don't you text him now? I can see you're uncomfortable.

CLIENT: Yeah, I don't think I want to now. [0:24:34.4]

THERAPIST: Why?

CLIENT: Because, I don't know. I don't know, it's early.

THERAPIST: It's 11:15.

CLIENT: Yeah, I guess it's not too early but...

THERAPIST: You're making a lot of excuses.

CLIENT: I know but...

THERAPIST: So you don't want be uncomfortable?

CLIENT: Yeah.

THERAPIST: Can you stand being uncomfortable?

CLIENT: I can.

THERAPIST: You know you can.

CLIENT: Yeah.

THERAPIST: But you don't believe you can.

CLIENT: I do in certain situations. Like, I don't know. In person though, I'm very nervous. Like texting him...

THERAPIST: so you can still back out, right? You're still not committed.

CLIENT: Like that I don't want I don't know. Like I don't want to text him because then if I do back out, like I'd rather just leave things as is and see what happens.

THERAPIST: But this is going to be more likely make sure that you'll actually do it, right?

CLIENT: But that's the thing I don't think it I don't know.

THERAPIST: I think if you didn't think it will, you wouldn't...

CLIENT: Make me feel...

THERAPIST: No, if you didn't think it was you would be texting him right now and you'd be like fine whatever, I can always back out.

It would make you one step closer to being to going.

CLIENT: I don't know if I want to text him though. Like I don't know because I think I still have to think about that.

THERAPIST: And then I can't make you do anything you don't want to do Catherine. But I am here trying to push you towards your goals.

And I think and how long have you been here now, right? Two years?

CLIENT: No.

THERAPIST: A year and a half.

CLIENT: Like a year.

THERAPIST: A year, okay. I want to see you reach your goals and I feel like we've kind of gotten to a level where it's kind of getting stagnant, you know. [0:26:01.6]

CLIENT: Yeah.

THERAPIST: Are we? Are we still making good progress?

CLIENT: I feel like I don't want to say it. But when I started seeing you like it was a different kind of progress, better. Like I've been going out more and doing things on my own than I was.

THERAPIST: Now or before?

CLIENT: Now.

THERAPIST: Okay, so does this...

(CROSSTALK)

CLIENT: So I feel like before not as much, but now I've started to as well.

THERAPIST: Okay. Do you feel like I'm pushing you too hard?

CLIENT: No, it's good for me because if you don't then I probably wouldn't.

THERAPIST: and the point of pushing you is not to make you well it is to make you uncomfortable. But it's to show you that it's not as bad as you think it's going to be...

CLIENT: Yeah, I understand.

THERAPIST: ...like going out yesterday. And if your goals are really to become better, is one uncomfortable day worth achieving that goal?

CLIENT: Yeah.

THERAPIST: That's what you have to think about, okay. I think it would be good if you could text him.

You make a little commitment and then you can make a bigger commitment when you actually show.

CLIENT: Yeah.

THERAPIST: Right? What would be the down like what are the negatives about the situation?

CLIENT: I'm I just don't want to then cancel. Like I don't want to reassure him and then cancel or something.

THERAPIST: Okay, well so you don't have to cancel, right?

CLIENT: But I never know.

THERAPIST: Well you can make your decision.

CLIENT: I don't have to.

THERAPIST: If it wasn't very important thing you would go, right?

CLIENT: Yeah, if it was I mean it's something else, I don't know. But...

THERAPIST: So this texting him...

CLIENT: There's nothing that makes me feel like it is important. But if I text him I'll feel bad. Like saying yes I'm coming and then three days later...

THERAPIST: I just think this would be such a huge step for you. Remember that feeling of like relief after doing everything knowing that you could do it. It wasn't so bad.

CLIENT: yeah.

THERAPIST: Think about the feeling of relief that you could have after how about after this?

Imagine that feeling going home. And you might even make a connection with somebody, right? [0:28:04.1]

CLIENT: Yeah.

THERAPIST: There're a lot of benefits that you get out of doing it. And the negative is being uncomfortable or letting him down.

CLIENT: I just I don't know why. I know either way Friday I'm going to be like somewhat nervous.

THERAPIST: That's okay, right.

CLIENT: It is. But for me I feel like I take it to another level and I feel nervous.

THERAPIST: So you feel you're going to get sick?

CLIENT: Yeah like if that's...

THERAPIST: Okay. Well I mean, are you still do you still have your relaxation tapes that you had?

CLIENT: I didn't have tapes buy I just had Caitlin had told me a few ways.

THERAPIST: They do have a tape downstairs if that's something that you would like. They do have a CD that you can listen to.

CLIENT: I know there's something on the Internet. I'm trying to think if I still have it saved.

Maria told me some I wrote down something and I found it but...

THERAPIST: I just want to talk about like is being uncomfortable awful?

CLIENT: No.

THERAPIST: Is it the end of the world?

CLIENT: No.

THERAPIST: Are there worse things that could happen to you?

CLIENT: Yes.

THERAPIST: Right? But you tell yourself it's awful. That it would be awful I can't stand it. It would be so uncomfortable. It would ruin everything. I could be sick.

CLIENT: I just like remember like when I am sick I feel like I feel like my stomach feels awful.

THERAPIST: Okay. So you do feel...

CLIENT: So I think of that.

THERAPIST: You feel bad. But probably you could you know you physically could feel worse, right?

CLIENT: Yeah, yeah.

THERAPIST: Of (inaudible at 0:29:30.6) obviously you could feel that.

Is there any way that we can use what's going on with your stomach like remember what we were talking about last time. Like as a sign that you're starting to get nervous and you need to say okay, I'm human, my body is starting to do things.

I'm going to take that as a sign to relax instead of a sign to get more nervous.

CLIENT: Yeah, I mean like I think that would be the best thing. I just I don't always do that.

I feel like it's more of a sign to hype up and get more nervous. [0:30:00.3]

THERAPIST: But that doesn't help, right?

CLIENT: Yeah. Like I don't do it on purpose but I feel like that's what it kind of does.

THERAPIST: So what, can you do that, you know I mean maybe we what we could do together and we start doing first thing in the morning is to go out, put you in uncomfortable situations so that you start getting that feeling and then work on bringing it back down.

Would that be something that would be helpful for you?

CLIENT: Yeah, because I just I feel like I know how to bring it down when I'm sitting here. But when I'm in that situation it just...

THERAPIST: Well how do you bring it down? It's rational thoughts, right.

CLIENT: Yeah, but then I don't really I don't know. I try to think rational but then I just feel like up but my stomach still...

THERAPIST: and my stomach is a reminder that I'm human and nervous but I can think of other things, right.

CLIENT: Yeah, just relax.

THERAPIST: I understand that you don't want to text him now because then like you don't want to let him down if you're feeling sick the day of. Is that why?

CLIENT: Yeah, because since I don't really know his feelings situation so. Because he pretty much told me in the beginning of the summer that he liked me and what not, but then nothing happens and so...

THERAPIST: What happened what how would you feel if all of a sudden he met somebody else and started dating them?

CLIENT: See, that's the thing. I want to hang out with him. I want to like see like what might happen.

THERAPIST: Wouldn't that be worse than feeling uncomfortable for a night?

CLIENT: But I just I don't he's very like he's never really dated a girl kind of thing.

THERAPIST: All right, so you're going to be awkward too. You're going to be one hell of an awkward couple.

CLIENT: Yes.

THERAPIST: Well, let me tell you a story, okay. I knew a guy who when he was in high school, the way that he met his girlfriend was that she threw up on him.

CLIENT: Really, wow.

THERAPIST: She was drunk, leaned over and threw up on his shoes. And he helped take care of her and bring her home and then they started dating. And it's like, wow.

CLIENT: That's sweet in a way.

THERAPIST: So if you were to get sick would he be like, oh my god, she's repulsive?

CLIENT: No.

THERAPIST: He likes you already.

CLIENT: I'm trying to think if he's been around...

THERAPIST: He'd probably feel bad.

CLIENT: ... in one of the many times. Yeah, he's been around when I have gotten anxiety and when I have gotten sick before. [0:32:08.1]

THERAPIST: He might understand because he might have similar feelings, right?

CLIENT: Yeah.

THERAPIST: And he already knows about it.

CLIENT: Yeah, he knows.

THERAPIST: This could be a good person to do, right?

CLIENT: Yeah.

THERAPIST: So if you said, I do feel sick, I want to go home...

CLIENT: I guess he...

THERAPIST: ...he would understand probably more than anyone else.

CLIENT: And I yeah, I feel like he would be more sympathetic than my roommate or her boyfriend you know even more than he does about it just because he's I don't know.

They don't understand any kind of shyness or anything. And so, I don't know.

THERAPIST: Okay, so I think this is a good opportunity. How do you feel about texting him now? Still no?

CLIENT: I still don't really want to text him but I don't know. I really want to go Friday but it just...

THERAPIST: If you want to go this is what I'm saying, if you text him it will make it one step closer do you want to go.

If you want to go, that's your goal, you know.

CLIENT: Yeah.

THERAPIST: You can go even if you feel a little sick, right? You don't have to let him know, you can do whatever you want.

If you don't want to go and you're feeling too bad, you don't have to go.

CLIENT: Yeah.

THERAPIST: But it will make one step more that you'll be likely to go and you'll be taking control of your life.

CLIENT: I don't know where I feel like if I like fail people's expectations. It's like the worse thing and I know it's not that bad.

THERAPIST: Couldn't you always reschedule for the next day?

CLIENT: Yeah, but I just...

THERAPIST: Couldn't you say oh, I'm really sorry, I'm not feeling well tonight. Do you want to do something tomorrow? So you could always do that.

CLIENT: I mean I probably will see him Saturday. Like if I go out with friends he's normally there.

Like he's normally.

THERAPIST: So why don't you try Friday?

CLIENT: Yes yeah, because that would be the only time where (inaudible at 0:33:48.6).

THERAPIST: But I think, you know, you could risk losing over like a thing if you don't put yourself out there as well.

Is that worth feeling uncomfortable?

CLIENT: Yeah, I mean...

THERAPIST: First dates are always and things like that are uncomfortable for everybody. [0:34:03.3]

CLIENT: Yeah.

THERAPIST: And they're going to be hard for you but that doesn't mean you can't do it.

CLIENT: I know.

THERAPIST: And the more you do it the easier it will be.

CLIENT: I always just avoid it since pretty much I got to college.

(CROSSTALK)

THERAPIST: How's that going for you romantically?

CLIENT: There is none since I got to college.

THERAPIST: So you've got to bite the bullet.

CLIENT: Yeah.

THERAPIST: So you threw up on him. It might be true love.

CLIENT: Yeah.

THERAPIST: Right.

CLIENT: I guess I'll see.

THERAPIST: He sounds like an understanding guy.

CLIENT: He is. Like, I don't know. I still have a crush.

THERAPIST: Think about it more but I think when you go home make a pro and con list again.

CLIENT: All right.

THERAPIST: See like what are all these I think there's so many pros and the con is I might throw up on him or let him down.

CLIENT: Yeah.

THERAPIST: Right? Then stop there. Make sure you stop there because it's not like if I let him down then I've ruined our entire relationship.

It's one incident, right?

CLIENT: Yeah.

THERAPIST: Make sure they just are exactly what they are.

CLIENT: Yeah, I'm trying to think of worse things. It's really not much that could go wrong but...

THERAPIST: I think making a commitment is a good bet for you because then you probably won't want to let him down.

CLIENT: Yeah, because that's what I'm like going back and forth between.

THERAPIST: You know what, you're not letting them down you're letting yourself down.

CLIENT: I feel like they don't know that. But I really that's...

THERAPIST: But why is not what you think more important?

CLIENT: I don't know.

THERAPIST: Be brave for you. Stand up for Catherine.

CLIENT: Yeah. I never really do. I just worry about other people.

THERAPIST: You can do that. I believe in you, I saw what you did last week.

I thought it was going to be really hard and you like walked up and did it. And even the Versace thing. Did you tell you...

CLIENT: (inaudible at 0:35:45.2) (LAUGHING) done.

THERAPIST: Did you tell your mom about that?

CLIENT: Oh yeah, she laughed. She thought it was funny. She was surprised because she said the same thing. That she feels uncomfortable even going into a store like that.

THERAPIST: Was she impressed with you?

CLIENT: Yeah because we always she was like I wouldn't even go into Fossil until like this past year or something.

And I was like, well that's just you mom.

THERAPIST: Okay.

CLIENT: But yeah.

THERAPIST: So think about it some more. But I really I want your homework to be to go out on this thing on Friday.

CLIENT: Okay, I'm going to try.

THERAPIST: Stand up for Catherine, do what's right for you. Don't worry about him.

CLIENT: Yeah, I think I need to forget about what he's thinking for the night.

THERAPIST: It doesn't matter. I'd prefer if he thought nice things about me but if he doesn't, I can stand it. There are a lot of people who like me.

CLIENT: Yeah.

THERAPIST: Right? And he already likes you.

CLIENT: Yeah. And I see him like every...

THERAPIST: so he's not going to judge you on this one situation here. He knows you for a long time.

CLIENT: Yeah.

THERAPIST: Okay. Good luck.

CLIENT: Thank you.

THERAPIST: All right, have a good week.

CLIENT: Oh, am I seeing you next Friday?

THERAPIST: Oh is that when we were saying we were making up?

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: So the only person that I did say that was famous and I don't know if you watch Highjacked [when they] (ph)...

CLIENT: Oh yeah. Okay.

THERAPIST: Did you watch from the beginning though?

CLIENT: Um...

THERAPIST: I think it was on the first season.

CLIENT: See, I think the first season was the only one that I really did watch.

THERAPIST: Yeah. It might (inaudible at 00:14). He's...

CLIENT: Really?

THERAPIST: ...got a lot of makeup on. Blond hair, like, short. I guess long for a guy.

CLIENT: Is he skinny? All right (inaudible at 00:24.0).

THERAPIST: I think so, uh-huh.

(Laughter)

CLIENT: He is?

THERAPIST: He was up here for it. I don't know why. (Laughs)

CLIENT: He is?

THERAPIST: Maybe it's the makeup version, like...

CLIENT: Yeah.

THERAPIST: ...for clothes that are cute.

(Laughter)

THERAPIST: So I guess I can ask you, how did it feel walking in with all these people here, with that? Is that never something that gets you anxious? Or...

CLIENT: I think it was fine. Actually at first I was just, like I was not sure if I was going to be able to walk past them. But then I saw people coming. But it was fine.

THERAPIST: You mean physic like they would not let you in or something? Or...

CLIENT: Yeah. And I was, like, "Oh, God. I'm going to have to ask them, like, if I can walk past." Like, I don't know. I was going to go around, like on the other side of the street. And I saw, like, other people walking through. I don't know if they were a part of them. But I was, like, "That worked going through." But...[0:01:09.1]

THERAPIST: All right. And what if you had to ask somebody?

CLIENT: I think it would have been fine, yeah. Because I was...

THERAPIST: Did you...

CLIENT: ...more concerned with being late. So I was just, like, going right there.

THERAPIST: So it's interesting. When you really are aware of your goal—which is to get into therapy...

CLIENT: Yeah.

THERAPIST: Your uncomfortableness is comes second.

CLIENT: Yeah. I feel, like, depend but I feel like it's now because I am sometimes I am aware of where I have to be, and I allow it, I guess.

THERAPIST: Have you ever had that happen before, that you have made yourself wait because of...

CLIENT: Uh...

THERAPIST: ...or you know what I mean, just something important because you were uncomfortable and didn't want to...

CLIENT: I guess it's happened many times at school. But it's more where I start to feel the anxiety. So that I, like, will be in my apartment and I'll, like, stop getting ready or something. And then, like you know.

THERAPIST: So it's kind of in your attempt to control your anxiety, and you take a little break.

CLIENT: Yeah.

THERAPIST: And I think that's okay, because you still...

CLIENT: Right.

THERAPIST: ...get somewhere in the end, right? [0:02:01.1]

CLIENT: Yeah. But I think it's all like, I don't know. Since I was already coming here I was walking. I was, like, speed walking, so it was just like, "All right, let's go. Let's go. The door is right there."

THERAPIST: So it seems I mean, especially when we were doing the same (ph) effects on the street, it seems like when you know you can just get it over with you will go ahead and do it.

CLIENT: Yeah.

THERAPIST: But when there is the idea of a prolonged uncomfortable feeling, that that's when it kind of...

CLIENT: Yeah.

THERAPIST: ...more of a block.

CLIENT: Yeah, because I guess I can't really not escape, because I guess I have already been through. But, like, yeah, I can't get away; I can't avoid it. Like...

THERAPIST: But you know that you can, right?

CLIENT: Yeah.

THERAPIST: There are always...

CLIENT: I guess I always like, I have done it so many times before.

THERAPIST: It's I think it's about not wanting to let other people down...

CLIENT: Um-hum.

THERAPIST: ...or be judged by others because you are escaping.

CLIENT: Yeah.

THERAPIST: Like a teacher, if you needed to leave a class.

CLIENT: Yeah, because I feel more, like, bad of what they are going to say than really what how I feel.

THERAPIST: It's okay. [0:03:01.1]

CLIENT: So...

THERAPIST: And we can deal with that. But I guess one situation where you would have to stay a long time would be but we don't have to. But it would be ideal if there would be a date.

CLIENT: Oh, I know. (Laughs)

THERAPIST: So how to back out on Friday.

CLIENT: Um, it was...

THERAPIST: Relaxed (ph)?

CLIENT: ...very we didn't no. We didn't I was all well plans got switched. And my roommate's boyfriend so we all started talking. And a bunch of us were gonna go out—pretty much me and them too and their friends, their guy friends that live in Woodside. We were going to go to a bar. So maybe, like, 45 minutes before, my roommate's boyfriend calls me and tells me nobody has the money. Like, I don't know if you have seen why; because we always say, like, "Oh, I don't want to go out. I don't want to spend money on drinks." Like, you know.

THERAPIST: Yeah.

CLIENT: Since it's expensive. So he's, like, "Oh, we are gonna go to Brendan's cousin, who just got an apartment."

THERAPIST: Okay.

CLIENT: "His apartment's Brendan said you are more than welcome to come." And I just I guess I did. I kind of I decided to go to my brother's instead of that. [0:04:01.9]

THERAPIST: To watch the game?

CLIENT: Yeah, to watch the game. And I kind of at that point wanted like, I was all ready to go to the bar. And I guess it was fine, because my roommate's boyfriend was going to be there and not one and other people

that I knew, so I wasn't really as nervous as if it was just us two. I mean not wicked (ph), but...

THERAPIST: Yeah.

CLIENT: ...it didn't end up happening. So...

THERAPIST: Well why what happened that you didn't want to? Is sitting in an apartment more anxiety provoking than being in a bar?

CLIENT: I guess. I guess it was kind of I didn't feel comfort not I guess I had hung out with his cousin before. But, like, his cousin and his friends I don't really know very well. So I was just kind of, like, "Oh, I'll go to my brother's."

THERAPIST: Okay.

CLIENT: I guess...

THERAPIST: Were there any other girls with you there, or it would just be you, pretty much?

CLIENT: No. It would just be me. And that's too, so...

THERAPIST: Okay. So I mean I can understand that a little bit. Had it just been you and—what's his name, Brendan...

CLIENT: Brendan.

THERAPIST: ...at the bar, would you have been able to go?

CLIENT: I don't because it kind, like, all changed into all of us. So I didn't really get the chance to I don't know...[0:05:06.5]

THERAPIST: It's not that's your homework, to not chicken out.

CLIENT: ...think about that. Yeah. Because I was getting ready, and I was fine. And I was like, "Oh, okay, Like, tell Christy I went out, but with everyone." (Laughs) And then it that didn't even happen.

THERAPIST: And that didn't happen. So some of the things don't pan out. Did you manage to get out at all? I guess you saw your brother that night.

CLIENT: Yeah, but...

THERAPIST: Was it just you and your brother?

CLIENT: Yeah. We just hung out at his apartment and watched the game. The next night we watched the game again—me, my roommate, her boyfriend—and then we were supposed to go out and then sat down and watched the game and it was on until, like, after 12.

THERAPIST: Okay.

CLIENT: And then we ended up going out and meeting up with a few two of our guy friends who it was late by then now, so they were leaving. So we went a different place with them for, like, an hour.

THERAPIST: Okay. In Joliet?

CLIENT: In Chicago, actually. We came all the way into the city and to to meet up with my roommate's coworkers, too. So it was, like...[0:06:01.2]

THERAPIST: Oh, with all the Desert Sun (ph) girls.

CLIENT: Yeah. And it ended up being, like, one girl. And then they have guys working there. So there was one of the guys, too.

THERAPIST: Was he cute?

CLIENT: You know, I don't know. I don't even think I was, like, near him, so [I don't know] (ph).

THERAPIST: What do you mean you weren't near him? Didn't...

CLIENT: Like, I don't remember, like, what he looked like. Or I think I was talking to my friends, probably.

THERAPIST: Okay. So how do you feel about working towards going out with Brendan, though?

CLIENT: Um, I don't know. Like, I don't want to, like, plan, like, a date or anything. I just kind of, like...

THERAPIST: Why not?

CLIENT: I don't know.

THERAPIST: What would be the what would be so bad on planning a date?

CLIENT: Well because then I'd feel like I don't know. I guess [I'd owe you] (ph) about a lot of snow if we really do like each other. And I don't want things to be weird, I guess? Like I mean weird?

THERAPIST: You mean if it didn't work?

CLIENT: Yeah, like, afterwards. Because we oh, it's always us four—like me and my roommate and him and my roommate's boyfriend. And, like, it's weird already. Because, like, we know that he likes me, so... [0:07:10.7]

THERAPIST: Does everyone know that?

CLIENT: Yeah. So it's kind of weird already.

THERAPIST: So why would it make anything weirder if that you know what I mean? Like, would that really affect anything? Everybody already knows.

CLIENT: I don't I guess yeah. Because I guess it wouldn't too much. Because I mean it's not like either one of us would hate the other one or anything. But I don't know. I don't know how that...

THERAPIST: I mean you wouldn't have to call it a date, but it just could be a time that you guys get to hang out really on your own.

CLIENT: I guess.

THERAPIST: And talk and see...

CLIENT: Because it's been, like, two years or something, and it's never happened. So I feel like I don't know how that would start or what he...

THERAPIST: It sounds like he has some social anxiety. Because it sounds like he probably would have asked you out if he...

CLIENT: Yeah. Like, he has hinted to things. My roommate has hinted to things. But, like, he is so much, like he will not, like I know he won't ask me. And so my roommate is always, like, "You know you have to be the one to, like, you know, ask him," or whatever. But...[0:08:03.2]

THERAPIST: And what's the problem with that?

CLIENT: Well why can't he ask me? No. I don't I just I guess I sit and wait for men to, even though I kind of know he's not. I don't know.

THERAPIST: Do you think there is something wrong with a girl who asks a guy out or anything like that?

CLIENT: No. I mean...

THERAPIST: Have you ever done it, or...

CLIENT: No. But I don't think I mean there's nothing wrong with it. I don't care. But...

THERAPIST: So what would be wrong with you doing it?

CLIENT: I don't know what I would say or what to do.

THERAPIST: I mean now, with text messaging, you could be totally avoidant.

CLIENT: Yeah.

THERAPIST: Or e-mail. You know.

CLIENT: I don't know what to like, what I'd really tell you what I'd do, what...

THERAPIST: Well I mean there's more Cubs and...

CLIENT: Yeah.

THERAPIST: There's still a few more Cubs games.

CLIENT: Um-hum.

THERAPIST: Right? And then you could always do something I mean I think it would be a good exercise for you to actually you don't have to be, like, "Do you want to go out, just me and you?"

CLIENT: Um-hum.

THERAPIST: But if you just wanted to say, "Do you want to go watch the baseball game with me on this day?" You could even say, "Come over and watch the baseball game." [0:09:00.4]

CLIENT: Sure. That's a little easier.

THERAPIST: And it could it probably would be just a little easier if your roommate's always at work.

CLIENT: Yeah.

THERAPIST: And if he brings somebody, he brings somebody. And if he doesn't, he doesn't. But at least you didn't [need to stop and tell him] (ph).

CLIENT: Yeah.

THERAPIST: Reach out to him.

CLIENT: I guess that's a good idea to kind of break the ice. Like, "Do you want to come watch the game?" instead of because we really don't never hung out, like, just us two, I feel like the past year. So...

THERAPIST: Okay. Well what would prevent you from doing that? When it comes down to just...

