

BEGIN TRANSCRIPT:

THERAPIST: So we can give a shot and at point that you are feeling uncomfortable with it or it's feeling too strange or whatever, let's talk about it.

CLIENT: Okay.

THERAPIST: Even if it's feeling strange and you don't want to stop but you want to talk about it, let's talk about it.

CLIENT: Okay.

THERAPIST: I also wanted to let you know that I did ask a couple of follow up questions based on your questions asked of my contacted the publishing company. She reassured me I was pretty sure in this but did want to say this to you: they do not store the audio record. They are not publicly accessible audio recordings. It's only transcripts.

CLIENT: Oh.

THERAPIST: So, if the -

CLIENT: Oh, that's how they oh. (Laughs)

THERAPIST: That's how it is anonymized. Even if someone you knew in school or you know went to a class that that happened, what they would get is a transcript that is anonymized with identifying data. So where you live or what your name is all that gets changed in the transcript. There's no audio recording that gets released so they can't hear your voice.

CLIENT: Okay.

THERAPIST: So. Hopefully, that's even that makes it better. Yeah, so we're all set.

CLIENT: Okay.

THERAPIST: Just try this for a while. Also, scheduling just to double check with you about trying to figure out a permanent time. Starting next week I can do 10 o'clock on Monday.

CLIENT: Yeah, I think we settled that already.

THERAPIST: Okay.

CLIENT: And that's fine.

THERAPIST: I just wanted to make sure I said that because I didn't know if that was permanently available but did I say that it was?

CLIENT: You didn't say permanently, but -

THERAPIST: Next week.

CLIENT: Sure.

THERAPIST: Yeah, so be on next week. I've been able to open it up if that hadn't been the case.

CLIENT: Okay.

THERAPIST: So, how are you?

CLIENT: It's different. So Ivan's away still.

THERAPIST: He is?

CLIENT: Yeah. He left Friday.

THERAPIST: So through a long weekend then.

CLIENT: Yeah. And he's still there and I talked to him just for like five minutes today and he found out like he starts work on Saturday but they'll want him to do some paperwork before that so I said, 'why don't you stay until as long as you can, sort of.' So, it's interesting. I have some mixed feelings. (Laughs) I'm just a little surprised.

THERAPIST: So how's it been?

CLIENT: It's been a little weird. I felt guilty because at first like the next day I woke up and I was like it was just me and Eloise (ph) you know like it's really quiet. It's really relaxing like I you know, none of that is even going to come across like conversation is even going to it **just felt I felt relieved** and I feel guilty about that about relieved. But that was, it was nice. And then I decided Saturday that I needed to spring clean the apartment because then I could really relax. And so I did that and felt good about that. So I took some time to myself and it's been, I have to admit I was a little surprised because then in the evenings it was weird. I had to leave like a light on in the living room which is just so bizarre because it is a perfectly safe development and everything but I'm no used to that.

THERAPIST: You're not used to being alone.

CLIENT: Right.

THERAPIST: By yourself at night.

CLIENT: Right. The last time was I had my own apartment in college.

THERAPIST: It's been a while.

CLIENT: Yeah, it's been a little while, so. (Sigh) So, yeah, but that was fine. And I went through sort of like, 'oh, I want to go talk to him,' like I feel so good about this that I when he comes back I feel like, good, that we've had a breath and he's got a job and, wow, we have all this to build on and another **part of me wants to like keep pushing him away** and just not, because **I don't know if I can handle like one more time** (exhalation) **things falling apart** or falling through. So, yeah, a lot of mixed feelings there.

THERAPIST: That makes sense to have mixed feelings and you know to pay attention to all of them. I think that that's part of what you're trying to do even having space for the first time. What is this feel like? Trying it on for size. What does it do? It sounds like it does a lot of different things. And you're trying to just kind of take it all in and probably when he comes back what will that feel like to you? Do you miss him? Are you relieved he's home? Are you mad he's home? (Chuckles)

CLIENT: Yeah, that's another piece I keep thinking about. Well, this space might be nice or it might be able to accomplish this or this or relax this way. But he's coming back in a few days so it's, yeah.

THERAPIST: How are you feeling about that, his coming back?

CLIENT: **Anxious.** Anxious.

THERAPIST: Do you miss him at all?

CLIENT: Yeah, a little bit.

THERAPIST: When you miss him, what do you miss when you're missing him?

CLIENT: I guess more than anything, **him going home reminds or like talking to him while he's with his parents** it reminds me of **when we were dating** or when we would both be visiting friends or whatever, because he'd say he was going to visit one of his friends while he was there and it reminded me of, I guess, better times.

THERAPIST: Old times.

CLIENT: Yeah, and how nice that was.

THERAPIST: Yeah.

CLIENT: It was interesting a little bit because I sent him like a he texted me yesterday just like, 'how are you doing?' and that was the first time we talked since we left which was, yeah, which you know was kind of (laughs) was even more because Saturday night I was already planning like, 'he's going to call tonight, he's going to want to talk. I don't know if I'm going to do that because I don't know how I feel about that,' but then he didn't call and said, 'whoa, that's not like Ivan.' And then it almost bothered me a little bit which was weird and so hypocritical. So, the next day it wasn't until the afternoon but he just texted, 'how are you doing?' and I said, 'fine,' and I just asked him if he had done anything about his appointment because he didn't know about his scheduling and cancellation policy and about when Ivan was coming back. I had no clue and that concerned me money-wise so I just asked him about that and he didn't answer so I had texted back, 'can you just please respond, please.' And he just never answered. So I ended up calling him late at night and I'm like, 'you know you didn't answer, so what did you do about that?' and so he was, you know, 'oh, I had turned my phone on silent and I forgot. I let it go.' And I felt more upset by that than I thought I would. It was such a little thing.

THERAPIST: And this was Saturday or Sunday?

CLIENT: Sunday.

THERAPIST: Sunday, right.

CLIENT: Yeah, and I don't know, it was weird because I thought at first like, 'okay maybe he's trying to give me some space that's why he's not talking to me at all or maybe a lot of times when he does visit his family or even when we were dating or he's just with his family they are so busy and they plan, like they pack the days and they go see their big family and that's what they do so it's really more of a time thing I think, sometimes. So I wondered, was it he was too busy with his family, having a great time. Was he moping and he didn't want to and then I thought, 'well what if he just doesn't need to talk to me because he's being taken care of, he doesn't need me right now because he's got his parents right now to take care of him.' And then it felt like you know **what if his attachment to me isn't based on love, what if it's based on need?** And that didn't feel very good.

THERAPIST: What if it's based on filling in his deficits.

CLIENT: Right.

THERAPIST: Rather than -

CLIENT: Because he needs someone.

THERAPIST: Yeah.

THERAPIST: You know in a way I think that's part of what's so painful about where you are right now is that you are identifying both of you I think, that that's a piece of what you do for each other is fill in deficits. His are more extreme or louder in a way because they have to do with the fact of his functioning. Right? (inaudible) might have something to do with relaxing, letting go, not being so worried about whether it's perfectly clean. At the moment he's not helping you too much with that because he's so preoccupied with his own stuff. But what if that's true, if it's about deficits, if it's a big piece of what's brought you to him is about deficits? What does that mean? [00:08:52]

CLIENT: His or mine?

THERAPIST: Well, I guess about both of yours.

CLIENT: It doesn't feel very good. If that's what the relationship is based on. That's not what a marriage should be?

(Pause): [00:09:30 00:09:35]

THERAPIST: And maybe if it's that and some love thrown in, that there's a big piece of it that's about that.

CLIENT: I guess I would be surprised also, but ashamed. Ashamed and embarrassed because it's not the right reason to marry someone, but at the same time I guess, I don't know much about marriage, I guess, but I feel like most people marry someone because they bring out the best in them or they do need each other on some I mean if they didn't need each other at all, why would they get married? Things like that that's maybe okay, and maybe even healthy, but I don't know where that line of dependency is where it's no longer healthy and it slowly becomes the reason.

THERAPIST: I mean I think you're totally right in some ways. It's probably more common than not. It's probably the norm about how people finding someone who provides something that they really need and didn't have. You know you could say that's a healthy thing, it's a forward striving for getting something that you didn't get as a kid, that you really needed. It's when you start to grow enough in yourself and you realize I don't need that from this person that it starts to, it becomes a rubbing point. People say the thing you most love about the person becomes the thing that most irritates you 10 years into the marriage or something. That's a piece of the thing that provides something you desperately needed at one point in life can also be something that once you are your whole self bothers you about the other person. So these are the questions you're asking yourself is to what degree is this continuing to be within the range of normal growth curves and challenges for a couple and to what degree are we really this far apart in who we are once we come together.

CLIENT: I think part of it's okay with me because so one of the things that Ivan fulfills for me is he's really a laid back person. He doesn't worry about things, he doesn't stress out, like I never

see him like pulling out his hair, like, this doesn't happen. Ivan never really never pulled all nighters to study or like study for weeks in advance. He's just not that kind of person at all, whatsoever. And sometimes that was really good for me to have that influence but then in our marriage when his responsibility or lack thereof had a very direct impact on me. I feel like it tips way to so no longer did it relax me at all in way, shape or form. It actually made any anxiety more, much worse.

THERAPIST: Do you remember a time when his being laid back actually felt helpful to you? So this was in college? What do you remember what would that look like then?

CLIENT: I guess, I mean Ivan was very encouraging and he, but just it wasn't always so much something he did for me or said for me, it was his own attitude. So, Ivan did something, he would do things that were crazy like pull an all-nighter for his paper that he put off until the last minute but he wasn't freaking out and he wasn't all like, no, it was just a fact of life type thing for him. He just, you know, could keep going and just he never got stressed out about those types of things.

THERAPIST: And that could feel healthy, like a healthy influence when it wasn't it was just a sort of external feedback but didn't actually affect your life.

CLIENT: Right and I think too, the fact that he was able to be pretty happy being like that and he could walk into class late, totally a mess, you know, clothes that don't match like the way guys dress a lot (laughter) and you know it wasn't something that upset him. It wasn't something that he was fine about it. He was able to be happy that way. He wasn't so worried about what people thought or about judgment and that's something that's always been huge for me. So, I guess that's something that I admired in him to an extent.

THERAPIST: And something that in a way you could maybe be helped by some in the future like that that is essentially a good influence but maybe at an extreme in effecting your life it's too much of it right now, rather than being calming it's really, really ramping up your anxiety because it's been an extreme laid backness.

CLIENT: Yeah and even worse, I feel he genuinely has made some progress and he has made some steps and now he does have this job and like little things have happened but I'm just really scared to acknowledge them or say much about them because I'm so worried that this is not going to be a continual thing upwards.

THERAPIST: As he's looking for another job, what is he looking for?

CLIENT: I have no idea. He told me that anything that pays better than -

THERAPIST: But that could be anything. Is he looking for something in other words that would just be a better paying retail? Or -

CLIENT: Better paying anything, I think.

THERAPIST: What would be your ideal? Is he looking for a job that could then be a career path?

CLIENT: I don't know.

THERAPIST: No, you don't know.

CLIENT: I've encouraged that. Especially here there are so many historical landmarks and things because he loves this stuff. He's at talking about those things and I said why don't you get into that, that's something sort of academically focused. You can put on your resume and he'll sort of go I don't know how genuine his interest is in that. So, I don't know if he has a plan. He might, he might not. It's kind of gotten to the point where **we can't talk about the job thing.**

(Pause): [00:15:48 00:15:55]

THERAPIST: How would you feel if he (inaudible) but worked at Starbucks or something, some equivalent like that for the next few years? [00:16:04]

CLIENT: It wouldn't be enough for me.

THERAPIST: It wouldn't.

CLIENT: I maybe shouldn't proud, like I'm not proud to say that because I don't look down on people who work at Starbucks by any means. I mean it's respectable, it's honest, it's great, really, truly, but I guess I feel it's underemployment for him because he did go to college; he did do a little grad school. He has abilities beyond making coffee. Again, there's nothing wrong with that. Like, but I just you know for his age and education I think I would expect or hope for more and that maybe has **more to do with my standards.** The truth is, the other day I had told him, 'I don't need you to be a surgeon or lawyer, or anything fancy, I just need you to do something.'

THERAPIST: Do what? That's what I wondered. What this seems a little strange but I wonder what it is that would feel like enough for you. What would feel okay? And it isn't a surgeon. I don't hear you saying you want him to be a surgeon.

CLIENT: No. But honestly, I think the truth is I think I'd feel great if I knew that Ivan had a great profession like that and you know, was comfortable financially and we didn't need to worry about that and he had a career that indicated a lot of drive and ambition and motivation and a clear plan for retirement and the whole deal, sort of. That would feel wonderful, but I could definitely be satisfied with less than that for now anyways. That's not old but I'm just worried that it may never the problem is he wasn't happy, he wasn't satisfied with waiting tables but he did it for over a year and to me that doesn't and he only stopped doing it because the restaurant closed. So to me that doesn't say like this isn't enough for me, it doesn't say that to me.

THERAPIST: So maybe one of the things you're picking up on **being important to you** is a **kind of ambition** or something -

CLIENT: And **hard work**.

THERAPIST: rather than taking the path of least resistance, right, pushing hard towards something you feel you're interested in. Like if he were in a profession that didn't make as much money as a surgeon like something if you were a teacher for example and pushed hard being a teacher. Would that feel good enough like, okay for you?

CLIENT: I think so. I think I've tried to emphasize to him that it's not as much about the money as maybe it comes across as being. If he wanted to teach, I don't know, college or even high school maybe? And he was passionate about that and he really made a career worked really hard and did lots of things with that. If I made more money I think that would be fine. But it's just, there's no **it doesn't feel like there's any drive** or any, in fact it almost feels like he's getting the job because everyone in his life at the moment is say, 'you have to get a job.' And, so the problem I don't think has ever been whether or not there is a job.

(Pause): [00:19:13 00:19:18]

THERAPIST: That also seems so important for the work you're doing as a couple and just inside yourself to know what you're wanting to say to him. That it really isn't does he have a job or not have a job or did he pay this bill or not, but that you're you would be more, **feel more attracted to him** with him **having drives and ambitions** and goals that he feels passionate about.

CLIENT: Right.

THERAPIST: Rather than feeling like he's doing things because he's being told to do them.

CLIENT: Right, because I think that's a big that's where I feel like, where I'm really wanting is before we got married or even when we got married I had this vision of Ivan having his master's degree, he had a clear career path, he was going to get a PhD, he was going to write books someday, like he like we were going to get a house someday. In our 30s we were maybe going to have children. Like **we had a very**, very vague, like most couples might have, **some kind of idea**, some common and then we got married and he works construction and then the restaurant job and then **he failed out of grad school** and then **there is no then there's nothing**. So we go from really comfortable, solid, something to work with to nothing like no idea what he's doing tomorrow and that's what's not okay.

THERAPIST: You thought when you were dating, so before marriage had you talked about this plan you're describing? You actually talked with each other about it. It wasn't just kind of in your mind. Huh. And he would share this with you. That was his vision, too. He was going to get a PhD was his decision? In anthropology?

CLIENT: In theology. I mean he was getting a masters in anthropology, so, and he was going to. That was his plan and eventually, 'oh, I don't want to write books that nobody reads which is a little true. A lot of those books don't get very well read outside the schools, but, so I have no clue if now it's about his failure more than I 'cause he keeps saying it's not about school but it's also become a dirty word that no one can use around him, so it's like bizarre. I don't know what to make of that.

THERAPIST: That path would have been to be a professor?

CLIENT: Right. Yeah.

THERAPIST: So it's really, you used the word 'mourning' your continuously trying to wrap your mind around that not being the pathway.

CLIENT: And that's not just, I mean, that he was able to lie about, you know, a big chunk of time actually like the most serious part of our relationship, our engagement period, like he was able to lie about so many things and the business with the loans and so many outcomes with his depression it's just all been too much and it feels like all of a sudden I went from this comfortable place where I knew what I was getting into and it looked like a good future to -

THERAPIST: You're feeling betrayed.

CLIENT: Right. And I also feel like I don't really know him right now, like who is this person? This is not so it's a bit much.

THERAPIST: It's also not that you're feeling like okay, well I knew him for a long period of time and then he's gotten depressed so who's this person who has depression but that even back, you're saying I guess I'm still catching onto when all of the, for example, all of the lying about telling you things were going well in school that was during your engagement.

CLIENT: But I never knew he was lying.

THERAPIST: Right.

CLIENT: I mean all the weekends that I said, 'so are you sure you want to come visit this weekend because I understand if you like, I've got work to do, too.' 'No, no, I'm going to read out ahead so that I can take the weekend off.' So I mean so many times we had that discussion and then when he got there, I mean I had no clue.

(Pause): [00:23:25 00:23:30]

THERAPIST: It's really, it's does not mean it's insurmountable it's a level of betrayal about the foundation of what you're thinking you're building together.

CLIENT: Right. I think it's exacerbated by this thing that's been happening with my parents. It's a lot to have people sort of reveal that they're sort of capable of something or that they're not something you thought they fundamentally were. It's a lot.

THERAPIST: As you're seeing it with your parents. I can think of several examples of what's in your mind. Your dad's a failure?

CLIENT: I guess I would say that. I guess I would say the whole, you know I went to register for classes one day and nothing was paid because they spent my college fund that wasn't money they saved to begin with? Things like that. Things like 'by the way I had another husband and another daughter.' Like, 'by the way, I cancelled your health insurance and never told you.' It's like this crazy, bizarre (exhalation).

THERAPIST: There's a list -

CLIENT: Right.

THERAPIST: of ways you've been betrayed.

(Pause): [00:24:44 00:24:49]

THERAPIST: What are your feelings about that with your parents?

CLIENT: They're all over the place and unfortunately I feel every time it comes up I like revert into this helpless, little girl who has no control over it. It's actually something I'd like to talk about today if I have enough time.

THERAPIST: Of course.

CLIENT: So, it's connected to other examples but so today I talked to my mom just really briefly because I needed a recipe because I was making a care package. My dad's getting surgery on Wednesday, whatever. And then she's like, 'well, I don't know when we'll see you next,' and I said, 'well I'd said you and dad were more than welcome to come for Easter, like it's not a lot of time for us to make the journey but and she's like, 'well, I told you we weren't coming.' And I said, 'no, you didn't. You said you didn't think dad would take the time off but you didn't say you weren't coming.' And she said, 'well, it's such a short amount of time.' And I said, 'you can come for more than Easter Sunday,' and like she just, she wasn't having it. She was like, 'well, we're not going to go into this, so this is a bad subject. We're not going to go into this and I'm not proud to admit but I said, you're old enough, like we're going to have this discussion. Like you can deal with this. And it's again, that me just trying to force this like, this role on her like she should take the leadership role or she should have the responsibility or and she's like, 'no, I'm old enough. I shouldn't have to deal with this.' And I said, like I don't understand, I really just invited you for Easter. I don't see you being victimized here, like I think this is fine and she's like,

'Ramona, you want to be careful because you might say something you're going to regret and someday you won't be able to correct it.' As in, you know, she's 63. That's what it's about she's 63 and someday I'll have these things and I won't be able to apologize for them. And it's just like it's a lot but it's also frustration because I don't understand so if you're not coming you know, that's fine but why? Because she doesn't work, she doesn't volunteer, she doesn't see her friends, she doesn't if anything, it's about the past (sigh) and it's you know.

THERAPIST: When you kept saying, 'talk about this,' I'm not even sure what is the 'this'?

CLIENT: That she won't (cross talk) I mean I want a reason [00:27:15]

THERAPIST: That she won't come up? Is there a reason?

CLIENT: I'm like, I want

THERAPIST: You mean she won't even give you a reason why she won't come?

CLIENT: Well, but the reason is you know, it's a short period of time but I'm like, 'you can come and stay for the whole weekend. You can stay for a long week no and she's like, 'well, your dad, your dad, your dad, your dad, he won't take off for it.' And, I'm like, I know his I know about his work schedule as well as anyone else and if he only wants to come for the day which he would totally do because no one's going to want him unless there's an absolute emergency, I'm like, 'that's fine, but that doesn't effect when you come, you know.' She can't fly. She's terrified to fly so she wouldn't anyway, but I'm sure he would and I'm like, that doesn't effect,' and she's like, 'well, I thought you were talking about us coming,' and I said, 'yeah, but.' So it's just like anything to skirt the issue and get and she's like, 'we're not going to talk about this,' and she does her very calm, 'all right well I'll talk to you another time, I love you,' and she starts, you know she's going to hang up on me regardless and I just, we've done this so many times and it's bizarre because my sister warned me, 'do not expect them to come, Ramona, do not expect her to don't do it.' But every time I like am left crying like this **little girl who has been rejected or abandoned** or which is so silly because I'm a grown adult. It's not the end of the world and I'm not upset because I don't see them on Easter. I've had that before but it's about she's done this so many times. We've had this situation so many times where it's like this tug of war and it will even be like I'm coming, I'm not coming for this amount of time. No, I'm only coming for and it goes on and I can't like get out of it. I can't break that cycle and I am left frustrated and I know, like I tried to call her back but she already turned off her phone. And it's probably going to be a few days until she would even consider talking to me again and at that point it's not going to be an apology, it's going to be like it never happened. And it's just so frustrating.

THERAPIST: It's so unbelievably sad and painful to hear.

CLIENT: I don't know if this happens to other but it's like I don't part of me wanted to be like I' sure other parents if they had an invitation from their kids to come for Easter I think that's a nice

thing. You know. It's no strings. But it's not a she's like, 'well, why don't you invite your in-laws? They haven't been there.' Like, it's just so -

THERAPIST: What happens in your mind about why she doesn't want to come up? What do you imagine why not?

CLIENT: I think there's always the fundamental, I mean for my wedding there was like, 'oh my gosh, what are we going to do about the pets?' Because that's such a big priority and I, of course, they need to be taken care of, but she really, like they really so many that it's extreme and with all the birds, someone would have to come in, but most of the time no one can come in because the house is a mess and they don't want anyone to come in or it's just like this big, long, and that's something that's something that's like a hot button for me. So there's that.

THERAPIST: So the **pets get taken care of instead of you, their daughter**.

CLIENT: That's like a common theme but, I mean I understand that she just can't leave them for days and -

THERAPIST: But she could have fewer pets and spend time with her daughter.

CLIENT: Yeah, she could. But it's not so I don't know if it's that. You know she has fears of crowds, or fears of flying or like the last time she came up once and she took the train and she talked about how great the train was and how easy it was. It was like one of two modes of transportation that she doesn't get sick on or is afraid of but I don't even know. Like I really don't and then I **feel that maybe she doesn't love me** or maybe she is abandon it's like all these **irrational childlike fears that come rushing back** every time this happened and I need to find a way, if I can't control you know, I'm not going to stop talking to her and this maybe I can't stop this from happening but **I need to find a way to control the way I feel afterwards**.

(Pause): [00:31:27 00:31:35]

THERAPIST: It's a moment of being abandoned and it's not the big abandonments of your childhood but it's still a moment of hoping that she's going to be present in your life in this way like wanting to visit your daughter, daughters for holiday weekend and there's a hope and then it gets crushed and that's what sounds like is the what you get locked into, that you hope and then it gets crushed and then you hope again and it gets crushed. The question of why opening up the hope I guess a little bit more where how you find yourself back in the place of hoping this time will be different, it sounds like you know from experience that repeatedly it's not different.

CLIENT: No.

THERAPIST: Does she ever come through and sort of shock you? Like, 'oh wow, she was really there for me this time'?

CLIENT: On the phone she can, absolutely. There have been some times where she has shocked the heck out of me and there has been zero judgment and she has just been completely there but in terms of doing something like coming to visit or like that, if it involves her going somewhere it's not okay. If it involves us going there it's okay as we go there, like it's okay for us to go if we have a planned visit but it's not always okay once we're there. It just feels like such a I'm just really tired of it. It's so frustrating because you know, I thought (laughter) that was something nice and I thought, and then she's like, 'well, I know you've been under a lot of stress recently,' and she's referring of course to the problems with Ivan and I and part of me feels so frustrated by that because that's her that's another excuse to throw on the pile and I'm like, 'you know, I invited you. If I thought I was too,' or what she could have said, even was, 'are you aren't too stressed to do this? Are you sure it's not going to be a bad time?' Like, it's over a month away and that -

THERAPIST: It's also not crossing her mind that it's a stressful time and therefore maybe it would be helpful to have your mother around for a visit.

CLIENT: Yeah.

THERAPIST: That maybe you'd want to see family as a support. Do you know what I mean? That thought doesn't even enter the realm -

CLIENT: But it does. Because a few weeks ago I was on the phone with her and she just said, 'you know if you want me to come up for a while I could do that.' And I'm like, 'oh, I'll think about it.'

THERAPIST: And she'll offer.

CLIENT: Yeah, but then it's I think she offered because she knew I wasn't going to take her up on it at the time because I was too overwhelmed to deal with the potential tug of like I couldn't do it and so -

(Pause): [00:34:32 00:34:38]

CLIENT: Right. So, I mean it's okay to offer then but then when I suggest something that we would usually have a big family get together on Easter and that's not. So I don't know what it's about. But it feels like it's about abandonment and I -

THERAPIST: How could it not feel that way? It doesn't mean it is that way but it's your own mother saying, 'no I'm not going to come see you.'

CLIENT: And that's okay, like I think I can handle that but there's no like, 'I just don't want to,' or, 'it's too difficult for me to travel.'

THERAPIST: There's no discussion.

CLIENT: Right and it's what I hate most is then it's followed by when she's going to hang up I'm not going to hear from her for days and it always feels like I'm devastated when that happens, every time.

THERAPIST: You get punished. It's as though you did something wrong. You get then the silent treatment. She's mad at you then.

CLIENT: But this is a any argument with my mom growing up whether it was about my dad, about her, about stuff with even us any argument, if it got to a point where she didn't want to talk about it, deal with it, if it had gone on too long, if she just didn't feel she'd go to her room, lock the door, she's done. I mean like any extreme. Like leave the house that's more my dad's thing, but it feels horrible. I feel so insecure and I always feel this like, 'do you love me,' like impulse and that's and I've like said something like that to her before and she's never it's always like, 'well, if you don't hear me saying you love me, then you're not listening.' It's not, 'of course I love you.' And I, I'm just really frustrated because, again, I need to find a way to not have that meltdown, that devastation every time.

(Pause): [00:36:31 00:36:37]

THERAPIST: I think in the long run we need to help you do that, too. There's so much though that you are opening up at least to me for the first time that it's just, it's huge what you're describing got set up and settled inside you in your development that I think I don't know that we could jump to kind of an intervention to get you not to feel this way by next week -

CLIENT: No, I understand.

THERAPIST: Although I get that I'm totally on board that in the long run putting into perspective what's happened to you and how that's created feelings of insecurity inside you bearing the sadness about what you never had and then getting to a place where you have a totally different perspective on it and you don't hope for something different, I think would be really valuable for you. I think that there's some work we've got to do between here and there to get there, though, and just your talking about it, you're starting to do that. By opening this up. It's really extreme what you're describing in her. I don't know if you know that.

CLIENT: I don't know.

(Pause): [00:37:49 00:37:53]

THERAPIST: She sounds, in other words, quite psychiatrically impaired. Very ill.

CLIENT: My mom has suffered with depression ever since I was little and really, like to the extent that every Saturday night she would become sick and it took me a long time to figure out she was lying because physically she was but she wasn't lying. Because she was like, 'oh I

have a stomach ache,' or, 'oh, I have a headache.' Because Sunday morning was church and she didn't want to go because she struggles with agoraphobia, depression, anxiety, all kinds of things like guilt. She'd like she had so many things and she never explained, you know, and I don't know how you would.

THERAPIST: (Cross talk inaudible) [00:38:34]

CLIENT: I don't know how you would but I know I was very, very angry at her for a long time because I figured out she was lying to me.

THERAPIST: Yeah. There's depression. There's tremendous anxiety in her. You're describing also it sounds like agoraphobia. You know it's that, it sounds like.

CLIENT: She tells me she used to be terrified to walk out to the wash line when we were little like steps from the side door, she used to barely leave the house. She barely leaves the house now. And it's difficult in and of itself but I just, I guess I feel like sometimes those things have gotten in the way of what I needed.

THERAPIST: Ah, yes!

CLIENT: But again like it's not my mom's fault that she has depression but again, like all the years that she sort of stayed in bed or didn't cook or clean or didn't I got really angry about that. I'm still angry about that.

THERAPIST: Did she go to therapy or treatment or to the hospital?

CLIENT: She's been to see a number of people. She sees someone now. I'm never quite sure what their qualifications are, but that's my way of saying I question their qualifications, but she sees someone now but she also tells me like, 'oh your dad makes such a fuss about paying the co-pay every week,' sometimes I just don't ask and so I don't know.

THERAPIST: And in your childhood she did see someone.

CLIENT: I don't know.

THERAPIST: You don't know.

CLIENT: I don't know when I was little because there was no acknowledgement of it when I was little and I didn't figure out that this was a real thing that I just saw my mom doesn't clean the house. That's lazy, irresponsible, whatever, like -

THERAPIST: Yeah, and she's not on medications as far as you know?

CLIENT: She is.

THERAPIST: She is.

CLIENT: And she's been on for many years, that I know.

THERAPIST: What is she taking? Do you -

CLIENT: I don't know.

CLIENT: I don't know. I know she's tried a number of different combinations and she's stressed and that's been a problem. Side effects. But sometimes she'll talk about, I mean when she did clean up the house last Thanksgiving, she talked about you know, they finally found something that was starting to work they were gradually upping her dose and it was helping her and so I mean, there are times like that.

THERAPIST: You know it's interesting because it makes you wonder if **having all of the pets might be one way of then allowing her not to have to leave the house**. Do you know what I mean it becomes like a level of something that binds her to the house and then can become an excuse not to go to far or even how filthy things become. It's both just an expression of what she can't get herself to do because she's so depressed but then it also becomes another way of locking the world out. Do you know what I mean? That there's so much yuckiness inside so now we just have to keep it to ourselves.

CLIENT: That **never occurred to me**. That sounds very reasonable, but that never occurred to me.

THERAPIST: I mean I guess that there are layers and layers of then what starts to help enable the **pathology that's already there to kind of lock it in place** you know, for example, you think that the first thing that comes to her mind about why she wouldn't come up is, 'oh, the pets.' It's not really the pets, right? But it becomes a reason that gives her a legitimate excuse to stay home. You know, legitimate in quotes.

CLIENT: No, it sounds, I mean a while ago I suggested that she start doing volunteer work. She's a nurse, I mean, she hasn't worked in years but she has skills and anyway, and she, no, she got a puppy. (Exhalation) It's been something I've never been able to understand, but I don't think 15 pets makes her any happier than zero pets, but its hard because I like my mom is not a horrible person, she's not someone who doesn't love her daughter like she really does, but **some of these patterns are really tough** and I don't I just want to find a way to work with the relationship but it's getting really **hard to even have a phone conversation** sometimes.

THERAPIST: You're so not taking care of the relationship. I mean that's what's painful listening to it. It's not only do her various psychological illnesses really impede her capacity to be a mother to you but she doesn't even then say, let's say she is that ill and you're a kid there isn't someone, either her or your father, saying, 'Ramona, this is what's going on with your mother,'

or, 'this is what's going on with me. It has nothing to do with you and I want you to know it has nothing to do with you. It's my problem and sometimes it might mean that I'm mean to you or I'm grouchy or I can't come to your school function or whatever is the thing, and believe me, I want to be there but I have this thing called agoraphobia and it means that I'm terrified when I go outside and it's going to have an impact on your life but I want you to know it has nothing to do with you and I wish I could be there.' Do you know what I mean? Even that layer of taking care of you, even if all she could do was do it from the home is absent. Explaining, giving you context, helping you know it has nothing to do with you.

CLIENT: I think right now my goal is I'm still not over, for whatever reason, I mean if it's wrong or right but somewhat over like that neglect or like those cycles or all those things because it's not that long ago that I lived there. But, I want to and it's still happening, but real, in our conversations and things like that but I want to get to the point where (exhales) I'm okay and that even if it never stops that I realize I didn't get it when I really needed it but now I don't need them to take care of me and I can be okay even if I don't feel emotionally cared for.

THERAPIST: It's a part of getting over it is talking about it for a little while. If you can bear it.

CLIENT: Yeah.

THERAPIST: I know you know a lot of these stories in your own head and you can feel like, 'okay well I've thought about that and thought about it and thought about it, why am I not over it,' but to actually share it and know it and own it with another person is a very different experience than us, you know, stuck inside our own heads. There's a processing of experience that can help put it tuck it inside in a different way when it happens with another person, becomes more real and more integrated then. So it just seems to me there's so, so much that you've been on top of by yourself but that actually getting it known and shared here might help it consolidate inside in a very different way that would allow you to move on.

CLIENT: That would be good.

THERAPIST: I was struck by, about half way through our discussion today we're going to stop in a second but you said, 'and that is something I wanted to talk about if that's okay.' You know you can start wherever you want to start. You know that. Do you feel like you need my help to get started though sometimes?

CLIENT: Yeah.

THERAPIST: Is that part of it?

CLIENT: Yeah, I do.

THERAPIST: Okay.

CLIENT: I feel I need you to take more control because there's so much going on and I could talk about today, I could talk about 10 years ago. I need some focus. I may be a little more CBT-like, I need more control from you, maybe.

THERAPIST: Yeah. I think that that may be something that allows you to feel calmer here, right? Is not so much that I think there's a little bit around the fantasy that I'm in control and can kind of give you control and then you can feel comfortable here? That that's okay, that's kind of where it is and I'm willing and wanting to help make it safe enough for you to open up parts of this that are not safe for you. I don't think that telling you, CBTing you through that exchange with your mother actually is what's going to be most helpful though right now. If, in other words, if doing some of that to get you to feel like you can start to open up your feelings about this helps I think that makes a lot of sense. I think the **airing more of the feeling**, which I can put in CBT language if you want to. It has to do with **affective exposure** so in behavioral therapy we're talking about putting somebody who's agoraphobic in on the outside allowing them to have a full blown panic attack and exposing themselves to the behavior that brings on the affect this is a place in behavioral language where you can **talk about affective exposure to the things that are tucked away inside**. So, I think to the degree that I can help create this as a safer place for you to bring those out and feel them; you do a lot of work not to feel them. You know, you'll say something that sounds really sad and then you'll immediately say, 'yeah, but that was a long time ago.' Or you'll say, 'yeah, but I don't want to fault her.' But there are a lot of sort of follow up comments that stop you I think from actually feeling that you're really sad or really mad about that thing that happened. Do you know what I mean?

CLIENT: I do. Is that important?

THERAPIST: I think it's very important because **the more we can help you get to the feelings** that I think are there it's when they're stuck feeling attached to a person that hasn't that you didn't get to know in your conscious experience that you do continue to go back to that same person looking for something to be different. So, to me a piece of trying to get noticing **what it is that stops you from just feeling the feelings** that are there it doesn't mean she's evil, it doesn't mean she's hasn't done anything good for you it doesn't mean she's not a well intentioned person, but you can still have feelings about it. So starting to allow some more space or noticing when you cut off the space what's happening inside you to eventually to allow more of those feelings there I think will allow you to move on in a different way than you've been able to do before with this stuff that gets stuck inside now.

(Pause): [00:49:21 00:49:25]

THERAPIST: Sound reasonable?

CLIENT: Yeah. Thank you.

THERAPIST: Okay.

CLIENT: So next week.

THERAPIST: So next week at 10.

CLIENT: Okay. I also need to ask you I mentioned I did a little bit of journaling? Would that be valuable to -?

THERAPIST: Extremely.

CLIENT: Okay.

THERAPIST: Extremely. Either if you want to give it to me or bring it in and read it or great.

CLIENT: But can it stay -

THERAPIST: I would put it in a file -

CLIENT: Thank you.

THERAPIST: I could give it back to you.

CLIENT: No. I mean I don't need to keep it, I just -

THERAPIST: I keep a record of my so I'll just put it in there.

CLIENT: Okay, thank you. I'll see you next Sunday.

THERAPIST: Yeah, see you then.

END **TRANSCRIPT**

BEGIN TRANSCRIPT:

THERAPIST: (Cross talk) Yeah. No problem.

(Pause): [00:00:06 00:00:12]

THERAPIST: So. We'll talk a little bit about double sessions or not, or how often.

CLIENT: I think ...

THERAPIST: Questions.

CLIENT: I think, maybe sometimes that would be beneficial. It feels like breaking it up just a little short sometimes -

THERAPIST: Yeah.

CLIENT: with a weekend between especially. So, just a thought, but I don't know if I need that regularly or if that would even be beneficial regularly.

THERAPIST: What does that feel like for you to think about doing it regularly versus on occasion?

(Pause): [00:00:39 00:00:43]

CLIENT: I don't know. I guess, I mean it's obviously more time, but

(Pause): [00:00:46 00:00:49]

THERAPIST:

CLIENT: But not much more time. Honestly? Because I already allow pretty much an hour for this appointment and it takes an hour to get here, an hour to get back, so (laugh) another half hour beyond that would not be a big deal.

THERAPIST: You know I thought as a starting point, and this is something we could try it and it if it feels like doing it regularly would help versus doing it less regularly would feel better, we can always change up the system as things open up, depending on how it feels. I had-I wondered, you got my message about that 8:20 -

CLIENT: Um hmm.

THERAPIST: if you could do, would it be possible for you to be here at 8:20? I know that's awfully early.

CLIENT: It would be possible. I guess I'm a little ambivalent because it's more of a personal thing, but that would mean pretty much from 6:30 in the morning until noon I wouldn't accomplish anything in my day aside from therapy. Not that there's anything wrong with devoting a morning to because that's pretty much what I'm doing now, but that's kind of a lot.

THERAPIST: Yep. Yeah, so what if we could do 8:20, back to back at 8:20? I can't do that every week but I could do that every other week and if you could move to 9:10. We could move our hour to 9:10.

CLIENT: Oh, I see what you mean.

THERAPIST: See what I'm saying? So I do 8:20, 9:10 and 10 right now. And like when the day goes on it was switched to 9:10. Do you think I could do as a permanent time then we could do every other week, that back-to-back 8:20 if we took an hour and 30 minutes?

CLIENT: But not 9:10 to 10:45 or whatever it would (cross talk)

THERAPIST: I can't do that as of now.

CLIENT: Okay.

THERAPIST: If it, once it opens you're number one on my wait list to do that but I can't free it up now.

CLIENT: Okay.

THERAPIST: The 10:50 after might, I might, if that gets freed up I could keep that in mind, but I can't right now do -

CLIENT: Okay. No, I understand.

THERAPIST: unless there's a cancellation.

CLIENT: Okay.

THERAPIST: Do you know what I mean?

CLIENT: Um hmm. Um humm.

THERAPIST: So I don't know if you want to try that or do you want to just wait until there's a cancellation and stick with this time.

CLIENT: I guess I'm not sure. I'm really, I'm wondering what your assessment of how you think like do I need more time? Do I not seem to have enough I'm wondering what you think about that.

THERAPIST: I do think you could benefit from more time. I agree with you on that. I think you could benefit from it in a regular way. If you were much closer I would tell you to come twice a week and we would just be doing it that way. So I get wanting to do a back to back so at least you don't have to -

CLIENT: Yeah.

THERAPIST: waste the travel time (inaudible) [00:03:41]

CLIENT: It's not, it's not that it's a waste. We're also seeing another doctor and then it's getting to be like, (laughs) it's getting to be a lot.

THERAPIST: Yeah. Anyway. So, if you can swing getting up early -

CLIENT: Laughs.

THERAPIST: that would be a way of -

CLIENT: Um hmm.

THERAPIST: us having it every other week then on average. Okay, I'll think about that.

CLIENT: Okay. I'll think about that.

(Pause): [00:04:05 00:04:11]

THERAPIST: Think about that and let me know. Otherwise I'll keep keeping on my (inaudible) before or after this time.

CLIENT: Okay.

THERAPIST: (inaudible) [00:04:20]

(Pause): [00:04:21 00:04:25]

THERAPIST: So what's on your mind?

CLIENT: So I guess a lot has happened since last Monday. Ivan got back, obviously, and, (Pause) he actually got back he decided he wanted to take the later, the latest possible, so he **was late to our session** (laughs) because he came directly like from traveling to the session. He was late and I was ... [00:04:34 00:04:38]

THERAPIST: To your **couples session**.

CLIENT: Um hmm.

THERAPIST: (Laughs)

CLIENT: Which is not very indicative of 'I took the week to reflect and I'm ready to work' and **I'm pretty angry at him right now** and things did not go well in the week he was gone and ...

THERAPIST: Meaning what?

CLIENT: Meaning he decided he wasn't going to call, wasn't going to like contact me at all and he's like, 'well, I wanted to give you space.' And I said, 'well, that's one thing, but when I called and you wouldn't answer or you hung up on me, or you wouldn't answer or talk to me, what, just refuse.

THERAPIST: He hung up on you?

CLIENT: Yeah. Which this is not a new this has happened since we were dating. If there's an argument and it's over the phone or if there's any kind of like, confrontation or conflict or anything rubs him the wrong way he always seems to feel like it's an option to hang up and shut off his phone or put it in, like walk away ...

THERAPIST: What?

CLIENT: ...and then he won't answer and then of course I call back like ten times because I'm so upset that he really just did that again and it's you know, which is terrible because I'm just stuck on the other end, upset and nothing can get resolved or worked out and it's not healthy for me to just be calling up to him and calling up to him. And he is, you know, not going to deal with it.

THERAPIST: It's such a weak (inaudible) in your relationship (inaudible) [00:06:10]

CLIENT: No. This whole like walking out of the whole, like, for Ivan it's like, it's become a common being when something isn't going to go okay it's avoid, avoid, avoid, like and then it doesn't go okay because he really and it's so frustrating.

THERAPIST: Yeah, for him it sounds like you can differentiate that he's mad but also that he's avoiding something and it's difficult for him.

CLIENT: Right. But I also if we're having a conversation at home, even, he'll be like standing in the doorway of one of the rooms, he'll be like thinking about getting out of the apartment. Like he's always and it's so frustrating because it's like how are we going to talk about anything that isn't 'cause it's like I don't know. It doesn't go very well. Yesterday I had a particularly tough afternoon Tuesday (deep breath) because I called him in the afternoon because that's when he was saying something about 'oh, I rescheduled our appointment for Saturday,' and I said, 'no, I called him because I'm like wait a minute, you told me your first day at Subway is on Saturday. Did you forget about that? What are your hours? What's going on with that?' Like he needs a and, because I mean, that aside and then he's like, 'so do you have, are you getting ready to go to class or whatever?' And I just like stopped for a minute because I was so frustrated because Tuesday later in the afternoon was like this really big career fair that the school public health puts on every year and it's like 30 plus vendors, like (inaudible) players, and I been like preparing for weeks and I've been like, spent so many hours re-updating and reformatting and redoing my resume and going to workshops and researching the people who are going to like the whole it was a big deal to me and it's not like it's you know a big life event going to a prayer fair but it was now I'm starting to look for a job and it was important to me and he can't

remember and I'm like, 'well, you were here like all the weeks that I went to all those workshops and some of the times when I was working, so he's like, 'well, no,' His immediate response was just, I cannot get over it, cannot get past, is (laughs) like, 'well it's your fault because the past couple of days you haven't really told me much about what's going on with you. And I'm like, it's been on the white board, it's been going on for weeks. I've been planning this and I said, 'well, you have that fancy phone now,' which is the term I used because he has a smartphone or whatever and it he has the capacity to set reminders and alarms and all (laughs) kinds of things, you know just work and it's good because he doesn't remember things on his own so that's a tool he can use. And he's like, 'you're belittling me' by using the word, fancy, you're belittling.' And I'm like, 'no!' So it was just really, I got really worked up and crying which was so frustrating to me because I actually did my makeup (laughter) it was just so, it was horrible. I mean, my sister calls me and I didn't understand that. And, she was like, 'Ivan just tried to call me and I didn't know why. What's going on?' And I told her and she said, 'do not, don't call him back. Let it go. Fix your makeup, calm yourself down and get him to school. You'll be fine. Like the whole and I said, 'no I really (laughs) it was so incredible, I didn't I was completely planning to blow her off and call him back because I was so upset. I needed him to apologize. Like needed it to somehow be resolved and worked out and okay without him like him hanging up, blaming me for getting not being supportive, the whole thing and she's like 'don't do it.' She's like, 'I know you want to do apologize, but don't do it.' So I didn't which was really, really, really hard. [00:07:17]

THERAPIST: Yeah.

CLIENT: And, anyway, there were a couple ...

THERAPIST: You think it was good for you.

CLIENT: It was very good for me.

THERAPIST: (inaudible) [00:10:12]

CLIENT: Right. Because, I really wanted I was so worked up and so I really needed him to like, 'I'm so sorry, I really didn't mean that,' or 'really sorry, I forgot,' or anything to salvage it, but I was so hurt, no hurt. Not that he forgot, per se, but just that his response wasn't, 'oh, my gosh, I can't believe I forgot that. I am so sorry. I know that's something you've really been working on,' and that just never happened. And it just didn't go well. So, I tried to call him a few other times in the week and he'll be like, 'oh I was taking a nap, I was helping my mom with dinner, I went to the movies with my dad, I went out to lunch, I was with my family,' like I talked to his dad at one point and he was like, 'this is not a vacation for Ivan. We've been talking about some of these issues,' or whatever, and I'm like, I wonder. I wonder because it sounds not so much like that and every time I talk to him it wasn't anything like, 'I miss you,' or, 'I've been thinking about this,' or, 'I want to work on this when I get -.' It was never anything like that. (Sigh). And I'm so frustrated because the week of space that I was hoping would give us each some perspective

and some chance to get back to it for him was like, evidently a way to just avoid and to the point where he came back slowly, he's late for our session. And I'm just (exhales). [00:10:41]

THERAPIST: And that didn't have to be?

CLIENT: No. There was an earlier one. There was one that would have gotten in at 5:30 in the morning. He could have come back on Friday. There's one he could have come back any other and it was really, and he doesn't I don't think he gets that I'm I don't know how insulted or offended or like this isn't **why isn't this the priority? Why am I not the priority here?** So, we had a very intense session because I said things have gotten worse. **I'm thinking about separating.** It's something I've been thinking about this week seriously. I don't know that there's any other option and ...

THERAPIST: How did that go over?

CLIENT: Dr. Farrow (sp?) really heard that and really responded to it. And it told her I even felt like sometimes the couples therapy didn't feel, and this might sound really horrible, but it didn't always feel appropriate because a lot of the big issue like the lying or the taking money because of the loans or things like that, they aren't my fault and I don't even feel like I play a remote role in them, like it's not even like, 'no.' And so I don't feel okay or I get angry sometimes sitting there and talking. The goal, I feel is to talk about each couples' part and to resolve it, but I feel like I don't play a part in a big chunk of it.

THERAPIST: Yeah. And what, as a consequence what happens in a session? Do you end up focusing on him?

CLIENT: No. We end up **focusing on my anger and resentment.** And, I am so angry (laughs) it sounds so, but I'm so angry about that because I don't yes, it's a problem and yes, I admit that it influences the way I actually speak to him and, of course, that hurts our marriage, and I'm so angry and so resentful, but I wouldn't be if he could stop lying or get his act together or these types of things. So it's really frustrating because he always wants to push the focus there which I understand because that's a way to push the focus off of him, but it's so I told her that and she said, 'no,' she was like, 'all those feelings are valid,' she said. I felt so much better because she's like, 'when I was writing that list of how you felt,' she said, 'I thought that I would be feeling every one of those things, you know, if I was betrayed like that.' And she said, 'it's perfectly normal,' and so **I felt good because (exhale) that was validated.**

THERAPIST: Yeah.

CLIENT: But, she agreed. She said, 'let's not let's agree not to separate for a while, because you were making some little steps before. Because it's been three weeks since we've seen her because she was away on vacation, Ivan had an interview and (sigh) and she was like, 'you were making a little bit of progress before so let's see if we can,' you know two sessions this week.

THERAPIST: Yeah, it's so tricky because it does sound like there has been some movement.

CLIENT: Um hmm.

THERAPIST: He got a job. There have been some things along the way where you've come in and said he's made dinner or he took care of the laundry, (inaudible) and there's some initiative happening. But then something about this week sounds like a break, felt really discouraging.
[00:14:56]

CLIENT: Um hmm.

THERAPIST: Almost like maybe you really had an expectation that he would really use this time to have some space to get it together and would end up feeling like he's used the time to avoid.

CLIENT: Um hmm.

THERAPIST: Is that ...

CLIENT: Yep.

THERAPIST: ... fair?

CLIENT: Yep.

THERAPIST: Understandably. I mean, it's a valid is he able to own the avoidance from the week? I mean is there any movement on that?

CLIENT: No. I don't ...

THERAPIST: What does he say about it.

CLIENT: He says, 'you know what we' because I'm like, 'well, you know I tried to text or you don't answer,' and I find out later like he's out to lunch with his dad and then they went to the movies and then they, I'm like that sounds like more of a vacation and he's like, 'you know what we talked about at lunch? We talked about my impression and how I can treat you better,' and like, he's resentful or almost like he's angry at me because that's what his out to lunch with his dad was. And I'm like (laughs) I don't even know if he recognizes that he's avoiding or even that it's not okay, that he needs to talk about these things or he needs to deal with them.

THERAPIST: Going to lunch or going to the movies over the course of the week in and of itself doesn't have to mean he's on vacation.

CLIENT: No! No.

THERAPIST: But it sounds like you're not sensing that he's saying I just want to let you know I've been using the time. I've really been thinking about us, I've had several really difficult conversations with my dad. He's not leading ...

CLIENT: No.

THERAPIST: ... with what he's done and interspersed, of course you'd go to the movies or go out to lunch at one if that's not right.

CLIENT: Right. No.

THERAPIST: In and of itself that doesn't have to mean either way but that the fact that's kind of what you're hearing about unless you probe, probe, probe, probe, probe, doesn't give you faith ...

CLIENT: No.

THERAPIST: ... he's doing this from a place of his own wanting to be working on what is his valuation (ph). [00:17:00]

CLIENT: No. And, right, and he comes back, I mean he's late for our session and I'm just so, I'm like, this is just like (laugh) the straw that broke the camel's back. It's like too really? Like, 'after all that, now you're late to the session and now, (sigh) and then but it's very weird because after that we went home and we talked and this was like a really big session because I really said, 'maybe we need to separate.'

THERAPIST: Is that the first time you said it in that way before?

CLIENT: (Pause): I think that I actually formalized it and didn't use it as like, 'I'm dying,' or 'I can't,' like a very vague and was really serious about it and she took it seriously.

THERAPIST: Yeah.

CLIENT: And so that valued it beyond saying it at home.

THERAPIST: Yes.

(Pause):

CLIENT: So then after that we talked a little more at home and then later he's like I said, 'okay, so what happened,' because it one point in the week he after the Tuesday thing, that night he said, 'you know, I'm going to write you what I need to say,' and he led me to believe it was this really important, you know, okay, 'so I'm going to own up to it, I'm going to tell you what I want,

I'm going to tell you my plan, I'm going to tell you what's going on' type of thing and after the week was over I'm like, 'so whatever happened to that?' 'Oh, well, I didn't I kept throwing it away because it wasn't good enough.' And I'm like, 'all right, so I got nothing.' And so, Friday night he's spent, I don't know a half hour, not a very long time and he wrote a page and a half and just told me how he feels and what's been going on and he's apologetic and if I feel like he's isolating me or it's abusive sometimes that I need to get out of the relationship and he wants that for me and he wants me to be happy and the whole spiel. And it was, it was a really nice note, but at the end he's like, 'if we can move forward, why don't we go out to dinner tonight, why don't we -,' and I'm like, 'okay, I'm not ready to go from 'let's talk about separating to let's go out to dinner' and pretend like everything's okay. But that but I mean after I was done reading it he's like sitting out in the living room and he's like nervous and he's like fidgeting and he said, 'oh, the whole time you were reading it I was thinking I should have added this or I should have cut out that or I should have,' like he was so worked up about it.

THERAPIST: Wow.

CLIENT: So I really went over the top and expressed **how meaningful it was and how effective it was to know like for him to be able to communicate** even if it's through paper, we can't do it forever, but (laugh) and it was really **I really appreciated it.**

THERAPIST: So (inaudible) not knowing for sure [00:19:29]

CLIENT: Exactly. And I'm like, 'if this is how it has to be, like clearly we can't possibly know what's (inaudible) marriage by this stuff like -

THERAPIST: Better than that.

CLIENT: Right.

THERAPIST: Yeah (laughs)

CLIENT: This is huge. This was really huge and it was it really felt like the old Ivan. It really, you know, instead of like this sharp, harsh stuff that I'd been getting sometimes, because that's not how he is, like that's not how I've known him to be. So, it felt like I made a little progress and things he go **very clingy**, like super clingy (laugh), which does not Ivan does that sometimes. **He's very attached.** He has issues with me being away, his issues like he's very clingy, but then Sunday morning I made a very big mistake evidently because I wanted to know like, 'are you excited about your new job that starts today? It starts this afternoon.' I'm like, 'are you excited about it? How do you feel?' And, 'well I'm worried it won't be good enough. I'm worried it won't work out.' And I'm like, 'well, maybe why don't you get your schedule for the week?' Or, 'when is your first payday? Do you know any of these things?' And he's like, 'no.' And so it turned into like a big two hour fight because I wanted to know his schedule for the week and it was hard for us to even to schedule with Dr. Farrow (sp?) because he has no clue when he works and he made no effort to find out when he works this week. I'm like, 'why didn't you?' Like what's going

on? (Laughs) Like, 'why aren't you?' And he seemed to have no, he really had no sense or reality that this was important for me or like this would make me feel a little more secure, a little more comfortable that he's getting this together, he cares about having a schedule, he but so far it's been like so at the end of the fight he took 60 seconds and called work and he found out that his manager was going to be back at X-time and be able to tell him his schedule and that's all I wanted. That's all I needed from you. Like why was that such a big (sigh) so it's like really frustrating because he got a job and that's good even though, I mean, it's not a great paying job but it's a fulltime job but it still feels like we're pulling teeth.

THERAPIST: That's not enough. Yeah.

CLIENT: 'Cause I tried to explain it I'm like, 'not getting the job was never the problem.' So it's really like been a roller coaster.

THERAPIST: What did he say to you in his letter? Was he able to put it in writing?

CLIENT: It was wonderful. It was the whole, like you know, 'I'm sorry I haven't been what you've needed to me to be,' like I apologizing for everything from, just apologizing for a lot of it and constantly re-emphasizing that he wants whatever is best for me and if that means us not being together then he wants that and if he which is tricky because it almost feels like a guilt trip, but (sigh) -

THERAPIST: And he's also not saying, 'I want to live together, so I'm going to work really hard to make sure that I win your love back over.'

CLIENT: Right. "Cause that's the thing that's been really frustrating that I tried to emphasize with the talking with him about the separation because I said this isn't what I want. He's like, 'do you really want , ' 'No, of course this isn't what I want, but if we can only go from living like this or being separated I'm going to have to pick that eventually because this is not going to work. I can't be breaking down in tears every other day. I can't have a two-hour argument because you don't want to get your work schedule. Like I can't do it. I'm just -.' So, it's like it's really up and down and he's talking he's like, 'I don't feel like my session with Dr. Bourd (sp?) is helpful. I said, 'did you tell him that?' Like, 'you need to let him know.' And, he's like, 'yeah, I did but I don't know.' And (sigh) so I don't know, I have no clue what's going on there for I don't know if that's just his perception that he's not making progress or if it really is the case. I don't know if it's not aggressive enough as an approach for him.

THERAPIST: Yeah.

CLIENT: Like I don't know what's going on but I'm very concerned by that because that's where I'm putting a lot of my hope.