CLIENT: If I started feeling nervous, I guess. I guess I would be thinking of the actual day; that would prevent me of actually asking—just thinking of being hanging out.

THERAPIST: Well when's the next game?

CLIENT: I have no idea.

THERAPIST: You don't know?

CLIENT: No idea.

THERAPIST: I think well, look it up. And I think okay, wait. So I see you on Friday, right?

CLIENT: Yes.

THERAPIST: So by Friday, your homework is to have text him and asked him...

CLIENT: Okay. [0:10:02.0]

THERAPIST: ...to come over on a day when there's a game.

CLIENT: Okay. I'm, like I'm trying to think of when the next game is. It's probably, like, so soon.

THERAPIST: Yeah. It's probably, like Saturday Friday or Saturday, right?

CLIENT: Yeah. Um oh actually I'm leaving Saturday. I guess I'll be here Friday.

THERAPIST: Yeah.

CLIENT: But I'm leaving Saturday...

THERAPIST: Great.

CLIENT: Well, to go to Joliet. But I don't know if I am going to anymore because I have something to do for school. So I may not.

THERAPIST: So to go home. You were gonna...

CLIENT: I was going to go visit because my dad is going away. So he's going to go spend the weekend with my mom. But I don't think I am.

THERAPIST: Okay. So no excuses there.

CLIENT: Yeah.

THERAPIST: So there should be at least a game Friday, Saturday or Sunday—right?—that you can do that.

CLIENT: Yeah. I'm thinking if there is one sooner—I mean tomorrow.

THERAPIST: Is there one? Would you want to do it tomorrow?

CLIENT: Um, I don't think I'd be able to.

THERAPIST: Because you can be relaxed because it would be a weekday. It would be...

CLIENT: I might be if it was tomorrow. It might be during a night of class.

THERAPIST: Yeah.

CLIENT: But I'm not sure. Today I have an AFE exam. [0:11:00.5]

THERAPIST: What's that? What's that?

CLIENT: It's proficiency exam to make sure everyone is at a certain level before you get past a certain amount of credits.

THERAPIST: Right.

CLIENT: So they can transfer students from everywhere.

THERAPIST: Oh, from other universities. Are you nervous for it? Or do you think it's going to be...

CLIENT: No.

THERAPIST: Or is it really just...

CLIENT: I really just because I had an ethology exam, one of two exams all semester; that's her only thing she gives us to grade us on. I had that yesterday. I was kind of nervous for that one. But...

THERAPIST: How did it go?

CLIENT: Um, it went well, I guess. I'm just...

THERAPIST: Does your anxiety affect your schoolwork anymore? You said not really.

CLIENT: No. I actually I have I'm a lot better at not letting it. I think I used to allow it to. I'm more like, now I'm like, I don't know. I feel like back then I used to be, like, "Oh, well. If I don't take this exam or if I don't, you know, take this class this semester, that's fine," or something. Like, I used to kind of rationalize it in my head and be, like, "You can avoid this." And now it's more like I guess I put school as, like, something, like, I try not to allow myself to ever—even if I have anxiety—like, back out. And that's helped, because I don't really have anxiety. [0:12:12.5]

THERAPIST: And aren't relationships just as important as...

CLIENT: Yeah. I feel, like, more important actually.

THERAPIST: Well it's the personal (ph) agents. Yeah. They are...

CLIENT: Yeah.

THERAPIST: They are more important than that.

CLIENT: And I but they are...

THERAPIST: But you tell yourself that they are not as important. You are saying it doesn't really matter.

CLIENT: Yeah. I guess because school it's, like, your grade is on paper. This is your I guess it's, like, a record and, like, you have a like, a certain time period I guess. I feel like I want to get it done in at this age because otherwise I don't think I will. And...

THERAPIST: Well then what...

CLIENT: Relationships, I'm, like, I have...

THERAPIST: Well some people could do the same thing, you know. Like, that...

CLIENT: Yeah.

THERAPIST: ...that you should have a boyfriend—or at least a serious boyfriend—that, you know, throughout college or...

CLIENT: Yeah.

THERAPIST: I mean I don't know that that's necessarily true. And some people don't have that, you know, and they are fine. But...

CLIENT: Yeah.

THERAPIST: ...it's a good time to experiment and...

CLIENT: Yeah.

THERAPIST: ...see what you like and, you know, figure out before you get older, when you are actually going to be looking for marriage or you know. [0:13:04.3]

CLIENT: Yeah. It's funny, because my parents are like, they push me and my two older brothers. Like, "Just date someone. Here! Here's someone." Because none of us are real well my oldest brother, he had serious relationships. But he just got out of a five-year. And he's, like, 29. So he's was very destroyed. But since he's been better they are always, like, "None of you..." My other brother, never in a relationship. You know, like, "None of you ever have relationships." So...

THERAPIST: And I think what's interesting about you and your anxiety that you feel is, if you were I think any person who is how do you think any person would feel just texting a guy that they like to go out?

CLIENT: I guess nervous. Like, I was talking about it in my Psych class yesterday. I just have about dating. It's the same at any age and whatnot. And, like, you just get that nervous feeling. And it was, like, "Well I guess that's what I feel, like the same exact thing." [0:14:00.8]

THERAPIST: And yet you feel it and attribute it to the ultra-anxiety...

CLIENT: Yeah.

THERAPIST: ...that you have. And I think that's the problem, is that everybody experiences a certain level of discomfort.

CLIENT: Um-hum.

THERAPIST: You know, I wouldn't want to call it "anxiety." But, you know, that feeling of butterflies on top of, "Well that's..." of, like, "Crap, like, do I really want to do this?"

CLIENT: Yeah.

THERAPIST: And everybody feels that. But when you feel it, you take it as a trigger that something is going wrong.

CLIENT: Yeah.

THERAPIST: And other people have said, "Oh, I must be really excited," or, "This is going to be really fun. I feel excited." But you mean it as, "Shit, am I [ever wrong] (ph)."

CLIENT: Yeah.

THERAPIST: And I don't think it's always that level of anxiety that you are feeling. You know?

CLIENT: I yeah. Because I think sometimes and it seemed like the same situation, and I can be fine. And then sometimes I'll have anxiety, because I just don't because it is somehow...

THERAPIST: Because it's how you think of it's how you think about your anxiety. And you let yourself think, "Oh my God, it's getting out of control. I'm going to throw up. I can't handle this."

CLIENT: Yeah.

THERAPIST: And in school you have been able to master it in a way, say, "This is anxiety like, this is a little bit of nerves." [0:15:01.1]

CLIENT: Yeah.

THERAPIST: "Everybody feels that before a test. I know I can get through it. I've gone through it a thousand times. This is just what I feel before a test. It's normal."

CLIENT: Yeah. But...

THERAPIST: Right?

CLIENT: Yeah. I just completely switched around in school, because I used to like how I have social anxiety, I used to have that with school. So...

THERAPIST: So what can you do what can you think to change it around for, you know, dating and I mean this is just sending a text message. You know what I mean?

CLIENT: Yeah.

THERAPIST: Like, this isn't even the hard part. And you know him very well.

CLIENT: I guess because of when I think of sending the text message, then I'm, like, "I have to go." Like...

THERAPIST: But there...

CLIENT: ...I have to. And then I'm, like because for me it's like...

THERAPIST: But there is that with a test. When you are studying for a test, you know, you have to take the test.

CLIENT: Yeah. I guess it I don't feel as much pressure until the big day of the test. I guess that's the difference. I feel like when I like, if I texted him, until that day I would feel like I would be thinking about, like, whenever we are going to hang out. Like, I would be nervous, like, "Oh, no." Like going to see him. Gonna...[0:16:01.0]

(Crosstalking)

THERAPIST: And what can you tell yourself to turn that into just a healthy level of normal nervousness?

CLIENT: I'm trying to think of what, like, you know, with school. But I you know.

THERAPIST: You know, what I would do with it huh. What do you but what do you do for school? What do you say? Do you put it, like, "I don't I'm not going to worry about that until later." Or...

CLIENT: I kind I don't know. I feel like I am just, like, "Get over it," like, to myself. Like, literally I just, "Oh, that's anxiety," and think, "Okay, like..." And I don't know how it got to that point where I was able to, "Oh it's anxiety, but I have to go to school." Like, whenever I am just going to school. Because, like, school, you see, is such a problem. So I don't know when the switch honestly...

THERAPIST: Okay. Well what are you thinking? You're thinking in school, like, get over it? It doesn't have to...

(Crosstalking)

CLIENT: Yeah. Like, I go there every day like I have been going. And also if I don't go today then I know what'll happen down the line. So...

THERAPIST: So you are thinking so there is a couple of thoughts. It's, like, at school you have done it a thousand times.

CLIENT: Yeah.

THERAPIST: I think there's also something like, "I can do it."

CLIENT: Yeah. [0:17:00.8]

THERAPIST: Like, "I know I can do it. Get over it." Correct?

CLIENT: Yeah. That's pretty much. Get over it. Like...

THERAPIST: Because you know can do it.

CLIENT: Yeah.

THERAPIST: You feel strong like, self efficacy, like that you can actually get this done. Right?

CLIENT: Yeah.

THERAPIST: Um, and then there is so maybe it's two things. It's, like, "Just over it." You know you can do it.

CLIENT: Um-hum.

THERAPIST: Which is good, because it's you know, it's like the little train. You know, like, "I think I can. I think I can." Because...

CLIENT: Yeah.

THERAPIST: ...that's really what controls it you know, our thoughts if we think we can do it.

CLIENT: Yeah.

THERAPIST: Except unless, you know, like you know, like, thing's are going to [masterpiece] (ph). Like, "Oh, well you couldn't do it."

CLIENT: No.

THERAPIST: Um, and then the second one is that, um, "It's worth it to do so. I've really got to get this done to get achieve my goals."

CLIENT: Yeah.

THERAPIST: So that's two major thoughts. How can you apply those to, you know, a date?

CLIENT: Um, I guess, like, "It's worth it." Obviously that holds meaning, too, because it can be worth it. But...

THERAPIST: Do you not want to meet somebody special?

CLIENT: I do. Like, it's, you know, lonely. But...

THERAPIST: Well you're okay with being lonely if you can you'd rather just be lonely than uncomfortable? [0:18:02.9]

CLIENT: Um, I guess. I guess that's what I have chosen so far.

THERAPIST: Well when you think about it, is that what you would like to be?

CLIENT: Um, no.

THERAPIST: You would rather be lonely than uncomfortable?

CLIENT: I'd rather be with someone. But at the same time—for me—I feel like that would be a burden. I'm not like, for me and for him. Like...

THERAPIST: Why?

CLIENT: I don't know. I could because I feel like I fight anxiety pretty much on a daily basis—sometimes that like others. So I feel like I'd always have to be thinking over my anxiety and then be thinking of the other person. Like...

THERAPIST: So you think you'd maybe be a burden in a relationship?

CLIENT: I guess. I don't know.

THERAPIST: Well, okay. So anxiety is one portion of you. Right?

CLIENT: Yeah.

THERAPIST: It's not the whole thing, is it?

CLIENT: Yeah. But it's, like I feel like I have anxiety so often. So even my friends deal with it, like...

THERAPIST: But it's a part of your personality. Right? What other things do you have in your personality?

CLIENT: I don't know. I guess I'm nice. (Laughs) [0:19:05.0]

THERAPIST: Nice. Would that be...

CLIENT: I don't know.

THERAPIST: Well finally?

CLIENT: Yeah. Finally.

THERAPIST: So, like, you are overwhelmingly agreeable, because you don't want to rock the boat.

CLIENT: Yeah.

THERAPIST: Right? So you are agreeable.

CLIENT: But I feel like the anxiety, in a way...

THERAPIST: You're a snappy dresser.

CLIENT: (Laughs) I feel that the anxiety would, like, drive someone like, I don't know.

THERAPIST: You think, then, you would drive someone away.

CLIENT: Yeah.

THERAPIST: Do you think that but you don't think it's going to get in the way in the beginning. You think it's going to be, like, more long term, like, once you are together for awhile?

CLIENT: Um, I think that it prevents me from actually getting close to a guy. I guess with friends—like female friends—it's much easier. Even male friends—because I am usually like, I have a lot of close guy friends. But I feel like with someone that I am attracted to I don't know. I just...

THERAPIST: I think you see the anxiety as the whole you. I mean let's be frank. What do guys generally look for when they are for in a girlfriend?

CLIENT: I guess just...[0:20:00.1]

THERAPIST: Someone who is...

CLIENT: ...just how they looks. (Laughs)

THERAPIST: Someone who is pretty and...

CLIENT: Yeah.

THERAPIST: ...and nice.

CLIENT: Yeah.

THERAPIST: And funny. And I think that's, like, the triumvirate. You know, that's, like, the three big things.

CLIENT: But I feel like...

THERAPIST: Good looking, nice and funny.

CLIENT: I can't be myself because of my anxiety. Like, I feel like I am never really like, with someone I like. Because with I guess with other people, like, it's fine. Like...

THERAPIST: Well how is it with Brendan?

CLIENT: Um, see, it's weird. Because sometimes, like, it's completely fine, normal, and I don't feel, like, nervous around him at all. But then, like I don't know. Other times when like, my roommate will sometimes be, like, "Oh, you and Brendan," like, whatever. She make a comment, like, anything. And I feel, like, bad. I'll be, like, "Oh." Like, for a little while I'll be thinking, like oh, I'll remember that he likes me. I'll remember, like I don't know. I'll think, like to watch how I act, or something. And yet I feel like when I'm too conscious of how I am being, like, I don't let myself be myself.

THERAPIST: Well, Catherine, we talk about anxiety and that. If the more exposure you have, like, the more people you talk to, the less it bothered you to do it and more stories you can run into. [0:21:05.9]

CLIENT: Yeah.

THERAPIST: I mean yeah. I don't think you did that homework, or you would be telling me about it. But the more stories you go into and do that, the less uncomfortable it feels. So if you want to feel comfortable with Brendan or any guy, you will be. You just have to do it and say, "Catherine, get over it. You can do it."

CLIENT: But I feel like the anxiety, obviously he would he probably I think he already knows whatever some whatever he knows already about it. But it's obvious. So it would I'd obviously like, I don't know. I'd obviously have to...

THERAPIST: But he already knows.

CLIENT: But I don't...

THERAPIST: And he has, obviously, his own issues.

CLIENT: But I don't know if he knows, like, to [me it's panic] (ph), right. Then I have to explain and...

THERAPIST: Catherine, there are people with far more severe psychological problems who marry...

CLIENT: Yeah.

THERAPIST: ...and have children. And you know, I mean everything can be a you know, just because someone is disabled, does that mean no one is going to marry them? [0:22:04.9]

CLIENT: No. And...

THERAPIST: That's got to be a huge burden on somebody.

CLIENT: I know. And I see things like that all the time. I mean I am I watch the news, TV. And I watch Oprah. She is, like, she's always having, like, these, you know, wonderful stories. And I'm, like, "Okay." Like, you know. Why do I feel like...

THERAPIST: Because you let yourself feel like this is...

CLIENT: ...there is something wrong with me when they love their life. And, like, they might have a disability or something that's worse than anxiety. Like...

THERAPIST: Because I think you allow yourself to see yourself just one component instead of having all these other things that make up you. And you say, "I am Catherine. I have anxiety."

CLIENT: I guess...

THERAPIST: And that's, like, the only thing about you that people need to know?

CLIENT: I guess. I don't really I guess I...

(Crosstalking)

THERAPIST: It's like your day revolves around anxiety. Sometimes it happens, maybe for...

CLIENT: You know, I feel like it doesn't even affect me as much. Like, as I'll say, like, every day. Like, I feel like that's not even the case anymore. Like, that used to be maybe the case. [0:23:03.6]

THERAPIST: It's not even every day.

CLIENT: I feel like I don't wake up with the feeling like I used to. Like, I am not always thinking every day of anxiety.

THERAPIST: So this isn't even an everyday thing. And yet you think you would be such a burden on someone's life?

CLIENT: Because I feel like I am a burden on my own like I don't know.

THERAPIST: Some people are willing let someone take that on if they want. Right?

CLIENT: I guess I'm afraid of...

THERAPIST: Being rejected?

CLIENT: Yeah. I guess that ties into the anxiety and...

THERAPIST: But you never know. I think that, you know, being with someone means, obviously ideally what I would like to see happen is you date a bunch of people and get used to doing that and get more comfortable.

CLIENT: Yeah.

THERAPIST: Because people do recover from, you know, social anxiety. People feel like, "Oh you are worried about it? So much better in school."

CLIENT: Right. Always bothered how I might...

THERAPIST: Homework.

CLIENT: Yeah. How people just go on dates and, like and I'm, like, I feel like I I mean I know it's not that I physically can't do that. But I feel like I can't do that. [0:23:57.5]

THERAPIST: Okay. Well that I think and there is two major issues, again. It's that actually going out and doing it and what's preventing you, you know, from doing that. And then the long-term emotional issue of that someone is not going to want to be with me in the future. And those are two very big issues, and we can work on them both.

But I think going out and doing your behavior stuff is gonna help that feeling, because you are going to see that you can change your feeling. You are going to see that you can feel better.

CLIENT: Yeah.

THERAPIST: That it's not going to be awful. You know?

CLIENT: I think I just always rely on the perfect conditions, perfect night out. And if it's just not, like, the perfect night or if I am not feeling perfect, then it's a then it's, like, if I feel any anxiety I allow it to take over and...

THERAPIST: And say, "I am such a piece of shit. I can't believe I did this again. I am so terrible."

CLIENT: Yeah. Like, I just I don't know. I feed into it, I feel, like, myself. But...

THERAPIST: You let it bring you down.

CLIENT: And I like, I feel like I realize that with school and, like, I was able to turn it around because I was getting so angry I knew I can go to school. Like, I was in, like, honors courses in high school. And I was all of a sudden and in my first year of college. And then all of a sudden I was like, "Really." And so...[0:25:13.1]

THERAPIST: So what's the worst thing that could happen if you go out on a date with Brendan, just him and you?

CLIENT: I don't know. I guess...

THERAPIST: It's that it's a little uncomfortable.

CLIENT: I guess yeah, uncomfortable.

THERAPIST: And you just...

CLIENT: Because I don't really see anything else. So...

THERAPIST: And maybe the worst thing that could happen with him, for him to say like after an hour, really, "Hey, I want to go."

CLIENT: I guess. Yeah. That would be very...

THERAPIST: That would be bad.

CLIENT: Yeah.

THERAPIST: But is it the worst thing that could happen to you? Have you had worse things?

CLIENT: I guess, yeah. I mean I don't know offhand. But I am sure I have had, in my life, like...

THERAPIST: Worse things.

CLIENT: Definitely.

THERAPIST: Right?

CLIENT: That's not...

THERAPIST: So you could stand it. It wouldn't be ideal. And what are the good things that are going to happen could happen?

CLIENT: If we got along, I guess, that would be good. And I would be more comfortable in that's kind of situation with other people. I guess...[0:26:01.9]

THERAPIST: Yeah. It could be you even if you didn't, you know, have a lifelong relationship, you know, it could make you feel more comfortable in meeting other people and hanging out with other people.

CLIENT: Yeah.

THERAPIST: And being more confident in yourself.

CLIENT: Yeah.

THERAPIST: I think it's really important that when you feel this anxiety, you know, to just say, "Okay, I feel a little nervous."

CLIENT: Yeah.

THERAPIST: Don't make an attribution about it. I think that's the problem. Say you're a little nervous. "Oh shit, I must be having, like, anxiety, and now I..."

CLIENT: Yeah.

THERAPIST: "...can't do what I was going to do because I'm going to feel sick. And now I have to think about it [all week] (ph)." Say, "I am feeling a little nervous," and push it away.

CLIENT: Yeah. I...

THERAPIST: "I don't need to think about this. I'll think about it when the time comes."

CLIENT: Yeah, and not obsess over it.

THERAPIST: What if you sent him a text? Something like, "Do you know when the next Cubs game is?"

CLIENT: I'll text him later and ask him out. "I thought it would be fun."

THERAPIST: Right now.

CLIENT: I don't know if I want to text him during the day, like, early. I'll text him later. [0:27:02.1]

THERAPIST: No, Catherine. This is what we need to do. Because he could have plans. And I think you would be pretty bummed if he started, like, all of a sudden dating somebody else.

CLIENT: (Laughs). Yeah, but I would be bummed because I didn't know if, like, anything could it wouldn't have been, like, "I really like you."

THERAPIST: No. But it's, like, you never knew you know, you didn't put any effort that you could have.

CLIENT: Yeah.

THERAPIST: So what would be so wrong now just saying, "Oh hi. Do you know when the next game is? Do you want to watch it together?"

CLIENT: I don't know. I'd rather just text him later or something.

THERAPIST: Oh, but are you going to do it?

CLIENT: Yeah.

THERAPIST: Yeah? I'll show up!

CLIENT: I'll show you.

THERAPIST: You'll show me the text sometime?

CLIENT: Yeah. I'm trying to think of I can delete all of my other ones just because my inbox gets full in, like, a second. (Laughs). I will show you.

THERAPIST: Yeah.

CLIENT: But I would try to like, I don't know about I'm try...

THERAPIST: So I feel like whenever you say you want to delay it and you kind of rationalize it yourself — "Oh, it's because I'm going to do it later."

CLIENT: Yeah.

THERAPIST: But do you really think that you are going to do it?

CLIENT: But I don't think that...

THERAPIST: I want to tell you I don't want you doing it the day of. I want you doing it, like, today.
[0:28:00.9]

CLIENT: That I think I will do, like, when I get out of my exam or something. But I'm more nervous, still, about just hang like, asking him, "Oh, do you want to come see a game?"

THERAPIST: Well he might ask you. I mean, you are kind putting out the girly signals. Right?

CLIENT: That sure. I guess if I text him he will be, like, "Wow!"

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: I mean and even if he doesn't now, you know what to do because you know that he is pretty shy and...

CLIENT: Yeah.

THERAPIST: ...socially inept.

CLIENT: Yeah. Oh I don't I probably shouldn't feel, like, shy around him because he feels the same way.

THERAPIST: Yeah. You are the competent one in this situation. Can that give you confidence?

CLIENT: I could pretend, maybe, that it will give me confidence.

THERAPIST: Yeah. I think half of confidence is acting.

CLIENT: Um-hum.

THERAPIST: You know?

CLIENT: Yeah.

THERAPIST: You are playing a role.

CLIENT: I guess...

THERAPIST: And eventually that role will become you, you know, if you want it to be.

CLIENT: (Laughs) Yeah. You know, I think most people act...

THERAPIST: I think if you ask...

CLIENT: ...out their confidence more than naturally, you know.

THERAPIST: Yeah. Most people, I think, will walk into a room and say, "Crap, everybody here looks really nice. Did I dress as nice as...?" Okay. "Hi everyone. Hi," you know. [0:29:02.7]

CLIENT: Yeah.

THERAPIST: And they put on their brave face and do it. Can you do that?

CLIENT: Like, yeah. I always feel like, I'm always, like, "Why can't I do that?" like, when I see, like, you know, people like that.

THERAPIST: You can.

CLIENT: And...

THERAPIST: You can.

CLIENT: Yeah. It just...

THERAPIST: You just you have to do it.

CLIENT: ...I'm holding myself. Oh yeah, just stopping myself I guess.

THERAPIST: So what...

CLIENT: Because I always see people like that. Not that I idolize them. But, like, people who are just walk in a room, and they don't care. Like, even nasty people who everyone knows they are nasty, but they don't care. And I'm, like, "How do you do that? Not that I want to be nasty like you. But, you know, like I don't know. Like, no one likes you and you still do your thing, and you still are you." Like...

THERAPIST: And that's something that you can work towards. But you gotta say, "Okay, I feel a little nervous."

CLIENT: Um-hum.

THERAPIST: Maybe that's your key to put on your acting—on your mean girl acting brief (ph).

CLIENT: Maybe I should try that.

THERAPIST: Yeah.

CLIENT: Just think of acting, like, try and flip the switch.

THERAPIST: So when you feel that nervousness say, "All right. It doesn't matter." Go ahead and remember that.

CLIENT: I am gonna try that.

THERAPIST: Go ahead and remember that. Yeah? [0:29:59.9]

CLIENT: Yeah. I think that's a good idea. It just to, like, make like, have fun with it, kind of.

THERAPIST: Yeah.

CLIENT: Just...

THERAPIST: I mean you could even go into a store and pretend that, you know I mean act say acting like your roommate. I bet she's kind of a person that does...

CLIENT: Like, talk a mile a minute.