THERAPIST: I wonder if it would be helpful for me to touch base with either Dr. Farrow (sp?) or Dr. Bourd(sp?) just to get their feedback directly. I don't know if that would -

CLIENT: That would be fine with me, that would be more than fine with me. In fact, I would appreciate it.

THERAPIST: Okay.

CLIENT: Because I've been wondering if I should even, he and I had the one session with him, with Dr. Bourd (sp?) together. I was wondering if I should even -

THERAPIST: I think that would be a great idea.

CLIENT: do that again.

THERAPIST: That would be a great idea. It's even better coming from you than from me because I'm you know, you're the one living it. It would just be curious for me but I feel may be helpful for you to hear what Dr. Bourd (sp?) actually thinks about what is happening. The last he and I spoke this was a long time ago you know he did seem aware of **how many deficits there were** and the need for actually just some **concrete kind of structure** and being able to help which is not usually what he does but it was sort of he was honing in on that being really where the work was going to be for a little while. So, I've got the sense that he at least got that instead of just sort of letting Ivan talk and (cross talk) (inaudible) would be open ended and in a way that would be useful for him but (inaudible). Has Ivan ever been for a psycho form (ph) evaluation? Would he do that? [00:24:40]

CLIENT: I'm sure he would. I don't know how he could be approached because, well, obviously by Dr. Bourd (sp?) or someone like that, but I'm really concerned because Ivan has this he attaches a stigma with it and he's very self-conscious and I know his dad has said things like, 'you need on -'

THERAPIST: Oh really.

CLIENT: Which is which from him is like a **shaming type of** -

THERAPIST: Yeah. So, it's even said in that way.

CLIENT: Right.

THERAPIST: (Cross talk) (inaudible) [00:25:27]

CLIENT: Which I totally underlike, I completely support Ivan and feel like it feels horrible knowing it feels like you need drugs to fix you. So, I don't want him to feel that way, so I don't know if he can be approached in an ultra-sensitive way that he -

THERAPIST: Yeah.

CLIENT: But I don't wonder if that would be helpful for him. It doesn't, it doesn't it's really weird because severe depression for me took a very different shape -

THERAPIST: Yeah.

CLIENT: But for him, I don't completely know. It seems like he has some trouble focusing his attention but he's also really depressed, but he also has trouble actually like physically getting words out. And he gets, he gets so worked up. I didn't appreciate, but yesterday I watched him and he's like fidgeting with, like -

THERAPIST: A tremendous amount of anxiety.

CLIENT: Yeah. I know and he's like stammering and he's like shaking and he's I mean, and it's really and it's not just in emotional situations. He sometimes has trouble like I'm unloading the dishwasher and he wants to get to the fridge, like we have a narrow and he would rather like almost trip over me than say like, 'I need to get -

THERAPIST: He's insecure.

CLIENT: through. Right. Or and it's not he really has trouble and I wonder if there's something actually going on there.

THERAPIST: Yeah. 'Cause I it also occurs to me but this is where I from your descriptions of it I feel like if there's something very seriously wrong. So, that's why I'm also curious what Dr. Farrow (sp?) and Dr. Bourd (sp?) what their assessments of what actually what's happening, just to see if they they're seeing it in exactly the same way. Like I wonder about psych testing for him to even if just to feel out a little bit more about what's actually happening. Is there any possibility of something organic? Is this depression? Is it ADHD? Is it anxiety? You know. There's a number his symptoms are so severe in a kind of atypical way for just a normal depression.

CLIENT: Really?

THERAPIST: Well, yeah I guess it's a combination of not having his voice and the tremendous stuckness with you relationally that feels like it's at an extreme. It's not just that he's sitting at home on the couch all the time and telling you, 'I'm depressed.' There's a lot of denying it. You know, and able to just say that it seems so far that's he's depressed and I don't (inaudible) [00:28:01]

CLIENT: I would feel better. That's more I always want to know like, 'what's going on,' and then, 'okay, what are we going to do?' And that would be comforting to me and it would be comforting to me to know. And if he needs medication to but again I don't ever want to say anything, probably, and I would rather it come from Dr. Bourd (sp?) obviously.

(Pause): [00:28:26 00:28:29]

THERAPIST: (inaudible) [00:28:33] about what his sense is about what's going on. Does he think there's progress being made?

CLIENT: That's the bizarre thing though. Because we can go from yesterday to him not understanding why I would be concerned about him having a work schedule to this morning I come out like I'm ready to go and he's going to drop me at the train and he's sitting at the kitchen table making a list of stuff to do and I'm like I'm really happy but I can't forget the past year, so it's like I never it's completely unpredictable.

(Pause): [00:29:02 00:29:09]

THERAPIST: It makes you wonder if you know, him going home you in a way, you'd hoped it would be, that's great, he'd back to thinking in a productive way about things, but if his home has been a participant in creating him being avoidant and not really having to take responsibility for things, you'd wonder to what degree it actually was going to help him instead of suck him back into the **vortex of what he's always known**. You know, I don't know him well enough to know all the details about how that would happen but you can also imagine that, in fact, the best thing for (inaudible) is here with you, it's Dr. Bourd (sp?), it's Dr. Farrow (sp?), and maybe not (inaudible) and he's back with you, you're back communicating, he's back making lists. You know, he's back here. So, it's just hard to it's a long haul of waiting, and waiting and waiting and watching (inaudible) [00:30:15]

CLIENT: I am, I am a little curious because so I felt like we almost made some progress, ironically I guess before we left. He got I don't know if I told you this, but he got really angry is what he got. He had told me he picked me up from the T one night because, whatever, and he was just like, 'yeah, I applied for some jobs today,' and I just said like, 'did you record them?' 'Oh, yeah, I recorded some of them.' I'm like, 'oh.' He's like, 'I'm doing it again, aren't I?' And I'm like, 'yeah.' But that, I felt so hopeful because that was him on his own taking some recognition that he was stuck in that -

THERAPIST: Yeah.

CLIENT: And then we got back to the apartment and five minutes later and he's like, 'I lied. I didn't record any of the jobs today.' And I wasn't I was disappointed. I was mostly upset because he lied. I wish he'd just told me. But he started like he was over in the kitchen and he like slammed something and he started yelling and he started I'm like, 'how do you feel? How does this make you feel? What -.' He's like, 'I'm upset.' I'm like, 'are you? Are you sure you're not angry?' 'No, **I'm upset**. There are a lot of other words for it. I don't have to be angry.' And like he's yelling this and I'm like, 'you're ang-I mean, what is so wrong with saying **you're you can be angry at yourself**, you can be angry at me I mean it's not going to help here but it's okay to get angry and it's even healthy to get angry and get it out, express it,' and he really, like it really

struck me because he really couldn't say that and he really thought he should be above that and he really was trying to bottle it as much as he could and it is so destructive to him I think. I would rather mean it's not the way I want him to express it of course but I'd rather him slam a can down on the counter and get it out than so I don't know. So the next day he's like, 'well I googled anger management techniques and I wondered if he told Dr. Farrow he's like, 'I try things on for size.' And she's like, 'did that fit?' And he said, 'no.' But you know something's wrong there if he can't even say, I'm angry at myself that I did this again, like -

THERAPIST: Yeah. There's a lot of emotional baggage it sounds like that he carries around even to be angry and express it is being bad.

CLIENT: Right. Like you don't know you shouldn't be slamming things and yelling that's not maybe the best way to get your anger out but you need to say that you're angry. You need to get it out somehow because it's I think it's crippling him emotionally a bit to just -

THERAPIST: You're saying to him actually it may have worked that way in your family, that that was not allowed with me. I would feel more safe in this relationship if I knew more about what your feelings were, not less. I do not want you to I don't want you to hit me but I would like to know what's going on in your inner life, all the feelings and that would make me feel safer and more known and more (inaudible) in this relationship. It's new for him, probably here, that that is a good thing instead of a bad thing. He's that way about even just fighting, you're saying.

[00:33:14]

CLIENT: He doesn't want to fight. And no one wants that I'm like no matter how I'm pretty sure I don't know, again, I don't know what a normal, healthy marriage looks like I guess. But I'm pretty sure even the happiest people, they have arguments and they have fights and that doesn't have to -

THERAPIST: And it's healthy.

CLIENT: Right. So, I'm not sure why it's so it's like traumatizing for him.

(Pause): [00:33:46 00:33:51]

THERAPIST: What you've done this week which I think is really, really important makes me wonder a little bit about where it came from inside you, is you stepped outside of your own feeling that you are just forever, perpetually responsible for him in your capacity to say in a way that you mean it, 'I have a limit.' And, 'I'm serious about this limit.' That's very different than what you did as a kid, you know, just beating up aftit's usually growing out of beginning to connect some of the dots of what you've had to put up with that you did have to put up with as a child. You had to. You did not have a choice. You're not going to be eight years old and move out and get your own place. You had to put up with it you had to keep trying to change your mother, you know. It was adaptive; the way you survived was just living on that hope that one day you'd make it through. But with Ivan you're now starting to get a little space to say I don't have to put

up with everything. I can say, 'this is what works for me and this doesn't work for me' and it really needs to (inaudible) to this. Just as hopefully he can say that to you. [00:35:05]

CLIENT: Don't, you know, whatever talk to me that way or you know, if you talk to me, talk to be this way.

THERAPIST: Whatever it is, that he can say also, is so healthy for both of you to say, this is who I am and how I want to be treated and really new for you.

CLIENT: It's weird because even as I was saying like I'm wondering if separation is our next step I do feel that way and I started to process a little bit, of course I always have to have a plan for the worse case scenario. I've already planned a little bit like, 'okay, I can start looking for apartments. These pieces of furniture are mine. I can try to live on my loan money and I can try to start working before I graduate, like the whole because that's just how I am. But, at the same time it felt really superficial because I couldn't imagine actually getting through all those steps without okay, let's try this again you know like I just I really am waiting for him to make some kind of I don't know, break through or heroic attempt, you know, something to say, 'no, you don't have to do that, I'm going to get it together.'

THERAPIST: Yeah. Still, that's important though but I think there are (inaudible) or Dr. Farrow (sp?) wouldn't have taken you as seriously as she did is your picturing it and your picturing it in a way that is telling yourself if push comes to shove that there's some validity to that pathway and I'm actually going to picture what it would look like and take it seriously that this is a possibility. It doesn't mean that you're committed to that possibility yet, but to see yourself to beginning to see yourself and that would be a legitimate thing to do. There's so much baggage you have about separating, about divorce, about how hard you are on yourself about your tremendous self-loathing and what you know, I think there are so many (inaudible) to talk about in that, where it gets intentionally kicked up when you would see this as your being imperfect or making this huge mistake and being so self critical. [00:36:18]

CLIENT: No, I already decided that if that happened I wouldn't tell anyone. I wouldn't be able to -

THERAPIST: Oh.

CLIENT: Yeah. I could tell my sister because she's already like, she's already addressed the subject because she's very objective and she's pretty much been a mother figure like but I couldn't tell my friends. I couldn't have any of my friends like over anymore or anything like that because I couldn't reveal that I was -

THERAPIST: Why not? I mean, what's the fear?

CLIENT: (Sigh)

THERAPIST: I mean, think of your friends, for example.

CLIENT: Because what would come out would be that her husband struggled with depression and she left him. And what kind of monster, like what kind of horrible person?

THERAPIST: Is that the story?

CLIENT: I'm pretty sure that's what it would be. I know that's what it would be.

THERAPIST: To you? You mean, what the story you'd tell?

CLIENT: It's all I would be able to actually convey. That's all people would really hear.

THERAPIST: Humph.

CLIENT: The fact that it takes him five hours to make a meal. Like that they'd be like so, you know, that's not something you'd leave someone for. The fact that he worked part-time for most of like, most of our marriage so far, like that's not he's dealing with depression. You need to have compassion and sympathy and patience and he just didn't get the help like it would not be it would be my fault and it would not only be my fault I would be this -

THERAPIST: Wow.

CLIENT: person who didn't take (exhalation) even two years to try to make her marriage work and who left her husband because he was struggling with mental illness. What kind of a public health student no less? Who would do that to their spouse?

THERAPIST: Ramona (ph), wow. That's quite a story you made about it. [00:39:07]

CLIENT: But, I mean that's what it would be. That's exactly what it would be.

THERAPIST: So the fear sounds like it's not maybe knowing you're it's sort of doesn't even reach the point of what other people think that is what you'd think of yourself.

CLIENT: And I would believe that's what other people thought.

THERAPIST: And therefore that's what you'd think they thought.

CLIENT: Um hmm.

THERAPIST: So, I wonder how it gets there from, 'I'm really mad at him because he's lying to me repeatedly, he doesn't follow through on anything he says he's going to do, he keeps his head in the sand, he shows up late for appointments,' to, 'I wasn't compassionate enough or honest (inaudible) it's all my fault. [00:39:55]

CLIENT: It's not, I mean in my eyes clearly like a lot of these things aren't okay but he's not taking accountability for them and he even, I mean he even really said to me like, 'you're going easy on yourself' when I said like, 'this lying stuff, and the loans and grad school, like it's not my fault. He really has never there have been a couple of times when he said, 'no, no you're right, it's not your fault.' But I don't really hear it and I don't really see and even when he does say like, 'oh yeah, I'm going to try,' or, 'I'm going to it really comes back to the line **my dad always said** which was, **'I'm working on it.'** And I know what that means. It's not happening and it's like -

THERAPIST: Your dad would say that?

CLIENT: Um hmm.

THERAPIST: About what?

CLIENT: Everything.

THERAPIST: Huh.

CLIENT: I mean, he didn't take care of the yard. He couldn't get home He didn't make his clients pay his bills. He didn't send out bills. He didn't collect 'I'm working on it,' was always his phrase and **it was to shut us up** because he couldn't stop being a workaholic. It's not so much he didn't care and he didn't love us. But he really has a problem and he really can't stop and he really can't put anything else he really, really but it was always, 'I'm working on it,' and it just it took a long time before I realized, 'don't have any hope. He just says that because it's just-,' and that's exactly how it feels when he says, 'I'm trying,' or, 'I'm going to -,' it always feels like I'm going to think about hoping about trying,' and it's like I'm not asking, I mean, really, truly his only responsibilities are to work 40 hours a week -

THERAPIST: Maybe more.

CLIENT: Maybe more at this point, help out around the apartment, maybe make some meals, be supportive, be nice, be loving, whatever. It's really so reasonable, but learned growing up just because it's a reasonable I mean, if there's any it's just too much, too much. Then -

THERAPIST: And yet, the other question that I hear you really struggling with is as an extreme example if you embrace for now that this is Ivan's severe depression that's what it is, in other words, that's the sum total of what's causing you to feel frustrated with him, when is there is enough is enough even in a mental illness at this stage of a marriage do you know what I mean?

CLIENT: Right.

THERAPIST: Or is there not? Like are you guided by no, you would stand by someone for 10 years if they're in this place and what are those certified (inaudible) where it's enough? I mean I

guess one day I hear you saying is okay, if it's his depression and you really believe that he's taking account of it and working on it and you trust that he's working on it that that would make you feel like a different story. [00:42:53]

CLIENT: Yeah, it would. And I have something horrible to admit. It's just a fantasy of having a thought that I had, but I was aware of it and I wouldn't have to tell anyone and no one would ever know but I'm taking this religion and public health class and anyway, there's a Muslim girl from Saudi Arabia and she describes, she's been talking about she's been explaining these long traditionally little but anyway, she at one point said like she's talking about arranged marriages and like sort of intense things they go through, like they can't date and the whole thing before they get married and she said, 'divorce is fine,' like it's a last resort. It's not, you know people give up immediately, but there is no shame and a divorced woman is just as desirable as a single woman and I had this passing thought like it's the worst thing ever, but you know, I almost wish I wasn't Christian and I wish I was something like that that could, that it's like such a horrible, horrible, horrible, horrible, horrible, horrible, horrible, horrible such a

THERAPIST: Why are you so -

CLIENT: No, no, but say, even think like your own to even think about to have that type of a blasphemous thought I guess is what it is essentially, is so horrible, but at the same time I just felt that I really had that passing like is terrible because I don't even want a divorce at this point, but I just, I feel trapped and I don't like feeling that way.

(Pause): [00:44:47 00:44:53]

THERAPIST: That's really it's really tricky because it sounds like you're not that it's wrong in a way, the way you used to think to be, to grow up and be allowed to think for yourself and make your own judgments unless they're different from the judgments you were taught that's (inaudible) [00:45:19]

CLIENT: I don't know. I just know people who get divorced, people differently sometimes within the church, which is ironic because you're not supposed to judge anyone but it is, it's a little like after you spend like \$20,000 on a wedding and reception and you invite everyone you love and you make this big deal of making a really public promise in front of God and everyone to say, 'no, he doesn't have a job. I'm leaving,' is just not thinkable.

THERAPIST: What if (inaudible) [00:46:00]

CLIENT: (Deep breath) That's something I keep coming back to because I'm so, so upset about it and we don't talk about it. (Sigh).

THERAPIST: Good stuff, but there's a lot there's so much harshness towards yourself and I never figured there'd be so, so, so self critical about having a fantasy, not an action, just thought they're just thoughts and it's part of getting to know your own mind and finding your mind, you

know, not what other people telling you what to think or what you're supposed to do to placate Ivan or even me or, you know. Who you are is one of our tasks here. (inaudible) without telling you what not to think. Almost as much as (inaudible) which is (inaudible) come back to it. Give the double session earlier some thought and [00:46:50]

CLIENT: Okay.

THERAPIST: you know, of course if I don't hear from you I'll assume we're sticking with 10 o'clock -

CLIENT: Okay.

THERAPIST: and we'll just keep you on the (inaudible) okay? [00:47:13]

CLIENT: Okay.

THERAPIST: (inaudible) Are you comfortable if I contact [00:47:21]

CLIENT: Absolutely.

THERAPIST: I just want you to feel comfortable with that.

CLIENT: I'd actually appreciate it, yeah.

THERAPIST: I think I have a release.

CLIENT: (Cross talk) (inaudible) because I've signed one for Dr. (inaudible) [00:47:38]

THERAPIST: Actually, I don't think you did because I double checked it a few weeks ago (cross talk) but you don't have a release so just -

CLIENT: Sure, sure.

THERAPIST: I just want to be sure I have it in my file.

CLIENT: Absolutely.

THERAPIST: How do you think Ivan would feel about, because I don't want to also reach his -?

CLIENT: About you talking to Dr. Bourd (sp?)

THERAPIST: Yeah. Yeah.

CLIENT: Well, we've already talked about that and he was fine with it.

THERAPIST: And he was fine the first time around, but now you think he'd be okay?

CLIENT: I think so. I can ask him if he wants to shoot you an e-mail.

THERAPIST: That would be great if you want to just let him know that you're asking for this?

(Pause): [00:48:11 00:48:25]

THERAPIST: I mean (inaudible) you don't need to.

CLIENT: (Laugh) Okay.

(Pause): [00:48:27 00:48:32]

(Pause): [00:48:48 00:48:59]

THERAPIST: Okay?

CLIENT: Thank you.

THERAPIST: Right.

CLIENT: All right. Thank you.

THERAPIST: Thank you, too.

CLIENT: Bye.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How did things work out? I've got your message obviously after...

CLIENT: Mm hm. No you were very helpful. Thank you for taking time to call me.

THERAPIST: Sure.

CLIENT: So Ivan said he was fine that night, that he didn't need to go anywhere and that...so he didn't do anything further. He did say "I was hoping you wouldn't find that," so we did make the distinction that he was saving it actively.

THERAPIST: Yeah.

CLIENT: It wasn't something that he'd forgot about which I was really hoping it was because that's really common for him. But it wasn't and we saw Dr. Farrow (sp?) Friday obviously. It **wasn't very helpful** and I guess I...something I tried to convey to her which I'm not sure she understood...not communicating directly or maybe she doesn't understand, **I feel like I need more help**. I feel like I need...I don't know what form it should take, I don't know what it should look like but it's been...it's really become a lot to take care of him on some level and to be (pause) responsive to the way things are going with his depression and such without any additional help because I feel like it's really helpful to me with you but that's 45 minutes out of a week. [00:01:31] Then **my sister is there**, always listen but I feel bad like putting that on her cause then she's really worried. I don't like doing that and that's kind of where it ends because **my parents aren't so able I guess** and talking to Ivan's dad was a really bad experience so I guess...She's like "Do you need someone to come in and help you with the apartment?" I'm like "No!"

THERAPIST: Yeah I wonder what your picturing when you say "I need more help." What looks...**what would help**?

CLIENT: In theory I think it would come from our sets of parents. In theory it would be someone who could be calling him and checking up and finding out what's going on and be really like on board with **his treatment plan** and...I don't know if I should call it that but....Maybe for me somebody whose able to call and just "How's it going?" It seems pretty clear, it's not going to come from my parents, which is fine and Dr. Farrow said "Do not call his dad." I think it's more **emotional support**, I think it's more I'm having a really, really tough time. His mood swings seem to be...I don't know, more pronounced? [00:02:53]

THERAPIST: Mm hm.

CLIENT: He **goes from like crying to really happy, hyper attentive towards me**, he goes really back and forth, back and forth, which I understand is part of depression. I shouldn't expect it to be different, I'm not criticizing the fact that he's going through that but **I'm just acknowledging it's really tough**.

THERAPIST: It's a lot on you.

CLIENT: Right! I'm really **worried about the threats and the note** and I'm very worried about it obviously but I'm also again, it sounds horribly selfish but I've taken a moment and am realizing this is really tough to deal with. I'm not doing it completely alone obviously but it feels like that sometimes when I'm not here.

THERAPIST: Yeah.

CLIENT: I'm the only other person in the apartment and it's too much and its **effecting me physically** and its **effecting me emotionally** and I sometimes feel myself being really pulled down

in his...when the moods are really depressive it's really hard to like try to bring him up because I'm like...so it's getting really difficult to manage.

THERAPIST: One of the dilemmas is that as you articulate what **you wish you had that would helpful is a parent who is more supportive. Both of you.** You wish not only for your own parents to be people who they are not but his parent sounds like that also is a piece of what we may have felt clearer after your exchange with Ivan's dad that he has tremendous deficits also as a parent. [00:04:40]

CLIENT: I don't know. I talked to my sister a little afterwards like the next couple days or whatever and I told her what had gone on and she's like "Well he's reacting like a Dad. He's emotional, he can't...it's unfortunate he couldn't step out to help you, but..." She felt like it went back to his...he and Ivan are more friends than anything which is...I don't know how I feel about that but I mean he was not at all able to be...it wasn't like an initial hysteria and then he calmed down, like had a plan. No...

THERAPIST: So he was hysterical on the phone?

CLIENT: He wasn't like sobbing and...but he was really emotional and he was very clear that he wanted me to call Dr. Bourd (sp?) and find out what I should be doing differently and how I should be taking care of it. He's like "Do not call and ask what Ivan needs to be doing. Find out what you need to be doing." I'm sure he meant...I'm sure it never occurred to him...

THERAPIST: Yeah, I'm not...

CLIENT: That sounded really accusing but... he said "I don't know if this is around the time you went home to get your car inspected but...I don't know if Ivan...if it sounded like you didn't want him to go. I don't want to get in the middle of that but..." So he just kind of let me know that he thought it was me kind of....it sounded accusatory to me and he called me back after a while cause he couldn't wait to hear if I had gotten hold of Dr. Bourd and he's telling me that Ivan has had some struggles with this before, he's like "Ivan doesn't know it but he wrote a poem in seventh grade and his teacher called me because it was dark..." and I wanted to say "Why didn't you do anything, why didn't you...?" But all I said was "I feel like clearly in grad school, even a little before, Ivan needed some help with this and he didn't get it." [00:06:34] There are some big things I'd like to know when really...see his struggle with attention or memory or he's like "No, that's all he's been there." They never...and I mentioned, I said someone, I didn't want to bring in that I'm seeing someone intimate but I said one of them **said that it might be helpful for Ivan to get some kind of evaluation** to find out what's going on and **maybe even a pharmaceutical evaluation** and just...I told him didn't know if he was aware but Ivan feels this is very stigmatized and he's very disappointed in himself if that would come up. He made that very clear. I said "I don't know if there's a way that you could somehow approach him and let him know that you guys support it and you don't...you know, there is no stigma and it's healthy and good..." He really couldn't get that maybe cause I'm like "I know you told Ivan at one point he needs to be on antidepressants," and I said "Maybe you don't do that?" [00:07:40] (laughs) I said "You know

you're not really...it's not really your field and even if it was you are his dad and you are so close to this." He's like "Well I did take a lot of psychology courses," and I just...I'm sorry I can't get past that I'm so angry at him. He's a pastor, he went to seminary, like he's not...(laughs) major in psychology even. He has no...but he's honestly on the phone telling me how 20 years ago he took a couple classes and I'm just like...

THERAPIST: Did he call Ivan or did Ivan's mom call Ivan?

CLIENT: Huh uh.

THERAPIST: No one called him?

CLIENT: No everybody's acting like nothing ever happened and Martin was very clear on the phone, he's like "This conversation never happened, until you hear from Dr. Bourd." He said "I don't think you should confront Ivan." I told him I didn't know what to do here and I was hoping...he really just kind of told me to just...so it was unfortunate and he kind of gave me like a short list of what he needed and he never called me back, not even to check like "How's it going?" I think that's his way of...so I understand **Ivan maybe avoids him sometimes** and maybe he learned that a little bit at home.

THERAPIST: Yeah.

CLIENT: I don't know I'm just really...

THERAPIST: Well I think that could be one of the things that for you right now is most (pause) **anxiety provoking** about not only finding the note but then to discover in the whole system of your life, your shared life with Ivan that **neither of you has a set of parents** or even a single parent **who you can turn to for some guidance and support** through all this and that's devastating. [00:09:33]

CLIENT: Maybe...so my sister said "What about Julie? Maybe his mom is a bit more..." She's definitely a bit more less emotional and less mainly talking to her but the problem is I'm very intimidated by her so I'm kind of scared to call and I'm really worried that it can go as badly as it did with Ivan's dad or worse and I really, again this sounds really selfish but I really can't deal with her blaming me cause I already feel like they're...they've already suggested me saying "You need to have a job or you need to..." like that makes him feel worthless or that makes him feel...which is so difficult.

THERAPIST: Yeah. One of things that's hard, I mean Dr. Farrow said that she does experience the **dynamic in the room gets so polarized** where **you're holding this kind of rage and criticism** and **he's holding all of the shame and kind of recoiling**. I think that the thing I would be pushing you guys to start getting out there and understanding together is that I don't think you're the only one with rage and criticism in the room and I don't think he's the only one with shame in the room. And the anxiety.

CLIENT: No, no.

THERAPIST: I think you carry around tremendous shame about your own family, your own experiences. The problem is that you just both deal with it in opposite ways. He puts his head in the sand and you kind of do a very opposite obsessional, organizing, cleaning, organizing, cleaning, organizing, cleaning so you take it almost as a critical attack and he takes it with the withdrawal. The problem is that right now as long as you're in that place he's going to stay in this place, you know? [00:11:24] And if the couples work is going to help you it's going to be able to help you come back to not feeling as responsible for him, not feeling sort of letting go of your criticism for the time being and to him to start to grab some more of his own self-criticism in a productive way, his own agency, his own initiative. I think one of the problems in what's getting clearer in this family system though is that you both have had sets of parents who've kind of reinforced these ways of being in the world and to find that Ivan's dad for example, here's what his son wrote, a suicide letter, and doesn't want call him, that's how avoidant he is. That's how much he sticks his own head in the sand, you know? That's extraordinary, tells you not to confront him about it and this is how much things got pushed under the rug in this family and still to this day he can't be a responsible, appropriate parent around. An appropriate parent would have been to call him and say "I need to let you know I know this, I'm so concerned about you, what can we as parents do to help you with this?" And that's absent so it's all the more infuriating for you. [00:12:39] The problem is what if that's what's you're going to get? What if that's who they are?

CLIENT: I don't know, I really again I kept trying to emphasize to Dr. Farrow cause I feel like this has been really clear in me for quite a while is I really need something more and it's not...so she's like "Do you need to see Dr. McNally more? Do you need someone to help you clean the apartment? Do you need...?" I don't know that those are...and then she immediately from there went to separation which right now I don't feel good about and I don't want to do. But I don't know if it's apparent this is really difficult. Yesterday I had to listen to him tell me how it's inevitable we're going to get divorced. In couple's therapy I have to listen to him say this is hopeless, it's never going to get any better and I have to find a way to not only not get upset and not have any emotion surrounding that and not take a minute to go cry or call someone or take care of myself. I need to turn around and say like "What can we do to help you, tell me..." It's really, really difficult.

THERAPIST: And you have all this feeling that bubbles up about how he could do that from your own childhood. [00:13:54]

CLIENT: Yes!

THERAPIST: You've done that your whole life.

CLIENT: I'm tired and I don't know what...Dr. Farrow said she thought...it seemed like she perceived me as being almost like stuck in the nineties, like I'm really redoing it all over and it

feels that way to an extent but honest to goodness it more...maybe this is just me not being aware but it really feels like I really did do it growing up and I really did do it even college, like every summer and now I really am doing it with my spouse and so...(sighs)

THERAPIST: Okay. So one of the things we have to I think get clear about in reality is his parents are not going to be parents to him in the way you want them to be.

CLIENT: Should I try to talk to Julie? Is that a...?

THERAPIST: That may be an option is to try it but and who knows? I don't know her, you know her better than I do for sure, I don't know what kind of response she'll have, that might be then the next step of something you could try, if you're being practical. But if she responds in a similar way it's that question then what? If there are not going to be parents who are going to help on either side. Will your parents?

CLIENT: My mom is apparently still not talking to me from two weeks ago when I asked about Easter so I'm not...sometimes she can be really helpful and other times her own, like she's really not. Not a good situation and my dad doesn't do any type of emotional discussion. [00:15:29]

THERAPIST: What would happen if you called him?

CLIENT: He would tell me "I'm really sorry to hear that, let me know if there's anything I can do." He would care but talking about feelings is not something he does and he would really take the, you know, "I'm really cross that Ivan didn't get a job" or "He needs to be working." He wouldn't take the very practical like...he's someone who doesn't take care of his own health so I mean he's worried about me. If anything he's pretty disappointed I think with the way Ivan has been.

THERAPIST: But what...so what's missing? He would have a response in the moment that was empathic, it sounds like he would say "I'm sorry," but he wouldn't be able to be...to offer more of something? Is that what you're looking for? Like somebody who's going to?

CLIENT: I don't know but I'm...

THERAPIST: Because nobody's going to be able to fix this situation. [00:16:24]

CLIENT: No, no and I'm not expecting a fix but what I'm saying is like I feel pretty overwhelmed and every day, truly yesterday he went from crying all the way through church, afterwards telling me how we're getting a divorce, then at lunch like nothing ever happened, happy and then later in the evening like crying a little bit again and then up again and down. It is so sharp and it's so and he's also doing...and again I can't even tell him this is going on or that I'm struggling with this because he's totally unaware. He's in his own...he's also doing a little bit of, it feels pretty manipulative and my sister said "That sounds really intentional." I don't know but he's doing things like "I will walk to my 4:30 a.m. shift at Starbucks." And I'm like "Why would you do that? Like that doesn't even make sense. Take the car, that's so silly, it's like a ten minute drive, why

would you even?" He did the oh no, woe is me, pity party, so upset about it and of course I kept saying "No, of course not." I feel like those comments are meant to illicit a lot of sympathy which they do and then the next night when it was really snowing "Is it okay if I take the car tomorrow morning?" He's really doing that a lot. It's happening another..."I can go without health insurance for a couple months until it kicks in..." I'm like "Why are we even going to have this conversation?" It's so absurd and he knows it's absurd and I feel it's very clear that...he denies, he's like "I'm not manipulating you, I'm not trying to get any kind of sympathy." But he'll throw a pity party like that, like I don't need health insurance, I can walk, like really extreme...[00:18:09] Then of course I respond very warmly, lovingly, sympathetically and he wants that and it's really frustrating because again I feel really alone in taking care of all this and it is a lot, all day every day and night, still breaking out in hives and the whole thing.

THERAPIST: So if you're not ready to get separated one of the things I think we really need to help you do more is **to learn**, for right now, **to not be as responsible for him**.

CLIENT: It's impossible.

THERAPIST: Cause as your language comes out Ramona, every single thing you're saying is that it's as though he's your parents and your saying (pause) "I have to take care of him and I have to be kind, then I have to coax him out of that, then I have to do this..." You sound like you need more protection right now from playing that role and anything and everything we can do to **help you not play that role anymore**. It doesn't mean being extremely angry but it just might mean saying...stepping out of scenarios in which you feel drawn in to take care of him just not doing that. [00:19:19]

CLIENT: It's **impossible**.

THERAPIST: What do you mean when you say it's impossible?

CLIENT: I don't think anyone gets what's going on because quite honestly he sits in couple's therapy and says "I can take care of myself, I've got it under control," and then Dr. Farrow turns to me and says "You need to start taking him at his word." No one understands that then we go home and Ivan continues to say he can take care of himself sometimes but he's not taking care of himself.

THERAPIST: When you say that, what's happening? Is he not getting to work?

CLIENT: Like he didn't have a schedule for this week. He didn't and I like "Okay, you need to call this morning and you need to get that."

THERAPIST: So that's what you need to not do anymore.

CLIENT: I can't.

THERAPIST: Well that's your responsibility though, that's not his responsibility, that's more a symptom.

CLIENT: But I can't, I cant. That is like the bare, him doing the work thing, that is the bare thing I need to happen from him right now.

THERAPIST: Okay but that's not your responsibility. What are you afraid of?

CLIENT: I need to be able to get groceries! I need to be able to pay the bills.

THERAPIST: So you don't believe he'll get to work if you don't get his schedule?

CLIENT: I don't know, I mean we had to have a pretty big fight before he would call for it for his very first week, like something is really seriously wrong when someone doesn't care if they have their work schedule or not.

THERAPIST: Actually I know a lot of people who call at the last minute, get their schedule and function just fine.

CLIENT: After a month of not having a job?

THERAPIST: Yes. I'm not saying that's ideal I'm totally with you on the way you're doing it is more appropriate but this is the kind of thing you...we need to help you, even for one month, not do. Your **taking on being his mother**. [00:20:55]

CLIENT: And he just keeps saying "I don't want that, I don't need that, I don't want that, I don't need that." No one is there to see that he can't do it on his own.

THERAPIST: But you don't let him try so we don't see what will happen if you don't do that. Do you know what I mean?

CLIENT: But I mean Tuesday morning I woke up and we had warm food because he couldn't remember to close the fridge. I mean we woke up and the car battery was dead because he couldn't remember to turn off the light. I mean he's been using shampoo to wash his body for over a month because he can't remember to take his new bar of soap into the shower. I mean things actually happen that affect me so it's not like we've been down the road, I can let it go, or I should let it go and it just falls on him and maybe he'll learn consequences, the whole...It doesn't happen. He doesn't get worked up about the **consequences**, **I do and they affect me too**.

THERAPIST: Yeah. So you sound like you're at your whit's end Ramona. If your saying you can't not let some of these things go for a month, do you know what I mean? That this is that important? For example, what if you were to separate? I don't mean divorce, I don't mean we're in a separation I just mean living...you went and lived with your sister for a month or something like that or he went and got his own apartment for a month?

CLIENT: It can't happen. [00:22:19]

THERAPIST: Why?

CLIENT: I don't...Dr. Farrow tried to say something like that, she got creative, I don't know if...I don't mean to say you're not aware but I can't just move in with my sister. She has a one room, like studio type thing on the top floor of a house and they don't turn on their heat and I have a cat and I go to school and she lives in Newton and I have stuff and I would have to be on their lease...

THERAPIST: When I say that I'm not suggesting that that might be the exact scenario.

CLIENT: But there is no...it would involve one of us finding another place probably unless I lived with my sister and there is no...I don't think anyone is hearing me, like I need him to get his schedule because I need to be able to pay our rent. We don't have money for another...

THERAPIST: I don't think you're hearing me that you're asking for something that can't happen in reality then.

CLIENT: Okay.

THERAPIST: Do you know what I mean? (pause) I hear you wanting something that's not going to exist for you.

CLIENT: Okay.

THERAPIST: So we have to work within the limits of what is possible in reality and figure out which option is best for you. Do you hear what I'm saying?

CLIENT: Mm hm.

THERAPIST: I hear how bad it is Ramona, I did a lot of talking to Dr. Farrow from your eyes so that she understands. It sounds like she doesn't quite understand how bad it is and I try to tell her these kinds of things. Do you tell her all of this?

CLIENT: It's really hard, I feel like she doesn't get it, I feel like she blames me, she criticizes me and I feel like she says we need to deal with your anger and resentment and we never talk about Ivan's depression, I feel like she tries to counsel us like we are both...I don't know how to say this. I feel like she tries to counsel us like Ivan isn't depressed and having mood swings and having problems with memory things like that never enters the room I feel. So it's like superfluous because you can't expect the same result.

THERAPIST: Yeah. [00:24:16]

CLIENT: I can't get...

THERAPIST: So maybe one of the things would be helpful is for me to talk to her again to clarify a little bit more, even you're adding these bullet points of things that are happening. To make sure she hears that loudly and clearly about just what continues to be going on. Things like the soap, that's minor in the grand scheme of things, like that would be the kind of thing I'd say to you "See if you can..."

CLIENT: It doesn't matter.

THERAPIST: Go buy another shampoo for a dollar, find a cheaper shampoo, you can buy it, hide it so he doesn't use that one and use that one yourself. The car, that's a different story, the fridge is a different story, these are things that start to up the level of impact in your daily life. His mood swings. This is where I also think like even if you're not going to separate spaces right now how to start develop some space for you even if you're going to be living in the same space. How to say you won't then spend the evening together, you know what I mean?

CLIENT: But it's not working because I have tried...we have basically two rooms, we have the bedroom, we have the living room/dining room, we have an open kitchen and the bathroom and the patio.

THERAPIST: So what do you want to happen then? What are you hoping someone will tell you to do?

CLIENT: I'm hoping that someone will...I don't know. All I know is I really need more help because it's really exhausting and really like...

THERAPIST: What is more help look like? What kind of help do you need? [00:25:48]

CLIENT: I need someone.

THERAPIST: To do what?

CLIENT: Maybe **to listen**, maybe to say at the end of the day say like "Oh your husband told you you're going to get a divorce, that's really..." (crying) I'm sorry, this is so stupid.

THERAPIST: It's not stupid Ramona.

CLIENT: It's not that big of deal I'm just a little...I guess I need someone to say "**That's really difficult, I'm here for you.**" Just something or "it must be really tough to listen to him say how hopeless it is and keep going but I'm here for you and I hear that and you're not crazy and you're not making it up and it's okay to get upset about that or **you found a suicide note today**, oh my gosh let me listen or let me come over and just hang out with you." I don't know

something, but quite frankly I have you and I have my sister and I'm even reluctant...I told her about the note and stuff which I didn't want to do but I really needed to have somebody...

THERAPIST: Of course you did. [00:26:54]

CLIENT: But like that's the best relationship I have and quite honestly she's been my caretaker when she was young because she's the oldest and I hate that she ends up...she goes and she's really worried about me and then she tries to help me out in ways but I don't want our relationship to become all about trouble in my marriage because she already listens to my mom about her troubles and her marriage and my poor sister is never going to get married and I don't know. I need somebody to...

THERAPIST: It sounds like you need someone in your life understanding what you're going through and how real and how horrible and how scary this is. Just even finding a suicide note Ramona is terribly, terribly scary and overwhelming. I don't know if it felt like that didn't get honored in the couple's session?

CLIENT: No we talked about it for like five minutes and then she's like "Let's move on to where we left off," and I'm like "No, you don't get it, I can't even talk about any of our problems in here because he's going to go write another note or he's going to make another threat or worse he's going to continue finding ways to hide them." She tried to tell him "You need to tell Dr. Bourd about these things. You need to promise that," and he's like "No, I don't want to tell anyone because I shouldn't be feeling this way." I don't even say that I'm angry when I'm angry because I should be better than that and it is obscure, it is so like (pause)...[00:28:26] I don't know, it's getting really, really difficult and I don't...

THERAPIST: You sound and I think one of the things that might help is identifying what your feeling is right now. The thing that comes out most is anger like even at me today, your affect towards me is anger. You sound though underneath that Ramona, terrified.

CLIENT: Because on the one hand I just cannot do this anymore, like I can't do this for five more seconds. On the other hand it's okay because I need to take care of him and he needs my help right now and he's my husband and he's really struggling but it's just like he won't get the help he needs.

THERAPIST: Actually Ramona, you're struggling too.

CLIENT: But it doesn't matter!

THERAPIST: It does to me.

CLIENT: But it doesn't even...

THERAPIST: Listen, it does to me. It does matter, it does matter.

CLIENT: I can't turn to my husband and say "I'm having a really rough time with your mood swings." I can't do that, I can't say "It really hurts me that you don't support me going to school." I can't do that. I can't...

THERAPIST: What if in a couple sessions you said "I'm terrified. I am absolutely terrified."
[00:29:41]

CLIENT: He's going to get more depressed. I don't think anyone...I can't talk about anything that's going on that's wrong with his behavior or anything that hurts me because it sends him further into shame and guilt and depression.

THERAPIST: I'm not talking about wrong with his behavior, do you hear the words that I'm saying are "I'm terrified."

CLIENT: He'll feel horrible about that.

THERAPIST: That's his problem.

CLIENT: No it really does become my problem because I need to take care of him when he is writing notes and making threats and sobbing through church because we're going to get a divorce.

THERAPIST: How about you don't take care of him? You keep saying "I need to take care of him, I need to..."

CLIENT: Then whose going to?

THERAPIST: Not your problem.

CLIENT: Then I have no marriage left, I have no...Ivan is, things are going to get worse for him.

THERAPIST: I actually think you'd have more likely to have a marriage that would get saved if you could say "It's not my problem," more. Because he will also have more likely of a marriage he's going to save the more he can say "It's my problem, I got to do this, I got to own this."
(pause)

CLIENT: But he's not going to, he's not willing to take the steps to...part of depression is he doesn't want help, he doesn't want to talk about it, he would rather slam something and yell then say "I'm angry," because he should be better than that, it's so extreme and even the suggestion...

THERAPIST: He has a very serious personality disorder. [00:31:08]

CLIENT: Is it that?

THERAPIST: Mm hm. On top of depression, he's depressed too but what it sounds like you're responding to are the layers of the way he regulates affect and respond interpersonally that can be manipulative, can be moving to extremes without being able to look at things in a more mature way, this is stuff in his personality that is in addition to being very depressed. So I think that's also part of what feels so frustrating right now is that a piece of what's getting attributed to depression actually has to do with being depressed and having a personality disorder at the same time.

CLIENT: Does he really have a personality disorder?

THERAPIST: I think so.

CLIENT: But what does that...I made the horrible mistake the other day saying "I feel like you're two people sometimes, like I feel it's a different personality some times." I made the horrible mistake of that and then days later he said "You called me schizophrenic." I'm like "I never used that word Ivan, like that is so..."

THERAPIST: Which is not...schizophrenic is very different than he would be two different people. That's totally different diagnoses. He's not schizophrenic I don't think.

CLIENT: So like I really want...this again sounds really horrible and it sounds really selfish but I really desperately want him to be evaluated and I want to find out what the heck quite frankly is going on because...and I want if he needs to be taking medication, if he needs to be seeing Dr. Bourd a couple sessions, twice...I don't know. I need to know and I need it to happen yesterday and he just tells me if anyone asked him to do any kind of evaluation he would feel so disappointed in himself and I get where that comes from because I'm talking to his dad who says if we screwed him up, we'll deal with that. [00:32:59] That's what he said to me! I'm like "What is wrong with you?" No wonder Ivan has a stigma with it, he hears his parents refer to it as screwed up.

THERAPIST: Yeah, yeah.

CLIENT: I don't...

THERAPIST: It's really hard that you're going through...

CLIENT: But is he going to be able to like, I have no clue what's going on with him. Is he going to be able to (pause) come out of it? Is he going to be able to...?

THERAPIST: I don't know for sure. I don't know him, I don't know what's going on with his treatment, what I do know from talking to both Dr. Farrow and Dr. Bourd that they both feel he's made quite a lot of progress so independently Dr. Bourd said he's opening up in a way he never

did in the beginning, he finds more of his own feelings about actually being angry in the session, being upset rather than just kind of whipping himself shame that is a symptom that kind of covers up a whole lot of other stuff. Dr. Farrow said she also felt like he was really beginning to find a little bit more of a voice, she thought the two of you guys were making a lot of head way for a while when you were being seen twice a week for a little bit until she went away on vacation and she said she felt like everything fell apart and almost felt like none of the progress had ever happened. [00:34:26] She thought at that time, was feeling quite hopeful about where the two of you were beginning to head together. So I'm saying that now because I think just to know that their perspectives are that **change is happening in him**. It's not as fast maybe as you'd like it to happen but character change, personality change doesn't happen quickly. It takes years. So this is a new piece of the puzzle that Dr. Bourd didn't...he didn't know even that Ivan had made threats for example.

CLIENT: I know. I understand why Ivan wouldn't tell someone who...I can't understand...

THERAPIST: Maybe you can understand in that it took you awhile to tell me because you were so embarrassed about it. Do you remember?

CLIENT: I didn't want to...I hadn't looked at this note since I found it. I want it to all go away. (pause) The thing is things can go really well at home if I bring up no issues, if I instigate no arguments, no discussions about anything that's problematic. If I just cook dinner and we watch a movie and make a point of talking about things that...you know? He's not going to bring it up and then things are okay at home. But they're not okay so I don't know how to...I've honestly felt like saying last time that I don't want to go to anymore couples therapy because it so...it feels almost...(pause)

THERAPIST: You feel like you're getting blamed?

CLIENT: Yes. Yes, I feel like I'm getting blamed by his parents, I feel like I'm getting blamed by her, I feel like if I could just deal with the anger and the resentment and if I didn't speak up last time and say this is too much, I need help that she wouldn't have suggested us to separate probably. [00:36:21] So it's like the marriage can work if I just put it all in a drawer and I don't...I really just keep coming back like I want to know what's going on with him and I want to find a way to deal with it and I want to move on and I can't deal with the next five years being like this.

THERAPIST: So he's in good hands so this is more a piece of (pause) it takes time getting into a relationship with a therapist to begin to sort all of this out. Sometimes years. So that's kind of what you're up against in reality is that it can't go a lot faster even if Ivan were to go into the hospital for example, say he were to feel so suicidal again that Dr. Bourd...to me what feels hopeful about this is whether you and Ivan stay together or not, is Ivan is now, Dr. Bourd knows, he knows about the letter, he knows from me because you both gave me permission to talk to him a little bit more about these threats he was making, it's extremely helpful to him now that he knows this because it kind of fleshes out a little bit more about what's going on beneath the surface. This means that **Ivan can now start to talk about some of this stuff for the first time** in

his life and my guess is **stuff he's kept bottled up inside**, mostly hasn't been put into words, will **start getting put into words**. That's all good stuff. Dr. Bourd is an excellent therapist, he's probably one of my top three therapists in the entire city who I would refer to. He's outstanding in his intuition about people. [00:37:56] It can't get much faster especially or example let's say Dr. Bourd says "Okay, Ramona wants you to get testing I'm going to come in and tell you you need to get tested." If he does that in that poorly timed way Ivan's going to say "What?" and never go back to see him again. So he's got to also pace himself even if he agrees with you that that's a really good idea and agrees with me even with psychopharm, these are things that...what I can do in my role is keep him informed of all of the pieces that you keep telling me to make sure he has a whole picture. I think that will help him and Ivan it even sounds like he's given me permission to do that. I think that will be helpful to Ivan, I don't think that's only in your best interest, I think that's in his best interest that people get the fullest picture faster. But Dr. Bourd's also going to have to find a way of bringing this up in ways that are palatable and manageable for him too and it might take some time to do that. So I might say to you if you can even, until we meet next, not bring anything up and I'm saying this, not going to work, your marriage is not going to work if that's what happens in the long run but even just to get a break right now. You are **flooded with anxiety** Ramona, you are flooded and you need a break from this. You need just some breathing room. The two of you need some breathing room. He needs some too but you especially. I'm in your corner about kind of thinking about what you need. [00:39:23] The break is not going to come from a parent right now saying "Let me come and visit," even I wish, maybe in my heart of hearts do I wish I could come and just descend in your life. Of course I can't do that so how else to **we build in kind of quiet, internal parent** that gives the both of you a little bit of breathing room in all of this as you start to sort it all out. I will also talk to Dr. Farrow and hammer home even more than I did already, what you're saying to me today because I think it's more of a perspective that she's not thinking of as much. I also would encourage you to go in and don't hold back, say what you said to me today to her, to Ivan, what you're feeling about the work and the feeling that maybe you can't get to any of this if you feel like you're not being understood or being heard in the work and that that's a piece of what when she's asking you "What do you need, what do you need, what do you need?" One of the things you're arriving at is **"I need to feel like people really get what's happening"** and I don't quite feel like all of you are getting what's happening through my eyes." That's a piece of what has to happen in the couples work for you to feel like it has value to you. [00:40:30] Say that the next time your there but also know that I will have called both of them in the interim and left a little bit more information to make sure they're getting the whole picture of all this. If you continue to feel like Dr. Farrow's not getting it, like if you feel like it's biased and you've had a chance to talk about that then it's not working for you. That's important too and we'll kind of cross that bridge when we come to it but I think there's a little bit more that can get communicated both from you and from me before your at that place and that in the meantime you need a break right now. I would watch movies, I would cook dinner, I would try to keep it lighthearted for a little bit and know that you're going to keep coming back here and talking about it. He's going to be a very big turning point in his own therapy now that this is out there, it opens new doors into places that have never been looked at and if you can get back into the couples work in a way that feels safe and good for you I think that could be helpful to bring the things you talk about at home, bring it

there. Try not to have those discussions at home. If you need to see her more often than see her more often. [00:41:38] Does that sound like a temporary plan?

CLIENT: I guess. It's my spring break so I'm home unless I spend my days I mean I could go to the library every day but...

THERAPIST: And he's at work?

CLIENT: He now, as of this morning, has a schedule for the next couple days.

THERAPIST: Okay. (pause) So you'll have some time then apart and the evenings together?

CLIENT: Hopefully.

THERAPIST: Any overture of something that's kind of like a little white flag or peace offering to just get a week of peace, I'm not talking about permanent "I'm going to placate and cow tow to you and to talk my needs in other..." No. Just talking about lets...can we take a hiatus from the intensity of this and try to have some light-heartedness together, no matter where your relationship is headed, you both could use that right now and I think anything that's kind of waving the peace flag for a little bit even if you say to him "let's take a little break, I'm not going to bring anything up." He's got a job right now, you're going to pay the bills this month, he doesn't go to his job one day that's a different story. Then we have something else to address but if things can kind of remain, kind of percolating along at the moment to take just a little bit of time right now to have some breathing room together I think is what you need so that the urgency can calm down some. [00:43:01]

CLIENT: Should I even try to call his mom?

THERAPIST: I think it would be helpful to you to try to see what happens.

CLIENT: Okay.

THERAPIST: Even if it's just to say "I feel like I'm holding a lot, I'm very worried about him, I wanted to see if it would be possible for you to check in with him yourself." See how she responds. I would not go into it with high hopes, in your own self-protection you might go into it assuming she's going to respond in a way that's not that productive but you're putting it out there to try to protect yourself and it's worth a shot. I think that's totally reasonable to do.

CLIENT: Okay.

THERAPIST: Okay? I'm out next week on vacation, I haven't said that for a little while but you may remember me saying that a few weeks ago.

CLIENT: I don't, I'm sorry. Okay.

THERAPIST: Did Thursday work at all?

CLIENT: I wasn't going to cause it's kind of like basically I'm going to therapy every day but yeah if you're not here next week then I should find a way to do it.

THERAPIST: Okay. I don't know if I had both times available Thursday morning in the e-mail but I mentioned 8:20 and 9:10.

CLIENT: That's what you have?

THERAPIST: Yes as of now I do.

CLIENT: Okay.

THERAPIST: Is either one better?

CLIENT: I'll do 9:10 I guess.

THERAPIST: Okay. And Thursday that works? That's when you don't have...? And I'm out of the office all of next week.

CLIENT: Okay. [00:44:29]

THERAPIST: (pause) I have you checked off on my list that I told you...

CLIENT: No I'm sure I forgot. I'm sorry.

THERAPIST: You have much bigger things on your mind.

CLIENT: Alright, thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: You know like, will I repeat for me or will it say actually like this is what's going on with her, like who gets it and who does something about it and I can't lose that so please help me (inaudible, crying).

THERAPIST: I'm not going to make you switch. None of that's coming with me I'm asking you though if you feel like you want someone's who's even more directive than I am?

CLIENT: No, I don't...

THERAPIST: Who's going to give you homework assignments for example, that kind of thing. I want to help you find that and that doesn't mean we have to not meet again it could be a piece you could add adjunctively even or you could do that for a period of time, kind of similar to what you've done before.

CLIENT: Yeah, but quite honestly like having three therapists going on right now is way too much and something I'm very embarrassed about and something that feels like a project. It is a project (laughs) and I really can't have one more.

THERAPIST: Mm hm. You could have someone else instead of me for a little while and then switch back to me? No? Why?

CLIENT: (crying) Because you and Emma are like what I feel like I have so... [00:01:06]

THERAPIST: So there's something you're saying that feels helpful here? There's something and maybe it's hard to put into words what it is because it's not something I'm telling you to go do? Maybe it just feels like I know you somehow and I know what's going on?

CLIENT: Yeah. You **spent a lot of time getting to know me** which is valuable and I mean I've been here for months and you're very empathetic and you really...you've been able to connect when I've explained some things that I've never...like in the CBT work I've had before I'd never, I guess I was still a child so maybe there was nothing to...but I guess what I'm saying, like I feel like that understanding is very valuable but I'm not in a place where I can take that understanding and go out and do something where it lessens my depression or anxiety it just means I understand it a little better or I have a glimpse of what you understand.

THERAPIST: Yeah.

CLIENT: I'm still waiting for someone to like tell me what's going on (crying). [00:02:07]

THERAPIST: Well I told you what's going on but it sounds like....We've talked about a number of things that are going on but it sounds like you then get that but it doesn't help you feel any better.

CLIENT: Well I mean today you say severe depression so I didn't realize, I didn't know if it was mild or moderate or whatever the...So I don't...

THERAPIST: Yeah, so that's what...okay. Well let's do this one. Let's talk about the next couple weeks and how to set the stage in a way that might begin to get you back off to a better baseline for a while, okay? I think you need to be here, I'm so glad you came today. I think it was a very healthy decision because I think checking in here actually can help contain this in a different way over time. I think you have a pretty serious, I would even call it **agitated depression**, going on right now that's as a result of some things that are happening in your marriage that are very

significant things that are very similar to your childhood background. There might even be things happening, I would give you, in my opinion, what you tell me what he's doing, what's in here, they are identical to your family background so it's not just that you're experiencing it as though it's this and it's not really that. The thing I would say is different than your family background is you are trying to see "Is Ivan exactly like my parents in that I will never get through to them?" [00:03:41] You tried and you tried and you tried and you tried and you tried and it did nothing. You're trying to this day and it does nothing. Or is Ivan different than your parents in that even though he's doing some of the same things, he has a different kind of openness and **potential** inside him to **make some changes over time**. Now I'm saying this with a question mark in my mind. I don't know, I don't think even Dr. Bourd (ph?) knows, I don't think Dr. Farrow (sp?) knows. What they do know, from their observations is that they feel he's ...things are starting to shift some. Just as Ivan apparently this week said to Dr. Bourd, he could feel you trying to make light of things in certain times during the week, you know we talked about kind of keeping things lighthearted? He felt that, he thought that was a change. He was very, very appreciative of that in you. But change is slow so its part how do we help you slow down on your internal process if you want to do this and still keep giving this a chance? I don't hear you ever saying you want to leave him tomorrow. [00:04:49]

CLIENT: Yeah but I don't know about that because I was doing well with the lighthearted thing and we were not talking about any of the issues because (coughs) that's what you said to do and that was working until Tuesday night? I'm working on a research study through school and it's at the ER which is fine and Ivan was supposed to pick me up at 9 and he...like this has happened so many times before, I'm not upset about the isolated incident, I'm upset because it is so...