(Laughter)

THERAPIST: So, you know?

CLIENT: Yeah.

THERAPIST: So then take the nervousness as a cue to become that actress.

CLIENT: Okay.

THERAPIST: And acting like the person that you want to be.

CLIENT: All right. That's different. I like that.

THERAPIST: Yeah?

CLIENT: Yeah.

THERAPIST: Okay. So by Friday we're seeing each other at 5:00?

CLIENT: 5:00, yes.

THERAPIST: Okay. So by Friday I want you to show me that text.

CLIENT: Okay. (Laughs)

THERAPIST: Okay? All right. I have to walk you out. [0:30:37.5]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi, how are you?

CLIENT: Good, how are you? I thought that was an animal.

THERAPIST: Oh, there's a...

CLIENT: An owl.

THERAPIST: ...an owl. But I think they're also...

CLIENT: I didn't...

THERAPIST: I've got to fill it out, yes.

CLIENT: Yes.

THERAPIST: I'll let you take a moment.

CLIENT: Okay.

THERAPIST: A pencil and do you want (inaudible at 0:00:15.7)

CLIENT: I just didn't have...

THERAPIST: Her paperwork.

CLIENT: Yeah.

THERAPIST: We run out some times.

CLIENT: What's today's date, the 27th; the 28th?

THERAPIST: Let me check. Yeah, the 28th.

CLIENT: Okay.

(PERIOD OF SILENCE 0:00:41.8 to 0:03:11.8)

THERAPIST: Okay, so how are you feeling, better now?

CLIENT: Yeah, I actually I think I'm just getting over a cold. I don't know because over the weekend I was like in bed most of the weekend. But besides that I didn't like this week has been pretty much fine. I just was resting.

THERAPIST: So what happened on Friday? It was like stomach issues?

CLIENT: Yeah, I started getting a stomach ache and then when I went home I went bed. And because I left school a little bit early so I took a nap and then I when I woke up I had a headache and I don't know maybe I was just getting a head cold.

THERAPIST: Okay. So it wasn't like anything...

CLIENT: Yeah, I think...

THERAPIST: ...probably nerve related?

CLIENT: I was up late the night before so maybe because I was getting a cold, that wasn't the greatest thing.

THERAPIST: Yeah no, I had a stomach issues yesterday as well. [0:04:00.6]

CLIENT: Yeah, so.

THERAPIST: I think something is just going around.

CLIENT: Yeah.

THERAPIST: So you did complete your homework kind of, right.

CLIENT: Kind of. It was very unexpected but, we ended up just at not just us two, but he came over with my roommate's boyfriend and we all just watched the game and hung out.

THERAPIST: Did you had you texted him to come over?

CLIENT: I had asked him what he was doing for the game but...

THERAPIST: In person?

CLIENT: No, text.

THERAPIST: You texted him?

CLIENT: And then it always happens where I won't even know and like he'll be coming over like I don't know, my roommate's boyfriend, I'll talk to him or something. So he just ended up coming over.

THERAPIST: Okay. So do you think he invited your roommate's boyfriend or it was just like everyone was talking and oh, I'm going over to Catherine's; want to come?

CLIENT: It could have been, I don't really know so...

THERAPIST: Well how did it go? Was it...

CLIENT: It was fine.

THERAPIST: ...just normal? [0:04:57.5]

CLIENT: It was regular like normal but, it was actually good because we have been talking a lot more through texting even other days, like mostly on the weekends I feel like. But we've been actually just talking to talk I guess.

THERAPIST: Yeah.

CLIENT: So I thought it was going to be weird because like really we don't ever do that. But everything was fine and fun and like friends but not like anything was awkward or anything. Like I don't know, we were getting along.

Because it's always like them too, obviously hanging out so we are always hanging out.

THERAPIST: So is it usually the four of you or is there usually other people are involved?

CLIENT: It's usually the four of us and then maybe this one other kid that them three are like best friends.

THERAPIST: So would you like to make it progress any further?

CLIENT: I don't know. Like...

THERAPIST: If nerves were not involved?

CLIENT: I've been very frustrated because I feel like he doesn't do like he doesn't make any effort not no effort. I guess like he's just so shy so I've been like talking to my roommate a lot about it.

And I'm like I just can't deal with it because I'm like that. So I don't know if that's going to drive me crazy but...

THERAPIST: What did she say?

CLIENT: She thinks that he feels like he shouldn't ever try to tell me how he feels or anything or like go that way again because over the summer...

THERAPIST: Because he had gotten out of his (inaudible at 0:06:19.3) done that. And what did you say when he said that?

CLIENT: I don't even remember. See I didn't think about that situation until my roommate brought it up like two weeks ago. And I was like oh, okay, I guess I see it from his perspective.

THERAPIST: That he already made the move and...

CLIENT: Yeah, because it was very like I don't know, subtle but I guess I understand. Like for him to actually tell me that like he did like me like for a while or whatever.

And I don't even remember what I said but I was just very at that point I was like not really I didn't even think about it so I was surprised I guess.

THERAPIST: And you didn't think about it afterwards are...

CLIENT: I guess I did. I went away like right after I feel like that situation. And then end of the summer I feel like I didn't see him at all. And then we started talking again recently like talking more recently.
[0:07:11.0]

We always see each other but it kind of faded away. He probably thought...

THERAPIST: That you weren't interested.

CLIENT: Yeah, that's what my roommate kind of like reminded me. Like don't you remember what happened? Like he was like shot down like so.

THERAPIST: So how would you show him that you're interested?

CLIENT: I don't know. I don't because I feel like I've been talking to him more. Like I don't know, I'm like...

THERAPIST: So that's your way you think of showing them that you're talking to him more, you're texting him more.

CLIENT: I guess. Like I don't know what else to do.

THERAPIST: Well you know it's funny because I think like he kind of already made the grand gesture, you know. He went out and told you maybe it wasn't as grand as it could have been. Because you were kind of like, oh, all right, whatever.

But I mean it could be your turn to be brave.

CLIENT: Yeah. I guess like maybe next like if we hang out or something this weekend just spending more time just us two talking. [0:08:08.2]

Because we do all hang out. And I feel like since at that time in the summer we started us four going out. And like they would go off on their own and we'd just hang out at like bars or something.

And we would just like end up talking so I feel like maybe like just starting to do that again, like hang out when him more than just the group.

THERAPIST: Well when you were hanging out like you were watching the game right, on Thursday?

CLIENT: Yeah.

THERAPIST: So it was the four of you. Were you sitting next to him?

CLIENT: Part of it part of the game because like we have two loveseats and one recliner. So usually if there's like five people I always end up sitting next to him.

But this time I think at one point I was sitting next to him and then like one of us got up. And then but we were like at some point sitting next to each other.

THERAPIST: Okay. And is there ever any touching or like...

CLIENT: There wasn't. Like he's very like I don't even most other guys I feel like I'm used to, if they like you they'll like be a little bit more forward or at least that what I've I'm used to.

So with him he's very it's respectful. Like it's not like but it's, I don't know.

THERAPIST: You know it...

CLIENT: He keeps his like distance.

THERAPIST: But also some people, especially someone who's nervous as well and who has potentially in their mind been shot down, you know, might be reading signs differently. Like it's also probably signs that you're giving off, like what is your body language when you're sitting? Are you like this?

CLIENT: Well my roommate told me that I I know. My roommate told me that I have to just be nicer in general because she says that like I'm very, especially with guys I guess, like I'm able to speak my mind

because like I'm very like Okay, I'm done.

Like I don't know, if I don't want to talk to you or if you're like I don't know. I guess just she told me to be nicer in general because like, I don't know. [0:09:57.6]

THERAPIST: Why would so does that sound like she perceives you to not being as nice to Brendan as you are to like other people maybe?

CLIENT: I think, yeah. I think just or just I treat him like one of my other guy friends. She kind of puts it like that.

Like not to treat him just like one of the other guys and like be a little bit more nice. Be a little bit more, you know, flirty or something. Like don't be just (inaudible at 0:10:25.5).

THERAPIST: Is that hard for you?

CLIENT: I don't know. I didn't really think about it much. I guess I've been trying to be nicer and stuff.

THERAPIST: And also it sounds like you've kind of put guys and flirting on the back burner for a while now, right?

CLIENT: Yeah, I really have.

THERAPIST: So like maybe you haven't had that much practice.

CLIENT: Yeah, I don't like know the last time like I really have flirted with a guy.

THERAPIST: So I want to talk I guess about body language. Like if you're sitting next to someone you know, what do you tend to sometimes when people are nervous they tend to sit like this with their, you know, arms crossed.

Do you feel like you do that ever?

CLIENT: I don't think I ever cross my arms because I know that that's very noticeable that like you're uncomfortable.

THERAPIST: And also that you're keeping your own space, you know. You don't want to...

CLIENT: But I definitely know that I'm very conscious when he is sitting next to me versus when he's sitting like on the other seat. Like I'm very like, okay like I know what I'm doing.

Like when he's sitting across from me I'm just whatever. I like...

THERAPIST: Do you hug hello when you see him or no? Are you just like, hi?

CLIENT: Sometimes I feel like not all the time but sometimes it doesn't matter.

THERAPIST: So sometimes that could be something that you initiate more.

CLIENT: That's true, I didn't about that.

THERAPIST: I think when people like if you liked a guy and he was going out of his way to hug you more, you'd probably notice it wouldn't you?

CLIENT: Yeah, because I guess in the beginning like I kind of like certain times like I wouldn't go and hug them hello like when him and his other closest friend would come over. Because like I don't know, I was always like they're just our friends, like whatever. Like they're here all the time.

And like with the other guy friends that we're all friends with, I always kiss hello. So I always think like they probably look at that like, you don't kiss us hello. [0:12:02.6]

THERAPIST: When also making an effort to him, it's probably in your effort to kind of withdraw from the situation, you know, after the summer.

CLIENT: Yeah.

THERAPIST: You know I think you need to if this is something that you want to make a, you know, effort you need to fight for the things that you want right, or you could lose the opportunity.

CLIENT: Yeah. I feel like I just, I don't know. Like I don't know what I want so I just would like to know.

THERAPIST: Well you would like the opportunity to figure it out.

CLIENT: Yeah, because I feel like we don't we still don't talk enough. We don't because we both have our, I feel like, our reserves about it. Like we're both nervous somewhat.

THERAPIST: So what about sending since I know text is your favorite form of communication and it's like a non anxiety...

CLIENT: I actually don't like texting but I just don't like using the phone in general so that's why.

THERAPIST: Okay. So what about, you know, doing something with the text and saying are the Cubs out? I don't watch baseball really or are they still in? [0:12:57.7]

CLIENT: Yeah, Cubs are in.

THERAPIST: How do I know not know this. Okay, so it's today. And who's the Cubs and who?

CLIENT: Red Sox.

THERAPIST: Phillies how do I not know that, I feel so terrible, sorry. Okay, so Cubs/Red Sox. So you're going to be watching a lot of games together. But I assume it will probably be more groups?

CLIENT: I'm not sure. Today I'm going to my brother's to watch it only because he said he'd make dinner. But normally it's really just me, my roommate, her boyfriend, and him Brendan.

THERAPIST: Would there be any way for you to say, let's watch the game just me and you?

CLIENT: I'm not sure when the next game is but normally like I guess I could do that easily because by roommate is always at work and his her boyfriends always at work until like late. So we always all just meet up when they get up.

THERAPIST: Yeah, so you could say, "Yeah, everyone is going to be at work, do you want to watch the game just with me?" That way it doesn't sound...[0:13:56.0]

CLIENT: Yeah, and maybe invite him over or something. Because I feel like if I know that I will see them later...

THERAPIST: It will be...

CLIENT: ...that will be a little bit easier for like the first...

THERAPIST: And you'll have that time to talk first just on your own and see how that is. And if there's more chemistry and I think emphasizing like just me and you or something will give him...

CLIENT: Yeah.

THERAPIST: ...a little bit of a clue because sounds like he's pretty clueless.

CLIENT: I actually did tell him this past weekend because I was very frustrated then they actually Saturday night my roommate like she was like oh, invite Brendan over.

Like Heather is going to come over and we'll watch a movie, because I wasn't really feeling good. And I started talking to him but...

THERAPIST: On text or phone or...

CLIENT: On text. And then later that night I said something like, oh, you should come over. And he said like he was in Oak Park or something and he was hanging out there. And I feel like he never leaves Oak Park.

So I said like, oh next weekend maybe you should come over here and hang out or something. So kind of but not like just me and you.

THERAPIST: And you planted the seed and what did he say to that? [0:15:00.9]

CLIENT: I think he said like yeah, that would be nice or like that sounds good something like that. So I could bring that up again, I guess?

THERAPIST: But I think emphasizing that your plan is to like, we never got to talk like so it will be a chance for us to hang out or something, you know what I mean?

To emphasize that it's important for you and him to do something together.

CLIENT: I feel like I'm getting like the more we talk about it, a little bit more comfortable.

THERAPIST: The more you mean when you talk about it?

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: Just because like I've been friends with him for like ever I feel not forever, for two years and we always see each other like every week. So I really shouldn't be that nervous.

THERAPIST: I mean it's always hard when things change, you know, the relationship changes. I don't know if the past like you had a boyfriend in high school. Was he a friend first or...

CLIENT: I think I had like two boyfriends in high school. One was a friend first and then the other wasn't ever.

THERAPIST: Ideally what I keep seeing what I'd like to see is just for you to meet somebody and go on a date. Like have a crazy night.

I'm not saying like go have sex (LAUGHING) (inaudible at 0:16:08.2) people but to get that practice in. It's not the end of the world even if there is slight rejection or even if there is uncomfortableness, you know.

CLIENT: Yeah.

THERAPIST: I think more than what you dealing with your rejection would be hard for you dealing with the uncomfortableness.

CLIENT: Yeah, I think just in the situation.

THERAPIST: Kind of not knowing what people think.

CLIENT: Because once I'm out of the situation I'm fine. Like I don't really think about it as much or over-analyze it.

THERAPIST: But since there is someone that you're interested this is, you know this is something that I don't think that I think this is excellent practice for you.

So what do you think your homework should be?

CLIENT: I guess to try to hang out with him one-on-one and like have it just be not be like an uncomfortable silence the whole time watching the game. Because then I feel like the next time I'd be more nervous.

But just like hanging out?

THERAPIST: I mean you could get beers; you could get whatever, I don't know. Do you like drinking beer?

CLIENT: Yeah, sometimes.

THERAPIST: You could have some food, you know. But the homework for me; the key component is for you to make the effort, you know.

CLIENT: To initiate.

THERAPIST: To initiate it and to have some time of specification that it's just going to be the two of you.

CLIENT: Okay. I think I'm going to try to set that up.

THERAPIST: I'm going to ask to see the text this time.

CLIENT: Okay, I'll make sure I have it.

THERAPIST: did you want to do a makeup this Friday? Because we could just let it go at this point.

CLIENT: I actually yeah, that's fine; this Friday is good with me. And I actually wanted to know if you had any openings on Thursdays. I know that...

THERAPIST: Oh, instead of doing Wednesday morning?

CLIENT: Yeah. If or I don't know.

THERAPIST: I might. Hold on I have to think.

CLIENT: Or any other days because I'm trying to think of maybe a day that I'm here already.

THERAPIST: So you go Thursdays?

CLIENT: Yeah.

THERAPIST: On Fridays or just Thursdays?

CLIENT: Thursdays and Fridays.

THERAPIST: Fridays there are openings. [0:18:00.6]

CLIENT: Okay because Friday I know I'm in class most of the day but I have a break and then I'm off at five.

THERAPIST: Would you be able to be here at five, right?

CLIENT: I've been getting here at five because I've been leaving class like a few minutes early. But if it's every Friday I wouldn't be able to get here at five.

THERAPIST: Because I have an ongoing appointment at six, but they are often switching the time. So I don't know if they would like to switch it permanently. But I need to know from them because they can't like they are like, oh this week three, this week four.

CLIENT: Well I figured I'd just...

THERAPIST: When does class start?

CLIENT: Nine forty-five.

THERAPIST: And then you have...

CLIENT: Nine forty-five until 12:30, and then from 12:30 to 2:10.

THERAPIST: You have a class?

CLIENT: I'm off from but I thought I don't think you...

THERAPIST: I don't start until three here.

CLIENT: Oh, okay.

THERAPIST: So do you have a class at three?

CLIENT: Yeah. So it would be after that.

THERAPIST: Because at this time I have an opening probably like at three, four, and five.

CLIENT: Oh, so that's all right.

THERAPIST: If you want I mean I'm just trying to think. If you could get here do you think you could get here by 5:15?

CLIENT: Oh yeah.

THERAPIST: And I could just do...

CLIENT: I'm right at (inaudible at 0:19:11.9]

THERAPIST: Because generally the appointments are 45 minutes long and usually I try to end 15 minutes early.

CLIENT: I can get here at like 5:05.

THERAPIST: Yeah, that would be fine. You want to do that?

CLIENT: Okay.

THERAPIST: Let me write that down.

CLIENT: Are you sure that's good?

THERAPIST: Yeah, that'll be fine, Thursday at five. That's going to be a busy day so I mean Friday at five.

CLIENT: I was just going to say wait, was that Thursday or Friday?

THERAPIST: Yeah, I was like wait. I have a full a schedule on...

(CROSSTALK)

Okay, Friday at five, that should be fine.

CLIENT: Okay.

THERAPIST: Is there anything else so the homework is I want to see like a direct communication, you know, saying an invitation in advance.

CLIENT: All right, in advance.

THERAPIST: Yeah, that's cute. Not just the night of, in advance saying that, you know, and specify that it's just going to be you two.

CLIENT: Okay. Because I feel like I always ask him to hang out when we're all already hanging out. And he's always like, well I'm already out.

THERAPIST: And he probably also doesn't like, you know, he takes it as oh, I'm just a last resort, you know.

CLIENT: That's true.

THERAPIST: Like what would you think if I like only called you like at eight o'clock every night?

CLIENT: Oh, I'd probably be you should call me earlier. Because I think he did that one night and I was like to my roommate, he could have called me earlier next time.

THERAPIST: yeah, exactly. You're like oh, it doesn't mean very much if he's just calling last minute. He's calling because he has nothing to do.

But I mean I think if you made plans what is it today, it's Wednesday?

CLIENT: It's Wednesday.

THERAPIST: And the game starts...

CLIENT: There's a game tonight and then I don't know when the next game is.

THERAPIST: Okay, but there should be one over the weekend, right?

CLIENT: Yeah, either Thursday or Friday I'm sure.

THERAPIST: (inaudible at 0:20:57.4) find out when it's going to be and give at least a couple of days advance. That means that you've been thinking about it.

CLIENT: Yeah, that's true.

THERAPIST: And that would be something that you would like to do.

CLIENT: I think he'd be surprised.

THERAPIST: I think it would probably mean a lot to him. And if you are looking for him to make that move, can you understand how he wouldn't be ready to make that move. The same think that you don't have an interest? [0:21:19.0]

CLIENT: Yeah, once my roommate kind of refreshed my memory of the situation over the summer, I was like okay, like I see your point. Because I had not forgotten but I just didn't really think about it.

THERAPIST: and I think sometimes people, you know, who have anxiety and are thinking all the time what other people are thinking of them, perhaps you don't spend enough time thinking about what other people are thinking, you know?

CLIENT: That's true.

THERAPIST: Not that it's selfish but almost in a way because you're seeing the world always from your view.

CLIENT: Yeah.

THERAPIST: And because you're so concerned over the concern with this, then taking the time to see how you know, it probably did hurt his feelings.

He might have been very upset about that.

CLIENT: I know. Once she told Well once we talked about it like I felt so bad. I was like thank you for telling me what happened.

THERAPIST: Because all the moves that you make right now are to benefit yourself. Okay, well I'm going to do it last minute because it's going to make me more comfortable.

Well I'm going to do whatever else because that will make me more comfortable.

CLIENT: That's true.

THERAPIST: But, you know, now you can make moves now that you're aware of it that will make him realize or make him more comfortable or him realize, maybe uncomfortable but realize that you have an interest.

CLIENT: Okay, I guess that's...

THERAPIST: Because you've been making these defensive moves instead of like offensive moves.

CLIENT: Yeah, I could see that.

THERAPIST: So I think that would be a (inaudible at 0:22:32.8). I want to see that in text.

CLIENT: Okay.

THERAPIST: I can even give you my phone number and you can forward the text to me. But I think that would be good.

CLIENT: Okay.

THERAPIST: Is there anything else coming up this week that...

CLIENT: Not I had a History exam yesterday that was an essay question and I really think I failed. So I have to talk to my teacher because we only have that, a paper, and our final.

And I'm very nervous about like I really think I did horrible on this exam and I went in so confident. I was almost like crying yesterday because of it. [0:23:09.3]

THERAPIST: You took it yesterday?

CLIENT: Yeah, so I'm very I want to talk to him but I don't...

THERAPIST: Why did you think that you failed? Did you like just had nothing to write or...

CLIENT: That's what I felt like I got it and then I was like okay, this isn't what I studied. This isn't what I thought it was going to be on, and especially with an essay question.

He gave us two and...

THERAPIST: Was that the whole test or there were multiple choice.

CLIENT: That was the whole test.

THERAPIST: It was the whole test, two essay questions.

CLIENT: And that's how our final is and then we have a paper.

THERAPIST: So this is the mid-term, then we have final, and then maybe a paper?

CLIENT: Yeah, and that's all he grades it on so I'm very like my roommate said I should just go up and talk to him. And I just don't know if like sorry, I wasn't fully prepared, I guess I thought I was. Like I don't know what to say.

THERAPIST: Well you can just okay, so you're going to kind of go off apologizing. You would say from the beginning like, I wanted to talk to you about your paper.

I'm very concerned that I did not perform well but I had worked really hard. Is there any way you can let me know, you know, something extra that I can do.

Do you have you ever done that for a class before?

CLIENT: Yeah, I feel like some teacher now though like in college, they're like oh no. Like I'm not giving like extra so it's that's why I'm very nervous because he only has these two exams and the paper.

So if I fail one or for some reason like.

THERAPIST: Okay, so you could say I mean the worse thing he can say is say no, I don't really do that. Is he a nice professor?

CLIENT: See I always liked him. And then last time it was like I hate this.

(LAUGHING)

THERAPIST: Okay, so...

CLIENT: He's nice. He's an older man, like he's really nice.

THERAPIST: So he's he'll be understanding.

CLIENT: Yeah.

THERAPIST: So you know you can say, I'm, you know, really concerned about my performance. Is there he might say let's wait and see because he probably hasn't graded it yet.

You know if it's a curve, you know, who knows, everybody could have bombed it right, and had no idea what he was talking about. Did you talk to anyone else in the class? [0:25:04.6]

CLIENT: Well before everyone was so nervous, I was nervous too. And then we started talking about it.

He had hinted that this one person in History and this one specific two different things what might be on it from one book that we had to read along with our textbook so we all thought that would be one of the questions.

So we were all quizzing each other and I felt like I knew like the history of this man and like I was helping everyone else out in the class.

And then we get the thing and none of the questions everyone kind of just looked at it because none of the questions are about what we thought.

THERAPIST: So a lot of people are going to have this issue with the question, right?

CLIENT: I don't know. I felt like I just froze and didn't know what to write. So I don't even I don't know.

THERAPIST: Because you felt like kind of unprepared basically?

CLIENT: Yeah.

THERAPIST: Normally you would go in feeling mostly prepared. See I think the best thing is just, you know, to say the truth. Say like, I guess I had been studying the wrong, you know, other material. That this is what I thought was going to be on it. What can I do to improve it?

Is there any way I can work with you before the next one. And you could say that I could come in before the next one to make sure that I'm going to be prepared for...

CLIENT: Right. I want to be like can you like this time not hint that something is going to be on the exam that's not and especially since there's two questions.

THERAPIST: That probably won't go very well.

(LAUGHING).

CLIENT: last night I was like thinking of every scenario and I was like, I'm never going to say this to him. But I would love to tell him I don't know.

THERAPIST: So I think, you know, the best way is just to be open-minded, not to I mean I can't imagine you going in and attacking him.

CLIENT: No.

(LAUGHING)

THERAPIST: But just saying whatever I can do to make a difference. He probably hasn't graded it yet. Sometimes I think in this situation it's not always as bad as you think it's going to be.

CLIENT: I don't even want to ask him because I don't even want to see my grade. Like I don't want him to be like yeah, here's your F.

THERAPIST: You know and you could always say, you know, this you know, I'm really a conscientious student. Have you ever had him before?