THERAPIST: Because it's a pattern?

CLIENT: Yeah and it's been my parents and it's been him and I am just so tired of coming in absolute last, dead last, I mean...So he's supposed to pick me up at nine o'clock from the ER and I'm standing outside in the cold rain and I get a text from him "Oh I just woke up. Are you still done at 9?" Like this has happened so many times and...he couldn't set an alarm, he couldn't...you know? It just didn't matter and for some reason I just lost it and I just really cried on the way home because it was just like, I don't know. It was too much. [00:06:00] It was like and I told him "I'm not upset, I'm not that upset because I had to wait another twenty minutes and I still haven't eaten dinner and its cold and raining and..."

THERAPIST: Because **you don't feel loveable** if he's not keeping you in mind...

CLIENT: No he doesn't love me, I'm pretty sure. Maybe he never did and he really just needed somebody dependable, a hard worker who would take care of him. That's what he needed and that's I've been for him and so he's...that's fine but there's nothing in me that he feels anything towards anymore it feels and so I just lost it and I cried a lot. A lot Tuesday night and he just...he did nothing. He just never...

THERAPIST: Was this the night he came in and said "what was going on," that you wrote about?

CLIENT: I think so.

THERAPIST: I don't know the dates.

CLIENT: I think so.

THERAPIST: And you said "I just need some space," and then he just let you go.

CLIENT: He did leave me alone, I mean he had nothing...so I just didn't do dinner, didn't...I slept on the couch and just...you know and he just never...I mean we had words about it (laughs) I told him how upset I was and I told him how frustrated I was and I wasn't very nice and he just really didn't "Oh I'm really sorry that you let me down. You have a right to be disappointed," but I mean that's it. [00:07:24] I have heard that my whole life, you know the "I'm sorry, I'm trying, I'm working on it." I've heard it. I've heard it so much. "It's not that you're not important." It's crap. I'm sorry like it's just ridiculous. I've heard it so much and it was just too much for me and I just really cried and last night I cried again for like three or so hours in the evening. Slept again on the couch and he just like...his response was...he was in the bedroom, he's like doing his own thing and he comes out and he's like "Well, what can I do to help?" and he just like, no expression on his face, no emotion whatsoever, he's not concerned, he's not upset and I'm like "You know what, just go back and do your own thing." I hear the closet door in the bedroom and I have to go in and he's sitting in the closet with the door closed on the floor because this is rough for him because he needs space because it's disturbing for him, this is traumatic for him that I'm crying. So I say "Okay, get up off the floor, come on..." and then like a little later he's going to the gym. (pause) [00:08:36] He's like "Well what can I do?" He asked me maybe three times what he could do...

THERAPIST: He was trying...

CLIENT: But there's no...I mean he doesn't care it's completely out of obligation. He really...

THERAPIST: You don't believe then that he was sincere?

CLIENT: No, no I don't.

THERAPIST: That's so important.

CLIENT: But he doesn't. Like if I say that he'll "No, I do," but I'm crying and he can't even say like "I'm sorry you're having a rough night.."

THERAPIST: Or hug you, put an arm around you and say "I'm here. I love you."

CLIENT: I mean he sat on the couch and what can I do? He's not able to do anything and even in that moment it feels like I need to take care of him and say "Okay, when someone's crying, this is a good way to..." I can't, I just can't.

THERAPIST: Yeah.

CLIENT: So he went to the gym for two hours which is longer than he ever goes because I'm pretty sure he needs to take care of himself and I'm embarrassed to say it but I called him like as soon as he left because I didn't feel like I was okay alone and I was having some not so great thoughts and I felt like I needed somebody...anybody. I ended up talking to my sister cause I realized he didn't take his phone which is another sign of like...he's not going to deal with it, he's going to take care of himself like always and...he came back and he still had nothing . I really I told him. I said "I can't keep taking care of you. I really can't do this." I told him how angry I was that he couldn't say like one nice thing and he still hasn't...just like nothing. He's not concerned, he's not worried about me, he even just said "Well that's your depression." No...he really doesn't. [00:10:24]

THERAPIST: I would agree with him, you're depressed but I don't think that means that's the only reason you're feeling that towards him.

CLIENT: It doesn't matter. It really doesn't matter and it's not even something I can bring up in couples counseling because there is no room in the relationship for anything with me. It is all him, all the time. I need to take care of him because he is struggling and this is difficult for him and he's depressed and he's anxious and (pause)...

THERAPIST: So I actually had a thought after reading...I reread the first part this morning. You heard me starting to say this to you Monday. You may be saying to me and you can tell me this, you are done with couple's therapy, you're not feeling it with Dr. Farrow and so you're outta there. That's one thing. If your sticking it out for a little bit longer I wonder what it would feel like or if you'd ever be willing to share that with Dr. Farrow and with Ivan.

CLIENT: It doesn't matter.

THERAPIST: Have you tried it? You haven't tried it.

CLIENT: There's no space. I don't think you understand.

THERAPIST: I mean say "I was wondering if I could start off a session today by reading something."

CLIENT: Nope. Because what we're going to talk about...because on Friday I need to bring in his suicide letter and we're going to talk about that because that's what we talked about last session, that's what we're going to talk about on Friday. We need to take care of him. [00:11:47] I can't even remotely...

THERAPIST: Okay. Ramona, yes you can.

CLIENT: No!

THERAPIST: Yes you can!

CLIENT: No because he's going to write another note. No one understands. I'm afraid that he...like I was afraid to leave this morning, like the fact that I was sobbing for hours the past two nights and I told him how hurt I was that he couldn't say anything, couldn't do anything, like couldn't figure it out.

THERAPIST: Ramona, you're feeding into the enabling by not saying "I was wondering if we could talk a little bit about my experience right now." There's something to me in this that I think would be helpful to his suicidality. Not hurtful.

CLIENT: No you don't understand. I can't say anything.

THERAPIST: I do understand. I specialize in suicidality.

CLIENT: I can't say anything negative. He will write another note, he will do something else like...

THERAPIST: That's not your responsibility.

CLIENT: But it is!

THERAPIST: No it's not.

CLIENT: But everybody says "Just don't take care of him, it's not your're..."

THERAPIST: It's not your responsibility. I'm telling you right now. Go in, maybe not this session, maybe next week's session. If there were space would you do it?

CLIENT: There will never be space.

THERAPIST: Okay. This is a flashback, that's not true. This is not what Dr. Farrow's saying about it.

CLIENT: But it is because I have to take care of him. [00:13:02] No one else is going to.

THERAPIST: If Dr. Farrow would ask you Ramona, that I want to hear about your experience, would you read this letter?

CLIENT: I really can't.

THERAPIST: Why not?

CLIENT: Because he is going to write another note.

THERAPIST: You're afraid you'll lose him then? Afraid he'll kill himself?

CLIENT: I don't think...I don't know that he would actually go through with it but I am very afraid because this is like the fourth thing he's done within the past number of months like threats, like verbal or...it's going to continue and I can't...it's...I can't...

THERAPIST: He's in Dr. Bourd's hands.

CLIENT: He's lying to Dr. Bourd and hiding things.

THERAPIST: It's not your responsibility. It's not your responsibility. Listen, even as a therapist working with somebody suicidal, if you feel it's your responsibility to keep someone alive, you're actually in a very negative space with them. It's not any single person's responsibility to keep any other single person alive and if you keep taking on that responsibility you are enabling him.
(pause)

CLIENT: It's not just...I don't...I'm worried that he would hurt himself but I'm mostly...this is horrible. [00:14:23] I don't know how to keep dealing with the threats and with the...

THERAPIST: Maybe leave the relationship then?

CLIENT: I can't.

THERAPIST: Why not?

CLIENT: Because it's not him that has the problem, it's me. If I was different then he would love me. If I was different then he would be honest. If I was different he wouldn't need to look at a picture of a naked woman online.

THERAPIST: You think that's true?

CLIENT: Yes!

THERAPIST: Yeah?

CLIENT: Yes!

THERAPIST: I thought we established from his family background he was looking for someone his entire life who would take care of him?

CLIENT: Yeah but he didn't feeling anything beyond that to the extent that he lied about it, a huge chunk of his life so that I would marry him at the time I did. That is how much he does not love me!

THERAPIST: You are not responsible for that though Ramona. He did that!

CLIENT: But if I was more whatever...

THERAPIST: He wouldn't have lied?

CLIENT: He would've loved me enough to not. But he doesn't.

THERAPIST: This is your assumption from your childhood. That if you were more of something else your parents would've been better parents. It is not true about the world.

CLIENT: No!

THERAPIST: That is an assumption you can't carry around inside you.

CLIENT: I'm not saying it's true about the world, I'm saying it's true about Ivan. I'm saying the fact that I can cry for hours and he can't say one nice thing or even bring me some tissues or a glass of water, something you would do for anyone. [00:15:49]

THERAPIST: I don't think he's in a place where he would do that for anyone right now. He's profoundly depressed, filled with self-loathing, has no idea how to reach out to another person.

CLIENT: It doesn't matter.

THERAPIST: You take it though as a sign of your unloveability and I'm saying to you if you bring to the couple's session that you feel unlovable and bring it in this way. This is heartfelt, owning your own anxiety, your own shame, your own fears. What comes out from you is anger, kind of virulent aggressive anger. I don't know if you're aware of how aggressive you are. (pause) He backs away.

CLIENT: (crying)

THERAPIST: He backs away. You're not this way, you're scared in this letter and if he hears this I think he will want to come closer. Not go further away. He can connect to this and relate to this. (pause)

CLIENT: (sobbing)

THERAPIST: If you can say "I'm scared Ivan, I'm scared."

CLIENT: No!

THERAPIST: Okay. I don't know. **We're at a standstill then**. I'm telling you what I think would be helpful to you and you're telling me "I won't do it."

CLIENT: I know but you don't know Ivan and I'm telling you that any time I tell him something negative, even if it's like "I'm really hurt or I'm really upset or..." his response is to turn it like, into self-pity. Then he just retreats to how much it's his fault but then he doesn't do anything about it.

THERAPIST: Then what Dr. Farrow will do is if you say something from anxiety and shame and fear that is something people can connect with. [00:17:41] If people feel attacked they don't connect. Even Dr. Farrow won't connect with that, right, but if she hears you saying "I'm so scared, I love you and I am terribly afraid that something's going to happen to you." He will feel very differently in the relationship with you.

CLIENT: I've said it.

THERAPIST: Without anger? Because pretty much everything out of your mouth comes out in anger. Do you know what I mean? If you said it from your fear...

CLIENT: When I found the note I told him I was concerned about him and I wanted to know if he was going to be okay but then I made the calls, not because I wanted to shame him, I wasn't angry at him, and I wasn't upset so I did.

THERAPIST: And did it make things worse for him that night?

CLIENT: No he was fine, he was happy.

THERAPIST: So it helped? The way you were?

CLIENT: (crying) It didn't help me!

THERAPIST: It didn't make you feel less scared that you could actually have a conversation?

CLIENT: It made me feel less scared that he was going to like, that I knew he was okay for the night so that was helpful but nobody, truly I feel like nobody gets it. I can't be his mom anymore, I can't.

THERAPIST: I get that, you can't.

CLIENT: I can't (crying).

THERAPIST: Stop being his mom!

CLIENT: I just know and I can't get upset, I need to stay calm and go through the steps and make sure he's taken care of...like this is all I do. [00:19:01] I need to keep doing that and nobody can say "Wow your husband told you that it's inevitable that you're going to get divorced? That must be rough on you?" Nobody can say that.

THERAPIST: I have said that to you Ramona. I said that to you on the phone. I spent 45 minutes on the phone that night as I said that to you and helped you through the conversation. So when you're saying nobody...

CLIENT: No this happened after that.

THERAPIST: What do you mean after that?

CLIENT: When he cried through church. After church I was like "What's wrong, what's going on, what can I do to help?" He told me over and over how it is inevitable that we are going to get divorced.

THERAPIST: Yes, yes and I hear that.

CLIENT: And I can't get upset in that moment. I can't have any feelings. I have no value and no worth and no nothing.

THERAPIST: It sounds like you're just wanting me to know how stuck you feel? It feels like there's no way out, there's nothing you can do?

CLIENT: Nobody gets the mood swings he goes through, that he tells me how it's inevitable that we're going to get divorced and then we have a nice lunch where he's happy and then evening he tells me how hopeless the relationship is and how hopeless it all is. Nobody understands how difficult that is.

THERAPIST: I've worked with couples where that's happened before. I understand.

CLIENT: But there's no space for me to say that's really difficult for me because Ivan is the victim and Ivan is the one struggling with depression and Ivan is the one going through this big...so nobody cares that Ramona...that that feels really horrible and nobody's there for me and I can't even...

THERAPIST: I care! You're saying nobody, nobody, nobody, nobody. [00:20:31]

CLIENT: (crying) Because I can't even take a minute to like step outside and cry at that moment because I have to take care of him and I'm not this horrible person who doesn't want to take care of somebody who's struggling. I'm just saying I can't have any emotions.

THERAPIST: Ramona...I hear you. I hear you. You feel caught between a rock and a hard place. There's nothing you can do to get through to him that you need to share your experience...

CLIENT: He cant. He can't even say something nice when I'm crying for hours. He can't support me going to school, he can't do a card for my birthday, he just can't. He can't even remember like stuff that's going...I can write it in the biggest letters ever and he can't...he's just never going to be there for me and he does not care about me and I'm not saying it's all his fault. It's me. I am this aggressive, like critical, not very nice to be around person.

THERAPIST: You're aggressive and critical and it's not all your fault.

CLIENT: It doesn't matter whose fault it is.

THERAPIST: Do you hear how everything you say...you tell me it's wrong?

CLIENT: I'm sorry but this isn't going to help me (crying). I'm sorry. (pause) I'm sorry (crying).
[00:22:00]

THERAPIST: Ramona you deserve so much better than what you're getting in this relationship. I hear you about the wide range of irresponsible, disconnected things he's doing over and over and over again.

CLIENT: (crying)

THERAPIST: And I hear what you're saying to me that you think it's important that I understand that this feels like there's nothing you can do about it because you have to take care of him. There's no choice in the matter.

CLIENT: That's what nobody, I don't feel like anybody ever got that because it was the same thing growing up. I didn't have to clean the house, I didn't have to cook dinner but I wanted a clean place to sit. If I wanted to....like I really did have to. People still tell me "Oh that's so wrong." The one counselor told me I was so wrong and I was so off and she's like "No that's not your job, it's that simple." Nobody understands...

THERAPIST: No Ramona, I mean I think it did become your job. If you didn't do it you wouldn't be able to live.

CLIENT: But that's part of how it is now. If I don't...

THERAPIST: I know, I get it. I get it. I get it. If you don't do it he doesn't do it either. [00:23:36] You don't have a partner who you can rely on in any way right now. Really in any way. I don't think I even knew things like birthday cards and Valentine's cards, not even in the heat of the moment he can at least pull it together.

CLIENT: He really doesn't...I don't think he loves me, I don't think he really...(pause). I think he needs me on some level but I really feel incredibly alone and that leaves me with nowhere to go.

THERAPIST: Yeah. (pause)

CLIENT: Maybe he would be nicer if I could...I don't know. Be less aggressive? Less critical and less...if I could fix...

THERAPIST: It doesn't mean that's what's causing him to do what he's doing. The only reason I raise that layer is that that is the only thing that's in your hands that might....How much do I think it's going to help? About this much because you are not causing his depression.

CLIENT: But I think I am.

THERAPIST: He has personality disorder. No, personality disorders aren't caused by spouses.

CLIENT: I don't think he...[00:24:55] Does he really have a personality disorder?

THERAPIST: Yes.

CLIENT: I'm...you're not working with him so I'm not questioning your judgment but is that Dr. Bourd's diagnosis?

THERAPIST: They both feel that there's...that that's a piece of what's going on.

CLIENT: But what does that mean?

THERAPIST: For example experiencing and processing your emotions by threatening suicide. That's a part of having a pretty significant disorder in the personality.

CLIENT: I thought that was just depression.

THERAPIST: No. Depression is somebody who actually does it. You know what I mean?

CLIENT: But people who are depressed like think about it and talk about it and write notes...I mean that's severe depression?

THERAPIST: Yes but they don't threaten it whenever they're going to be abandoned for the weekend. Abandoned. That's a personality issue. In other words he's using the threat of that as a way to keep you close.

CLIENT: But that's just emotional abuse isn't it? It's just...

THERAPIST: You can call it whatever you want to call it. I mean its...for example if you look up Borderline Personality Disorder, that's an...Fears of abandonment, extreme self-loathing, extreme shame, I think that's...would I give him the full blown criteria diagnosis? I don't know. I never really do that with personality disorders anyway but there's something that's going on in the nature of the way he regulates affect. There's something else than depression. [00:26:14] Living with that is extremely grueling and difficult.

CLIENT: But honestly if that's...I don't want to say all it is but...

THERAPIST: That's not all it is. He's very depressed too. He has depression as well. I'm not saying that...

CLIENT: No, no. I'm just saying that sounds like...I mean I could fit that. I have shame and I'm depressed and I am scared of being alone, I'm scared of being abandoned sometimes and when people...

THERAPIST: Yes, some, some but you haven't done the same thing. You've been asking for space for example, you haven't been so terrified of space that you're clinging to his leg saying "I'll kill myself if you leave."

CLIENT: But I think he has just attachment problems I think.

THERAPIST: Yes, that's another way of putting personality disorder.

CLIENT: I guess I'm trying to understand what it is because it's either this huge, scary, unknown thing that could take years and years for him to get through and he may never get through it and he may always be like this versus it's something going on with his depression and maybe if he got diagnosed and maybe if he needed medication or maybe...I'm really...

THERAPIST: How about if we put it like this? He has a significant attachment disorder that includes self-esteem problems as I think you do. In other words fears of being alone, fears of not being taken care of, very low self-esteem. You both have it and you're both depressed.

CLIENT: There's no hope for this relationship. [00:27:47] (pause)

THERAPIST: You may feel that way. (pause) So we got to stop. If I were you I would advise you when you're having intense feelings to write them down throughout the course of the next week

and try your hardest to keep it lighthearted throughout the week and bring the intense feeling to Dr. Farrow. Okay?

The person who's covering for me for the next week is Tamara Feldman, who you've met with before so I'm wondering if you would like to see I assume somebody else rather than her for coverage?

CLIENT: No, I'm just not going to...I'll just wait two weeks.

THERAPIST: Do you want a different name? Just in case? [00:28:48] If you did want to see somebody and not her you could always call her and she knows our colleagues if there was somebody else you wanted to check with besides her. Okay? I'm sure even you could check in individually with Dr. Farrow. This is a terrible, terrible time for me to be away Ramona.

CLIENT: No, I understand.

THERAPIST: No, it's terrible. It's absolutely terrible. You need the session next week. Even though I feel like you think it would be a waste of your time?

CLIENT: No it's not, it's just I...it's me. (pause) Thank you.

THERAPIST: I'll see you in two weeks.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: She'd said it sounded like there was a session where she had used a metaphor that sounded like it might have been a little bit helpful.

CLIENT: It was a little bit helpful.

THERAPIST: Porcupines, or at least that's what I understood. But that she also was aware that you both just seemed in an extraordinary amount of pain and were vigilantly scanning each other for confirmation of your worst assumptions about the other – that you both seemed to be doing that some – and that you were hurting a lot, both of you. She was worried about you, too. How are you? How are you feeling?

CLIENT: I guess okay. [00:00:57] One thing Dr. Farrow said a couple of times in a couple of different sessions was that nothing Ivan can do is good enough for me which, I admit, I **don't think feels fair**. I am aware that I am critical and harsh and we need to fix that. I'm not quite sure how because I told him, on the one hand, the things that I was pointing out were pretty reasonable or pretty . . .

THERAPIST: Legit.

CLIENT: Yes. Yes. And maybe the things that I honestly feel shouldn't even need to be addressed, shouldn't even need to be asked. On the other hand, no matter where he's at – working as hard as he can, doesn't care at all, cares a lot – no matter where he is, that would probably be hard to hear.

THERAPIST: What would be hard to hear? [00:02:01]

CLIENT: Criticisms, negative input, even the most tactful observation of “this needs to happen.” It seems like there's a lot I need to do on my end but . . . (pause)

THERAPIST: There's a lot he needs to do on his end, too.

CLIENT: Yeah, but it doesn't seem to matter. It is what it is and I take what I get. There are some days where he can have it together somewhat or he can even surprise me and (sighs) he can make a basic dinner or something. There are moments when he can really do it and there are other moments when he had four things on his to-do list and he didn't start work until 2:00 and he couldn't get them done and they could have been done in an hour and he didn't, so it's really frustrating. [00:02:59] Ivan is pretty clear, at least, that **he does not want the idea of being identified formally as having an attention disorder or anything** like that. It is really too upsetting to him, even if it would mean this could give us progress or this could give us somewhere to go with knowing what's going on with it. **He's not okay with it and that feels personal**, but I understand. That's him.

THERAPIST: Does he say why he's not okay with it?

CLIENT: (sighs) He would be disappointed in himself. **He would be ashamed**. It would be a let-down. He really has a **huge stigma attached to it**.

THERAPIST: From his family.

CLIENT: Yeah, but even from me, he thinks. I said that I have friends who have it, even people at school. I really couldn't think anything less of them. In fact, I felt sympathetic. (sighs) [00:03:58] So I don't understand. I think that's him. I think that's his perception largely. I do hear things from his dad and sometimes from his mom, that if I had ADHD, I wouldn't want to tell them either, quite frankly. (sighs) So I guess there's a part that feels like I understand, but there's another part where I feel like it's really that **he feels ashamed** and maybe there may be nothing that I can tell him; telling him over and over that I'm not ashamed doesn't change that.

THERAPIST: Yeah. This is the part that's his to work on and it's going to take him time. It sounds like he carries around his parents inside him and what you're picking up on are their judgments of that kind of thing. It just lives inside him as the reality, as your mother lives inside you and your father lives inside you. It's kind of their reality of the way the world works. This is

what happens for all people. It's the way growing up, the way the world is, it feels like that's the way the world actually is instead of just the way it was for maybe one or two people

BREAK IN TAPE FROM [00:05:06 to 00:06:37]

THERAPIST: have a chance of it being something palatable for Ivan and I think he feels like if he pushes something too quickly that he loses the traction that he has with him right now, so I think those are the lines along which he's thinking about it and just trying to pace it, in a way, so he can take it in rather than push it out. [00:07:00] I get that it's like the pace of this is so slow that it feels impossible inside. How do you just wait and wait and wait?

CLIENT: I think it's actually really uniquely difficult for me or different for me because at home, it's really hard because, of course, I take it personally. This is my spouse. At home it's really hard to try to figure out did he not do this – whatever it is – because he doesn't care? Because he was lazy? Because he really does have legitimate issues prioritizing and managing his time – really, really big issues there? Or is it because he's depressed? Or is it because he has ADHD and he really couldn't focus long enough to close the frig? Or is it because his parents really coddled him and he didn't become independent? Is it as simple as he just needs to learn? [00:08:02] I have all these reasons and most of the time it really feels like it's my fault. **It feels like he doesn't care enough.** He **doesn't love me enough** and it, quite honestly, feels horribly like he really married me because he needed a caretaker. I think there might be some legitimacy to that because that's definitely a role his mom takes and it makes sense in some way. I think people, on some level, seek out spouses that repeat a little bit of what they know. He's like, "No, no. Of course I would never do that." I don't know that it's a conscious thing.

THERAPIST: It usually isn't for people, just as I'm sure it wasn't conscious for you when you married him to be thinking about "all I deserve is to be in a relationship where someone really isn't going to be there for me and I'm going to be the one that's responsible." Do you know what I mean? That wasn't in your mind. [00:09:01] It wasn't like you were saying "I'll go choose that."

CLIENT: It feels like I don't know and it feels like if somebody could tell me "don't take it personally; he's struggling with it." It feels like a repetition even of what happens with my mom. It's really hard to say, "Wow, she's really depressed. Don't take it personally. Don't listen to that comment." Don't get hung up about it because that's someone really intimately close who really defines a big chunk of who you are and how you see yourself. Maybe it shouldn't but . . . So that's where I find myself stuck a lot of the time and, on the one hand, I feel like it's not my job to motivate him and it's not my job to take care of him; but we consistently find ourselves . . . Ivan says, "I don't want to be taken care of. I don't need it," but his actions say very differently. (sighs) It's been tough and I feel like the couples therapy maybe doesn't always validate that or take into account that does change the dynamic. [00:10:12] I'm not hung up on it, but I can't get over the . . . (sighs) Dr. Farrow said a couple of times, and I know I already said this, but nothing is going to be enough for me. And I'm sitting there and I'm thinking, "But wait a minute. Now he's working part time, which is great compared to not working, but we're back at square one." He's not applying to jobs or, if he is, he's not reporting them and it's been hellish, quite frankly. I

mean, it is like I never want to hear the word “job” again in my life. It is unbearable. It is ridiculous.

THERAPIST: Just so I’m brought up to date, what is going on with the day-to-day right now? He’s working at Subway. It’s part-time? Twenty hours? [00:11:02]

CLIENT: No, up to 30. He should be getting 29½, which is certainly better than nothing, of course. I don’t mean to diminish. I’ve been very supportive of him working there and it’s great. Just this week he starts being solo manager – 4:30 AM to noon – which means (chuckling) I end up getting up at 4:30, too. He does that three days a week and then 2:00 to 9:30 on Saturdays. So he has whole days where he has nothing and then even if he takes a nap when he gets home, then he has whole . . . So he has a lot of time and he still is struggling with getting his stuff done.

THERAPIST: Has he been getting up and going to work on time, at least?

CLIENT: Yeah. He’s going to work. It seems to be always on time. It’s like ten minutes away. It’s a really short drive.

THERAPIST: How does he think it’s going so far?

CLIENT: He seems to describe it as going well, but I did become a little aware of something that I wasn’t aware of because the other week after church I said I hadn’t seen it yet. [00:12:03] I mean I’ve seen Subway, obviously, but I don’t drink coffee or tea or anything like that, so I don’t go and we can’t afford it anyway. I’m like, “Oh, okay. Why don’t we drive past it?” because it was right there and he had suggested it kind of. So we did. He was like, “Well, do you want to go in?” I was like “uhh” because I hadn’t put any make-up on; I had just gone to church. And I don’t drink any of those beverages. Even the smallest suggestion of not really wanting to go in at that particular moment, he immediately was devastated. It was the end of the world. It was like I had just told him I hated him and never wanted to see him again. It was really severe.

THERAPIST: That he was hurt, you mean?

CLIENT: Yeah. He was really upset and so he insisted and I was like, “Okay, we’ll do it.” We went in and he was like, “I’m going to get you this drink because I think you should try it.” I was like, “I really don’t . . . It’s not personal. I’ve never drunk coffee or [tea beverages. We’re Catholic.] (ph?)” [00:12:58] We did it anyway and I was like what happened there? He was like, “Well, I’m not very proud of it and I just want you to feel proud of it.” I was like, “Well I’ve been very supportive.” I’m asking about it, I told all my friends, I’m not hiding it, (sighs) but he’s ashamed and he feels really horrible about it and really self-conscious. I said, “You know, it’s a job. No, it’s not what we hoped hours-wise, but you can feel good about getting it. It seems to be more that he’s . . . I’m not ashamed that he’s working there, of course. This is what makes me maybe not a very good person, but I would be happy if Ivan had a career. I would like that. That’s something I would want.