CLIENT: No.

THERAPIST: You know I'm really a conscientious student. I really want to do well so like is there anything else I can do to bring up my grade?

CLIENT: That's another thing. Like it's a general requirement course, I guess just a general course that like I was just taking to get that done and out of the way. [0:27:15.8]

It's an American History and I'm like oh my god.

THERAPIST: That sucks when obviously it wasn't something that you thought was going to be one of your harder classes.

CLIENT: Yeah. And like I took my Ecology exam the other day and I was so much more nervous but I think I do so much better on that one.

THERAPIST: Well maybe also the problem with this one was because you were feeling overly confident so that you only did study. You know, it's a lesson like that just study everything because you never really know.

But I think you can let him know that. Just I think just going in and meeting the professor is usually...

CLIENT: (inaudible at 0:27:51.3).

THERAPIST: I know, it's not the most comfortable thing. But once they know your face I feel like they're less likely to fail you.

CLIENT: Yeah, that's true.

THERAPIST: Do you know what I mean? If you're always knocking on their door or sending them an e-mail...

CLIENT: I keep trying to think if I pass the final he can't fail me. But they still can I know, but I'm just hoping.

THERAPIST: But really the more they see you the more they'll know that this person is committed. And also if you could get I don't know how much sway you have over your friends, but if you're not the only person who did terrible on this and you bring up the idea of an extra he might already have that idea in mind if everyone did terrible.

CLIENT: I'm sure he'll know the grade.

THERAPIST: Yeah. And if you get like all your other friends to say oh e-mail and say is there something else we could do, you know, he might give another assignment.

CLIENT: I feel like he's just stuck in his ways. Like I don't think he like I don't know if he will but I'm hoping.

THERAPIST: Or it's no harm in asking.

CLIENT: Yeah, I guess not. I guess I'm just more afraid of him just handing me like or being like, well you did horrible.

THERAPIST: Whenever this kind of happens in my past, you know, when this happened to me, I usually e-mail like right away and I think...

CLIENT: He doesn't have an e-mail.

THERAPIST: Okay, so go see him as soon as possible which would be...

CLIENT: He's so old.

THERAPIST: So see him as soon as possible. Can you see him tomorrow?

CLIENT: I think he has office hours. I have class tomorrow evening with him and I think he has office hours which I was going to try and go to.

Because I'm also nervous I don't want him to be like even though I doubt he'd be like, well look, this is what you got. I don't want him to, you know, talk about it or just talk about with him in front of the class. I'd rather do it in his office.

THERAPIST: Yeah, of course. I think that that's the more appropriate place to do it anyway. And then you can voice your concerns and ask if there's anything you can do. [0:29:33.3]

CLIENT: I'm just hoping at least maybe for the final he'll give a little bit maybe at least a guideline or at least a direction.

THERAPIST: Yeah, it would be like I was just a little lost. You know, I mean you can ask that for the future. I mean I don't think teachers want to see their students fail. Especially if this guy seems like a nice guy.

CLIENT: He seems like a nice guy but I don't know if he wants to change at all.

THERAPIST: Is this going to be difficult for you to go in and talk about this?

CLIENT: That's what I'm very nervous about but I think I mean I'm going to have class tomorrow evening anyway so I think that's kind of going to make me do it.

THERAPIST: Okay good. And I think that, you know, to go in knowing that he doesn't have to agree with what you said, right? And if he doesn't you'll be fine still, right?

CLIENT: Yeah, I'm just.

THERAPIST: Talking to him can only make it better I think. Or do you think it can make it worse?

CLIENT: I guess it would make it better. I'm just I don't know. I just feel like he's going to have a negative reaction even though highly doubt that. I just feel the fear.

THERAPIST: And even if he does he'll know your name, right? He'll know who you are.

CLIENT: I don't want him to be like oh, you are the one that did horrible on the mid-term.

THERAPIST: Do you though really think that you did the worst in the entire class on this I think?

CLIENT: Probably not.

THERAPIST: There's probably those kids that haven't read any books.

CLIENT: I know there was one girl who didn't even know like didn't even read one of the books. So I guess...

THERAPIST: Right, so you do the worst.

CLIENT: Yeah, there's always people...

THERAPIST: You tried your hardest and now you're being I think most professors go in to it to like have student interactions, you know. To inspire students and to teach and things like that. [0:31:11.3]

And they are always waiting for students to come and knock on the door and ask questions.

CLIENT: Even right before the exam I was talking to him about stuff that I was studying and when I got out I was like, he couldn't have been like nothing on your review sheet is in any of the questions.

THERAPIST: So now you know he's going to be unclear and you probably just need to study everything next time, even if he says something in particular.

CLIENT: I think he just expects that everyone knows everything and gets it at least.

THERAPIST: Probably.

CLIENT: I don't know.

THERAPIST: Now you know and you can always offer. And usually the way it works I think in college is that they're not going to give one person an opportunity to do an extra credit assignment that, you know, you say is there one you can offer to the class to do? I know other people have concerns.

And usually that's fair. I mean it's not fair maybe to give you an assignment and say okay, you can do this and get extra points. But say offer it up to the entire class and you can make that...

CLIENT: That's a good idea.

THERAPIST: And (inaudible at 0:32:07.0) and say you know, other people were concerned about their grades.

CLIENT: I just would like more grades and because I'm like I feel like every class this semester that we have like three grades maybe and that's about it.

THERAPIST: Yeah, and that has its pros and its cons but...

CLIENT: Yeah, it depends. I feel like if like my Animal Behavior course, she has the exam set up where it's short essay questions, multiple choice and fill-in. So I feel like that gives you a range.

And then but just to give one essay, I don't know.

THERAPIST: That's pretty hard. I haven't had one of those in a while.

CLIENT: Yeah.

THERAPIST: But you know what, you survived it, right?

CLIENT: Yeah.

THERAPIST: You're having some anxiety you didn't run out of it.

CLIENT: No, but I wanted to. Like I read it and one kid like his paper flew in the air on accident. We all kind of looked and laughed but I wanted to like...

THERAPIST: Run, but you didn't. You stood it. You must have been practicing rational statements, right?

If you were completely rational you would have run out of there.

CLIENT: That's true. The door was right in front of me.

THERAPIST: Yeah, so you stood it. I think you can stand to deal in uncomfortableness too. Keep your (inaudible at 0:33:07.9) out there, right?

CLIENT: Yeah, nothing's worse than essays.

THERAPIST: Okay. So I want to hear a number of plans beforehand. So it should be like as soon as you check the Google maybe by the end of today?

CLIENT: Yeah.

THERAPIST: Yeah?

CLIENT: I'll check it tonight.

THERAPIST: And that, you know, an indication that it's going to be the two of you.

CLIENT: Okay. I have to remember to add that.

THERAPIST: Okay.

CLIENT: And I'm seeing you Friday?

THERAPIST: Yeah, I'll put it in the book, Friday at five o'clock.

CLIENT: Okay.

THERAPIST: And I'll call you on Thursday to make sure or something, okay.

CLIENT: Okay.

THERAPIST: Thanks Catherine.

CLIENT: Thank you.

THERAPIST: Awesome. I think you're doing great.

CLIENT: Thank you. Have a nice day.

THERAPIST: See you soon. You too.

CLIENT: I'll see you Friday.

THERAPIST: Stay dry.

CLIENT: I'll try. Bye bye.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

CLIENT: Hello.

THERAPIST: Hi.

CLIENT: I started filling this out but didn't get very far.

THERAPIST: That's okay. Do you want to finish it out up here?

CLIENT: Sure. I wasn't sure ... I could do it after if you want.

THERAPIST: I like it before because then I have a better kind of picture of what's going on ...

CLIENT: Okay.

THERAPIST: ... because [some people go all better for something.] (ph) (chuckling)

CLIENT: (inaudible) that pencil.

THERAPIST: Uh, here.

CLIENT: Is that the same one? I just read ... I will never ... I should ... well, I will never "should" on myself.

THERAPIST: Yeah. (chuckling)

CLIENT: I just read that. I thought it was funny.

THERAPIST: I need some of those. They didn't give them to me.

CLIENT: Yeah, there's one down the street (ph).

(silence while client fills out a form)

0:02:35.9'

THERAPIST: Great. Thank you. So one more thing before we get started. I just wanted to ask you ... I think I ... did I talk to you about the tape ... the recordings before? How there's some research group that wants to collect a series of REBT sessions?

CLIENT: Um ... Caitlin, I think, had mentioned that when I first started.

THERAPIST: Oh really? I don't know. This is a new one. So maybe there was something that was (inaudible) before. But it just says that you would give permission and it would be used just for me and you and their inclusion in their database. But all your tapes would be coded by your number, not your name.

CLIENT: Oh, okay.

THERAPIST: So it would be confidential. Do you feel comfortable doing that?

CLIENT: Um ... I guess, I mean (inaudible)

THERAPIST: You guess? It would really all be confidential. It would just be that someone would be listening to the sessions. But I think it's really more for listening to how I conduct REBT rather than what you say.

CLIENT: Oh, okay.

THERAPIST: So there will be, like, coding how I'm doing things. It's really more of a ... issue with me. I should be the one who's stressed out! But ... uh ... yeah, thank you. I appreciate it, because I have a lot of tapes from you, so I thought you would be a good person to use. You know, some people don't always come and they (inaudible).

Did the pen stop working?

CLIENT: (inaudible) Oh, I think it's ... it's kind of like in and out, but that's good.

THERAPIST: I blame Fred Gilbert, whose desk this is. Good enough? [0:04:22.0]

CLIENT: Yeah.

THERAPIST: All right. Thank you. So what happened last week again?

CLIENT: Oh, well last week ... wait, which one was last week?

THERAPIST: Last week, the 7th or ... yeah. Today's the 14th. So yeah, the 7th.

CLIENT: Oh. Last week, well, I was at school until forever, I feel like. But, yeah, I've just been very busy, but I don't even remember the past two weeks. I haven't really ... I feel like I haven't really done much socially, but with school, I just had two papers due.

THERAPIST: Okay, it's like getting ... well, it's like midterms and now it's getting to be finals.

CLIENT: Well, I'm so happy, though, because now that's all ... well now, I still have obviously end-of-the-year stuff, but most of it is just done.

THERAPIST: Okay, great. Good. So you can be a little more relaxed. I understand how that is.

CLIENT: Yeah.

THERAPIST: Um ... and I'm sorry about the payment situation.

CLIENT: Oh.

THERAPIST: It's just ... um ... because after a certain while, like when I'm rescheduling, and when I put you in for a make-up, then I then can't slot somebody in that slot.

CLIENT: Oh, okay. That's what I figured.

THERAPIST: So they don't want me to keep doing make-ups, you know, except for exceptions and things like that. So just really, you know, try to be ...

CLIENT: Yeah. Well yeah, I think the Friday is actually going to be good. Better than Wednesday now, so ...

THERAPIST: Okay. So you won't have to worry about getting to class and having assignments and things like that due right afterwards at least, right?

CLIENT: Yeah.

THERAPIST: Okay. So the last ... this is the only problem because each session I feel like we have to catch up on what happens.

CLIENT: Well ... uh ...

THERAPIST: Do you remember what we were working on before?

CLIENT: I know exactly. Oh my gosh! Well, Halloween I was going to talk to Brendan and what-not. I didn't even end up really ... No, I didn't end up seeing him at all, actually. We were talking and we were supposed to meet up and I originally was just going to go straight to where the guys were and then hang out with them for the night and then hopefully get to talk to him. [0:06:10.7]

THERAPIST: And your friend was with you, right?

CLIENT: Well no, I was alone, actually because ...

THERAPIST: She just came for the Friday?

CLIENT: Um ... oh yeah, she just came Friday. She left Saturday. Oh yeah, I forgot about her. So she left. But then ... uh ... I was talking to him like through text, I guess. He started texting me, so obviously through text, and ... um ... most of the night. And then my roommate got off her second shift, her night shift at work, so she's like ... she told me to go meet her and we'll go meet them. So I'm like, "Okay." So I met her and she was, like, drunk and whiney and I was like, "All right, I'm leaving," because she wasn't leaving. So ... and I wanted to meet up with them. So we left at, like, the start of the Cubs game, which, I don't even know when that was, trying to find them. And then we ended up walking around, like, the downtown area because it was blocked (ph) ...

THERAPIST: Oh, because they were down there?

CLIENT: That's where they were, first of all.

THERAPIST: Oh yeah, I was down there. It was, like, so hard to get around because of all the streets.

CLIENT: And you know where ... yeah. So ... and my roommate, the whole time, like she fell going into the subway when we first got into the subway ...

THERAPIST: Was she that drunk or she was just ... a klutz?

CLIENT: No, it was the shoes she was in and it was just ... yeah, it was slippery. And like at that point, she was ... since she was drunk, it didn't really hurt her. But she kind of sobered up quickly, because we were looking for them for a really long time. We would call them, they would be like, "Oh, I can't hear you." And it was maybe 12:00 when we finally got there. And mind you, the game starts at what ... I think it was still light, so maybe it started at 8:30, 9:00?

THERAPIST: Yeah.

CLIENT: So the whole time we're calling them and we just both got really upset because it's her boyfriend and he's supposed to be both our friends, this other kid too, Brendan. So we kept calling them. They wouldn't even step outside to tell us how to get there, where they were. Then I got in a fight with my roomie and I'm like ... I just haven't talked to Brendan really since then. We got really mad at the both of them. She was fine like the next day, but I was furious just for the fact that I was walking around looking for them to hang out with them and they refused to walk outside. And then when we got there, we called them, like, "Oh, can you come outside," like whatever, because we didn't even want to stay at that point. And they weren't coming outside. So I was just done, and I left and ... [0:08:36.6]

THERAPIST: So you got all the way there and you never even saw him?

CLIENT: No. I left ... I was just ... in a way, they wouldn't come outside. I think her boyfriend ended up coming outside, but I ... and then I left. And I made my way back to Queens, which is another crazy, crazy trial.

THERAPIST: Oh my God.

CLIENT: No one would take me back. So I haven't really talked to him since then, and I guess he was like, "Oh, are you okay?" Because I walked all the way up to Union Station area because no cab would bring me home. And then the trains were messed up, or whatever, going home and I was just so confused. So I just kept

walking and walking. And I feel like ... like he was like, "Oh, are you okay?" And then we haven't really spoken since, like, the beginning of that week, I guess.

THERAPIST: Yeah. Were you all dressed up too?

CLIENT: Yeah! And like ...

THERAPIST: That's so terrible!

CLIENT: It was just ... and I didn't get to even, like, do anything that night. So I was really upset with them, I guess.

THERAPIST: Was he really drunk or something do you think?

CLIENT: Um ... well that's the thing. Like they say, "Oh, we were drunk," like ... or that's what her boyfriend eventually ... he said sorry to me because I was just really annoyed and like ... just because she was his girlfriend he was only worried, like, about her, whatever. So I was really annoyed at all of them.

THERAPIST: Yeah.

CLIENT: But, um ... no, I don't ... I don't know. It was just like a whole mess, so I just feel like throughout the night they got drunker. So that's why they're using that as an excuse. But from, like, 9:00 to 12:00 ...

THERAPIST: Yeah, when they were first there. [0:10:13.3]

CLIENT: ... like, it really ... I couldn't ... I looked at my clock and I was like ...

THERAPIST: Who were they with? Were they at a bar or ...?

CLIENT: You know what? Other guys that we're kind of friends with, not as close with them I guess. And they weren't ... like I was furious that we ... she was ... like, more of it was that she was screaming at random people on the street and, like, cursing at random ... my roomie, she's crazy ... cursing at random people on the street. Like, I ... I don't know. After that night, I just want to get away from it all. I can move out on my own. But like she was screaming to the phone on her boyfriend, "Go outside!" And he wasn't going outside to tell us ... I don't know what was wrong in the communications. So ever since then, I've been ... I don't want to deal with them. So ...

THERAPIST: Yeah.

CLIENT: But I guess that like I'm not really even annoyed anymore. I'm kind of ... whatever ... pissed, but I haven't talked to Brendan really since then.

THERAPIST: Do you want to work things out with him or ...?

CLIENT: Well, I don't know, because I really am annoyed at that whole situation ...

THERAPIST: When he texted you and said, "Are you okay," or "Are you mad," or ... what did you respond with?

CLIENT: Um ... I said I think I was fine and like, "Yeah, I'm okay." I think I'm more mad at my roommate's boyfriend than I am at him, though, because he's the one we were calling, like, and asking him to go outside.

THERAPIST: Yeah. So maybe Brendan got caught up with this and he didn't even know what was going on, perhaps.

CLIENT: And I still kind of feel like he probably didn't ... I don't know, doesn't know what was going on. And the fact that I even tried to talk to him ... like he's very, like, like ... I don't know, shyer than me. So it's like I don't know what to do.

THERAPIST: Yeah. Well maybe in this situation, if you really don't think it was Brendan's fault and, you know, all your plans and all your goals kind of got caught up in your roommate's drama, right?

CLIENT: Oh my gosh!

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: So do you think then maybe you owe it to Brendan to have a conversation at least about it and explain why you're upset?

CLIENT: Yeah. I just feel like he maybe doesn't know how upset I was and then why doesn't he talk to me in this past week, whatever, like ...

THERAPIST: Well, have you seen him? [0:12:19.8]

CLIENT: No, I guess I haven't seen him.

THERAPIST: Well maybe he feels like you're mad at him. (chuckling)

CLIENT: I guess I did last weekend purposely ... well, he didn't end up going either, but I purposely didn't go to one of our friend's birthday hangout things because I didn't want to see any of them because that was like directly after.

THERAPIST: Yeah.

CLIENT: But he's very ... he always is hanging out with the guys and staying in Evanston and like, it's ... so I ... I don't know. I feel like, how am I going to drag him out if he doesn't seem like he wants to?

THERAPIST: But you still have never asked him.

CLIENT: I guess ...

THERAPIST: You're right. How is he going to ... you know, why would he even get up there? You haven't asked him.

CLIENT: Yeah. I've ... I have to go through that whole getting the nerve to ask him again. Like I'm really ... like that's another thing I was kind of annoyed at. And now I haven't seen him to ...

THERAPIST: You're annoyed at what?

CLIENT: Like that I didn't get ... like I was hoping to see him and hang out. And we were both talking like whatever, only through text, but ... and then this happened and what-not and I just feel like ... I don't know. When am I going to see him?

THERAPIST: So do you want to let your anger at your roommate and her boyfriend ruin something that ... I mean, that's your choice, right?

CLIENT: Yeah, I guess ... yeah ... I guess that's really the only thing that's ... I guess because it would have been easier because I was going to actually see him to ask him to hang out. I feel like it would be easier to ask him when we're already hanging out, rather than ...

THERAPIST: By now, he might have already seen the movie, right?

CLIENT: Yeah. Rather than just call him up or text him like, "Hey ..."

THERAPIST: It would be easier, but that situation might not present itself.

CLIENT: Yeah, that's what I feel like.

THERAPIST: So would it be worth it to take that leap, you know?

CLIENT: Well now, like, I don't know. I'm questioning it, because I feel like he knows now that I'm somewhat interested. But he's still ... I guess I can't get mad at him for being shy like ... because I don't know his story because I know that I'm like that and people probably have thought that about me plenty of times.

THERAPIST: And he got up the nerve already and told you that he liked you a while ago. [0:14:22.9]

CLIENT: Yeah.

THERAPIST: And the only reason he wouldn't like you any more would just be that, "She's not interested. I need to move on." But even people say they move on if someone's (inaudible) "I like you again."

CLIENT: Yeah.

THERAPIST: But unless something happened, you know, they wouldn't just say, "Oh, that's nice."

CLIENT: That's true. I guess ...

THERAPIST: So I mean this is really about making what you want happen and how much do you want to be happy and at ... I'm not saying you're going to fall in love with him and get married, but at least prove to yourself that you're capable of doing this.

CLIENT: I want to, and like not even necessarily like ... I do ... I think he's a really nice kid and I would like to get to know him more to see if maybe there was something there. But just in general, I would like to be able to do that, but at the same time I've kind of pushed that so far away that I'm fine. So I feel like there's nothing pushing me because I'm just like, "All right. I'm fine."

THERAPIST: This is what you're used to.

CLIENT: Yeah.

THERAPIST: But is that what you want?

CLIENT: No. It just ... it's not what I want, but I feel like it works. I don't know if that makes sense.

THERAPIST: So you're comfortable, and that's all you want to be for the rest of your life, just comfortable?

CLIENT: I guess I'm comfortable, but I'm not necessarily, like, happy.

THERAPIST: So why don't you just spend the rest of your life, Catherine? That's fine.

CLIENT: I don't know. I just feel like ... I feel like I get less happy with the anxiety, so like, to provoke it ...

THERAPIST: Disrupts the comfort.

CLIENT: Yeah.

THERAPIST: But remember, you know, are you going to get the things that you want and the happiness that you'd like to at least attempt?

CLIENT: Yeah.

THERAPIST: What if you spent your whole life ... what if you were 80 years old and you never fell in love, you never had relationships, you've never been on dates just because you're comfortable. You stayed comfortable until you were 80 or 90 years old. [0:16:12.7]

CLIENT: Well that's what I don't ...

THERAPIST: Is that the life you want to look back on?

CLIENT: No. Like I don't want that, but at the ... I don't know how to like ... I feel like I just ... I was always so worried, like thinking like ... worried about guys, like how I was going to act, more. And like now I'm at the point where I just kind of push them away because I don't even care. And it's not even like I deeply don't care. Like I really ... some part of me would like to, you know, have a guy there. But right now I just kind of feel like it's easier for me to say while I'm here.

THERAPIST: I know, because you'd rather be comfortable than take a risk. But I don't even think it's a risk. You'd just rather be comfortable than uncomfortable.

CLIENT: I guess, yeah, because it's real ... I mean ... it's not a risk.

THERAPIST: Is it so important for you to be comfortable all the time? That's so important for you?

CLIENT: No. I just ...

THERAPIST: But it is! You're changing your whole life. You're doing things differently. You're pushing people away because you want to be comfortable.

CLIENT: And I feel like I've more recently, I've been more comfortable but that's because I've really kind of (inaudible at 0:17:14.5) but I don't ... I don't know.

THERAPIST: So it's really your choice. And I give you the tools, you know, what to think. You've got to practice, right? Unless there's something else you think that would be working.

CLIENT: I guess I'm still hesitant because I just don't want to feel the anxiety. Because I really ...

THERAPIST: But can you stand it?

CLIENT: Yeah.

THERAPIST: Are you sure?

CLIENT: I ... I ... I used to be able to.

THERAPIST: So you can stand it. So you've done it before. You still do it now.

CLIENT: But I feel like it's just a process, it's embarrassing, like I don't know. Like it just ...

THERAPIST: If you could look back on your life, you know, when you're 80 years old if you were married and had children say, "Oh, I really regret being uncomfortable for that ... for that phone call that I made. God I regret that so ..."! Is that what you're going to look back on and regret?

CLIENT: No, like ...

THERAPIST: Or are you going to regret the things that you didn't do?

CLIENT: ... even now, like, when I've had anxiety, like a month ago or something, like I don't even think about it. So it's just in that moment, I guess, right now. But once it's in the past, it's fine. Like even if I had the worst anxiety, I don't care. Like it's over. It's done. [0:18:28.1]

THERAPIST: So ... what's so awful about the uncomfortableness? You tell yourself "It's awful. It would be awful to be uncomfortable. I can't stand it. It would be awful. The worst thing in the world would be to be uncomfortable."

CLIENT: Yeah.

THERAPIST: Right? And you know that it's not, but you don't believe it.

CLIENT: I know it's not, but I don't know ... I just ... when I get that feeling, like I don't know, just feel like it's the worst, even though obviously I know at that moment it's not. Things could be worse. But ...

THERAPIST: I really would like you to take out your phone and text Brendan and ask him to see ... "Would you like to see a movie tomorrow night?" Right now. And then we can talk about what you feel and we can dispute it. Okay?

CLIENT: Um ... maybe I could say something else. (chuckling) I'm trying to think.

THERAPIST: What would be so wrong with saying that? Isn't that what you want?

CLIENT: Yeah, but at this point, I'd rather ... like I just want to like ... I don't know. I don't even know if ... like I want to say like I don't even want to go like one-on-one, but I don't know if that's like really ...

THERAPIST: Because you're mad?

CLIENT: No, not even that. I just don't know if that's because the uncomfortableness or if ... because like ... I don't know. Like I really would ... I'd like him to like ... I don't know.