THERAPIST: Why would that make you not a very good person? [00:13:56]

CLIENT: Because I shouldn't – you know – I shouldn't judge and him being like a lawyer or a doctor, that type of a career, that shouldn't make a difference.

THERAPIST: I haven't heard you saying you want him only to be a doctor or a lawyer. You said **you wanted him to feel passionately committed to something that interests him**.

CLIENT: Yeah, and I want it to be an actual career and if that meant baking or being a lawyer or whatever it was . . .

THERAPIST: Or even running a Subway. I know this maybe would take a little bit more to wrap your mind around, but I even think if you knew he loved coffee and had a passion for different kinds of coffee and he wanted to go research coffee of the world and he wanted to help shape Subway – that this was really a passion as opposed to what he's fallen into because he couldn't do anything else – that sounds like the thing that would make you feel happy with him and attracted to him. [00:14:56]

CLIENT: Yes, that would be very attractive to me because ambition . . . I mean I don't need him to be power-hungry or rich or anything like that, but motivation and a really strong sense of purpose and energy, I think it ties into the stuff at home. Even doing his two chores, just really being a productive, hard-working . . . I think the **work ethic is really important to me**. I grew up with **a dad who has an over-active work ethic**. I think it sounds really horrible because I spent my whole life saying how much I hated it, but that's almost easier to stomach. That's almost easier to stomach because at least that's something you know is not good, but it shows hard work and dedication and years and years and years of working. It's easier than this, but I can't say that. [00:15:55] I've been using the phrase "get a second part-time job or a better job." I've been using the word "better" and by that I meant better hours, better pay, maybe even better in terms of using his education. And when he hears that, he hears – and he let me know after the incident like going – that that meant that this wasn't good enough and this wasn't okay. I have to be really careful.

THERAPIST: So he's also – it's interesting, because one of your deepest cares is that it means he doesn't care about you enough, that he really doesn't love you. This story screams of him caring extremely so – **what you think about him and what your judgment are of him** – that he's **very sensitive to it**.

CLIENT: I don't feel that way. I feel that Ivan is **hyper-sensitive** to the way anyone perceives him. He's always said he doesn't care what people think, but I think he's hyper-sensitive to what his parents think, what I think, that he really attaches his value and his self-esteem and so many things, even how he can react to other people. [00:17:06] He attaches it to how they treat him and how they view him and I don't that has much to do with me.

THERAPIST: You feel this isn't unique to you, caring about your opinion?

CLIENT: No. No.

THERAPIST: That he's just sensitive to everyone's judgments around him.

CLIENT: Yeah, I think so. I guess it sounds like he has some **harsh internal judgment**, but it's very rare that he will say that he really needs to get working on the second job. He will say that sometimes, but then I'll say "So did you do that?" or "Did you follow up?" "No." "No." So we're back at square one, it feels like a little bit and I can't get upset about it. [00:17:57] (chuckles) I'm really embarrassed. After I left here crying the other week, I had to realize that I had to pull it together because I wasn't going to – I just had to. Nobody was going to . . . You know. I needed to do that, so **I've been working a lot**. (chuckles) A lot a lot.

THERAPIST: Working meaning at school?

CLIENT: At school and I've also been working on this research project so I've even volunteered for extra stuff and I've worked on so many things over spring break. I did all our taxes. We already got our refund.

THERAPIST: Wow. Oh, my goodness.

CLIENT: Really. Yeah. There were a bunch of things on the to-do list that . . .

THERAPIST: You just started ticking off.

CLIENT: Yeah. I made a huge list on spring break and just . . . Yeah. (pause) (sigh)

THERAPIST: It makes me wonder what it was like when you say nobody is going to kind of be able to run in and you didn't really even finish your sentence. I don't know how you were going to complete the sentence. [00:19:02]

CLIENT: It's weird because I think **I'm pretty good at taking care of myself**, but in that way I felt devastated like nobody is going to take care of me if I cry. It just is. Again, I guess I feel a little tense because in couples counseling the Dr. Farrow said, "You're critical of him because he's not handing you a tissue because you're crying." And I thought, "That's just not fair." I don't mean it in a critical way – I guess I do mean it in a critical way, but I also mean that I really just **want compassion** and common effort and it's been hard for Ivan. He has been frequently doing the thing where he won't show any emotion in his face and I asked him what that was about because it's really off-putting to have someone approach you when you're sobbing with no emotion and just "what can I do?" [00:19:59] He's like, "Well, I don't want to show any emotion because I don't want you to think that I'm manipulating you," because I brought up that sometimes if I try to go away, it feels very manipulative, which is a word that Dr. Farrow said not to use; but that's how it feels. (pause)

THERAPIST: You're caught between a rock and a hard place. It's just seems like everything you say to him is like being trapped.

CLIENT: It does, and especially from my perspective nothing he does is good enough. It feels unfair, but it also feels like maybe nobody gets it. I'm the only one there and I'm the only one actually dealing with it all the time because his parents have made it clear. They do sometimes and not at other times. I'm the only one who's been like "let's get you help" or "it is okay if you have ADHD" or "I won't think any less of you." I'm the only one saying "it's so great that you are starting to run the Subway this week." [00:21:08] I guess I don't get credit for all of that and Ivan certainly, I don't think it's that he doesn't feel appreciative, but he just doesn't hear it. If he looks back on the week and we try to talk about what was positive, he doesn't hear it – which I understand because I've been, and I guess I am, depressed and it's really easy to filter out that stuff because that's kind of how it works.

THERAPIST: But you are saying those things you say to him.

CLIENT: Yeah.

THERAPIST: You're saying positive things to him and maybe he just can't take those in as much.

CLIENT: Yeah. I feel like it's really fair, but I feel like I'm back to negotiating. Yesterday I asked him if he could help out with the apartment because I generally try and clean it once a week. [00:22:00] I usually won't ask him to help or I'll ask him to do like the bathroom and I'll do the rest, something like that; but this week I had a big draft due on Thursday and was putting in extra hours on the research and all this stuff. I've just been really, really working all day long so I sort of asked him that and I could tell it wasn't okay so I kept reducing what I asked him to do and it turned into "if you could run the vacuum and wipe off the counters." It really went down.

THERAPIST: That doesn't feel good either.

CLIENT: No. This is a tactic I've done at home a million times because it's better to get something than nothing. (sighs)

THERAPIST: Oh, Ramona. What I left feeling last time we met and I thought about for quite some time, is just how alone it sounded like you were feeling with all of this. It was like really nobody was understanding what this was like for you and, in a way, you aren't hearing enough validation about the things that legitimately extremely concerning in him. Those things are real and I hear you saying you keep hearing how you're too critical from Dr. Farrow, for example, but there's not a lot of space to say yes, you might lead with criticism in who you are. That doesn't mean that there aren't real things happening that are actually there to be critical of. Do you know what I mean? Those are separate things and I think they're both true. What you're describing in him, even just the difficulty having a straight-forward conversation about anything,

how everything gets sort of turned inside out or “I don’t want to express emotion because you’ll tell me I’m manipulative,” there’s no way of actually having normal contact and conversation and communication about something that involves feelings. [00:24:09] It’s leaving you feeling unbelievably trapped and like you’re living out your childhood all over again and it’s taking you totally by surprise that this is where you find yourself. It’s also horrifying to feel like is the answer going to be that you just have to pull yourself up by your bootstraps and take care of things again, when you’ve done that your entire childhood when you should not have been doing that, when other people should have been taking care of you.

It’s horrifying to find yourself now as an adult in this place where actually there aren’t adults in your life anymore who are going to be the parents who are going to take care of you. You missed that part. You missed out on what you should have been getting from 0 to 20. [00:25:05] And to find that you can’t get that anywhere now, it just sounds so terribly, terribly, terribly lonely for you. I hear you retreating back to a place which, I think in some ways, is adaptive. This is what you’ve done your whole life is just “okay, I’m going to take care of things.” I think that’s a strength of yours. Another person would have floundered and become a drug addict. You look at me like that’s crazy, but . . .

CLIENT: Yeah, it sounds a little extreme.

THERAPIST: Going through what you have been through in your families, the pathways could have been very different. You have had an incredibly adaptive pathway that you found not because of what your parents had done for you, but in spite of it simply because of who you are. I think that’s what you’re re-finding again in these two weeks; “what do I do when the going gets tough?” [00:25:58] What you did was you organized. You found motivation again. You made a list. You accomplished

BREAK IN TAPE FROM [00:26:04 to 00:27:35]

CLIENT: I have a genuine concern. I use the word manipulative to describe with the suicidality, with anytime I leave, or even the sort of self-deprecating remarks where he really looks for me to say “no, no,” to really reaffirm. You’ve described it as an attachment or a personality disorder and I still don’t understand that, not that you haven’t tried to explain it, but I just don’t. [00:28:05] I don’t get what that really means globally, but I wonder if it isn’t emotionally abusive and I feel horrible saying that because that makes him – the word they use is batterer – and my husband is not a batterer in my eyes. But I guess something they teach us in school is if you’re in an emotionally-abusive relationship, counseling is not the way to go. It’s not going to work. It’s not appropriate for any abusive relationship and forgiving it over and over is also not a solution. (sighs) So I don’t know if that’s this is going to sound bizarre, but when med students start going to school and they think they have everything under the sun. I don’t know if that’s what’s happening because I’m taking this course on partner violence and I’m doing this research related to partner violence, so I don’t know if I’m reading this and thinking “he matches all of these.” [00:29:06] I’m seeing two therapists and I’m waiting for somebody to say this is or is not

an emotionally-abusive relationship or that he does or does not have ADHD or what the heck is going on.

THERAPIST: What do you think it would do to hear that it is or it isn't? What if you say it is?

CLIENT: In my eyes, the **only acceptable reasons to get a divorce** are **physical abuse, sexual abuse or adultery**. Those are pretty much the big, main – I guess if there was something else like they decided they didn't want to have children after all or they converted to a different religion or something really drastic, emotional abuse is pretty subtle, I think, from what I understand. I feel like I witnessed a lot of that with my parents, though I didn't label it that growing up. [00:30:03]

THERAPIST: So it wouldn't change anything?

CLIENT: I think it might, but I think I would not feel validated in telling people "I'm in an emotionally abusive relationship," because that sounds like you argue. I wouldn't say this to someone else, but for me it sounds like you argue or "What's wrong with you? You can't be sympathetic? He's struggling with mental illness. What's wrong with you? He can't help it."

THERAPIST: I don't know if you were looking for an answer to that question. Would that be helpful? You might not be satisfied with my answer, though, because to me it's not something that is black and white in that I would say what he does is – manipulation is a word I use even with you colloquially. It captures it. [00:31:04] My guess is the reason Dr. Farrow has asked you not to use that word is that usually when people hear that word about themselves, it doesn't go anywhere because it's really, really thought of as a pejorative thing to say to another person. I even don't usually use that if I thought you were manipulative. I wouldn't use that word because I think people just sort of cringe at the word and it actually doesn't get at the heart of what's going on underneath it, which is something more along the lines of feeling incredibly desperate. Often not to be abandoned or left alone because of a tremendous amount of anxiety, a tremendous amount of self-loathing, a tremendous amount of shame, you at least often feel safe or better about yourself if there's someone there kind of keeping you company in the world. [00:31:57] This is in the range of personality and attachment related themes, which also is a kind of gray area to say to you because it's not a cut and dried diagnosis in a box. It's in the spectrum of sense of self and sense of self in relation to other people, so he does not sound like he feels securely good about who he is at all – and that's not rocket science. You know that. I think he feels terrified that even a brief separation is going to be the beginning of the end, that there's some big abandonment that hangs over that. That probably has nothing to do with you. You're right. In other words, it has to do with something probably early in his own childhood that has nothing to do with the reality of your current adult relationship. He's living out something in the past when he says that and I think when he's in this desperate place, he wants to do or say anything to get you to stay because he's terrified what will happen if he's left alone. [00:33:01]

BREAK IN TAPE FROM [00:33:02 to 00:34:29]

THERAPIST: He doesn't experience it that way. It sounds like he's experiencing it as a confirmation that he's a worthless person somehow, that that's what it would actually mean; so he retreats and you're left holding the bag about the shame and criticism because there's so much he has that he can't even speak to it. I think if he were to start saying, "I really screwed that up and I'm sorry," and not have it be so heavy in the room, you'd say, "Thank goodness. He's taking ownership. He's starting to get it. He's making some movements." But he has so much right now that he literally can't function sometimes in a relationship and his own life around it. [00:35:06] Again, this is an ambiguous and vague description that, I think, is going to leave you feeling not satisfied that it's a specific thing or not. Do you know what I mean?

CLIENT: I do. I'm trying to decide what I need to be doing is even, as a Christian, as a person, is to respond with compassion and get him the help he needs and be really patient and work it through with him – or if I need to take a step back and say, "Wait a minute. I don't need to be ashamed that he's doing some of these things. It's not my fault. I am actually the recipient of it and maybe I need to get help and maybe even need to get out of it if he's not able to change it." Because quite frankly if I told my friends my husband threatens to kill himself if I go away, they would probably say, "Something is not okay, Ramona. This isn't a little marital squabble. That's not okay. You can't sweep that under the rug." [00:36:04] I'm really stuck between the two.

THERAPIST: Yeah. So what if I was to say that I think the healthiest, wholest response actually includes both of those? I think if you lean only in the vein of "I'm going to be supportive. I'm going to be understanding. He's having such a hard time," that ignores the reality that he's an adult in an adult world married to an adult and has adult responsibilities that are actually there right now. That's sort of like making yourself be a mother of a very sick six-year-old boy or something again. That's not real and I think, pretty quickly, you will resent that. You might be able to put on those clothes for a month and pretend to not have a self or to not have feelings about this for a little while, but I don't think that would last. That's just not how people work. You're a person who is important in this relationship – as important as he is. It is not a mother/child relationship. [00:37:00] It is an adult/adult relationship. That's the reality. That said, I also don't think it's only that he's all evil, all bad, not making any progress that, if you got rid of him, your pain would all go away. Do you know what I mean?

CLIENT: No. No. I do know what you mean. In fact, I think if I had a way to separate myself from even my parents and that past and from Ivan, I think there would be residuals. I get that, so I feel stuck because, I guess between those two things, in one instance I have hope that he can get help. He can get over this. We can move forward and it's not going to keep happening. But on the other, it's a cycle that's going to keep happening over and over, sort of like it has with my parents – not in the same way. [00:37:59] I'm 24 and it sounds really selfish, but I don't want to spend the rest of my 20's taking care of him. It's not like I don't love him and want to take . . .

THERAPIST: Ramona, I'm totally with you. I hear you. Look, I was the one that first brought up the "D" word and you looked at me horrified, like how is that even possible that that was crossing my mind. This is, to me, where you're actually trying to look at whether there are changes that are happening that feel like they're valid and they're real and you can begin to

trust small changes, that give you a sense that it's worth being patient for a longer period of time because you see some things starting to move. Even if he's with you and he's saying "she's critical of me all the time" from his end, you could say the same thing to him. Is she working on complementing things you do well? Is she working on biting her tongue sometimes and just letting you flounder a little bit and not trying to be your mother so much? [00:39:01] So he could be assessing some of that about what works for him. From your end, that's kind of how I would see it right now. If this is the way it stays, you sound incredibly unhappy in this relationship.

CLIENT: Not all the time.

THERAPIST: Not all the time, but a lot of the time. I think if it stayed this way and it didn't move and it's two years later and we're sitting here having the same conversation, it's not enough for you. That's at least what I'm hearing you say. You can't live with this the way it is right now forever.

CLIENT: That's very true, but I can't even wrap my head around what I would need in myself and from I-don't-know-who to be able to do something like that because . . .

THERAPIST: So maybe that's part of the fantasy for a second of "gosh, if someone were to tell me this is an abusive relationship. . ." maybe that would somehow give you permission to not be in it anymore. [00:40:00]

CLIENT: Right. Actually we had – this is going to sound kind of silly, but we have guest speakers in this course. She's an expert. My professor is an expert in the field and she's really awesome. We had a guest speaker who is actually a pastor and her organization coordinates faith communities with service providers like psychologists and police and a wide span. That's their job because there isn't a resource for that directly in the church. She talked about how she went through this and how divorce was unthinkable and how it was really emotionally abusive and she said she hears key things like "he's like Dr. Jekyll and Mr. Hyde" or "he's like a different person" or you feel like you're walking on eggshells. I'm sitting there thinking, "That's how it feels sometimes," and I don't want to tell anyone that, but that's how it feels sometimes. She said that she got a response from her priest at the time that it wasn't acceptable to get divorced. She got through it and she got divorced and she was okay and she found a way to deal with women who struggle with those types of issues. [00:41:16] I had this fantasy of talking to her almost, which is so silly, but I thought I don't want to make a mountain out of a molehill because it's not every day and it's not all of our relationship, but what if a lot of this really isn't okay and really isn't something that can change or will?

THERAPIST: It's not okay, just so you know that I'm clear about what you're tolerating. If it doesn't change, it really does not sound like it's working for you and it's hurting you. I think your question that you're grappling with is how much is it changing for real and how much isn't it? How long a period of time are you willing and wanting to wait to see if it does make some changes? I'm just aware of our time. We've got to stop, but to be continued, okay? Next week then?

CLIENT: Okay.

THERAPIST: And let me know if you ever want to find a second time.

CLIENT: Okay.

THERAPIST: I know you're super busy.

CLIENT: Do you do extended session or no?

THERAPIST: I can, but we would have to find a time that works because right now I have a session on either side of our time, and then in terms of reimbursement we would have to talk about how that would all work, if that's workable for you or not. But we'll keep talking about it and I'll keep telling you when I have openings.

CLIENT: Okay. Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So I can find out what's going on there, because they're supposed to cover 80%, then there's my 20% and then there's a co-pay. So that's why there's a-

THERAPIST: I'm pretty sure, if I'm understanding the statements correctly. But I can definitely call and ask. So that would actually make sense, if they're deducting not just the co-pay but also 20% then.

CLIENT: Yeah. Because they only do 80%. But I can see why there was a discrepancy.

THERAPIST: Yeah. Oddly, I got reimbursements from March, and then February, and then January, even though that's not the order they were sent in. And the March statements were the one, there were three that came in at \$175, but the February and January were \$120. So maybe it's changing, I don't-

CLIENT: I can ask for sure.

THERAPIST: I'm perfectly comfortable even if it's \$120.

CLIENT: Okay.

THERAPIST: And as I said, if we ever go up to twice a week we can surely make sure that you're still only paying 10. So how are you feeling? How's your anxiety and-

CLIENT: So that-yeah. I guess I'm wanting to sort of revisit, because last session I feel like I talked a lot about Ivan, as opposed to addressing the session before where I left here sobbing and a mess. So I think you described it as **agitated depression**.

THERAPIST: Yeah.

CLIENT: I find myself to be irritable, really irritable sometimes, and easily agitated, and also really down sometimes, and also reallySo pretty much since that session I like stopped, I wasn't going to be like crying a lot anymore, I wasn't going to be journaling. Like I just kinda like **shut it down**. Which maybe is not a good, but I just felt like I-that was how I could get through. But I'm anxious more times than others, it really varies. I've been incredibly busy with school and stuff lately so I haven't really had a chance to see what it's-so it's like I can't tell if I'm doing things manically, because I really do have to do a lot to meet certain deadlines, so I can't completely tell. [2:20]

THERAPIST: Yeah. You're able to function at school though.

CLIENT: I've never not been able to function, yeah. Because it's just-that for me is not an option.

THERAPIST: Yeah. This is a part of what I say is so adaptive about your defensive system, is that it allows you to keep working. And some people when they get depressed stopped functioning. They don't go to class, they don't-you know. And they feel like they can't help it, right?

CLIENT: Right.

THERAPIST: You feel like you can't help it, but to get your stuff done.

CLIENT: It's the only thing I think for me that feels a repetitive of growing up, it's like the thing I have to cling to. **It's the thing I can make work and go well**. And honestly, I thought, like if something did go wrong, if I did get a grade back that wasn't okay or something, like I couldn't handle it at this point. It's the oneSo that's what makes me feel good about myself sometimes and really gives me purpose and keeps me going.

THERAPIST: Yeah. It's almost like maybe that's this kind of pocket of your experience that feels like this at least is in my control.

CLIENT: Yeah.

THERAPIST: For the time being, if you work really, really hard and you study hard you can kind of be on top of things. If it feels like everything else is kinda out of your control right now that gives you some solace.

CLIENT: Yeah, and that's how it's always been. It's always really-yeah, it really-and it's completely where I put all my self-worth pretty much, the grades and any kind of accomplishment there. But there are times I think I've described to you where-like on the weekend or whatever I've spent, you know, a big chunk of the day just staying in bed and not doing a whole lot. And the apartment's clean but it needs straightening, but I'm just not like So as long as everything gets done that has to be done, and as long as the apartment is-I can-I've done that sometimes, and I've noticed like it's more than just I'm tired I can spend the day vegging, it's more than that. [4:15]

THERAPIST: Yeah, yeah.

CLIENT: So there are times like that, there just haven't been lately because-

THERAPIST: You're so busy, **forced to be busy**, yeah.

CLIENT: I've noticed my OCD a little bit, like I'm-yeah.

THERAPIST: Where? What do you notice?

CLIENT: So, I mean, I cleaned the apartment obviously. It was Easter, and it was also Ivan's birthday yesterday, and I had a couple people over. But the apartment didn't need to be clean, it needed to be like spotless. So that was a little-yeah, it came out there. I also-I wash my hands more than I need, and sometimes when I do like I'll wash twice, and I don't really completely know why. But it's very much-those types of things, it's more of an obsessive-it's not-but there's also-I don't know how to explain it. There's also a part of me that looks at the apartment, and if the TV's dusty or if like-I don't say, "Well, it looks great," you know, like this is normal, I want it to be spotless. And that's the part that-yeah.

THERAPIST: It does sound like your OCD is a way of maintaining a sense of being in control.

CLIENT: I think for me, yeah, it's all about maintaining control in the little aspects of my life that I can, and the perfectionistic tendencies of-my draft is 19 pages long, it's the complete paper, everything's done. Like I think the more-for whatever reason it makes me feel better. At the end of the day I realize I'm still depressed and I still have this stuff going on, but I really do feel like I feel a little bit better because it is spotless and everything's done. So it's like all I can-it feels like all I can control so it has to be perfect. [6:15]

THERAPIST: Mm hm, mm hm.

CLIENT: So yeah, I guess I'm noticing that. And like I say, I'm noticing I can be really irritable sometimes. And little things that would really not bother me I would think in the span, they do. And I also became more aware this weekend of just **being really resentful**, really resentful. And kind of reaching a point where I **just didn't like being around Ivan**, or I just didn't want to even-like I really didn't like anything about it and I really just So I found myself being negative,

obviously. I did have-Friday was a really-felt like a really rough session with Dr. Farrow, and Ivan did a good bit of yelling and swearing. And I ended up doing a good bit after. Not during, we'd never during. And then I did a good bit of yelling. And eventually I got home and I just kind of told him how I felt, and he just like walked out of the room, he just like didn't respond. It's like, "Well, I had to, you were beating yourself up." And I'm like-

THERAPIST: Beating yourself up?

CLIENT: Yeah. No, I mean, I told him how I felt, and I told him I felt like it was me, like I felt like if-that it almost felt like if I could change so many things about myself maybe none of it or some of it would go away. And he responded to it by just leaving the room, which felt more of a confirmation than a, like, "No, you know, it's not all your fault." So he wasn't able to deal with it, and so it wasn't good. But I asked him-I was getting ready to leave, because I spent Friday night a few hours in the ER working on the research study again, so I was getting ready to leave, and I'm like, "You know what, it's a nice day, why don't you go out for a while and I'll be gone by the time you get back? I just need to get a couple things together." And I was just so upset. So I really asked him to go, because he kind of left the room. I felt like he was-like he would maybe walk out anyway, so I was just like, I want it to be on my terms, you go, and I will get my stuff together and go. And when he left I was upset, which has happened to me before when I've tried-like even with my mom and stuff, like if I've asked them to-then I'm still upset because they've still left. But I didn't feel good after he left, I felt a little unsafe. I felt a little like I didn't want to be alone, I felt really not in a good place. So anyway. [9:00]

THERAPIST: I think one of the things that's so important about where you are, where you and he are as a couple, that you're starting to articulate and that you've articulated to me in writing, but not so much in words when you're here, is, Ramona, how much self-loathing and very negative feelings you have about your own self is in the mix in this. You and Ivan play out by and large a dynamic where he's the one holding out publicly how much he hates himself and rips himself and he's so bad, right, and you hold out publicly how disappointed you are in him and how angry you are at him and how critical you are of him. But I don't think that's the whole of what either one of you is feeling. Because for you, just beneath that surface the same things that you say to Ivan, the same anger that comes at him, the **same criticism** that comes at him-and some of it for good reason for him, right, because this is not saying it's not valid-**you feel towards your own self** I think all the time. There's so much self-criticism. And I think one of the ways you kind of mostly fend-sort of ward off being too aware of that-is by going around trying to be sort of as perfect asAnd on top of many things, and as long as you can make this spotless and that spotless and that spotless, you don't really have to come into touch with how you feel about yourself if there are spots there. If it isn't perfect-not that there's any such a thing as perfect. If there's dust on the TV I think you feel like a piece of shit. Like you feel worthless. It's sort of like a sign of really what the truth is about yourself deep down inside. These are feelings that are remnants from your childhood. You know, as you started to talk about the feeling that if you were a better person, or more this, or more that, or less this, or less that, then Ivan would somehow rally and be different. That's the feeling from your own childhood, the fantasies that kids grow when your parents are incompetent, incapable, unloving, neglectful, in

whatever way that appears. You sound like you've started to tell yourself deep inside that it must be me.

CLIENT: It's the only way to deal with it. I know that's not true, but that's how it feels. And it also-

THERAPIST: Ramona, I actually think as a kid it is one of the only ways of dealing with it. That is what kids who are abused do, for example. You get beaten, what do you do over time? You say, "Well, I must have deserved it or else my loving parent wouldn't beat me." [12:00]

CLIENT: But it also feels very, very-it's incorrect I guess, but it feels very real that it really is my responsibility, and it really is within my control, and if I really did do certain things I could make it better. And that-I know you keep saying like I'm not stuck in survival mode, I wasn't as a child like that, but it really does feel that way. It completely feels that way. Because I want the basic needs to be met, I really do want to do certain things, and I think I'll look back on this and [unclear, distortion], "Well, if I had done this differently, or if I had worked [unclear] then I could have-" Right? Just beating myself. Or I should have known that this stuff was going on with him. And it really-I can't escape that. And it doesn't feel very good being responsible for all those things.

THERAPIST: [unclear]

CLIENT: It's the onlyIt's like the only way to deal with it.

THERAPIST: I think with Ivan you could even say like that is so [unclear], that it's the only way to deal with it. It doesn't mean [unclear], but it is the only thing you've ever known about how to [unclear]. Because here's what's [unclear] about what you're doing, this is what makes sense. And like you don't sound crazy to me, right, I totally get what you're saying. If he was a kid, seven years old [unclear], oh my gosh, the parents are really incompetent here, they're not playing a part. There's nothing you can do, you cannot control them. What's in your control is your own self, right. Not just you, this is anyone. Anyone in their own family, the things that are in control are what's in your control. So in some ways to tell yourself, well, I'm to blame. If I were just to [unclear] then you control your environment, [unclear], you do control some parts of your environment. Those are the parts that you control. But I think you've told yourself that it was your fault and you were to blame about too much as a way of protecting yourself. Because what happens if you stop doing that? What you start to realize, my parents have no idea what they're doing and they're in over their heads, and they're depressed and they're never going to be able to take care of me. That's a horrific, horrific realization for a seven year old. Or a ten year old, a fourteen year old. [14:30]

CLIENT: It's a horrific realization for a 26 year old. Like, maybe that's a really childish mentality of mine, but it's a lot. I still, if my mom gets upset and she's on the phone and she's really down, I have such an urge. If I lived close I would absolutely be home taking care of things and cleaning, and like I would absolutely be doing it. And I know how unhealthy that is, and I've

figured out over the years on some intellectual level that that doesn't-you know, it doesn't fix the problem and it doesn't-but for some reason I can't just let it all go.

THERAPIST: Well, I get that it's horrific for a 26 year old. Because I don't think you've ever had the space and time to take in-sort of to process your life up until now. To sort of know what happened and what you didn't get. There's a part of you I think still hoping and wishing somehow if you were to just do enough your mother would be a different person.

CLIENT: Yeah, but I don't think it really does feel like it's something I even with Ivan or with parents, it really is hard. This is something my sister is good at and she's really rational about. It really is hard to take a step back and say, "Well, my dad's a workaholic, he has his own reasons for that." Like, that's his problem, it's not my fault. I didn't cause it, I can't fix it. Or my mom is like, she struggles with depression and all these fears and all these like-and it's not my fault and I can't fix it, and when she acts in ways that reflect those things that's not a reflection on me. Or when Ivan, you know, won't do certain things, or is absent in certain ways, or even so emotionally withdrawn, or verbally withdrawn, like just physically withdrawn, that it's not me and it's not my fault-I don't believe that. Like hearing that come out of my mouth is so crazy, it doesn't feel that way. People always-my sister's is, you know, "Don't take it personally. Don't take it personally." My sister is-she's really upset about the situation with Ivan, she's very protective. And for all intents and purposes like she's my mom a lot of the time. I mean, she really fills that roll since a very-since she was like 12. And she'll say, like, "Ramona, if you had never met him you would still be struggling with these things. It's not your fault, and that's him and he needs to get it together." And she'll say things like that. And no one seems to really grasp that when my mom or my dad or Ivan, when they do those things or say things, and it really reflects their own-it doesn't feel that way. [17:10]

THERAPIST: You feel like it's your fault.

CLIENT: Yes, and I feel-

THERAPIST: What Ivan's going through?

CLIENT: Yes. I don't know if I **feel like it's my fault**, but I feel like when he says or does certain things it's a reflection of he doesn't care about me, he doesn't love me, and if I could change something maybe that would be different. Or that's his own thing. I'm not going to get worked up about it, he's not really angry at me, **he's angry at himself**. Like, I can't take that step back, it feels very intensely personal because these are very-they're supposed to be like very intimate relationships in anyone's life, so it's hard to-you know.

THERAPIST: Yeah.

CLIENT: I take things very personally, even if it's a friend, even if it's a professor. Like, that's my thing to work on. But I don't know if anyone realizes it's not that simple. And I legitimately feel

like I don't have the knowledge or the objectivity to look at things sometimes and say like, "It's okay, that's their thing and they're dealing with it and I'm not going to take it personally."

THERAPIST: There's a way you fault yourself for everything that goes on in everyone around you.

CLIENT: But then honestly, from couples counseling-which is kind of going horrifically-all I hear, or all I perceive-not all, but that's obviously a magnification-but it feels like if I could just be less critical of Ivan, if I could pull back the judgment, if I could do that, maybe that is the only problem. Maybe we wouldn't have marital problems if I weren't this critical judgmental person. Or-

THERAPIST: So that's not at all what I hear Dr. Farrow say.

CLIENT: No, no. But this is my-and so it feels like on the one hand I am already-I feel responsible, I feel like it's a reflection on me, I feel like I'm I've done-like, truly I do like everything within my power and more than I should, like cross the line with helping or coaching or harassing, or whatever. It feels like I just need to bury it, just get rid of that criticism towards him and just maybe even try to-more inwards. Even if it means like I'm being hard on myself, I'm not being critical. So it's just like-it feels a bit self-destructive, it feels like there's no amount of cleaning or cooking or straight A's or getting the great job after grad-like there's nothing I can do to fix it.

THERAPIST: Have you been hearing me say that the whole reason you're having marital problems is because of your criticism? [20:00]

CLIENT: No, I've never heard anyone say it like that. But I have heard Dr. Farrow say like nothing Ivan does is going to be good enough. I mean, I have heard the recurring theme that I'm really critical, which I know I am. I'm not like totally oblivious that I am, I know I am. But it feels like I'm damned if I do and I'm damned if I don't. Because if I say nothing-

THERAPIST: Yeah. Yeah, yeah, yeah.

CLIENT: -he's made it pretty clear-that makes it better actually for him. I mean, that's an angling. If I say something that's not okay. If I turn it all inwards, it's okay as long as I don't talk to him about it, because that's upsetting. So it's like-

THERAPIST: And that's where I'm very, very protective of you, and have actually said to Dr. Farrow, I think the more you guys can keep understanding-I don't think she or he even gets how self-critical you are.

CLIENT: And it feels like it doesn't matter.

THERAPIST: She-when I told her about that she-it seemed like it was helpful to her to know that. That I really think you're holding these poles and they're artificial, they're red herrings. You're the critical one, he's the shamed one who's so self-critical. That's not actually what's working. When you send me your writing it is-you're not sending writing. When you're in your innermost thoughts and vulnerable feelings, Ramona, you're not sending all this writing about how mad and critical you are, it was how mad and critical you are of yourself.

CLIENT: That's the only-that's all I've got.

THERAPIST: So here's what I think. Your criticism level is through the roof. And that comes out at other people and at yourself. You are so mean to yourself. There's so little kind of forgiveness and loving and holding and generosity towards your own self. Of course you're mad at him. He's not holding up his end of the bargain. [22:00]

CLIENT: It feels a little-this is unhealthy, but you know that-it feels a little comforting. It feels a lot comforting.

THERAPIST: To be self-critical, yeah.

CLIENT: To turn it all in. To like always look in the mirror and never see something I like. Like it really feels like I didn't. If I looked in the mirror and I thought, "Oh, it's okay." Or if I said, like, "Wow, this is so difficult, I don't have to push myself." It's like, "My gosh, what if then I didn't take care of the apartment, or I didn't like work incredibly hard at school, or I didn't-" As it is I feel like I could be doing more in those areas. Like, if I lost that I would have nothing. That's all I've got. So it feels like I really need to have that attitude towards myself or else-

THERAPIST: Or else what? What's going to happen if you start-

CLIENT: I could-well, what if I-

THERAPIST: -forgiving?

CLIENT: Well, first of all I don't think I really need to feel that way. It's like I or else I maybe wouldn't do okay in school or-

THERAPIST: Like you wouldn't all of a sudden just stop working so hard or something?

CLIENT: I don't know. I can't even imagine what that would look like. And that would be devastating, the results of that would be devastating.

THERAPIST: And I totally get what you're saying, because I think this is how you know how you function.

CLIENT: Yeah.

THERAPIST: So for me to say, "Imagine you weren't doing that so much," it's like telling you the sky is red. Like, that's just not the way the world works.

CLIENT: It feels like I-it's like you have control over these things, and you want to just give it all up, and then you have control over nothing. So then you've got a husband that's doing these things, and parents who are still doing-and then you've got nothing on your own, it's like the worst possible plan I can imagine.

THERAPIST: It's devastating, it's devastating. Would your parents-was there positive stuff that went around ever? [24:00]

CLIENT: My parents are Yes.

THERAPIST: Like, as a kid, would you get, "Good job, Ramona, for your art work on the fridge," or kind of-

CLIENT: My parents aren't-the way I've painted them is they're very I don't know, I guess it's complicated. Because on the one hand, they were pretty negligent in some very basic ways. On the other hand, my dad paid for me to go on, you know, choir tour. You know. I mean, part of it at least. But like I took private art lessons. I took private voice lessons, I took music lessons. Emma and I did ballet for a while. So on the one hand, no clean house, no regular meals, don't see dad. On the other hand, all these things that a lot of people-a lot of kids would, you know, be so-we were grateful for about. But it's extreme. [25:00]

THERAPIST: The things you're describing though-you're describing pain for lessons.

CLIENT: Yes. My dad is pretty much evil, to show that he cares through that, through money, because he's not around. He doesn't do the emotional thing. He is a real-like, when I say workaholic I don't mean he works 80 hours a week. I mean he's home 11:00 or midnight, and he's up or gone by 7:00, and sometimes earlier. And if he gets an emergency at 3:00 AM he goes out and does it and still does his 8:00 AM [unclear]. He is-like it's really-it's not-

THERAPIST: Are you serious?

CLIENT: I'm completely serious.

THERAPIST: And this was all growing up it was like that?

CLIENT: No, it's gotten worse.

THERAPIST: Yeah.

CLIENT: It's gotten much, much, much worse. He also used to have someone that would go with him somewhat, an associate sort of. Because my dad bought the practice when I was really little. And he has incredible clientele. He can get clients like nobody's business. Because he won't say no to anyone. But it got worse and worse. I mean, literally, Emma and I have this very vivid memory that we both share of waiting up, like waiting in the living room on the couch looking out the window just to watch for his headlights at night. And then we'd run and greet him. And it just got too late and we had to stop waiting up. And that's pretty much-that describes it pretty well in a nutshell. It's gotten much, much worse. [26:35]

THERAPIST: So he wouldn't come home and you'd have sort of family dinner together?

CLIENT: No, no, no, no.

THERAPIST: Never?

CLIENT: Um, we used-

THERAPIST: Maybe on a weekend or something?

CLIENT: Yeah, we used to do Sunday dinners, even my aunt and uncle, and sometimes my grandparents would come, like after church. That was when I was really little. But he-

THERAPIST: But not during the week so much.

CLIENT: No. I mean, he's very-it really is-yeah. He had to go down kicking screaming. He had his carpal tunnel, one hand done, because it meant that he couldn't do surgery for a couple days. And he hates getting coverage, he won't-my wedding, graduations, that's it. But for him it's not so crazy because his parents were like much more extreme, much, much more extreme.

THERAPIST: How do you get more extreme than that?

CLIENT: Like my grandfather used to take my grandma's-hide her car keys so she couldn't go to church on Sunday because he wanted her to be home working. Like the problem with the world is people eating out, and too much recreation, and they never took vacations. They never went on vacation, they never went out, they-

THERAPIST: So it's not a lot of just enjoyment.

CLIENT: Oh no.

THERAPIST: [unclear] or have fun or-

CLIENT: No, they were not at all. My grandfather was devastated because he was in a really bad crash and he couldn't work until the day he died. He was in a nursing home. He was

devastated that he couldn't. And my grandmother was scared even after he was in a nursing home to do anything. So they left a multi-million dollar farm lands, the estate that is sitting for sale. So they had money, they worked incredibly hard. [28:20]

THERAPIST: So they worked on a farm?

CLIENT: Yeah, yeah. They were farmers.

THERAPIST: Goodness.

CLIENT: So for him this is like-

THERAPIST: This is a step up then.

CLIENT: It is a step up for him. So he's not as extreme, he's not anywhere close.

THERAPIST: Yeah.

CLIENT: He understands what it's like to have birthday gifts and stuff now, so even little-so.

THERAPIST: So it's a little bit of an improvement over his own family.

CLIENT: A little bit.

THERAPIST: Bit not a huge one.

CLIENT: No.

THERAPIST: When he comes home from work, what would that be like for you?

CLIENT: When we were like really little Emma and I would literally run from the living room to the side door to greet him.

THERAPIST: Greet him, big hugs.

CLIENT: Yeah.

THERAPIST: And was he cheerful? Would he be tired, would he be-

CLIENT: Yeah-I mean, my dad's always-like, he's never one. And this is another-you don't say you're tired, you don't stay home from work when you're sick, you don't complain about a long day. Like, you just don't. So no, he was never like, "I don't have time for you, I'm tired." It would be, "I'm going to go in the office and do some paperwork." THERAPIST: Oh. So he wouldn't like sit down and read a book or-

CLIENT: No.

THERAPIST: -play silly games on the rug or something.

CLIENT: No. It was-I mean, special occasions. I guess Sundays sometimes we used to. But now it's like Christmas, Thanksgiving, whatever, we'll play a board game and eat a meal and that's kind of-at most he'll watch TV. But it's like I don't know, he's never said, "My work is more important than you." But of course he has in his actions. [30:15]

THERAPIST: It is what his actions show.

CLIENT: Yeah.

THERAPIST: Over and over and over again. And how could that not leave you feeling like he doesn't love you that much? You know?

CLIENT: Yeah. But on the other hand, again, like in the ways he was able or wanted to he made sure that we, you know, got the lessons we wanted to take. Or every year, even though I had an older sister, we would each get a new dress for homecoming or prom or whatever. Like he really-he's always been willing in that way.

THERAPIST: Yeah. It's like the only way he could manage psychologically to show love, because he couldn't manage to spend time with you.

CLIENT: Right, it's easier to-

THERAPIST: He spent money through giving you something with money.

CLIENT: Mm hm.

THERAPIST: Or even the idea of lessons. A way to think about what you do inside your own self now, like staying busy and staying productive, and staying forward thinking and accomplishing, or some endeavor. It's kind of like what you've internalized about how to love yourself from your father, is his love was his love was through paying for a lesson to go learn, go do the lesson, go accomplish the lesson, and that's the contact you had with him. You don't have internalized a dad who would come home and say, "I've missed you so much. You know what, I'm going to say no to these few patients because I just want to spend time with you guys, I miss you, and goof off and be silly," and want to spend time just to have quality down time, shared time with his family. It's just missing. It's so painful. [32:15]

CLIENT: It's something-Emma, like, we've adapted, and he is what he is. But it's true. I mean, when we talk to him, Emma talks about her job, I talk about school, and he wants to talk about those things. School and work are very important to him. Education, and it's like acing science

and math classes at least, like very important to him, and he's very, very supportive of school and work. And so that's what we can talk about. And it's a good conver--you know, **he's very encouraging, supportive**, he wants to know.

THERAPIST: But it's like one slice of you.

CLIENT: That's pretty much where he can relate. So that's something.

THERAPIST: Right. It's so much better than not having anything.

CLIENT: Yeah.

THERAPIST: But it's also one slice of you. And one of the reasons we're talking about it is just kind of connecting to where you retreat to as a way of feeling less anxious and less scared in the world is into that slice, and doing and doing and doing and doing in that slice so you could feel better about yourself. You didn't just feel inherently loveable. Just like my dad hangs on the next best thing since sliced bread, just for who I am, just for being, regardless of what lessons I do, regardless of whether I get an A or a C, I am a loved, valued person for just who I am feels so missing.

CLIENT: It's I don't know, it does and yet it doesn't. Because my parents are--because I come from a very conservative--that's my dad's little area, and so you don't--their parents didn't and they mostly haven't. Like you don't just talk and talk about how proud you are of your children, and you don't just like brag on and on, and you don't--

THERAPIST: Culturally. [34:10]

CLIENT: I think. Or more with their--Like, I'm sure. My dad, like, he went to like the top school, and I'm sure his parents didn't, you know, ram that down everyone's throat. Like, I'm sure they didn't brag about--You know, like it's just not--I wouldn't be surprised if his parents never told him they were proud. And my mom says, "My parents never did." Like that was just considered, you know, rude or bragging or--you wanted to be humble. And so I'm glad, you know, my parents didn't just say, "No matter what you do we're happy and proud of you." Like, I'm glad there were expectations. I feel like Ivan's parents kind of did the, "We're proud no matter what you do," and that did not work out for him.

THERAPIST: Yeah, he got the other extreme. You got one extreme, he got another extreme.

CLIENT: I'd rather have mine. I'm happier with mine.

THERAPIST: Yeah. I mean, I think yours has more advantages as an adult, in terms of adapting to the world, than his does. But yours also comes with tremendous pain too. There's so much harshness, so much harshness running the show inside. I mean, I think that's often why you've been so inclined to just say how about you and Ivan watch a silly movie, and just practice what

wasn't practiced so much in your family, just to create some space where you're just spending time. And it's not about being productive, and it's not about checking things off the list, but just enjoying each other's company. Granted, that's hard when you're angry at each other, it's a totally different thing. But it just doesn't sound like there's a lot of- there wasn't a lot of family joy and settled, calm, good play space in your family where you could just relax and play together. [36:00]

CLIENT: There was when I was little.

THERAPIST: There was?

CLIENT: Yeah. We used to go every single summer for a week to the beach.

THERAPIST: Oh.

CLIENT: And my dad would go for a week.

THERAPIST: Wow. How old were you?

CLIENT: We did that until- I don't know, into- maybe into middle school. And then there was one year where we tried- like just came for the weekends, and then we went maybe once or twice with just my mom. Maybe more than once or twice with just my mom. Because he just- you know, it's too much vacation time. But, I mean, he used to. And he used to do the like carry us on his shoulders in the waves, and he used to- So there was- Like, I don't want to paint the picture that as a child he never. We had a pool that he would take- I mean, watch us in the pool. We had a play set in the backyard. Like, there was some. But, I mean, really- I don't know. My mom said-

THERAPIST: As a young child.

CLIENT: Yeah, as a young child.

THERAPIST: There was more it sounds like.

CLIENT: Absolutely.

THERAPIST: Then it started to fade somehow.

CLIENT: Well, when I was- so they like bought the house, built the house, the whole thing when I really little, and then he purchased the practice afterwards.

THERAPIST: Oh.

CLIENT: And- yeah. He didn't always own his own practice obviously. That was pretty soon I guess after Emma. But- so then he has an office and a pharmacy and a house and used to run-

THERAPIST: He had a pharmacy too?

CLIENT: Mm hm. Oh, he has to have storage for-he orders a lot of drugs obviously.

THERAPIST: Yeah, yeah. Sounds like that's a lot of work.

CLIENT: Yeah. Yeah. Especially when it's a one-man show. Yeah. So, I mean, I used to like follow him around the pharmacy and practice my times tables. And then he moved the pharmacy out and rented a space so there wasn't [unclear]. So it's not like he was never there, but he's grown more and more into just work over the years. And it was something striking that I asked when I was going through severe depression before with another counselor, does he do that to avoid the problems at home, or does he have the problems at home because he does that? And she said it was probably both. And it's just really So. [38:25]

THERAPIST: It's like his own kind of avoidance.

CLIENT: Yeah. Oh yeah.

THERAPIST: In a way. That's what's odd of it. He's both a workaholic, unlike Ivan.

CLIENT: Yeah.

THERAPIST: But it is in a way something he used as a retreat too-

CLIENT: Yeah.

THERAPIST: -to not deal with what was going wrong on the home front.

CLIENT: But it's less easy to criticize it because my dad doesn't take care of the yard at all. My dad works really hard.

THERAPIST: Yeah.

CLIENT: So it's like-

THERAPIST: Yeah, yeah. Yeah. What's happening with Ivan, Ramona, is really happening with Ivan.

CLIENT: That's the thing. I feel like Dr. Farrow has done a couple of times like, "You're not stuck in the 90s. I feel like you feel like you are, but you're not." And I don't know! It's really my perception, and I feel guilty for being stuck. I don't want to be this childish at all. But it really does feel so much like it. And it really does feel very real, and I am aware that my responses are going to be more acute because I'm kinda tired of it.

THERAPIST: Yeah.

CLIENT: But I think they're also pretty legitimate in some-like I think anyone if they have a perfect fairytale like childhood would still be pretty ticked off about some of these things.

THERAPIST: I agree. I agree. I can't speak for Dr. Farrow so I don't-I'm not there to know what's in her mind. I would guess when she says you're stuck in the 90s, the only part that I would see as like that is the intensity of the feelings gets so powerful that you're overwhelmed by them, that that's the part that feels like you're young. It does not mean it's not happening. It is happening. What Ivan is going through he's actually going through. I haven't even met him, right, and I-so I have this experience of knowing, yeah, I saw what you're talking about, even live. It's really happening. He would be going through this whether you were in his life or not. I think you would be having like a middle-not middle life crisis but early life crisis about all of the things from his own development that are coming to a head. You are reacting to it. The intensity of the reaction, and the feeling like it's kind of life or death, is-it's that only the rationing up to here that I think feels like something getting triggered in you that's beyond him. But that means only to me, like if the feelings could come down to about here, so that you could talk to them and work them through and find a way of validating your experience while also trying to get to know him as an adult too, that's it. But you are having a real experience of a real thing that's happening that is very, very difficult, that is not what you planned. I mean, my heart breaks for you in even just the story of your marriage starting on a kind of betrayal about what he was doing, what he was telling you he was doing that wasn't actually happening at all. This is not little. So I think your experience is incredibly valid, and the only part that I think would help in your communication with Ivan is **finding a way of speaking to him as an adult from your adult self**, which means sort of pulling some of your feelings back down to an 8 instead of a 10. Do you know what I mean? [42:00]

CLIENT: Yeah, I just don't know how to do it at all.

THERAPIST: Well, you've been doing it, you've been doing it. But maybe a piece of what you're telling me today you've been doing is actually quieting them all down and turning them inside.

CLIENT: Yeah, it really feels like if I want to make progress in my marriage I need to have the criticism. But when I've done that it's gotten worse sometimes.

THERAPIST: Yeah.

CLIENT: So it feels like-and it feels like the only option is to try to get [unclear 42:32], which I've done and it doesn't feel good either.

THERAPIST: No. And to me that would be a really bad outcome if that's what you decided you have to do. Because that is a repetition of your childhood. I want to help you find a way to have your worries and your concerns and your anxieties and your upsets, and not have it be that

there's so much criticism towards him and towards yourself that neither one of you can breathe. I feel like there's so much it's like you both drown in it. It looks like you're drowning him, but you're drowning yourself too. So that's I think what we're trying to just flesh out and work in over time, how to start-even towards yourself, forget him for a second, towards yourself, getting some breathing room to be a little more okay with who you are and what you'd doing. Because you're doing, given what's happening, a phenomenal job right now of trying to keep-pull things together, and there's a lot on you. There is a lot on you right now. So you've got to stop. We'll come back to this. The worst outcome would be to-for having quiet your voice altogether. **We have to help you find love.** [44:00]

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How are you?

CLIENT: Um, similar I guess.

THERAPIST: I'm just curious where you were when you called. It was right after our session.

CLIENT: Yeah.

THERAPIST: Like ten minutes later or something.

CLIENT: So I guess sometimes I'm finding myself in these situations where I feel like completely overwhelmed. And immediately like I don't-it feels like really intensely isolated, or alone, or like-like I'm not okay, that's the way I would put it. I'm really not okay and I feel like I should-like I need something, somebody, okay, I don't feel okay. And that happens sometimes. And it's not always-like it's not necessarily just after a session, it's sometimesAnd I don't really know what to do in those moments. It feels like I've just got to pull through it. Which I do, and I did.

THERAPIST: Yeah.

CLIENT: It happens. But I guess I don't feel like I have maybe-I'm not sure what skills I should be using or what I should be doing in those moments.

THERAPIST: Yeah, yeah. Does it feel like having a panic attack?

CLIENT: No.

THERAPIST: Or is it something different? It's something different for you.

CLIENT: It's different.

THERAPIST: So what does it feel like in your body, for example? What is the-

CLIENT: It feels-this is a poor way to describe it maybe, but it feels almost like **shaky inside**. I'm not physically shaking. Sometimes I am, but I'm not in those moments. And I feel like so **insecure**, almost like I've got something wrapped around me, almost like IWhich is-it's an awkward way to describe it, but that's-

THERAPIST: No, it's so helpful, it's so helpful.

CLIENT: I think that's why I put the word 'insecure' to it, because I feel-I don't know. Because it feels-so. And I think last week I-I would definitely put that onI don't know. I guess I was thinkingWe talked a little bit about everyday things, but then we also spent some time talking about like some **historical stuff**, as it were, with my dad. And when I left I felt like **I didn't get to-I didn't chose to talk enough about some everyday things that were going on** that were feeling really intense I guess. [2:20]

THERAPIST: Yeah.

CLIENT: So I didn't deal with them. And even some things from the two weeks before.

THERAPIST: Okay.

CLIENT: Or however many weeks at that point. So it was like-and I understand.

THERAPIST: So part of it sounds like there's almost a kind of **urgency feeling**-

CLIENT: Mm hm.

THERAPIST: -of you didn't get enough, or we didn't get there, and now, oh my goodness, a whole other week and you're left alone with all this stuff that's still kind of pilling up inside. That's so important, I'm glad-I'm really glad to hear that description of it, because it helps me understand a little bit better. One of the things I then think we should really start to shift in doing here is **allowing you to set the agenda more**.

CLIENT: I think-I hear you saying that, and I feel like that's a good idea, but I don't always know how. Because I feel like there's-I don't even know what it would look like to talk about me, or have it focused on me. Because it already feels like it is. I mean, that's what a therapy session is.

THERAPIST: Yeah, yeah.

CLIENT: But I feel like there's all this-there's Ivan, there's all this stuff with my parents, and there's all this stuff with me and my-like, what's the point of my life, and there's like-I don't even know what's the most important or how to juggle it all.

THERAPIST: Yeah, yeah.

CLIENT: So I think when I do do the journaling that helps. It's really hard for me to make myself do it sometimes, but it does help. Because then I like-from the day I get whatever it is out. And that helps me to sort of, I don't know, digest it, or process it, or deal with it, as opposed to a week has gone by and I have no idea how to focus my thoughts in 45 minutes. [4:00]

THERAPIST: Yeah, yeah. I also, just for the record, when I see you, I really, really think you could benefit from being here twice a weeks.

CLIENT: So I think that's very true, but I don't know what to do at this point, because Dr. Farrow has been trying to see us twice a week.

THERAPIST: Yeah.

CLIENT: And if I'm here twice a week-and I've been having a couple dental appointments-I'm like-

THERAPIST: You're flooded with doctors-

CLIENT: The appointments might be like-

THERAPIST: Yeah.

CLIENT: So I don't know. I will say next week she's on vacation, so maybe that would be an opportunity.

THERAPIST: Yeah. I guess I feel like I just wanted to make sure you know that I feel very clear that that would be helpful to you.

CLIENT: Okay.

THERAPIST: I totally understand that we have to balance that with the logistics of your life. There's so much, Ivan, going on inside you. Just even if you weren't in the relationship I think there's a lot going on inside you-

CLIENT: Yeah.

THERAPIST: -that we could be helpful to you with. Now, add Ivan into this, add your sort of history, add even your transition coming up from school into potentially a job, and all the anxiety and stress with that transition alone, there's so much. A longer session, if we could ever find, that might help, but there's something about having the container of two-like two check-in points,

rather than then the whole week passing that sometimes can feel even more holding. I know you live far away and this is not the most convenient thing.

CLIENT: It's not, but honestly it's the easiest appointment to get to. So, I mean, it takes a little over an hour, but it's still one trip.

THERAPIST: It's long though. I hope you can study on the train.

CLIENT: Sometimes I can read. It's really not that-it really takes me an hour to get to school, so-but-

THERAPIST: So here's another point about our agenda for what are we going to do in 45 minutes to make this the most useful. I feel from you sometimes like you're looking for me to set the agenda. Like you will sit down and say, "So tell me what to talk about," essentially in your eyes. You're not saying that with words but your eyes say that. And I think there's a part of you that feels like that, feels like being taken care of. Like you feel in some ways that would be my, you know, the metaphorical arms holding you with saying, "Let's talk about this, and let's talk about this," and guiding you and sort of just being that person who knows what to do. And I think there's some relief in that for you. The only problem with that is that sometimes I won't know exactly what's in your mind. [6:40]

CLIENT: Mm hm, mm hm.

THERAPIST: And while I might have some good ideas that might at some point be relevant and important, that week it really could not be where you are. So if we follow my agenda that day you're going to leave feeling deprived, overwhelmed, urgent, and like next week is an eternity away. So to the degree that I can help you start trusting you a little bit to be kind of an informant here about what we need to work on, to the degree that you can trust that when I am looking for you to inform me it's not because I'm not trying to be helpful or like I'm taking the backseat, it's more that I'm really focusing in on, okay, where is she this week and what's the strand that's the hottest inside, because we want to help that strand. Even though there could be ten strands that I'm aware of, any one of which could be really important to do this week. So does that-

CLIENT: Mm hm.