THERAPIST: Well what are you thinking right now? When I say this ... when I say we're going to text him. Take out your phone and just hold it, okay?

CLIENT: Okay. (she gets her phone) Sorry. I have it somewhere. Yup. [0:20:12.6]

THERAPIST: Okay. Now I want you to open up a text message, a new one.

CLIENT: Text messages. Well, I don't know, like it just ...

THERAPIST: Okay. And look at it. Okay, start typing. You don't have to put anyone's name in it yet, okay? Now type in, say, you know, "Do you want to see a movie?"

CLIENT: I don't know if I want to see a movie. Like I don't know ... I kind of like ...

THERAPIST: You did last week. What changed?

CLIENT: Yeah. I guess like I really ...

THERAPIST: And you were going to ask him on Saturday.

CLIENT: ... like I don't mind, like I wouldn't mind texting him and what-not. Like I feel like ... I would feel better if like I started talking to him and kind of hinted it or something and like, he asked. But I don't know why, but I just ...

THERAPIST: Because it wouldn't be a straight rejection?

CLIENT: Not even the rejection. Like ... I don't know, I'm just very ...

THERAPIST: Are you sure?

CLIENT: Maybe because I know that he wouldn't be like, "Let's go see a movie together." I don't know. I'm more just ... I don't know why I want to, like ... even though I've hung out with him a million times before, but like hang out first and then ...

THERAPIST: But you want to hang out with him and you want to see what it's like ...

CLIENT: Well with like a group and ...

THERAPIST: But you've done that!

CLIENT: I know. But ...

THERAPIST: And nothing has changed. And you haven't gotten that alone-time with him. And his friends are kind of dicks, they're always getting in the way. So if you want what you want, what's wrong with going after it? The feeling of uncomfortableness. So what are you feeling right now. Anxiety?

CLIENT: Um ... yeah, but it's more just ... I don't know. I think I'll feel more anxiety if I like actually started to type it.

THERAPIST: So type. So start typing.

CLIENT: Well I know I'm not going to send it. (chuckling)

THERAPIST: Start typing. Maybe you will send it. What are you typing?

CLIENT: Well, I just changed it to Word. Now I'm thinking. Um ...

THERAPIST: Say, "Hey, do you want to go see a movie tomorrow? Want to go see Where the Wild Things Are tomorrow?" [0:22:08.4]

I mean, if he was nervous, he could say ... he could change it to group, but this is you putting yourself out there, right?

CLIENT: Yeah. I just cleared it all. I don't know, like I just ... I don't know.

THERAPIST: So what emotion are you feeling? Anxiety. What are you thinking in your head?

CLIENT: I'm just really hesitant. I don't know.

THERAPIST: What are you thinking in your head?

CLIENT: Um ... I don't know, like it's ... like ... I don't want him to think it's weird. I don't know. I don't really know, I'm just like ...

THERAPIST: "I don't want him to think I'm weird." So this comes down to people judging you. Why would he think that you were weird? Or ... okay. Let's work different. If ... so what if he thought you were weird?

CLIENT: I guess it doesn't matter. I don't know, I think I ... well not only that, though, I'm more thinking of the actual event. Like ...

THERAPIST: I don't know if you're thinking of the actual event right now.

CLIENT: Well, I feel like it's both, because I don't want to actually ask him to do that because then I know (inaudible) to do.

THERAPIST: So were you just bullshitting me last week about asking him?

CLIENT: No, I would rather like ... what I would rather do is like get a chance to actually hang out with him, actually talk one-on-one and actually like ...

THERAPIST: Give you the chance to not do it?

CLIENT: Well no, I would feel much more comfortable then, being like, "We should hang out," or something like (inaudible)

THERAPIST: So you feel like it's weird since you haven't seen him for a while?

CLIENT: Yeah, like I don't know ... I don't know why, it just ... I just feel like that would be ... I want to use the word "comfortable," but ...

THERAPIST: So what if it's uncomfortable?

CLIENT: It doesn't matter, but still ...

THERAPIST: So why ... so what ... okay. When you want to send this text message you're like, "I don't want him to think I'm weird." Why would he think you were weird for sending a text message to say ... to see a movie?

CLIENT: I guess he wouldn't. Like ...

THERAPIST: And he would maybe be excited since he has a longstanding crush on you.

CLIENT: Yeah.

THERAPIST: So it further comes down to ...

CLIENT: Me.

THERAPIST: ... you being uncomfortable, doesn't it?

CLIENT: Yeah.

THERAPIST: So why are you uncomfortable? [0:24:15.2]

CLIENT: I don't ... I don't know. I just ... because it's ... like I've never ...

THERAPIST: Because he would know that you were interested? And then you couldn't take it back?

CLIENT: Um ... not even. Because I kind of would rather him know that so he can do something. Like ... I don't know. But ... I just ...

THERAPIST: I didn't realize you were a girl from the 1930s! Are you?

CLIENT: No. (chuckling)

THERAPIST: No? You think a girl can ask a guy out?

CLIENT: Yeah. Of course.

THERAPIST: He won't think, "She's a total slut"?

CLIENT: That's not even ... I don't know, it's not even like the girl/guy aspect. It's just me.

THERAPIST: It's just you. So what's ... what would be so hard about texting him? Having to go through with it?

CLIENT: I guess ... yeah, like I'm not ... yeah, I guess that's ...

THERAPIST: But you could still back out, right? You could always call in sick tomorrow if you really didn't want to go.

CLIENT: Well I feel like ... like I can't do that unless I'm really sick.

THERAPIST: But you could if you really were so uncomfortable.

CLIENT: Yeah. But that's the thing, like with me, I don't ... like I don't want people to ... like I feel like ...

THERAPIST: But he already knows.

CLIENT: Yeah. But even like I feel like it hasn't ... even with anxiety, like it really hasn't ... like I haven't shown like the symptoms or anxiety or the feeling in the stomach hasn't been strong enough to where ... like my roommate [I don't even think has] (ph) really seen him recently, so it's kind of ... I really ... I don't know ...

THERAPIST: I think this goes back to, Catherine, what do you want from life? Do you want to get married?

CLIENT: Eventually, yes.

THERAPIST: Do you want to have children?

CLIENT: Yeah.

THERAPIST: Do you want to have friends and family? Do you want to have a few sex partners before you get married?

CLIENT: Sure. (chuckling)

THERAPIST: Or do you want ... uh ... do you want the one you marry to be the one? You've already had sex, right?

CLIENT: No, that's fine.

THERAPIST: Okay. So, you want these things. Do you want to travel?

CLIENT: Oh, I would love to.

THERAPIST: Do you want to experience new things?

CLIENT: That's my problem, like I want to so bad, but ...

THERAPIST: But you let your thoughts take control of you. Can you take control of your thoughts? [0:26:24.3]

CLIENT: I guess yeah, but ... I mean ...

THERAPIST: But you're not ... but you don't believe them and you don't practice them enough.

CLIENT: Yeah. I guess because like I feel like when I'm in a normal state, like I'm fine, it just ... it just doesn't seem relevant. Like it just ... why am I telling me stuff that I already know? Why am I telling myself like things ...

THERAPIST: Because you don't know it.

CLIENT: And then ... that's true, because when I'm in that situation I forget all that. But ...

THERAPIST: Mmm hmm. The old ... this is the thing – the old thoughts are – I think for you – are probably going to always come up. Maybe even just a little, you know? I think they're always going to come up, the thoughts that, "I can't stand it. It's too uncomfortable. I don't want to feel uncomfortable. I don't want him to think I'm stupid. Blah, blah, blah. I'd rather not do anything than feel uncomfortable." But as long as you have the new thoughts, I think eventually they will be stronger, if you really practice them. But if you really want these things, Catherine, can you get them?

CLIENT: If I actually go out, I guess, and do it.

THERAPIST: How are you going to feel when you're 60 years old and you've done nothing? And you haven't even gone on a date?

CLIENT: That's what I'm afraid of, like ...

THERAPIST: But I don't think you're that afraid of it, because you're not doing anything about it.

CLIENT: I don't know, like I am, and like I think about that a lot. But ...

THERAPIST: But if I put a gun to your head right now and said, "Text Brendan" ...

CLIENT: Sorry (weeping)

THERAPIST: That's okay. I'm being hard on you today just because ... I know there was (inaudible) (both laugh)

CLIENT: It's not even that. It's just I feel like these are things that I've always wanted to do.

THERAPIST: I know. And I think I haven't seen this emotion from you. And that's ... you know, I guess I'm pulling to get this emotion out of you because I want you to see what you're really doing to yourself, you know? What you're capable of as well. [0:28:24.6]

CLIENT: I just feel like I guess I did such a good job at like pushing it all away because like I used to be more upset about it when I was younger, but the past few years it just ... I haven't ... I haven't dated anyone or anything like that and I ... like I guess I could also say like I don't have a desire to because I don't want to feel like the way I was feeling when I was doing that, like dating and what-not. But I also at the same time, like look at my friends and like, I don't know ...

THERAPIST: And I don't want you to sit around and be depressed and beat yourself up over this because I don't think that is helpful. I don't think that is going to do anything. And I don't think that's necessary. You're still young. You still have all these things ahead of you, you know?

CLIENT: I try to remind myself about that.

THERAPIST: You haven't missed out on the world, you know? The world's right there in front of you.

CLIENT: I just ... I always look at like my friends and what-not and I just don't understand like how I don't allow myself to just relax like they do or ...

THERAPIST: It's harder for you. That's okay. I think you have to keep trying, you know?

CLIENT: Yeah.

THERAPIST: And it's going to be hard. I don't think it's going to be easy. But do you think it will be worth it?

CLIENT: Yeah. Obviously, like ...

THERAPIST: Really? Do you think so?

CLIENT: Yeah. It's something like I'd really love to at least allow myself to enjoy like life at least once. Like ...

THERAPIST: I think you've enjoyed it at least once. Let's not be over-dramatic.

CLIENT: Yeah.

THERAPIST: I think you've done a lot of things ...

CLIENT: I just feel like it's the little things (inaudible) like even getting a job, like just to feel like I'm making my own money, like ... I miss that, like ...

THERAPIST: But you can still do that, right?

CLIENT: Yeah.

THERAPIST: And we stopped kind of working on that for a while when other things came up and we kept missing sessions and we can go back to that.

CLIENT: Actually, just recently, like today and yesterday, I went and got applications so I can start filling them out, so it's like ...

THERAPIST: Good, because I think (inaudible 0:30:25.4) of discomfort, which is kind of what I was doing to you right now and making you think about things you don't want to think about. Because I think a certain amount of discomfort is necessary to make change. When you're comfortable, as you know, you don't need to do anything.

CLIENT: Yeah, because I feel like I haven't done much because I have been comfortable.

THERAPIST: But I think ... I'm trying, I guess, to make you a little uncomfortable today, which I think worked. I feel bad! (chuckling)

CLIENT: No, no, it's not even ...

THERAPIST: But I think it's important for you to see that change is important for you. It's not important for me, you know? This is what ... you're happy, but I don't believe that you're happy, and I don't think that you're as happy as you could be.

CLIENT: I don't think I am either, so ... I think ... I struggle with that. I feel like ... versus my anxiety, because I know that, like, I'm not very ... like I know that I love my family. I have a wonderful family, friends, wonderful friends. But like, it would be nice to be able to do things more on my own than have to depend on them and solely them. I feel like ...

THERAPIST: And that's what I'm saying. I think you have a lot of ... um ... accomplishments. I mean you're almost done with college, you do really well in school, you're really responsible and you have your own apartment, you're not living at home, you know what I mean? Things could be a lot worse. You've done a lot of really great things that have taken courage and taken discomfort probably, right? To move out, to go to college away from home with all new people.

CLIENT: But see, I look at those things as like ... like I should be like happy for those things ... like those aren't even like ...

THERAPIST: But they're not a big deal. [0:32:14.6]

CLIENT: Yeah, like those ...

THERAPIST: Because you're down on yourself, right? But look at all these things that you've done, that you've made yourself uncomfortable, that you've stood it. I think the interpersonal ones are always going to be the hardest for you, but you've made friends, right? In this college. You didn't know anybody there. You made friends. You did it. You wanted friends bad enough and you went out and got them, right?

CLIENT: Yeah.

THERAPIST: And I think if you want to try relationships and things like that, you have to want it bad enough to go out and get it.

CLIENT: Yeah. I think I just ... I never ... I don't know. Since probably before I came to Shimer was the last time I actually like really either showed interest in a guy. Like even if I was interested, I haven't within the past three years, like done anything about it really. Brendan, close, like we've actually kissed and ... but like ... that was (inaudible)

THERAPIST: When? When was this?

CLIENT: It was only ... that was probably ... um ... like a year ago, though.

THERAPIST: Wow.

CLIENT: But it was like not ... we kissed and it was out and we were drunk like maybe two weekends or something. And nothing came of it. And that's probably the only like guy attraction I feel like.

THERAPIST: But you do want more interaction with him. So can you go out and get it? Can you stand a little discomfort to come in next week and say ... oh, you're getting a message.

CLIENT: Getting messages.

THERAPIST: To come, you know, like you'll come back next week and say to me, "Oh my God, you'll never believe what I did! I actually did it! We went on a date. It was a little uncomfortable, but I'm really glad I did it. At least now I know I don't really like him. He kind of smells bad," or you know like, "I can move on and now I can talk about other things," you know?

CLIENT: I would like that just so I ... like, I don't know, I just feel like ... like if I don't do that with someone that ... like him or whatever, if I can't do it with someone like him, then how do I do it with a stranger? (weeping) I don't know. [0:34:13.7]

THERAPIST: So start with him. Right?

CLIENT: Yeah.

THERAPIST: And if he's a big loser, then move on.

CLIENT: Yeah.

THERAPIST: Right? You're beautiful, you're young, you've got ... you're smart. You have all these things and so you have a little anxiety problem, right?

CLIENT: Yup.

THERAPIST: But I don't think that's a deal-breaker for anyone. For most people, right?

CLIENT: Yeah. I guess I always looked at it as a "don't come near this person."

THERAPIST: "Who would ever want to be with me? I'm a mess." You're not a mess. You have everything else in order.

CLIENT: (inaudible) I guess it's only with ...

THERAPIST: In that one area that you have trouble with.

CLIENT: Yeah. Except I need ... I guess I just ...

THERAPIST: You're not an agoraphobic. You know what those people are? Those are people who are ...

CLIENT: Afraid to go (inaudible)?

THERAPIST: Outside, yeah. They won't leave their house. You haven't got that bad.

CLIENT: I know. I always get to say "no" on those answers to those questions. (both laugh) I always think, "Really?" I guess there is other ...

THERAPIST: But you've got to keep challenging yourself. You've got to keep ... Want to try? How bad do you want it?

CLIENT: I don't know. See? I don't know. Like I do, but at the same time, like ... I don't know if it's habit that, like I'm fine not texting him?

THERAPIST: So how are you going to feel after you text him? Are you going to still feel bad, like once you press "send," do you think you'll still feel as bad?

CLIENT: I think I'm going to have anxiety if I send a message, that sort of thing.

THERAPIST: Can you do some relaxation when you feel that way?

CLIENT: Yeah, I guess. I haven't really done the breathing in a while, but that was always something ...

THERAPIST: Do you have it at home? Was it a tape, or you just know how to do it yourself?

CLIENT: I guess I just did it. I'm actually learning in my Buddhism class Zen meditation. And it's so similar to the breathing. [0:36:02.3]

THERAPIST: Exactly what this is [always (inaudible)] (ph) (laughing) So when you feel anxiety, you can do that, right? You can say your thoughts, like, "This isn't awful. This is not bad. This is a step to getting what I want. I'm going out and getting what I want. I'm being brave. I'm proud of myself."

CLIENT: Yeah.

THERAPIST: "Even if it ends badly, I still did something good for myself."

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: That would feel nice.

THERAPIST: Pick up your phone. Come on.

CLIENT: Text messages.

THERAPIST: [You have any] (ph) text messages? Who are they from?

CLIENT: My roommate.

THERAPIST: Okay.

CLIENT: And her boyfriend, actually.

THERAPIST: Well ignore that. Do you think you can send it, or you're not ready yet?

CLIENT: See, I feel ... like I feel like I'm not ready, but at the same time, like I don't know.

THERAPIST: Are you ever going to be ready?

CLIENT: That's ... yeah.

THERAPIST: So do you want to be brave right now and send it?

CLIENT: I don't know.

THERAPIST: If not now, when? We've been talking about this for, like, two weeks, three weeks, I guess.

CLIENT: I know.

THERAPIST: He could have a girlfriend by the time you turn around – some crazy over-aggressive girl who's going to jump him, right?

CLIENT: I have thought of that before, like he's going to have a girlfriend by the time we even hang out, but ... I don't know.

THERAPIST: But not enough to encourage you to go ahead?

CLIENT: No, I feel like nothing except myself really is enough, like just for the fact that ... I don't know, I just have for so long now just pushed everything to the back. I don't know. But I just ... I'm trying to think of like a scenario where maybe it would be less uncomfortable hanging out. Like, "Do you want to do this," or something, like ...

THERAPIST: Would you want to invite him over instead?

CLIENT: Um ...

THERAPIST: I mean, you could still come over and then say, "Let's go see Where the Wild Things Are."

CLIENT: I guess, yeah. That would maybe be better. I don't know what to say, like, "Hey ..."

THERAPIST: What if you're just like, "I really want to go see Where the Wild Things Are. Do you want to see it tomorrow?" Before it's out of the theatres.

CLIENT: Maybe I'll ... I don't know. Maybe I'll see if he wants to see if he wants to, like, come over or something? And then go ... I feel like that would be a little bit easier. [0:38:20.5]

THERAPIST: Okay.

CLIENT: I don't know what to say.

THERAPIST: Say, "Hey, want to come over tomorrow? Want to come over and hang out with me tomorrow?"

CLIENT: I haven't talked to him in so long now. I feel like I should ...

THERAPIST: Could you say, "I haven't talked to you in a while. Want to come over and hang out tomorrow?"

CLIENT: I guess, yeah. (both chuckle) Okay. I feel weird, though. Like as I'm typing it, I'm thinking like ...

THERAPIST: So what are you thinking? Tell me what you're thinking.

CLIENT: That it's random. Like ...

THERAPIST: So that this is weird.

CLIENT: Starting to feel like anxiety, but ...

THERAPIST: So breathe. Say, "This is just what people feel when they're nervous," right? Can you say, "This is just what people feel when they're texting the guy that they like"?

CLIENT: I feel like he's going to be like, "Come over tomorrow? For ... like, why?"

THERAPIST: So he'll say, "For what?" And be like, "I don't know. Want to go see a movie later?" Right?

CLIENT: I guess because I've never ...

THERAPIST: Never done it before.

CLIENT: Yeah. I was just going to say I've never actually asked.

THERAPIST: But he'll probably be thrilled and I guess since it is tomorrow, he could have plans. You could be in the clear, right?

CLIENT: Yeah. Uh ... (typing) "Want to come over tomorrow?" I'm thinking of it as I'm typing, like his response.

THERAPIST: And then you could say ... "And then see Where the Wild Things Are."

CLIENT: See I feel like waiting on that, like ...

THERAPIST: But then he might not have the thing, "for what?"

CLIENT: That's true. [0:40:00.7]

THERAPIST: You know what I mean? He might be less confused.

CLIENT: I'm trying to see how I can be nice. I'm just going to say, "I haven't seen you in a while. Want to come over tomorrow and hang out?"

THERAPIST: Yeah. And anyway, you can talk and get off your chest what you were upset about.

CLIENT: That's true. I'm like thinking ...

THERAPIST: What are you thinking?

CLIENT: That it's just going to be us two and like there's no, like ...

THERAPIST: Catherine, can you have a date with more than two people?

CLIENT: No. Well, double-date?

THERAPIST: You can have a tea party! (chuckling)

CLIENT: I feel like even when I date, like (whispers something inaudible) even when I kind of dated guys – I don't even want to know what my eyes look like but ...

THERAPIST: They're actually fine.

CLIENT: Oh, okay. I never really did the whole ... well I guess in the beginning, never did the one-on-one date until it was, like, comfortable. So that's why ...

THERAPIST: But now you're an adult. Right?

CLIENT: I know, and that's why I'm like ...

THERAPIST: It's hard. It's scary. But ... right? If not with him, with who?

CLIENT: That's true.

THERAPIST: And you've done it before probably without even realizing it.

CLIENT: I don't know. I don't know if I want to send it.

THERAPIST: Okay. Are you done?

CLIENT: You can't send it.

THERAPIST: I won't. I'm just [scrolling up] (ph) "I haven't talked to you in a while (inaudible) Yeah. That's pretty simple.

CLIENT: I guess it's like the simplest ...

THERAPIST: I don't think he's going to get any weird ideas. Right? What if you press "send" right now?

CLIENT: Yeah. I'm debating. I don't know what's holding me back.

THERAPIST: What would be the benefits of pressing "send"?

CLIENT: Um, actually getting ... well maybe actually getting to hang out with him. [0:42:11.0]

THERAPIST: What else?

CLIENT: Um ... and feeling better just that I actually did it.

THERAPIST: Proving that you can stand to be uncomfortable. Taking steps towards making change in your life.

CLIENT: Yeah.

THERAPIST: Handling rejection if it actually happened. And the negatives are like feeling uncomfortable. Which ones are more important to you?

CLIENT: I guess the positives. But ...

THERAPIST: Are they strong enough? I mean you were just crying about the fact that you couldn't have all these things. And this is you actively trying to change something.

CLIENT: No that's the thing, like it ... obviously like it upsets me a lot to where I could cry just talking about it. But at the same time, I don't ... like there's nothing really that I ... it's not that I really have a drive to change it. Like I don't know if I'm avoiding it.

THERAPIST: But I think by making change, like we'll start, you know, the process.

CLIENT: Yeah.

THERAPIST: If you just close your eyes and press "send."

CLIENT: What if I said like, "this weekend" so it doesn't have to definitely be tomorrow?

THERAPIST: You could do that. Is it less scary if it's not tomorrow?

CLIENT: Yeah. Well I just feel like it's so definite. Like ... and I can't take back, like "Oh, you're not allowed to come over."

THERAPIST: So what about it? I mean, you could say, "I also have (inaudible) come over."

CLIENT: Yeah, he would find out the truth. Like I live with his best friend's girlfriend.

THERAPIST: So you might have to do it.

CLIENT: (chuckling) Um ... say "this weekend."

THERAPIST: Do you want to be brave? Do you want to take chances? What do you want? Feel a little bit comfortable? "I can stand it. Feeling uncomfortable is not awful."

CLIENT: I know. I just feel like it's so definite if I send him a message. Like ... [0:44:15.7]

THERAPIST: We're running out of time, Catherine. Do you want to do this before we go?

CLIENT: Um ... I'll change it to "the weekend."

THERAPIST: This is taking a step in your life, right? You're taking control back. "I can stand to feel uncomfortable." Say it. Can you say that to me?

CLIENT: Yeah. I'm just still debating whether I'm sending this.

THERAPIST: Say it. Say it.

CLIENT: I can stand to be uncomfortable.

THERAPIST: It's worth it.

CLIENT: It's ... it is worth it, but ... I don't know. I just really ...

THERAPIST: It's worth it to be uncomfortable.

CLIENT: It's worth it. I just don't feel like ...

THERAPIST: "In order to get the things I want in life, I have to feel a little uncomfortable."

CLIENT: In order to get the things I want in life, I have to feel a little, at least, uncomfortable.

THERAPIST: Maybe a lot uncomfortable. Right?

CLIENT: Yeah.

THERAPIST: "I'm going to have to feel uncomfortable to get the things I want in life to be happy. Being happy is worth being uncomfortable."

CLIENT: I'm going to change it.

THERAPIST: What are you changing it to?

CLIENT: Can I say "we should hang out this weekend"? That just make it a little easier?

THERAPIST: You can do whatever you want. As long as you're a fast typist – we're running out of time!

CLIENT: Okay. I don't spell very well. I'm erasing the other stuff. [0:46:08.1]

THERAPIST: That's okay.

CLIENT: I'm going to ask him ... I'm going to say "we should hang out this weekend" because that's, I guess, not ...

THERAPIST: What if you say, "Me and you should hang out this weekend"?

CLIENT: Okay. So I guess that's ... "Hey, haven't talked to you in a while. Me and you should hang out this weekend."

THERAPIST: I think that sounds good.

CLIENT: Question mark? Or just ...

THERAPIST: That sounds fine. I don't think you need that to work. You sent it?

CLIENT: I hope he answers. Yeah.

THERAPIST: Okay. Want to wait two minutes and then we'll see? How do you feel?

CLIENT: I'm kind of just waiting for ...

THERAPIST: But how do you feel right now?

CLIENT: Um ... I'm just really ... going through my head, is he going to answer?

THERAPIST: So he might be busy, right?

CLIENT: Yeah.

THERAPIST: He might be doing something. He might be in the shower.

CLIENT: I guess I'm really ... I'm really anxious, actually, to know what he says.

THERAPIST: He might be on the toilet. You don't know, right?

CLIENT: Yeah.

THERAPIST: It could be a thousand things.

CLIENT: I'm more anxious to find out ...

THERAPIST: Can you stand feeling anxious?

CLIENT: Yeah, I guess it's not ...

THERAPIST: "I can stand it. He might be doing something else."

CLIENT: It didn't like (inaudible) like I thought. I don't know.

THERAPIST: So it didn't go worse.

CLIENT: No.

THERAPIST: Same level of anxiety? I think it's less. You're smiling more.

CLIENT: I'm still ... I don't know. I'm thinking about what he's going to say, because if he says, "Yeah, we should," then I have to be like, "All right. Well let's do ..." like I'm going to have to come up with something to do.

THERAPIST: Well you have something.

CLIENT: I guess, yeah, the movie.

THERAPIST: Mmm hmm. Or you could actually talk on the phone, which might be easier.

CLIENT: That's true.

THERAPIST: Would it be easier?

CLIENT: Um ... yeah. I hate text messaging. I know I always say that, but ... like that I'm always texting, but I really hate it.

THERAPIST: So why don't you say, "Call me. Like call me and we'll make plans."

CLIENT: I guess I could say that back.

THERAPIST: He might be freaking out himself. "Oh my God! What should I do?" Is this the first time you've said that?

CLIENT: Um ... I guess, yeah, because normally he ... normally me and him just show up at places because I go with my roomie and he goes with his best friend, so ... we normally don't like ... except Halloween when we actually ... we were the ones talking but it's still groups.

THERAPIST: So you're giving him one more chance. I mean he could be a secret dick that you never knew for all these years and let you down. Or it could have just been with asshole guys who, you know how they get when they're in guy-mentality, right?

CLIENT: Yeah.

THERAPIST: But can you stand not ... you know, can you stand ... what if he thinks you're such a freak for texting him? Is he going to think that?

CLIENT: I think I'd rather him think I was a freak for texting him than think I was a freak if we were in person. I don't know why, like ... if you want to think I'm a freak before we hang out, that's a little bit better than after we've hung out because I guess then I'd feel like he got to know me and then ... well, I guess he does know me. I can't pretend like he doesn't.

THERAPIST: Sure he knows you. He knows your weird things. There's probably more out there, right? Everybody has even more weirdness.

CLIENT: That's true. It's what attracts you to the other person, it's their weirdness.

THERAPIST: Yeah. And also mystery. I'm sure you have a lot of mysteries since you were like ...

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah, because I guess (inaudible).

THERAPIST: And you never know where he could be right now. There could be a million reasons he's not answering. Is he normally really fast?

CLIENT: Yeah, I guess I'm ... I'm not even like nervous that ... No, because sometimes I've actually called him. I feel like he wouldn't answer if I called him, because there are times that I've called him and he'll always text me like, "Oh, I'm driving." And he'll text me and I'm like, "So you could text while you're driving, but you won't call ... you won't answer my phone call?"

THERAPIST: So maybe he's more anxious about talking on the phone too.

CLIENT: So I feel like ... yeah.

THERAPIST: I mean, this could be good practice for you to get out of your comfort zone. Go after him. And if it doesn't work out, that would be sealing (ph) those skills and you can use them somewhere else.

CLIENT: Actually I feel a little bit better that ... I know I didn't exactly say like, "We should go to the movies," but I just feel a little bit better that I ...

THERAPIST: Do you feel better because you're going after what you want?

CLIENT: I don't know why, I just do feel a little bit better than I actually did something.

THERAPIST: And maybe it wasn't as bad as you anticipated the anxiety to be for doing it.

CLIENT: Yeah. Oh, definitely not. [0:50:15.8]

THERAPIST: Right? So it's the same thing as the ...

CLIENT: But (inaudible) to being relaxed.

THERAPIST: So it's the same thing as the Versace. The ... thought it was going to be the worst thing in the world. Then after doing it, you said, "Oh, it wasn't that bad."

CLIENT: Yeah.

THERAPIST: You feel better than even before you did it because I was just thinking it was going to be so bad. And even if he never responded ... right? What if he never responded?

CLIENT: Um ... I'd probably say something to him the next time I saw him if he didn't.

THERAPIST: Yeah, I'd be like, "Thanks for responding to my text."

CLIENT: And then I wouldn't hang out with him.

THERAPIST: Exactly. But would you feel anxious all week?

CLIENT: Um ...

THERAPIST: Maybe a little.

CLIENT: I think I would, just because I wouldn't know.

THERAPIST: Because you wouldn't know.

CLIENT: Yeah.

THERAPIST: But um ... could you stand not knowing?

CLIENT: Yeah.

THERAPIST: There's a thousand other guys out there.

CLIENT: I'd rather know but ...

THERAPIST: There's a thousand other guys out there, right?

CLIENT: Yeah.

THERAPIST: It's hard to find good ones. But they're out there, right?

CLIENT: Yeah. I mean ...

THERAPIST: Maybe we can think about if you don't find the job thing we can think about maybe you going out and joining a club or something like that.

CLIENT: My parents would love you for saying that. That's all they say to me.

THERAPIST: Yeah? Getting out and meeting some other people.

CLIENT: Yeah. "Why aren't you joining a club?"

THERAPIST: I mean I've told you before, I never worked in college.

CLIENT: Yeah.

THERAPIST: I worked over the summers, I think, you know.

CLIENT: Yeah, like it's not like I've never had a job. I don't know, other people make me feel so bad about that and like ...

THERAPIST: Other people say things and you feel bad about it.

CLIENT: Yeah. That's ... (therapist laughs) They say something and I take it, I guess, however, whatever way.

THERAPIST: Okay. Well let's start ... I'll come with you downstairs. We'll take the elevator down.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: I think its working. How was the ski trip?

CLIENT: It was good actually.

THERAPIST: So you went?

CLIENT: Yes, and I had no trouble. Like I was shocked and I don't even know what I did. I kind of wrote down a few things like I know you had asked me to write down about the mindfulness breathing or whatever and I kind of just wrote down like a few different situations of what I guess went on...

THERAPIST: Great.

CLIENT: ...so I could remember. But I don't know, I felt like I wasn't really nervous but I don't know if it was because I woke up late that day...

THERAPIST: (COUGHING)

CLIENT: ...and I wasn't expecting that.

THERAPIST: (COUGHING). I'm sorry. What do you mean you woke up late?

CLIENT: Well I had been waking up early every morning and I didn't set my alarm because I figured we weren't leaving until I didn't have to be at her house until twelve.

So I wake up at like eleven and I started freaking out because I had a few more things to pack. So I was so busy and then I got there and I was fine. Like I didn't I don't know, sometimes when I'm really busy I don't have time to sit back and think...

THERAPIST: And be nervous. But was it leading up to? Because even when I have seen you here you were pretty nervous and uncomfortable and you were thinking, I'm probably not going to go.

CLIENT: I was very...

THERAPIST: Or I'm trying to find ways to get out of going.

CLIENT: Yeah, because I was very I was anticipating...

THERAPIST: I'm going to be gross and blow my nose while I talk to you. [0:01:22.0]

CLIENT: That's fine. I was anticipating but I don't know, I guess...

THERAPIST: So was the whole week like the same level of anxiety that you had when you were here?

CLIENT: No, I guess because I was with my family and this is the first I guess usually only around Christmas is all five of us actually home.

So we were all home, especially since my older brother doesn't have a job right now, he was home and my other brother still lives there.

And I don't know, I guess it was very relaxing. It was kind of an actually really nice to be around the family. And then I was hanging out with those friends that I was going away with.

So I don't know if that helped because I don't really see them. I know they're my like closest friends but I don't really see them as often during the year.

So I don't know, it...

THERAPIST: So it was a nice time. But also when I mean while it was relaxing it wasn't like super busy was it?

CLIENT: No, it was no, like what do you mean like the break or the...

THERAPIST: While you were home.

CLIENT: No, there wasn't really much that I had to do.

THERAPIST: So there certainly was plenty of time for you to ruminate about the trip?

CLIENT: Yeah.

THERAPIST: So I think you're not giving yourself for the credit here.

CLIENT: I guess (inaudible at 0:02:36.4)

THERAPIST: So I'm...

(CROSSTALK)

THERAPIST: So I would suggest that maybe you were doing something. Because were you thinking about the ski trip?

CLIENT: I guess yeah. I was actually I prepared for it like the week before I guess. I'm trying to think, like I guess right after Christmas because I didn't have any ski stuff.

So I was asking my bother; he was letting me borrow stuff and I don't know if I was getting myself excited because I even asked one my friends who was going and I was like, do you have extra snow pants or something.

And she was like, why are you getting ready now, it's like a week ahead of time. I haven't even thought about stuff.

So I don't know if I got myself like...[0:03:17.0]

THERAPIST: You got excited about it and it turned into something positive instead of something negative in your head.

CLIENT: Yeah.

THERAPIST: So instead of just thinking about all the things that could go wrong, you were thinking about the enjoyable part.

CLIENT: Yeah, I was I guess worried that I was going to be around her family and didn't know what to expect. Her immediate family yes, but then like her aunts it was her aunt's house and then her two older cousins.

And one's married and has a baby and like her husband was there. So I feel like the other people I was going with were more talkative. So a lot of times I feel like I don't want to be the odd one out.

THERAPIST: But going up I'm more worried I guess not about how you dealt with it once you were there because you have a history of being fine once you're there.

CLIENT: Yeah.

THERAPIST: That's generally your pattern, right?

CLIENT: Yeah.

THERAPIST: So you must have been telling yourself some rational things to stop worrying or was it just that you were saying only positive things about the events?

CLIENT: I was try, I don't know I was just trying to like relax. And I know I don't know, I feel leading up to it I got excited for it somewhat and then it I guess I've been annoyed with my roommate kind of so I was like I guess I'm going away with no cell phone service.

So that was something positive.

THERAPIST: So maybe that and this is something that we can use to our your advantage for the next time and anxiety-provoking situation comes up, which is maybe that not only is it just thinking about because we've kind of more identified as you thinking about the event than you thinking about being there.

And then you start thinking all the bad things that could happen with our health I guess which is basically most of it. I mean there's the I don't know I'm going to say but that doesn't seem to be as significant as the I'm going to get sick thought. 0:04:57.1}

CLIENT: That's usually what I feel like if I'm put in that situation where I feel like that then I'll get the stomachache or something.

THERAPIST: Okay.

CLIENT: But also on the ride up there, my one of my friends was hung over from New Year's Eve, because we left New Year's Day.

THERAPIST: Okay.

CLIENT: And she I guess got a little car sick and we had to pull over and she threw up. And like I know this is weird and what not, but like that kind of made me like comfortable and relaxed even more.

THERAPIST: Put the pressure off you.

CLIENT: It was just like...

(CROSSTALK)

THERAPIST: If you were to then throw up then it wouldn't have been a big deal.

CLIENT: (inaudible at 0:05:30.8) did. Like she got sick and like no one acted -like no one really made a big deal. It was more like, oh, are you okay?

Like we laughed about it and ever after that I was even more like relaxed. Like oh so if I get sick it's fine. She already got sick.

And I know...

(CROSSTALK)

THERAPIST: You need someone to do that all the time, someone to get sick first. You can like slip them something.

CLIENT: But I think it was nice just to see like okay, just there's nothing to worry about.

THERAPIST: And that you handled it really well. I mean I was worried that you were going to say you didn't go at all. [0:06:03.5]

CLIENT: I know. That's what I even on Christmas and probably the day after, I still was like oh, I don't know. Until I started getting stuff together and getting ready, I don't know if it was kind of like oh, I'm definitely going.

THERAPIST: So what do you think you can take with this to use for future events that provoke anxiety?

CLIENT: Well I think I think too much of the negative. And also I don't just work on whatever is happening right then and there and getting my stuff together.

Like I just think I don't know, I don't look forward to them to events instead like, you know, just taking (inaudible at 0:06:40.6}.

THERAPIST: So maybe something that you could do in the future when you are feeling really anxious, because I like in your head you're making mental lists of all the things that can go wrong, right?

CLIENT: Yeah.

THERAPIST: And then what could go wrong from there and then have that will be a catastrophe, if that goes wrong and all that.

CLIENT: Yeah.

THERAPIST: Instead of, maybe you could even a physical list of all the things that you're looking forward to that could be fun; that could be exciting.

You could do something proactive for the trip. Like this was your making you were like making, you know, like getting like your shit together.

Maybe something that you could like even for going out for a night, sometimes that's anxiety provoking. You know, you could make a list of the exciting thing that could happen.

You could start getting an outfit ready, you know. I mean you could plan what you're going to wear.
[0:07:24.2]

CLIENT: Yeah. My friends usually make fun of me because I usually do. I'm like if I'm going out tonight I'm sleeping, leave me alone. But instead of sleeping I should probably try I usually don't sleep because I'm all hyped up and I want to nap.

So instead of doing that I should actually get ready.

THERAPIST: Yeah, so to avoiding the situation which is kind of what napping is probably.

CLIENT: Yeah.

THERAPIST: Because you don't think about it if you're asleep.

CLIENT: That's pretty much I think why I usually do it.

THERAPIST: So instead of maybe avoiding the situation which is not good for combating anxiety, is to focus on the positive things. I mean I do think focusing on the negative and learning to handle it is one way.

But that I think it's a little too hard right now, right?

CLIENT: Yeah.

THERAPIST: So focus on the positive things, to get an outfit together. You could make a mix CD for the ride up, you know. You could make a mix CD getting ready to go out.

You could help plan your friend's outfit. You could, you know...

CLIENT: Yeah, I guess anything to really...

THERAPIST: Get excited and to keep busy. But not keep busy in a distraction sort of way. You know and this way your plan of keeping busy was I think a way that you would be engaged.

CLIENT: And it wasn't like I was busy because I really didn't have anything to do, but I was trying to I guess, you know, focus on getting my stuff together, on going instead of not going. Because I think I always focus on how I'm not going to go.

THERAPIST: How you're going to get out of it and how hard it's going to be to get out of it. And all your friends are going to be mad at you for trying to get out of it.

CLIENT: I think that's what I think every time with any situation is exactly what you just said, instead of thinking all right, I'm going. And then so like if something happens, something happens. [0:08:58.2]

THERAPIST: So know you have a new philosophy; a new way to go about it instead of just avoiding it. And there's the mindfulness if you need it because that's more when things get really bad, right?

CLIENT: Yeah.

THERAPIST: Or I mean to do it regularly but then also when things get really bad. But now there's the other, you know, bag of tricks that you have which is to think about all the positive things that could happen and to become engaged.

CLIENT: Yeah, because I think I kind of left that behind for a while, like focused on the negative even when I was trying to like get it out of my head. Like it just I don't know.

THERAPIST: (inaudible at 0:09:33.8). But it sounds like you did really well.

CLIENT: Yeah. I was happy that I like had a lot of fun. Like I really after that like initial drive up there I didn't really think about my anxiety. I think maybe I did once or twice like when we started drinking or something because sometimes drinking will set off like the feeling in my stomach.

But I didn't like I don't know, it was just fun. I don't know.

THERAPIST: That's good. So what you guys do when you were up there?

CLIENT: Her aunt is like the craziest hostess ever. Like everything has to be perfect. She made like the most beautiful dinners and what not.

But we went snowboarding and half of them went skiing. And...

THERAPIST: How many people went?

CLIENT: It was my friend who's aunt that was, her family so her mom, dad, her grandma, and then her brother and he brought a friend.

And then my friend who lives in Michigan, Valerie, and then the girl whose birthday it was whose family and what not, she has a friend, a childhood friend who came.

And then the aunt's two children were there and one of her children is married with a baby. And her husband and then...

THERAPIST: So were you hanging out kind of with everybody or just with the kids?

CLIENT: It was everyone. Because they're her family too is very close. Like I was nervous because last year was I seeing you last year?

THERAPIST: No. [0:11:00.8]

CLIENT: Okay, here I am like trying to think. Last her on her birthday I had anxiety and I left. And we were celebrating with this aunt and the cousins and the two older cousins and the rest of her aunts on her mom's side.

Because they like to like I guess not party, but they do like to drink and they'll take shots with us and they drink they can take more shots than I can.

And I was kind of I was really nervous and I ended up getting anxiety and going home. So I think that was in the back of my mind.

THERAPIST: Yeah yes.

CLIENT: It was like these are the same people like...

THERAPIST: But it didn't bother you, yeah.

CLIENT: Yeah, it was fine.

THERAPIST: That's great. So how was the skiing? Was it hard? Well did you where did you (inaudible at 0:11:37.7)?

CLIENT: I decided to snowboard like the second we got to the mountain and I changed my mind. Oh, because her boyfriend my friend's boyfriend also came. And I've know him forever too so, for as long as I've know her.

So he has never done anything he's not really a cold weather kind of guy. So he was going to snowboard so I figured okay, I'll be with him. Because I had done it twice but that was like five years ago.

So it wasn't bad and I think I was the most thing I was nervous about on the trip is when I get on the chair lift. Because me and him cannot get off the chair lift without falling.

And I started getting like a nervous feeling in my stomach every single time and I would just try to like relax. And that was probably the most anxiety I had the whole trip.

THERAPIST: Getting off the chair lift?

CLIENT: Yeah.

THERAPIST: Probably most people feel that than anything.

CLIENT: Yeah. So it was fun though. Everyone pretty much besides her aunt and her mom was on the slopes.

THERAPIST: Where was this?

CLIENT: Burnsville, Minnesota. I think its south of St. Paul.

THERAPIST: I don't think I've ever been I mean I've only been skiing once in my life.

CLIENT: I think its Buck Hill is the mountain.

THERAPIST: Was it high?

CLIENT: No, it wasn't it's not a big skiing resort. But me and her boyfriend stayed on the (inaudible at 0:12:53.7) most of the time.

THERAPIST: You have to pull up by the toe.

CLIENT: They actually had a chair lift.

(CROSSTALK)

The first time we went on the chair lift together we knocked each other down.

(LAUGHING).

So after that we went separate every single time.

THERAPIST: That's great. Well sounds like you had a really good time.

CLIENT: Yeah. I think it made me feel because I guess I haven't really gotten away with friends in a while or with people other than my family which I'm completely comfortable with my family.

So I was kind of nervous about that too. Like I don't know what to expect but it kind of I don't know. Now I don't feel like I should avoid any situations like if my friends want to that again or something.

THERAPIST: That's great. And I think that that keeping that momentum going, you know. If you want to take a trip up to Michigan, you know, over the next couple of weeks...

CLIENT: That too. Like things like that I feel like I feel more comfortable now that I spent time her aunt's.

THERAPIST: So how long have you been back in the apartment then? Just a few days I guess?

CLIENT: Since Monday.

THERAPIST: Okay. And when do your classes start again?

CLIENT: Well I had a winter course so it started on Monday. [0:13:55.4]

THERAPIST: Okay.

CLIENT: So I got back and had to go right to class.

THERAPIST: So you're busy already?

CLIENT: Mm-hmm.

THERAPIST: Okay.

CLIENT: I actually I went to I went to a bunch of advisors like the other day to figure out when I'm actually graduating.

THERAPIST: Is it at the end of this semester or...

CLIENT: I'm not I knew I wasn't graduating in four years this spring. But I only have three more classes for my major after that.

So then I went and I found that I'll be done with my major. I was planning on being done in the summer but now there's no point because I'm going to be done with my major but I still have like 30 credits or maybe a little bit less. Maybe like 25 credit or something.

I'm not going to be done until next spring because I have to take just...

THERAPIST: Core classes?

CLIENT: Yeah. Well I have all my core requirements too so these are going to be I don't get how it even happened but probably because I guess like a year and a half, three semesters that I really was having a lot of trouble getting to school. I messed up pretty badly. [0:15:01.2]

So now I'm not going to be graduating until next spring. And I guess it's (inaudible at 0:15:01.1) gives me time but I kind of was freaking out all week.

I'm like okay now, but just because I feel like then I have to figure well depending on what I want to do, if I want to go to grad school then I have to concentrate on getting my GPA up. Because right now it's so low because of those three semesters.

I have like an F and a D and it's just dragging my GPA down. So I'm afraid that when I actually do get to like after talking to these people like I'm not going to get into grad school.

THERAPIST: Well you still have about 20 credits left, right?

CLIENT: Oh, I have even more I have...

THERAPIST: It's such a lot of credits.

CLIENT: I have a lot.

THERAPIST: They're four credit courses.

CLIENT: Three.

THERAPIST: Three? So that's even a lot (inaudible at 0:15:48.8)

CLIENT: I have like a full semester now until next spring.

THERAPIST: And you've been getting like when you do show up to class you generally get A's and B pluses?

CLIENT: I've been doing good now yeah, those kind of grades. So I mean my Psych courses I got an A plus and A minus.

THERAPIST: Yeah.

CLIENT: But I mean it's still those grades that I can't change and it just...

THERAPIST: It's frustrating. [0:16:10.0]

CLIENT: Yeah.

THERAPIST: But I mean there're probably only a few of them and you can probably get your GPA up. I think for most, unless you're like applying to like Harvard and Yale for grad schools, I think most require just a 3.0 generally to look at your grades. And then you'll have to worry GREs and things like that as well.

But it depends on the school. Like some schools care a lot more and the interview is more important.

Are you thinking about a grad program like what you would be interested in?

CLIENT: See, that's what I'm not really sure about. Like I don't know where I want to head after I get my Psychology under grad degree.

So I don't know.

THERAPIST: Wait, I thought you were you're a Psych under grad?

CLIENT: I just I switched it last semester.

THERAPIST: I thought what were you before, you were like...

CLIENT: Math.

THERAPIST: Math, and now you're Psychology?

CLIENT: Yes.

THERAPIST: So are you thinking about Psychology programs?

CLIENT: I just I don't know exactly what I want to do yet, you know.

THERAPIST: Yeah.

CLIENT: If I want to be like a clinical psychologist or so...

THERAPIST: Yeah I guess I mean it doesn't make a difference grade wise but there are different programs in Counseling degrees, Social Work degrees probably don't require as high a GPA.

Do you know (inaudible at 0:17:18.9) like since I know you have wanted to work, right. But money, finance are not a huge issues to you? Like your parents are going to support you no matter what, even if you don't have a job.

Have you ever thought about, especially if you are interested in psychology, at least that realm, right? Because you don't know what there's so many things with it.

CLIENT: Yeah, there's so much so that's why I'm like I guess it's okay to have another year. [0:17:41.1]

THERAPIST: Yeah, there's so many things within it. Have you ever thought about maybe being a volunteer at a like a psych hospital?

CLIENT: I have. I...

THERAPIST: That's kind of intense.

CLIENT: ...actually I made an appointment with someone in the Career Development Services at Shimer for this Monday actually about some kind of psychology internship program where you get credit and grade and you're placed somewhere I guess in the city.

THERAPIST: That would be great.

CLIENT: Because right now I don't really know of any places myself. So I have this appointment with a woman for like an internship type tomorrow.

THERAPIST: That sounds like a great thing.

CLIENT: It's a volunteer.

THERAPIST: And that will be something that internships you know, look pretty strong. So having that under grad, not everybody has that, you know.

CLIENT: And I feel like I guess now I have time, like I might as well do a volunteer program until I graduate at least.

THERAPIST: since money isn't a huge like isn't a huge issue and that's probably it will be more beneficial than the \$4000 you're going to make a semester or something.

CLIENT: I think it will make me feel better too about like instead of doing...

THERAPIST: Doing something.

CLIENT: Well yeah. It will be like a job even though I'm not getting paid it's still...

THERAPIST: Definitely.

CLIENT: ...work, than not doing nothing.

THERAPIST: And also an internship is a good way of knowing if that's the population you want to work with or it's something you don't want to work with.

CLIENT: That's another thing. I want to kind of figure out, you know, if I like what I like to do and stuff so, I think. Hopefully I have a good meeting on Monday with this woman. I don't know what's she's going to tell me. [0:19:12.3]

THERAPIST: Just so you know I've heard I guess it could go both ways but I have heard application letters and things like that, a lot of people who have had psychological history firstly (inaudible at 0:19:23.9) a lot of people in psychology programs have had psychological issues in the past.

So don't take that's what I'm saying. It's like we don't want the crazies. I think like pretty much everyone has like their own issues and you can always tell like when people have specializations like you're always like, oh, that's totally your issues.

Like oh, you're an ager expert.

CLIENT: yeah.

THERAPIST: You know, you're like ADHD. Oh, you have ADHD. I have a sibling or something like that. But I have heard it advice to say that don't write your anxiety disorder in your (LAUGHING).

So a lot of people do that like oh, I've suffered with bulimia for years. So that's why I say I think it is relevant but apparently some people don't like hearing about it.

CLIENT: Okay.

THERAPIST: So that would be mine.

CLIENT: Okay, good.

(LAUGHING)

THERAPIST: That would be my advice. I don't know, I think they just want to avoid having people who just want to figure out themselves in the program.

CLIENT: Yeah, that makes sense.

THERAPIST: But I would say that still everyone has their own personal story that they could have written in the thing. But I heard that advice.

(LAUGHING)

CLIENT: No.

THERAPIST: But I'm sure you're not the first person. I know of people who have, you know, have gone through therapy and got through their own issues who are now, you know, in similar programs. So don't take that as a...

CLIENT: That's fine.

THERAPIST: I think that you're more familiar with the process than anyone. That's great. So that's something that you can do in that and then it sounds like you're taking some initiative.

CLIENT: Yeah.

THERAPIST: So are you worried that you're going to have anxiety at the internship?

CLIENT: I'm actually excited because I kind of like the day before I went into see all the advisors this week I was like I don't know, I was trying to just figure everything out. Because I want to just get a move on with whatever because I feel like I'm feeling so much better with my anxiety. [0:21:04.9]

And for a while I felt like that was holding me back. So all my friends are graduating and I just I don't know, I was kind of motivated I guess somewhat.

THERAPIST: Yeah.

CLIENT: But then finding out all about when I'm graduating and what not and my GPA issues and there's really not much I do about that besides keep my grades up now, that kind of like I don't know, got me very upset.

THERAPIST: Well I was more I was thinking about I mean I understand back I was more thinking about you know, when you're applying to jobs like in stores you had a lot of anxiety then. Not for the interview itself but once you started the job that you wouldn't be able to maintain it.

Are you worried about that in the internship and I didn't know if we needed to address that.

CLIENT: I'm actually more excited because it's something I want to do.

THERAPIST: So you don't feel like you're going to feel that social pressure to perform in the same way that you would at like Abercrombie and Fitch?

CLIENT: Yeah, I don't know why like one of those jobs like I guess because I don't really want to be there. I feel like it's easier for me to like allow myself to I don't know.

THERAPIST: I don't see you potentially would have something in common with the people that you would be working at the internship with.

CLIENT: Like I'm just kind of excited. Like I hope something works out. Like I don't know about next semester yet because I don't know if it's too late with this program. But I could always find another place.

THERAPIST: And now you have plenty of time, right.

CLIENT: Yeah.

THERAPIST: And there's the summer.

CLIENT: Yeah, and that's what I'm gong to ask her about if she knows anything for the summer.

THERAPIST: I'm trying to think. I know somebody who in one of her first years of grad school and I don't know if she was allowed because she was a graduate student but she did just do some volunteer hours at one of the hospitals in one of the psychiatric units.,,

But I have to say that those can be very intense and I don't want it to put you off of working.

CLIENT: No, I've heard yeah, I've heard.

THERAPIST: Because I had a very bad internship. It wasn't a real internship, it was like a volunteer like while I was in under grad.

CLIENT: Oh, okay.

THERAPIST: But you know, they just didn't really give me any supervision so they just like threw me in like the children's unit.

CLIENT: In the city or.

THERAPIST: No it was in Joliet. It was in Silver Cross Hospital.

CLIENT: Yeah.

THERAPIST: (inaudible at 0:23:19.8) and I was there like seven hours a day straight, you know. And the therapist gets to, you know, go in and out of the units and probably spend most of the time in their office.

So it was just it's hard. Those children's lives are tough. And adults can be scary in those units as well.

CLIENT: Yeah, I can imagine or I can't imagine.

THERAPIST: But there's more opportunities. So do you mean if being in the hospital is going to be good or it could teach you like you don't want to be an in-patient person like who's more on that end of (LAUGHING).

CLIENT: Yeah.

THERAPIST: But yeah, it will teach you.

CLIENT: But I feel like that since now I have time, the internships with the school are only like during the semester each semester. They would place you in a different (inaudible at 0:24:01.9).

THERAPIST: So (inaudible at 0:24:02.8) or...

CLIENT: So I feel like that would give me a chance to do a few of them and get credits while I'm doing it instead of taking...

THERAPIST: And they kind of set you up so it's not as stressful.

CLIENT: Yeah.

THERAPIST: But I'm saying if that doesn't work out you could still probably ask them to help you find one (inaudible at 0:24:16.7) related too.

CLIENT: Well that's why I want to maybe try and do for this semester...

END TRANSCRIPT

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BEGIN TRANSCRIPT:

THERAPIST: Yeah, no, but I feel like even though you (inaudible) 1,000 scarves and you're like I don't need this.

CLIENT: Yeah, that's why I've been trying not to buy scarves, but....

THERAPIST: Whatever, on sale.

(Crosstalk)

THERAPIST: So you said that you want your schedule first?

CLIENT: Oh yes, I wrote down what my class schedule is first. Well all right, now what were you open for because I -

(Crosstalk)

THERAPIST: Oh, God, that's the terrible part that I can barely remember, okay, so there's always the 10:30 in the the 9:30 and the 10:30 slot that's still open today -

CLIENT: Right.

THERAPIST: like what you're at right now.

CLIENT: Okay.

THERAPIST: There's those, then there's on oh, God -

CLIENT: Is there anything later today? That's -

(Crosstalk)

THERAPIST: No, because I only do the mornings and then because normally -

(Crosstalk)

CLIENT: What about Tuesday?

THERAPIST: supervision, Tuesdays I'm not here, it's only Wednesday, Thursday, Friday.

CLIENT: Oh -

(Crosstalk)

THERAPIST: So those are our days. Are there times on Thursdays and Fridays that are good for you?

CLIENT: Thursdays, it would be after 5:30.

THERAPIST: Okay, hold on.

CLIENT: But I don't know....

THERAPIST: On my network because I think I have those filled. What about Friday?

CLIENT: Friday I can do earlier though, in the morning I would say. [0:01:02]

THERAPIST: Oh, yeah, I'm only here in the afternoon. So can we stick with the 10:30?

CLIENT: I guess then 10:30 on Wednesday.

THERAPIST: Yeah, as a new permanent slot, I know it's not a ideal time, but -

CLIENT: No, that's fine. I was actually wondering when the school year begins if we could start like an every other week thing?

THERAPIST: Actually that's something that I was going to think about talking about too and I think that we should talk about it -

CLIENT: Okay.

THERAPIST: because I thought about it before and then I'm like is this a good idea, is -

CLIENT: Yeah.

THERAPIST: this not, so I think that's definitely a topic that -

CLIENT: Okay.

THERAPIST: and I'm glad you're bringing it up.

CLIENT: All right, so Wednesday at 10:30 (inaudible).

THERAPIST: Yeah, are you sure that's okay?

CLIENT: Yes, that is.

THERAPIST: Okay.

CLIENT: No, yeah, I was just trying -

THERAPIST: Yeah, that's a hard time -

CLIENT: to figure a time close to classes but -

THERAPIST: I know, the other ones would be easier but they've all kind of filled up and there's random slots I think.

CLIENT: That's fine.

THERAPIST: I think there's like a 4 o'clock open on Thursday and you have class then.

CLIENT: Yeah, I have class.

THERAPIST: And I think there's a 4 o'clock and had a no, the 6 o'clock on Friday just got taken so -

CLIENT: Oh.

THERAPIST: yeah, I know. I just got something in the mail, so....

CLIENT: So okay.

THERAPIST: All right, I'll remember to pencil you in permanently for [0:02:02]

CLIENT: Wednesday.

THERAPIST: Now wait, oh, you were supposed to be what was your double time, it was five on Fridays, right?

CLIENT: Yes, it was 5 o'clock on Fridays.

THERAPIST: And you can't do that anymore?

CLIENT: The only thing is now that I have Fridays off, all my doctors and whatnot are in Joliet and right now I'm having so much dental work done -

THERAPIST: Oh yeah, that's what the dentist stuff so -

CLIENT: so I make all my appointments on whatever day left over.

THERAPIST: Friday, okay.

CLIENT: Yeah.

THERAPIST: So we'll just keep it Wednesday morning and that might be a good day for you to like get into the city early and in your library and -

CLIENT: Yeah, I don't want to have to cancel on Fridays or anything, so I figure -

THERAPIST: Okay.

CLIENT: keep that clear.

THERAPIST: Cool.

CLIENT: But.

THERAPIST: So every other week, now I thought about it before because I think that you are doing well. Do you think...are you thinking every other week because it makes your schedule easier or there's a financial issue or it's more like you think you're doing well and you would like to take it down?

CLIENT: I feel like I've been doing well and also I don't want to...I feel like that would be a little bit easier every other week, like nothing more than that because I feel like when I don't have someone to talk to, that's when things go [0:03:04]

THERAPIST: I agree, that's the -

CLIENT: bad.

THERAPIST: same type of thing that I was thinking is that, oh how well you're doing, but then I notice that during break sometimes -

CLIENT: Yeah.

THERAPIST: that's when I find you were slipping a bit.

CLIENT: So I feel like maybe when school starts because it's a little bit easier in the beginning of the semester -

THERAPIST: Yeah.

CLIENT: and then I mean hopefully things go well.

THERAPIST: I think, yeah, if that's what you want to do, look, I've thought about it before with you too. The thing that I would ask from you is that, you know, I think sometimes you're not alone in this that most clients, when there are weeks in between, homework gets forgotten about.

CLIENT: Yeah.

THERAPIST: Because there's not the same looming, oh, I have to see Christy on -

(Crosstalk)

CLIENT: Yeah.

THERAPIST: So that's the only thing is that I would really want you to make sure you're really doing homework -

CLIENT: Yeah.

THERAPIST: and you're doing them diligently so that we can still continue to make progress because you -

CLIENT: That's good.

THERAPIST: are making great progress.

CLIENT: Yeah, I felt it was a lot, it was kind of nice for me when I last class the last session when I had written down before that over the I don't even know how many weeks we didn't see two weeks or so [0:04:04]

THERAPIST: You were logging (ph) the mindfulness, right?

CLIENT: Yeah, and also more so I was lacking when I felt anxious and I feel like that's good because I forgot a lot of the time like -

THERAPIST: Yeah, because that's such a -

CLIENT: the smaller like, you know -

THERAPIST: And it's a common feeling for you so it's not always sticking out in your head.

CLIENT: Yeah, and now that I do control it a lot better, I feel like I'll forget more when it's like at that moment, I want to talk to you about it so I feel like -

THERAPIST: Yeah, no, and that's a great idea to continue to write the incidents down -

CLIENT: Yeah, so.

THERAPIST: so then you can have a specific one that you'd like to talk about.

CLIENT: So I think that would help also if we start seeing every other week so -

THERAPIST: Okay.

CLIENT: I forgot.

THERAPIST: Yeah, but that just means that homework needs to be done, okay?

CLIENT: Yes -

THERAPIST: Or else it just turns into...I think that happens with everybody -

CLIENT: Yeah, yeah, yeah.

THERAPIST: that the first week they're like, "I kind of did it" and then the second week they're like -

CLIENT: Oh yeah.

THERAPIST: to do anything. So last week we talked about the ski trip and this week I thought maybe we'd back to talking about maybe social interactions and uncomfortable situations or do you have something else that you'd like to...? [0:05:05]

CLIENT: Not really, I mean, I have that career development appointment that I was supposed to have on Monday, she -

THERAPIST: Great.

CLIENT: rescheduled for today at three.

THERAPIST: Okay.

CLIENT: And they want me to bring a resume and I have an old resume but nothing has changed since then and I feel -

THERAPIST: Yeah.

CLIENT: kind of like not so...I thought I was going to be anxious today because I kind of was before Monday but then it was canceled, but I'm kind of nervous because I feel like my resume is so weak like -

THERAPIST: Well some things to talk about when you don't have actual jobs, right?

CLIENT: Yeah.

THERAPIST: Some people put relevant courses -

CLIENT: Okay.

THERAPIST: on there so this is for career building thing, right?

CLIENT: Yeah, it's for an independent study -

THERAPIST: Psychology.

CLIENT: in psychology -

(Crosstalk)

THERAPIST: So definitely, these are something that you can put down, you can have a section called relevant courses.

CLIENT: Okay.

THERAPIST: And I've had that before because I didn't have that much job experience, and you can put the psychology courses in [0:06:00]

CLIENT: All right.

THERAPIST: and bullet-point the specific things that you learned maybe -

(Crosstalk)

THERAPIST: or that you did in each class that would be helpful maybe towards a career. So what are some relevant -

CLIENT: That's a good idea, I didn't -

THERAPIST: courses that you think you have?

CLIENT: Well I guess I only have, I have some now -

THERAPIST: Or how many psych courses do you have now?

CLIENT: I think I only had four, Psych 101 -

THERAPIST: Yeah.

CLIENT: Human Development -

THERAPIST: I think Human Development's a good one.

(Crosstalk)

CLIENT: Okay. And then I had Psychology of Women and the animal behavior course, which I mean I don't think that I'm going to be working with animals with this one, so I don't know how relevant that is.

THERAPIST: Was it only animal behavior or was it kind of the general principles of behaviors?

CLIENT: I guess it was both, it was more animals and then towards the end we got into a little bit about human evolution more than anything else, but -

THERAPIST: Okay. So it wasn't really like -

CLIENT: It was mostly animals.

THERAPIST: it wasn't learning like...well I guess you did talk probably about operating conditioning and hospital conditioning?

CLIENT: Yeah, we did do that, but related to [0:07:00]

THERAPIST: Yeah, I mean -

CLIENT: animals and....

THERAPIST: I definitely say the women psych you can put that because -

CLIENT: Yeah.

THERAPIST: you know you could put some kind of BS about understanding -

CLIENT: Yeah, because that was cross cultural too and -

(Crosstalk)

THERAPIST: Yeah, cross cultural differences and being able to work with different communities and understanding minority and diversity -

CLIENT: So that I guess -

THERAPIST: experience.

CLIENT: That would be and then Human Development was so broad and -

(Crosstalk)

THERAPIST: Human developments are great because if you -

CLIENT: so much.

THERAPIST: are should, I know you're not necessarily but I mean children, that's always like a huge part, the human development stuff -

CLIENT: Yeah.

THERAPIST: but even just understanding life stages because if you work with the geriatric community.

CLIENT: Yeah.

THERAPIST: You know, because you can say that you have an understanding of the developmental -

(Crosstalk)

CLIENT: Yeah.

THERAPIST: or like trajectory or something in there.

CLIENT: Yeah, because it went through all life stages I guess so -

(Crosstalk)

THERAPIST: Yeah, so that you have a broad understanding of that. Do you have any volunteer experience?

CLIENT: No, so....

THERAPIST: Okay.

CLIENT: This will be my first.

THERAPIST: But this is what you're doing.

CLIENT: Yeah.

THERAPIST: I mean, this isn't a job interview so she just [0:08:03]

CLIENT: No.

THERAPIST: wants to see what you've done before.

CLIENT: Yeah, I guess, he said bring a resume if you have it; if not, just bring whatever you have so -

THERAPIST: Yeah, and you have -

CLIENT: I guess -

THERAPIST: a few jobs in there.

CLIENT: Yeah, I just feel like they're so long ago, but -

THERAPIST: How long ago are they?

CLIENT: Well like 2 1/2 years ago was probably my last job and then it was for like four months or something.

THERAPIST: You know, Catherine, most people, I don't think actually well I mean, I guess a lot of people do but a lot of people don't work during college -

CLIENT: I guess so, yeah.

THERAPIST: so the fact that you don't have anything for two years, I mean some people would work in the summer, you know, and that I guess would be what you're lacking -

CLIENT: Yeah.

THERAPIST: but other than that, for not for two years, you've been in school so -

CLIENT: I feel like because in Chicago everyone's working and I have so...everyone's like I have two jobs or I have whatever, but all my other friends who go away to school don't have a job.

THERAPIST: Exactly.

CLIENT: So it's -

THERAPIST: Exactly, so I mean they're not going to judge you based on it, this is just to see where you're at -

CLIENT: Yeah.

THERAPIST: and now that you're going to get some experience then you can put that on your resume.
[0:08:59]

CLIENT: Because that's why I want yeah, I want to get experience so then I can build a resume and then I also want to volunteer to figure out where I want to end up or head with -

THERAPIST: Yeah.

CLIENT: psychology, so....

THERAPIST: Definitely, I think that this is a (inaudible at 0:09:09) and I don't think you have anything to be nervous about.

CLIENT: All right.

THERAPIST: But rather than courses or something, you can always put on -

(Crosstalk)

THERAPIST: I'm trying to think of my CV, CVs are a bit broader, but you don't have any like...oh, do you have like your honors, academic honors in there?

CLIENT: No, not since like high school -

(Crosstalk)

THERAPIST: Have you gotten good enough grades to like...do they at Shimer send you like you've made -

CLIENT: I have -

THERAPIST: Dean's List or -

CLIENT: No, because of the semesters, they just brought me down so much that I don't know if that's why but -

THERAPIST: Oh, they don't tell you semester by semester.

CLIENT: I guess they do, but I haven't -

THERAPIST: Checked. If you have over I mean you got a lot of A's this semester, right?

CLIENT: Yeah.

THERAPIST: All A's?

CLIENT: I got threes because I just got my last grade for...my professor was sick so he wasn't able to give us our grades.

THERAPIST: Yeah, you never know, you might have made I guess you'd have to look online.

CLIENT: Yeah.

THERAPIST: But most people put their GPA, I know that might not be something that you want to put on, but [0:10:02]

CLIENT: If only for the semester and last -

THERAPIST: I think, yeah.

CLIENT: semester.

(Laughter)

CLIENT: Yeah, I can -

THERAPIST: And some people put that on, I'm trying to think of anything else that -

CLIENT: Yeah.

THERAPIST: you haven't taken any like course...like outside of school courses or workshops or anything -

CLIENT: No.

THERAPIST: that you would consider relevant or anything.

CLIENT: No.

THERAPIST: Okay, that's always good, you know what I mean?

CLIENT: I guess, yeah, and also I'll see what she says then too because I guess -

THERAPIST: Yeah, and then she'll probably help you build that resume yourself -

(Crosstalk)

CLIENT: Yeah, because I guess she knows what they're looking for, I don't know.

THERAPIST: Yeah, so I think definitely relevant courses. Do you put people...everyone has it now, but like just sometimes you put your computer skills, that you're -

CLIENT: I think I have that on there.

THERAPIST: use Microsoft Excel and -

CLIENT: Older -

THERAPIST: PowerPoint and -

CLIENT: resume, but I feel like I mean that's very irrelevant nowadays but like -

THERAPIST: Never know, but you could I mean, obviously you'd like to get a position that's more practical -

CLIENT: Yeah.

THERAPIST: but you could find a position that wants you to do a little bit of research or [0:11:01]

CLIENT: Yeah, because I had an administrative internship in my senior year of high school, a paid one kind of, so I was always on a computer for an accounting firm.

THERAPIST: So -

CLIENT: Like I just kind of got thrown into it but -

THERAPIST: Yeah.

CLIENT: yeah, so I have a lot of I guess from that job experience.

THERAPIST: Yeah, definitely. And in the Psych 101, you didn't do any SPSS did you?

CLIENT: I don't know.

THERAPIST: Oh, it's like a -

(Crosstalk)

CLIENT: I took that at Greenville my first year so I don't even...oh my gosh, that was like when I was into math -

(Crosstalk)

CLIENT: I thought I was going to be a math teacher.

(Chuckles)

THERAPIST: But you know anything you got, you can put in -

CLIENT: Yeah.

THERAPIST: any honors you've ever received, some people even put like -

CLIENT: I might have at Greenville actually, I don't know if that would even be relevant because that was like three years ago.

THERAPIST: Yeah.

CLIENT: But -

THERAPIST: But you never know, right?

CLIENT: Yeah.

THERAPIST: Or just (inaudible at 0:11:56) I'm sorry, I'm not really tired [0:12:00]

CLIENT: That's all right.

THERAPIST: I don't know, must be lacking oxygen. Isn't that why people yawn or something?

CLIENT: Oh -

(Crosstalk)

THERAPIST: I think it's like you don't have enough oxygen in your brain.

CLIENT: Usually there's like an effect if one person does, someone else does.

THERAPIST: Definitely. So this weekend you went home, right?

CLIENT: Yes, I went home.

THERAPIST: Your brother's birthday.

CLIENT: Yeah.

THERAPIST: So how was that?

CLIENT: Well because all the football games are on and they wouldn't go out to dinner my two brothers because I have two older brothers they wouldn't go out to dinner until after the game but my parents won't go out to dinner at 8 o'clock, like no way, so it was just me, my mom, and my dad and grandpa, so we like did a toast -

THERAPIST: So the birthday -

CLIENT: Happy Birthday, Michael, and you're not even here, but so we didn't really...and he didn't really want to go out or anything so we didn't do much.

THERAPIST: Oh so didn't do your homework because you couldn't.

CLIENT: Yeah, me and my mom ended up playing a board game and so it was just like very relaxed.

THERAPIST: Relaxed.

CLIENT: And not much.

THERAPIST: So this is still the part...oh, before we get onto this, I guess, remember I think you had talked about joining a debate team, have you still [0:13:04]

CLIENT: Oh, like a public speaking -

(Crosstalk)

THERAPIST: Yeah, yeah, that was what it was.

CLIENT: I actually I forgot to, I haven't looked into it since before we had talked, but I mentioned it to...my roommate's taking, I guess it's like a PR type class, I don't know, over the winter so she's doing a lot of public speaking and she's taking another...I don't know, well both her classes have the same teacher and he has them do a lot of public speaking like write a speech, the beginning to a speech and present it and whatnot, so we were talking about that and I was telling her, oh, what kind of classes are those so I guess I can find out from her and see -

THERAPIST: I think that if you have a chance to take an elective -

CLIENT: Yeah.

THERAPIST: you've already registered for your classes for the semester.

CLIENT: Yes, yeah, but -

THERAPIST: So is -

CLIENT: I mean -

THERAPIST: there any that could go if you could get into?

CLIENT: I guess, yeah, because now I have until next spring so I can take electives so if there's an open class for that, yeah. [0:14:04]

THERAPIST: I think that one of those courses would be the best homework that you could possibly do, like -

CLIENT: Yeah.

THERAPIST: it would be so beneficial for you to have to get up every day or every once a week and do this, and I know I can tell you feel anxious just thinking about it, but getting through that, it's going to do so much for you.

CLIENT: Yeah, because I know my roommate, she actually, she walked out of her class like last Friday or something and she was like, "I felt sick, I swear I had anxiety, I wish I could have called you or something," and I was like why, but it was a creative...one of them is a creative writing class and she didn't expect to have to read it out loud -

THERAPIST: Yeah, that one can be a little personal and -

CLIENT: and he's making them read it out loud so she freaked out and whatnot and she's not a shy person either, but -

THERAPIST: So how'd that make you feel hearing that she (crosstalk) trouble?

CLIENT: I don't know, I kind of, I was shocked actually that she had trouble but I guess it was just like anyone can but I was kind of trying to like pump her up for it and saying well don't worry, you know, doesn't matter what they...because she was intimidated by everyone else's because they were going before her [0:15:19]

THERAPIST: Yeah.

CLIENT: and I was kind of saying all the things to her that I should say to myself.

THERAPIST: That's good practice too.

CLIENT: And like I don't know, I felt like she would have been fine if she went up there, so I probably would be fine too if I just took my own advice.

THERAPIST: Great, and I think that one of those classes if you could...no, what courses are you taking for next semester?

CLIENT: I'm taking three psych courses and my science courses, Physical Anthropology for -

THERAPIST: And then you take a core science course, is that for -

CLIENT: I need one more, but I want to take biology so I might drop my science course for next semester and wait to take it in full on in spring. [0:16:00]

THERAPIST: So then maybe if you dropped that, you would have an opening to take -

CLIENT: Yeah.

THERAPIST: public and usually the public speaking classes they're not...like academically -

CLIENT: Yeah.

THERAPIST: they're not, I'm not if they're the same at Shimer but they're not like the most strenuous courses.

CLIENT: Yeah, and I know I'm a good writer, I can write very well, it's just I don't always like to share my writing, like so that's -

THERAPIST: But you know what for -

CLIENT: my problem.

THERAPIST: I think creative writing could be more in that kind of vein, but public speaking, I mean, it's personal, but it doesn't have to be too personal, you know what I mean? You can write it academically, you can write it however you want and the whole point is that they're going to teach you how to speak better.

CLIENT: Yeah, and I also I figure during the actual spring semester would be less intense as hers is right now because she only has three weeks, three and a half weeks for -

(Crosstalk)

THERAPIST: And even if you wanted to speak with a professor if they felt like it was a nice professor before, you could even let them know the reason that you're doing this, you know.

CLIENT: Yeah.

THERAPIST: And I think they would probably think you're quite brave if I think -

CLIENT: Yeah.

THERAPIST: most people avoid, right?

CLIENT: Yeah, she -

THERAPIST: Isn't that what most socially anxious people would do, would never take a public speaking class. [0:17:01]

CLIENT: I know, but I think I need to because eventually I'm going to have to speak in front of people if I want to continue.

THERAPIST: Definitely, and regardless it's just going to be something that's good for your health.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: So if that could be something you could do -

CLIENT: Yeah.

THERAPIST: I think some kind of class that would require a lot of presentations, I just think that that's a good class because it won't be academically so hard as maybe other class that would require a lot of presentations, but it will still advance you.

CLIENT: Yeah, I'm going to see what...because I know she's taking the creative writing, which it wasn't supposed to be public speaking and I don't know what the other one's called or considered, but could see if

Shimer has an equivalent to that.

THERAPIST: Definitely, I think that that...I don't know, do you think that...I mean, you say it's something that would work for -

(Crosstalk)

CLIENT: I want to do it, I think I'd be okay to sign up for it and I would start and then I'm kind of nervous for...I'm not nervous right now sitting here, but I feel like I don't know what could happen during the semester because I had so much trouble with such small presentations in other classes that [0:18:11]

THERAPIST: What if you weren't worried about the grade about it, what if it was just like if someone said this is an ungraded -

CLIENT: I don't care about my grade.

THERAPIST: So that's not -

CLIENT: No.

THERAPIST: that's not considered at all.

CLIENT: I mean, I would love to...I'm focusing on getting all A's, but that wouldn't even be the issue at that point, it would be speaking in front of people.

THERAPIST: Is there any way you could take a course pass/fail or...?

CLIENT: Yeah, well -

THERAPIST: Well I guess it doesn't matter because you're not really worried -

CLIENT: Yeah, you can.

THERAPIST: about the grades, but something that -

CLIENT: Yeah, I just think it averages in as a C and I don't want to do that.

THERAPIST: Okay. But you know what I mean, you have a few weeks before you can decide if you want to drop the course, right? There's like a -

(Crosstalk)

CLIENT: Yes, I think you have a good amount of time during the semester to figure it out, so....

THERAPIST: Or is it possible to audit a course, to just go...I don't know if Shimer would let you do that to just let you sit in [0:19:04]

CLIENT: They do, I know they have -

THERAPIST: Not get graded, not get credit.

CLIENT: like older people are able to do that, I don't know if there's an age limit or something if that's for seniors or -

THERAPIST: But that might be something to think about because then if you don't need this many courses, right, because you have so many semesters that you're going to still take so if you took three courses -

CLIENT: Yeah.

THERAPIST: next semester, that wouldn't be a big deal, would it?

CLIENT: No, yeah.

THERAPIST: Right? So you could take that, I mean you could talk to your advisor and say is it possible that I don't do this for grade, this is something that I want to do for my personal development, but I'm -

CLIENT: That's true.

THERAPIST: worried that in some case if I can't get through it that I don't want it to bring down my GPA.

CLIENT: Yeah, because I don't want to...I want to definitely have like a full course load and then if I have that and I drop it and...I don't know, I think that would be a good idea.

THERAPIST: And if that's not something that they can do, I bet you could probably find a place to take like a public speaking class in the city.

CLIENT: Yeah, that's true, I -

THERAPIST: Like I don't know where -

CLIENT: I'm sure there are places because I -

(Crosstalk)

THERAPIST: the learning annex -

(Crosstalk)

CLIENT: I always see advertisements on the subway for different places where you can take workshops and whatnot. [0:20:06]

THERAPIST: Maybe something where obviously it's -

CLIENT: Yeah.

THERAPIST: complete unrelated to a grade.

CLIENT: I think I should, I think I'm going to look up that because then I also don't have to -

(Crosstalk)

THERAPIST: First, I'd see if...well I don't know I think with that is part of it, but I do think that maybe just talk about it first at Shimer and that could be a good option for you.

CLIENT: Yeah.

THERAPIST: So that it doesn't pose a real threat to your GPA which is something that you're concerned with, but it has the same uncomfortable factor.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah.

THERAPIST: Okay. So as far as going out and doing things like that, how are we going to work on this?

CLIENT: I don't know, I'm going home the next two weekends, but I -

THERAPIST: Why?

CLIENT: I have dentist appointment -

THERAPIST: Oh, the dentist appointments.

CLIENT: the next two Fridays for two different teeth.

THERAPIST: But you're only going home for a...you could come back?

CLIENT: I can, but I don't think I am. But I guess I could see [0:21:01]

THERAPIST: Is there anyone you can go out with in Joliet?

CLIENT: I'd have to like...I don't know, I guess there are friends that I feel really bad, but...I don't know, but I have friends that these two girls that one lives across the street from me, they're older than me, one's a year older, the other is two years older, and we've been friends since I was like two and we were best friends growing up and we haven't hung out in forever and it's been at least a year now that we haven't hung out but we still keep in contact every couple months now. We used to see each other every month or so and so -

THERAPIST: So is this a good opportunity?

CLIENT: I've been meaning to call them but then I don't and I don't know I feel bad, but...I don't know -

THERAPIST: So why don't you call them?

CLIENT: I don't know if it's anxiety or I just don't have a desire, I feel like I don't ever have a desire to go out but then...I don't know. When I'm here and I don't go out, I'm bored; when I'm home, I'm fine because I'm with my family and I don't mind, but I'm still kind of bored I guess, I don't know. [0:22:07]

THERAPIST: So?

CLIENT: I guess I just avoid, yeah.

THERAPIST: And they live across the street.

CLIENT: Yeah.

THERAPIST: So maybe this is like a perfect opportunity for the next two weekends, you say "oh, I'm going to be home this weekend so are you available, but I think it's always a good idea to get in touch beforehand because it's already Wednesday.

CLIENT: Yeah.

THERAPIST: So maybe you could message?

CLIENT: Yeah, I can message them both and see.

THERAPIST: So what would you do? Where are you from in Joliet again?

CLIENT: Will County, like I don't know -

(Crosstalk)

THERAPIST: Oh yeah, yeah, I do know.

CLIENT: Oh, okay, so Will County.

THERAPIST: That's far out, jeez.

CLIENT: Yeah. So that's where we all...oh, well one of them now lives I think in an apartment at her uncle's house, I don't even know where she lives, that's like another thing, so....

THERAPIST: I think you could find out -

(Crosstalk)

CLIENT: Yeah. Oh, no, yeah, I just feel bad that she moved and now -

THERAPIST: Yeah.

CLIENT: I don't know, because she lived right next door, right across the street too. [0:23:01]

THERAPIST: So how long has it been since you've seen them?

CLIENT: Probably, I would say even more than a year now, maybe like since, not last summer, the summer before that.

THERAPIST: That's a good opportunity to -

CLIENT: Yeah.

THERAPIST: catch up and to do some homework, right?

CLIENT: Mm-hmm.

THERAPIST: So are they like party girls or the -

CLIENT: No, they're not, one of them I would say is more than me and the oldest one, but we usually just go out to eat or now that we're all able to, we'd go out to like a bar sometimes.

THERAPIST: So I think a bar would be a good suggestion for you, I mean, maybe you go out to eat first and then go to a bar -

CLIENT: Yeah.

THERAPIST: so you can catch up?

CLIENT: Yeah, yeah. It's usually me and the older one and then the middle one, she's always dancing off like the party one.

THERAPIST: So that sounds like something you could do, right?

CLIENT: Mm-hmm, yeah.

THERAPIST: I mean I'd like to see you talking to some strangers. Are they single as far as you know?

CLIENT: I don't know if the middle is single or not because she's always back and forth, I don't know, but the oldest one, she's got a boyfriend, but he usually he doesn't come out with us or anything, but....[0:24:09]

THERAPIST: Okay. But is she like the type of girl who's going to talk to some people or...?

CLIENT: Sometimes I feel like though when we go out, me and her are always like, "wow, these guys are such losers" and then our other friend's like, "hey, meet so-and-so."

(Laughter)

CLIENT: And we're like, okay.

THERAPIST: Well maybe you could go out of your way when she brings that guy over to have a conversation with him.

CLIENT: Yeah, I guess so, because they now know me as...from the few times that we've been able to go out together like I just blow guys off, so that's what they -

(Crosstalk)

THERAPIST: So maybe that -

CLIENT: say so....

THERAPIST: I mean, are you close enough that they know that you have some anxiety and issues?

CLIENT: I think I might have told them the last time we hung out, I think they do know kind of, I think I might have had anxiety one of the times we went out. So I think they kind of know, so....

THERAPIST: Okay. So -

CLIENT: Not to be -

(Crosstalk)

THERAPIST: maybe you could let them know that like [0:25:01]

CLIENT: they probably might have forgot by now, so....

THERAPIST: Yeah, okay. So they're maybe not the people that you can use as like 'I need to talk to some people and' -

CLIENT: Yeah.

THERAPIST: not like your (inaudible at 0:25:09).

CLIENT: Yeah, like they don't know really -

THERAPIST: Okay.

CLIENT: I guess, they wouldn't expect it, it'd probably be in the back of their -

(Crosstalk)

THERAPIST: Well maybe you could go out of your way and if you do see someone -

CLIENT: Yeah.

THERAPIST: or when you go to the bar because I'm sure people try to talk to you when you go to the bar and get a drink.

CLIENT: Yeah.

THERAPIST: Don't they?

CLIENT: Yeah, I guess.

THERAPIST: What do you normally do when they go to talk to you?

CLIENT: Say hi and ignore them after that.

THERAPIST: So maybe this is your homework that when you're at the bar, you're going to go get a drink and when someone says hi to you, have a five minute conversation with -

(Crosstalk)

CLIENT: I feel like I just blow them off because I feel like I don't know what to say or something -

THERAPIST: I know.

CLIENT: half the time.

THERAPIST: So remember what we talked about -

CLIENT: But a lot of times in Joliet though I really don't want to talk to them.

THERAPIST: I know, but even if you don't want to, I think it's still worth it, talk to them for five minutes -

CLIENT: Yeah.

THERAPIST: and then you can say, okay, I need to go back to my friends -

(Crosstalk)

THERAPIST: or you could say I got to go call my boyfriend. [0:26:00]

CLIENT: Yeah, that's true, I should use that because all my friends always have boyfriends so they are always like I have a boyfriend or something.

THERAPIST: But maybe who knows, he could be someone pretty interesting, it could be -

CLIENT: Yeah.

THERAPIST: a diamond among all the losers.

CLIENT: That's true.

THERAPIST: You know, someone at home who's home getting their teeth worked on just as well.

CLIENT: Like me.

THERAPIST: Right?

CLIENT: Yep, I guess, yeah, I could at least try to talk to someone.

THERAPIST: I think you have to if -

CLIENT: Yeah.

THERAPIST: you're serious about, you know, doing this. And then since I won't see next week, right?

CLIENT: Yes.

THERAPIST: Okay. So we're going to need homework for two weeks.

CLIENT: All right.

THERAPIST: So you're going to be...oh, you're going to be home again the next weekend, right?

CLIENT: Yes.

THERAPIST: So it is going to be the two weeks in a row.

CLIENT: So I guess.

THERAPIST: So I'd like you to see you try to get out.

CLIENT: Okay.

THERAPIST: At least a few times.

CLIENT: Okay.

THERAPIST: And I want to hear a good story about a conversation, he doesn't have to be right...even if he is the most terrible guy in the world, you can still have a conversation.

CLIENT: That might be easier actually. [0:27:01]

THERAPIST: Right?

CLIENT: It's kind of easier to have conversations with guys that I'm completely not interested in.

THERAPIST: Yeah, because you're not nervous.

CLIENT: But most of the time it's like I don't even know, so I just blow them off so....

THERAPIST: And it's who it is, you could be blowing off your soul mate one of these times.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: I guess.

THERAPIST: If someone was actually very good looking, would you try to talk to them or not?

CLIENT: I think that would make me more nervous, I don't know, yeah.

THERAPIST: So I think that's what I'd like to see you work on.

CLIENT: Okay.

THERAPIST: And you can still keep that list of the experiences so that we can talk about one if there's one in particular that -

CLIENT: Yeah, I feel like besides that, there's not really much going on.

THERAPIST: I know, it's because you're going home a lot.

CLIENT: Yeah, and end of school is...this semester really isn't much though.

THERAPIST: So I want to hear about the public speaking thing by the time I next see you, if you find something.

CLIENT: Okay. I'll look into it, yes.

THERAPIST: Right? And the going out. And whatever happened with the guy, that what's his face? Brendan (sp)?

CLIENT: I don't even talk to him anymore, actually...oh, well my roommate's boyfriend broke up with her, yes. [0:28:04]

THERAPIST: Oh my God.

CLIENT: Well -

THERAPIST: They were dating a long time, weren't they?

CLIENT: he's been kind of trying to break up with her and she...for the past like six months, they went on a break for six months last year and when that happened I was like all right, it's over, I don't know most breaks usually mean it's going to end and then they got back together and ever since then it's like after the first month, she's always like once a month or twice a month crying hysterical because of him and he never would hang out with her, like never would want to hang out with her. And then she went to his apartment building because he wouldn't come out for New Years to Joliet so she went there crying hysterical waiting for him and

then got him to come out and then the next day he broke up with her after. And I was just kind of like frustrated because she just that day called me up like someone killed her cat or something like screaming, crying and then she texts me like an hour later, me and Heather are coming out and I was like, okay, like whatever and I didn't even hang out with them on New Years and all she talks about is him constantly so I've been trying to avoid that. So he doesn't hang out with us anymore and even [0:29:19]

THERAPIST: And then Brendan was....

CLIENT: Brendan's always like a package with him, and even before that me and him were kind of not talking.

THERAPIST: So you're disappointed or how do you feel about -

(Crosstalk)

CLIENT: No, I'm kind of like whatever.

THERAPIST: I mean he didn't seem like a person that -

CLIENT: Yeah, because even like I guess shortly before they were about to break up we weren't talking and I don't know -

(Crosstalk)

THERAPIST: Strange, he seems like a strange guy, like -

CLIENT: Yeah.

THERAPIST: I mean he certainly was interested but -

CLIENT: Yeah, but he's so shy like and for me to say he's shy, he's really, really shy -

THERAPIST: Yeah.

CLIENT: and I can't deal with that.

THERAPIST: So maybe you need someone at least a little bit more outgoing than you are.

CLIENT: Yeah.

THERAPIST: Right?

CLIENT: Yeah, I think -

(Crosstalk)

THERAPIST: To pull you out.

CLIENT: Definitely.

THERAPIST: And so now that your roommate is single, is she like considering herself single yet or is she still just totally [0:30:02]

(Crosstalk)

CLIENT: She wants to go out because she's...well the last thing he said to her was like you know I still love you, I just can't give you 100 percent of me right now. He didn't actually break up with her until she made him say the words or whatever, he was kind of more like pushing her off and he was like but I still love you, so she's hanging onto that and I told her, what, you're just going to wait for him. But she does want to go out I think to kind of be like in your face, I'm going out, look at me.

THERAPIST: So she might be...I mean, although she's probably going to turn into like a drunk crying mess each night -

CLIENT: Yeah.

THERAPIST: she might be a person that could be a good person -

CLIENT: Yeah.

THERAPIST: to go out with because she is certainly going to be trying to talk to people.

CLIENT: Oh definitely because last year around this time when they were on their break, she was going out and meeting people so I guess that's....

THERAPIST: And you guys, I mean, you don't have school right now, so is she going out on weeknights? [0:30:58]

CLIENT: She actually has two winter classes -

THERAPIST: Oh.

CLIENT: so she's in school all day long until very late at night.

THERAPIST: Would she be willing to go out on a weekday or...?

CLIENT: Maybe, I don't know because I know those two classes she's had a lot of trouble and has a lot of work compared to -

(Crosstalk)

THERAPIST: So but maybe that's something that you could do since you don't have -

(Crosstalk)

CLIENT: I've been meaning to call my other friend who lives in Chicago because I don't know, she might be in Joliet because she doesn't have a class now and she lives alone and her boyfriend's in Joliet so....

THERAPIST: There's only one way to find out, right?

CLIENT: But she meets guys and like he has no idea, it's very odd, but she's a very social person.

THERAPIST: All right, so that sounds like another option. So I just want to hear lots of stories about going out and talking to people, okay?

CLIENT: Yes, okay, by next time.

THERAPIST: At least one guy a night.

CLIENT: At least, yeah.

THERAPIST: I'd like to see three, but....

CLIENT: Let's -

THERAPIST: If you're up to it.

CLIENT: work on one for now.

THERAPIST: Okay?

CLIENT: Well I think if maybe I could talk to one, then that would help.

THERAPIST: Definitely (inaudible at 0:31:58). All right, so are we good for today?

CLIENT: Yes. [0:32:01]

THERAPIST: All right, so I will see you in two weeks.

CLIENT: Okay. I didn't fill out one of those, did you want one?

THERAPIST: Yeah, actually do you have a minute, are you going home, straight home?

CLIENT: I have a minute.

THERAPIST: Well not a minute, like a half an hour because remember I kept saying you need to refill out some sheets?

CLIENT: Oh yeah.

THERAPIST: I'm going to come down with you and -

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hey Catherine. Hi, how are you?

CLIENT: Hi. I'm good, how are you?

THERAPIST: I'm okay. I'm having one of those bad mornings, but— (Chuckles) So, I wasn't confused about the last week.

CLIENT: Oh yes.

THERAPIST: But I gave you a call, and we forfeited that.

CLIENT: Yea. (Chuckles)

THERAPIST: So don't worry, you're not going to be charged for that.

CLIENT: Okay.

THERAPIST: I had the same issue with another patient who was going to start doing every other week, and I was confused as well. (Chuckles)

CLIENT: Okay. (Chuckles)

THERAPIST: So, how was your week, or two weeks, I guess.

CLIENT: Good, nothing really much went on, I'm feeling, so it's just been kind of, I don't know, I haven't any anxiety, or anything like that. (Chuckles)

THERAPIST: Really?

CLIENT: Yea.

THERAPIST: What do you mean "nothing much went on?" Did you do much?

CLIENT: I guess I finished off the winter semester at school. I went home— I only ended up going home one weekend.

THERAPIST: Good.

CLIENT: So, I went out with one my close friends, the one who lives in Michigan, and her boyfriend came down—this is like the second time I met him.

THERAPIST: You were out in the city? 0:01:00.1

CLIENT: No this is in Joliet when I was home. And then, also, the girl who lives in the city and her boyfriend, so it was those four and me. But, it was just like a local bar-type place. So, that's really I feel like all that's — This week I haven't really been doing much.

THERAPIST: And the weekend that you stayed in the city, did anything happen, or did you do anything?

CLIENT: No nothing really, I guess, went on. I just hung out with my roomie, like we went to Olive Garden.

THERAPIST: Okay. (Chuckles)

CLIENT: Yea, so—

THERAPIST: So it was nice. But still, we need to— I know it's kind of a hard choice because I understand that you want to relax, and you want to take things easy.

CLIENT: Yea.

THERAPIST: But, it's still not really testing the limits, and—

CLIENT: I know. My birthday is coming soon, or something. I don't know, it's the 15th of March, and—

THERAPIST: I'm the 18th.

CLIENT: And everyone keeps like— You're the 18th? Oh, wow!

My friend from Michigan is the 13th, so the weekend is in between our birthdays. And everyone is like, "what do you want to do?" And I'm like, I don't know. I don't even want to plan anything because when things don't work out, I get very frustrated if it changes, and that happens all the time. So I just— 0:02:12.2

THERAPIST: So in the past, when you've been planning stuff for your birthday, has that turned into a situation where you've had anxiety before?

CLIENT: I think I've had anxiety, probably, on my past two, at least that I—I know definitely on the past two, I have had anxiety, and then I don't know about the fourth one.

THERAPIST: So much that you didn't enjoy the birthday, or the party?

CLIENT: Yea, last year was my 22nd birthday, and we went to Grand Victoria with my family, and also my friend from Michigan, her mom, and she brought a friend. We all went together, like my brothers came, my parents, and my grandpa. So it was supposed to be all fun. I was with my family, too, and I had my roomie and then this other girl we're both friends with. And I had anxiety, and then I was very like I hate this birthday, like I don't know. 0:03:07.2

THERAPIST: So the anxiety has kind of ruined events for you, especially big birthdays.

CLIENT: Yea. And the one before that, I didn't even—we just ended up going to dinner, me and two friends, because I was like I don't even want to go out and be part of this because I had anxiety. So I was just like— So it was fine, I didn't have anxiety, but I would have wanted to do more, I guess, and I didn't.

THERAPIST: Yea. So when this birthday approaches, do you feel like, "oh, I just don't want to do anything at all," or, "I want to do something, but I wish I didn't have anxiety?"

CLIENT: I don't know. I'm kind of thinking I should just go home and go out to dinner with my family, but then I want to celebrate because I never really celebrated a birthday, I guess.

THERAPIST: Yea, you really didn't go buck wild on your 22nd.

CLIENT: But I don't want to plan anything. Like my friend Valerie, from Michigan, she texted me last night but then I answered her too late because she's a teacher, and she goes to sleep so early. So she didn't answer, but she was asking me what I wanted to do and then my roommate was like, "Oh yea, what do you want to do?" And I was like, "I don't want to plan anything because if things don't work out, then I'll be frustrated, and I won't want to go out." 0:04:20.2

THERAPIST: Well, there are two ways to go about this, right? There's the way that I could help you to practically do it so that you don't have to plan it and that someone else can plan it for you, and we could work out all these ways so that you can ignore what is going on and not get stressed out; or we could do it in a way where you do plan it, and you have to tell yourself rational things and really combat this anxiety.

CLIENT: Yea. I just feel like I don't know why I get so anxious when the plans change even if it's just like, "oh, we're not going to that place anymore; we're going to this place." I don't know, it just sets off like—

THERAPIST: Well, what do you say about that? (Yawn)

CLIENT: Sorry, I'm tired.

THERAPIST: What are you thinking when the plans change?

CLIENT: I guess because of the anxiety, I would always mentally prepare myself for the situation—and then I guess even just the setting changing, then I don't know what to expect, I guess. It's like oh, I didn't expect this. 0:05:20.6

THERAPIST: And what if you didn't know what to expect, what would that mean?

CLIENT: I feel—I don't know because I've been feeling much better; I feel like I haven't anxiety for awhile now. Well, I don't know "for awhile" but—

THERAPIST: But you also haven't been doing much to start the anxiety.

CLIENT: Yea. I don't know, like right now, I can't even—I feel like I would have anxiety, I don't know if that makes sense, but—

THERAPIST: Okay and that's good, but I still think that we need to talk about what you could potentially think about.

CLIENT: Yea.

THERAPIST: If things changed, what would that mean, why would that be so upsetting?

CLIENT: I don't know. It's hard to think about it when I have a rational mind. (Chuckles) I guess I do try and plan out every aspect, even to going home and how I'm going to get home. So if it changes then I'm just kind of—

THERAPIST: Do you feel like planning stops the anxiety?

CLIENT: I don't know.

THERAPIST: Or helps contain it? Knowing what's coming?

CLIENT: I guess, yea, because I like to know exactly what is going to happen, exactly what the situation is going to be like. And I don't know, even if it's an anxiety provoking situation, it's still like I already know ahead of time what is going to come at me, I don't know. 0:06:36.4

THERAPIST: And if you didn't know, what would happen, what was coming at you, it would be awful, or would it be kind of like catastrophic, or both?

CLIENT: I guess more like, oh no, what am I going to do?

(Loud Beep)

THERAPIST: Sorry for that.

END TRANSCRIPT