THERAPIST: To the degree that we could help you find you, like what's prominent in you, and then I come in and help you with that piece, I think it's going to feel better.

CLIENT: So I tried-in light of that, I tried to think about what I could think about or talk about in this space this week that would be me.

THERAPIST: Yes.

CLIENT: Which is so weird, because I'm like, no, I really want to talk about So I guess to that end I'd like to talk just a little bit about how I've been feeling, or how the anxiety/depression has been playing out. [8:00]

THERAPIST: Yeah.

CLIENT: So going back to something I mentioned a couple sessions ago, you had said that you thought that I was-it's transference? My feelings towards my mom at least towards you.

THERAPIST: Yeah.

CLIENT: And I'd like to say, in the moment it didn't feel very good to hear. But I feel like it's very accurate. Especially when you called and said, "How would you feel about a pharmaceutical consultation?"

THERAPIST: Yeah.

CLIENT: It was so me reacting to my mom. Because so many times she has told me, like, "I can't help you, you need to go see someone. You should be on anti-depressants." Or, "Have they evaluated you for pharma-maybe that's what you need." And it really feels-I'm sure she means well on some level, like I'm sure she really-but it really feels like I can't help you, I'm not interested, I'm overwhelmed, I don't have time, I don't care. Like it's too complicated, you have-like, what's going on with you is way too much for me to handle and I just can't even-you have so many issues, you've got to go work them out and then we'll talk. It feels like. I'm not saying my mom says these things. And that's how it feels. And especially with the pharmaceuticals it always feels-especially considering the experience I had when I was on them, literally being forced to take them. At first, not the whole year.

THERAPIST: Yeah, yeah, yeah.

CLIENT: But it really feels like take this medicine and fix what's going on, like get it together.

THERAPIST: It's so interesting.

CLIENT: And I'm not saying-like, I know that's not anything you're saying, but in that moment I thought, "Oh, maybe there is something to this idea of transference." Which I feel like-I don't always maybe feel like I'm reacting that way, but-

THERAPIST: But you could see how maybe there might be some moments where something-it's not that there's nothing happening, there could be something subtle that is like that, but it feels like it's really exactly like that. [10:00]

CLIENT: Yeah.

THERAPIST: Yeah. That makes sense. One of the things you're saying is that the idea of a pharmaceutical, or as something else maybe brought in, feels like a rejection almost. It's kind of like she was saying to you, "I can't help you, I don't want hear anymore, bring this to somebody else."

CLIENT: Yeah. Yeah. It alwaysSo many times she's said like, "You've got problems and you need to work on them." And it really doesn't feel the same as, you know, like, "I see you're struggling and I want to help you." Or, "I'm here to listen and I will do everything I-" Like, not that she hasn't said that at some points, but it really mostly always distantly feels like-and even like, "Are you telling them this and this when you go to your session?" Like, "Are you being honest about what you're doing?" Like, I mean-

THERAPIST: Really?

CLIENT: Yeah.

THERAPIST: She would say things like that?

CLIENT: Yeah.

THERAPIST: Oh my goodness.

CLIENT: Yeah.

THERAPIST: Oh.

CLIENT: And she even-she had a little bit of I think-I don't know. Because when I was going through that when I was at home and about 16 I was really, you know, turning to the psychologist once a week, and was turning to her for trust and help and for all these like-dealing with my, you know, very personal problems instead of turning to my mom. And I can understand that that would feelAnd I can also understand-I mean, clearly I was upset about some things going on at home, so I could understand that I wouldn't feel very good to know that I was talking about that with someone. But she, you know, very much made sure you're responsible for your part in it. So-

THERAPIST: So what a fertile ground then for feeling like there's some repetition happening here of exactly that, where it could feel like I'm saying, "Wait, are you talking about your part?" You know, "Why are you blaming Ivan?" It could be like your mother saying, "Don't blame me. Make sure you're telling them everything that you're doing wrong too." But she really was doing that from a place of feeling herself kind of jealous and insecure and critical of you, rather than from, for example, a psycho-pharm recommendation could happen from a loving, like really interested in helping you kind of place, and thinking about what the options are. But it wasn't coming from there. [12:20]

CLIENT: I think it's really hard, because I know like-I know my parents wanted me to get help, and I know that they wanted me to take the medication to help me, but at the same time I have memories of my dad like holding my arms and my mom pilling me like you would pill a cat. It's not a good memory. You know? It's just not a good memory. On top of dealing with the depression and all the other stuff in there, their stuff. It's just not a good-

THERAPIST: This is when you were 18?

CLIENT: Yeah. No, I mean, I was essentially an adult and they-I did not want to-

THERAPIST: You didn't want to take it at all.

CLIENT: No. No. And I-I mean, at first I didn't want to go to counseling either, but I grew to be the advocate for that and I even-

THERAPIST: Yeah, yeah.

CLIENT: So-

THERAPIST: How did the idea of medication come about even in that treatment? Was it only from your parents?

CLIENT: No, no. I saw one counselor for a couple of months, and then I saw another one. And it was the female I saw that I then had a relationship with for year, and I even saw her a couple times the following summers, like once in a while I would see her. And she connected me with a psychiatrist, and then I would go see them, I don't know, was it once a month tops. But-

THERAPIST: So it came up over the course of the therapy.

CLIENT: Yeah, yeah. No, she-like there was an actual recommendation and actual appointments and the whole thing. So-

THERAPIST: Yeah, yeah.

CLIENT: -it wasn't all them. But it's still like a trigger for me I think.

THERAPIST: Oh, my goodness.

CLIENT: And it's really hard-

THERAPIST: Of course.

CLIENT: -because I'm turning to Ivan and saying, like, there's no shame with it. But I'm the person who like changed the name-like wrote the generic and like crossed out "Prozac" on all of

my permission slips because I didn't-you know, that's not easy to tell your friends when you're a senior in high school. [14:10]

THERAPIST: Yeah.

CLIENT: So anyway, it's okay. But I definitely-especially I was really upset because I-that one session where you said like I was really depressive and really-you saw it was agitated depression, I was so I guess **embarrassed or humiliated**, and I even felt like I didn't want to come back because I didn't want to-like, I didn't want to be that way, and I didn't want to expose you to that essentially. Like, I didn't want to be that person, or that patient, or whatever.

THERAPIST: And yet what's so hard is it's like it pulls you totally back to this childhood place of your parents telling you it's you, it's your fault, it's not us or something, there's something wrong with you, go get it fixed out there. And why would you want to come back to that if that's what this feels like? You know what I mean? Like, how understandable if you're triggered in that place.

CLIENT: I think it almost feels-I'm not sure. It almost feels a little bit like-like looking back, I was, I was so aggressive and so upset, and just so angry in that time. And so upset too. I mean, I really was sobbing when I left here, which is a little embarrassing. But I really had those times obviously where I've expressed that anger and hurt to my parents, and it-that's also not very productive, but I also feel like it's gotta--there's got to be some way to get it out somehow. So anyway, that-

THERAPIST: You're-that's so thoughtful, Ivan, what you're putting together. I'm floored by what-the pieces that you're connecting and understanding. It feels like there's something you're really getting about what's happening, both here, I also think with Ivan. And I don't want to bring him in in a profound way at the moment, but I think-I think the fact that you can connect even-like, you could almost feel frustrated with him for not being interested in medication, and yet you are finding right now that **you resonate really deep inside you with his feeling of shame**. You've known yourself what that feels like to have someone be trying to push medication on you, to have it feel like they're trying to have this that this is going to confirm some diagnosis that tells us that you're the problem, you know. You know that's not all you're feeling towards Ivan, right. You know it's in part coming from a very loving place of wanting to help him and really wanting to help this get better for him and for you as a couple. But you know also what it feels like if you're in a place of feeling like it's only coming as a kind of pejorative label. [16:45]

CLIENT: Mm hm.

THERAPIST: And that if that's what his experience is, it's like-that's what I think is so cool about this, you can find there's some way, **there's something you guys are sharing**. Even though I think in your corners it looks like they're opposite, I think underneath you're more comfortable being angry, but just underneath that. That's what I'm saying, in your writing, just underneath that is all this vulnerable feeling about yourself that I think is very similar to his, that you're, you know,

realizing you're starting to feel with me too. How do you feel about medication now that we're talking about it and you're kind of-like it feels like maybe there's a little space for it not just to be about labeling you pejoratively?

CLIENT: Mm hm. I... I don't want to, obviously. I don't think anyone wants to.

THERAPIST: Yeah.

CLIENT: But I guess I'm-

THERAPIST: Well, people feel-by the way, people feel really differently about it. Some people, no problem and it's really helpful to them. I hear that you feel a stigma.

CLIENT: I do, I do. Quite frankly in like eighth grade one of my teachers saw how I got obsessed with grades and how like anxious and And she had-like, she made a joke, and she's like, "You're going to be on Prozac by the time you're eighteen. Like, you've got to-" And I was. And like, you know And it was like a horrible, horrible, hellish ordeal. But in the end it really helped I guess.
[18:20]

THERAPIST: Yeah.

CLIENT: I feel-I don't know, it's really hard to separate the two, but I feel like the really, really hard work I've put in, and all the CBT sessions, and like all the exercises and all the-like, I really put in the time. So I felt-in the end I felt like I feel pretty proud. Even though I can't really tell anyone about it, I don't tell anyone about that so much, I feel really proud of all the hard-like I really **feel like I dug myself out of that hole.**

THERAPIST: Yeah. From your sense of the course of the work and the medication-I guess this is-when I asked you how do you-what do you think about medication, really wanting to know what your sense has been in the past of whether you attribute things improving to the medication. Does it feel clearly like that was a helpful piece, or was it the therapy?

CLIENT: I feel **it was mostly the therapy.**

THERAPIST: Okay.

CLIENT: Because of course what I remember most was putting in all the work and all the-

THERAPIST: Yeah.

CLIENT: -like exercises. And even like the thought process that she would kind of train me to go through.

THERAPIST: Yup.

CLIENT: But just because, you know, taking a pill isn't as memorable doesn't mean-I really do recognize, you know, raising the serotonin levels and the whole-the actual chemistry of it, that that was helpful. And considering how severe my depression was I don't know if I could have done it without that. Or if I would have been able to do the work as well if I hadn't had that boost.

THERAPIST: It's really hard to tell.

CLIENT: Yeah. At the same time, I don't feel anywhere-sometimes I feel a little close, just one of those moments these days, but it's not the same situation. So I guess I feel like-and it has nothing to do with you-I feel like it's maybe not enough all the time, what I'm doing now. [20:00]

THERAPIST: Yeah.

CLIENT: I'm not sure that I feel that that's so necessary yet. But again, I would trust if you feel that I'm like really ready for a consultation, or that that's got exhausted, I would take that seriously.

THERAPIST: Yeah, no. And that's actually not how I'm feeling. This is-when I raised it it wasn't as a recommendation. As a thought about pieces of a pie that sometimes can be helpful to some people. Even if you were someone whose body chemistry would really benefit from it right now, but you are morally or emotionally in a place where you're just dead set against it, guess what, it's not going to be helpful to you.

CLIENT: Mm hm.

THERAPIST: So for different reasons people feel differently about medication. That's only what I was trying to feel out, kind of was it something you were sitting there hoping and praying I would bring up and just waiting for me to bring up?

CLIENT: Right.

THERAPIST: Or did it feel uncaring that I hadn't brought it up yet? I'm always interested in people's experience of it. By and large I don't find medication ever a magic bullet for nearly anyone, with the exception of schizophrenia, okay. You're not schizophrenic, nor is Ivan, so it's just-it's not something that I recommend very readily in a very firm and clear way. You probably will never hear that from me unless you are so, so desperate for a very long period of time that it would be something that to me could be part of the picture.

I also think when you've had the history you've had, Ivan, there's so much that feels clear contributing to how you feel right now. It's not as though it's a rosy picture, and why you feel this way, and it must be your brain chemistry. Do you know what I mean?

CLIENT: Yeah. I guess I also just want to add, I don't know how to. So with the CBT it felt like a very aggressive, active approach. [22:00]

THERAPIST: Yes. Yeah.

CLIENT: And literally like she would give me exercises, like, "When you are feeling this-like when it gets so overwhelming I want you to take this spreadsheet and like write out all the hot feelings, and then go through and actually-"

THERAPIST: Yeah.

CLIENT: Like literally.

THERAPIST: Yeah.

CLIENT: And that-so that feels very different from this. I'm not saying one's more helpful than the other.

THERAPIST: Yeah.

CLIENT: But one-the way I deal is to like do and do and do, and like obsess. And I'm not saying that's a good thing, I'm saying **it felt very aggressive**.

THERAPIST: Maybe you're saying right now that would be helpful.

CLIENT: Maybe it would.

THERAPIST: Mm hm.

CLIENT: But then on top of medication-I don't know, it was just very different. I also-it's kind of-it's silly, it's kind of silly, but I-so taking the medication it shows up obviously on your medical records and stuff, and I-so for my senior project for high school I decided I wanted to get a pilot's license, so I took lessons and lessons. I couldn't qualify for the because I had taken [unclear 23:03]. Because there was a history of having anti-depressants and they don't like to give out licenses to people who have been on anti-depressants. And I under-you know, there has to be a few regulations. But I just feel-when I say to Ivan like, "I would think no less of you and I would have no issue with you taking the medication," I really honest to goodness mean that. I would not secretly think any less of him. But I guess I'm saying I'm not ready.

THERAPIST: Yeah. No, I hear you, I hear you. So maybe it would be helpful then for us to try to get a little bit more concrete about just **skill building right now**, given where things are, in dealing with the **periods of emotional overwhelm** that feels so out of your control. And once some of that we get to rein in a little bit there might feel like there's some space to open up more of the history that relates to the emotional dysregulation, more with Ivan that relates to that, but that

we pace ourselves in getting there, kind of trying to get to a little bit more of a stabler baseline. Does that make sense? [24:15]

CLIENT: I think so. Really honestly I really want to know what's going on. Because I feel like we've now spent a significant amount of time with you, with Dr. Farrow, and I feel like I still don't-I feel like nobody's really sat me down and said like, "This is what's going on." So I guess I want to know that, and like where I can go with it, and what I can expect. And like will you be sitting here for the next five years? Or am I going to develop skills a little more quickly than that. I know there are no guarantees and you can't put deadlines to things, but I just kind of want a big picture.

THERAPIST: And the big picture would do what do you think? You think that that would feel-is that kind of how it would feel like I care somehow?

CLIENT: No, I think I just want to know-so you've told me at some points like it's severe depression, or it's agitated depression, or-I mean, obviously there's some anxiety, that's always been clear. Or chronic stress, you've described it as that way. So I just like-you've told me that Ivan's struggling with depression but also an attachment disorder of some kind.

THERAPIST: Yeah, yeah.

CLIENT: Which he tells me Dr. [Bourd?] says there's no-like that's not going on. And I guess I really am waiting for somebody to say like, "This is really what's going on with you," this is really happening or not happening.

THERAPIST: I'm still-I guess so my-I'm trying to understand what that would do. So let's say I gave you a DSM-4 set of diagnoses, what does that do then? Does it feel like it's somehow-like does that settle your anxiety to know just what it is? [26:00]

CLIENT: I think so. I think I'd like to know what I'm dealing with so I have some expectations.

THERAPIST: Yeah.

CLIENT: So if you said I had mild depression I would think that's more mild than severe depression and I'd have like a better grasp of what's going on.

THERAPIST: Yeah.

CLIENT: So it's probably just about being in control.

THERAPIST: That's what I wondered.

CLIENT: Because I do.

THERAPIST: Because I feel like I've told you some things that I think it is, but it doesn't feel like it ever feels like it's enough, like it's somehow not-there's some things still you're wanting to get under your control, and that somehow maybe even a diagnosis. And then it's the same thing for Ivan, like somehow that would control it more if you knew exactly what it was.

CLIENT: I think in my mind too it's like how do I know, how can I even adjust these problems if I can't even put a label to the-

THERAPIST: Understand what you have.

CLIENT: Like yes, that's really.

THERAPIST: Yeah, yeah. So I'm going to give you-I'll give you my best description of what I think is happening, knowing full well that I'm partly entering into the system of giving you some false sense of control over it just by having an intellectual understanding. But I also think you're asking me genuinely, I don't think it's only a defense. You know what I mean? I think you're interested what is this, to the degree that it can help you understand and put into perspective even some timeframe stuff around it and how you're going to get from point A to point B. That said, it's also not going to be as black and white as I think you are wishing for it to be. I think when I don't make it black and white it feels less caring to you. I think there's something that feels like it's almost like I'm giving you those arms if I give you a diagnosis that you can just hold on to almost like a security blanket or something. It gives you something to hold on to rather than this amorphous shifting vague, you know, what is happening here. I'll give it a quick shot, and I'm curious what your reaction is when you hear what I have to say. [28:00]

CLIENT: Okay.

THERAPIST: I don't think it's going to be anything new or rocket science either.

CLIENT: Okay.

THERAPIST: But I will summarize the threads that I think I brought up at various points and maybe introduce a new piece. I think based on your family history and a number of things you've described to me, Ivan, that there is an element of what you are suffering from that has a PTSD-like quality. Would I diagnose you with formal PTSD, the diagnosis on an insurance billing quote? I probably would not because you don't meet all the criteria. So I don't hear, for example, you're not talking about having intrusive thoughts about your family all the time, having nightmares all the time about your childhood, avoiding lots of different things that remind you of your childhood. The intrusion, avoidance and night intrusion, that's often the total package for that formal diagnosis. I think what you have is suffering from a pretty severe anxiety disorder that has-so we call it anxiety disorder NOS, not otherwise specified.

CLIENT: Okay.

THERAPIST: And that's pieces of generalized anxiety disorder, which means constant worrying about everything. You might even meet [fault? 29:26] criteria for GAD, and I can go back and look at all the criteria. I think you probably would. You have elements of panic disorder, which is another separate anxiety disorder. You have elements of even obsessional OCD. You have elements of PTSD. So there is a lot of anxiety that I feel is rooted in a pretty profound history of neglect and emotional abuse in your family. And it's pretty blunt to say to you.

CLIENT: No, but I appreciate it. [30:00]

THERAPIST: That's the reason why the leading edge of PTSD within the anxiety disorder NOS to me is a piece of work that in my perspective would be helpful for you to do over time. It's long-term work though. And you may or may not ever be interested in doing that piece of work that involves going back and continuously trying to understand how the anxiety you're experiencing in the present is actually much more about your childhood. It will mean processing that anxiety, it would mean also mourning once you get to know how you are damaged more in a kind of-just in a more obvious way that you are now safely an adult to get to know how this is damaged. Even has influenced your choice of who you were going to marry at some unconscious level, is influencing your experience of Ivan right now, is making some of the things that are really happening feel that much more exaggerated. I think you would benefit in your adjustment to your life, in your experience of parenting your own children one day if that's what you want to do, kind of allowing some of the anxiety to settle down and realize how not to repeat some of the same things that were done with you. I think that would be enormously helpful to you.

The short-run work is managing the symptoms of profound acute anxiety. So when you left here for example and you were having that state happen, I might also think of that as a kind of flashback kind of state. So you're in a place that for our 45 minutes last week in some ways repeated for you, actually repeated for you something of your childhood, where you went in supposedly to be helped, but we end up talking about something that doesn't have to do with what's actually important to you as-you know, in your family as a child, here as a client. And you're left to your own devices, abandoned to your week, and no one's going to help you and you just have to figure it out and do it all on your own. And I think you are totally overwhelmed and flooded with anxiety, like probably what you felt on a daily basis to greater and lesser degrees in your own family growing up. [32:15]

So I call that a kind of flashback emotionally. Helping you in the concrete way with those flashback experiences, with the acute anxiety experiences, I think we can also do in addition to the [unclear 32:27] if you want to do that. What do you do to ground yourself more, what do you do to pull yourself out of that, how do you recognize even when it's happening what's happening so that you can find adult reality and kind of have that mind coexist alongside the child mind that's getting really triggered by something. That's the skills-based work that if you want to work on that for a little while we can just do that.

CLIENT: Okay. May I ask-

THERAPIST: Yes.

CLIENT: What about the depression?

THERAPIST: That's what I'm getting to, yes. I think you have had periods of pretty serious depression. I don't think you're always at a severe level of depression, so I think since I've known you you've probably had a full depressive episode. I don't think for example today you were as depressed as I've seen you been in the past. So even your history of depression before I've ever met you, depression feels like a very clear diagnosis. One of the things I would guess about your depression is that your anxiety about feeling like you're in control, like as long as you do this and do this and do this and do this. That feeling of having to do in order to stay on top of controlling the world, as long as that's sort of functioning-which is funny, because it's a symptom in itself-but if that's working for you it stays at a level anxiety. If you start feeling like there's so much that I can't keep on top of it, there's nothing I can do. Like Ivan right now, out of control, I can't control him. When you start feeling like your doing doesn't even help you anymore you start feeling helpless, that's when the switch happens and it pulls you into a depression. Depression is kind of like when anxiety, the stuff that anxiety-feeling on the top of anxiety, when the scale gets tipped and you no longer feel like you can be on top of it you know-you've probably learned learned helplessness. I don't know if you know that expression of what-

CLIENT: Yeah. [34:30]

THERAPIST: They've done animal studies, models of anxiety and depression for example, where feeling on top of staying alive, or staying on top of getting school, that you can literally watch an animal start to get frenetically anxious. But the moment it starts to feel like it's out of their control they just stop, they go into the corner, they sit, they just stop trying. It's a model of depression. So I think when you feel like that's it, there's nothing I can do, and you feel helplessly overwhelmed then you get depressed. I think then, because of who you are, with this strength of yours, you eventually find your way out of that by re-finding what are the things that I can do for myself. I think those are not just defenses, the skills building in depression is partly doing exactly that. How do we help reactivate a depressive helplessness, get on top of the things that you can do, get on top of good-for example, going to bed at a good time, taking medication if you need to to help yourself sleep, to just get good rhythms going. Eating well. You know, this type of skill building to get you back up. But guess what, we get you back up into your anxious state. Which to me is better than the depressed state-

CLIENT: Yeah.

THERAPIST: -in terms of the progression.

CLIENT: I would agree.

THERAPIST: It sounds like you agree with your psychic experience of that. And then we can start working more on the anxiety piece.

CLIENT: That's very helpful.

THERAPIST: So does that make sense?

CLIENT: No, I really, really appreciate that, that's really helpful. Can I-I don't know if I have anymore time but I-

THERAPIST: Go for it, yeah.

CLIENT: Okay. So I just-it's not a huge deal, but I am-so I'm aware of some of the symptoms lately. [36:00]

THERAPIST: Yeah, yeah.

CLIENT: I feel like I'm pretty-the therapist I saw before helped me pick out some of them and really label them.

THERAPIST: Yes, yes.

CLIENT: But anyway, so it's not only just doing sometimes, it has to be finished. **I feel so good when something is finished** and it's like this really big deal. But until it's finished, even if I've spent hours and hours on it, like, it's not as big of a deal. So it's like that feels a little obsessive.

THERAPIST: Yup. Yup.

CLIENT: The cleaning thing, I mean, is-it really doesn't happen all the time, but when I do then it needs to be perfect. Or I can look at the apartment and like, "Oh, it needs vacuumed." And so I don't look at it and say that it's clean, I say it needs to be vacuumed. I am exhausted lately. And I'm young and healthy and there's no reason, but I'm literally-lately I don't even understand. I've gone to bed as early as like 9:30 and been asleep by like 10:30. The one night, I swear, I went to bed at 8:30 and didn't get up until 8:30 the next morning. And this is not-and I'm still that kinda tired sometimes when I wake up in the morning. Which is probably because I slept way too long. But it's like not normal for me at all. Even in my most depressed times like I don't sleep the day. And I'm not napping during the day at all even if I'm tired, but I'm just like exhausted. And I try and do the gym thing sometimes because that's-I even catch myself on the elliptical, like I'm so angry and I'm going to fast. But I'm like getting it out a little bit and getting the energy out.

THERAPIST: Yeah, yeah.

CLIENT: Which is good. But I tried to do it the other day and I was just like wiped like a few minutes in. I mean, I finished, but I was just like exhausted. And I'm like, "What is going on here?" Because this is not-

THERAPIST: This isn't typical for you.

CLIENT: No, not at all.

THERAPIST: Yeah.

CLIENT: Then I need to talk about the job graduation thing at some point.

THERAPIST: Yes.

CLIENT: Because I'm freaking out and that's on my mind all the time. [38:00]

THERAPIST: Constantly I'm sure. So one thing I would say right off the bat is before we judge your sleeping a lot too harshly I might try to say just give yourself a little bit of room for forgiveness right now. Because my immediate response is, Ivan, you have a lot going on. I mean, so of course you're tired. You have a tremendous amount-well, even just of your appointments, okay, on top of school-

CLIENT: And it's really like-

THERAPIST: Working on a marriage for example and really getting into the stuff you guys are getting into with each other. I don't think you're giving yourself enough credit. That's hard work.

CLIENT: I feel like it is, but I just-I don't know. I'm not upset, because I'm like not, you know, missing class or any-like nothing like that is going on.

THERAPIST: Yeah.

CLIENT: And clearly as late as 10:00 at night like I'm not looking to those hours for [keep? 38:50] productivity. But it's still a little weird to me. I never go to bed that early. So it's like-and I can't sleep past 9:00 no matter-like even if I'm still exhausted I can't. Which is good probably.

THERAPIST: Yeah, yeah.

CLIENT: But yeah. So-and I'm obsessively thinking like every spare minute I have, even if it's during class when it's not experiment I'm thinking about all this stuff all the time. And it feels like when I journal that's good, when I go to the gym that's good, but I still think about it the rest of the time.

THERAPIST: Yeah, yeah. So again, just to reality check a little bit of-it's of course not-you don't want to be sleeping 12 hours a day. I get that that's not typical for you, it is a symptoms of something. On the other hand you sound like you are exhausting your brain, right. You are thinking constantly about things. And that's where I said just starting off with that look at what you have, even what's upcoming in this transition. It makes sense to me that your brain is getting really tired throughout the day and that you're just wiped. In other words, I think the way in to helping you with sleeping 12 hours a day might be to figure out ways to help you with your over-thinking anxiety during the day. I think your brain thinks that if you think about things enough you will solve the problem. [40:20]

CLIENT: Yeah. Well, and it's not even-it feels like there's no option. Like I can't not think about it, I can't avoid it.

THERAPIST: Right. That's what I would want to start trying to help you a little bit with, is just beginning to tell yourself-so that's the GAD component of the anxiety is a worried brain. Worry is different than anxiety. You've probably-I don't know if you've reviewed this in past CBT, but anxiety itself is the feeling, **worry is the cognitive**-it's thinking. So it's thinking about the things that make you anxious. People spend a lot of time telling themselves that if you just think about it enough it will feel better. The problem is that if it's productive thinking that's no problem. But if all it is incessant obsessive worrying it actually doesn't solve the problem at all, and it might even make it worse. But people with formal GAD, where that's what you do all day long is worry, worry, worry, worry, worry, think, think, think, think, think, think, think just trying to figure it out, figure it out, figure it out, again, if it goes somewhere and it moves something, productive thought, but if all it is, is kind of thinking in circles, thinking in circles, thinking in circles, right, like this and it just sort of circles, it's not productive and it exhausts you and you're going to go to bed at 8:30.

So I might just starting, one of the things to start to try to tell yourself is thinking about all these things right now doesn't get me any further along in this process. Your brain will actually be furthered along by having a break from thinking about it. If you could just start to say to yourself this week **try to thought catch**. So the more as you're going on, just to begin to mindfully aware, "Oh, I'm totally obsessing about what to say at the session today with Ivan." Or, "I cannot stop thinking right now, this hour, about what jobs I'm going to apply for." If that hour's better spent studying you want to really notice those other intrusive thoughts. This can also happen in trauma, right, you have intrusive thinking come in as a way of feeling like it gets something more under your control, but it's a fantasy, it doesn't really, it's just an overactive brain and it's interfering in your life. So the more you can just **notice the worry thoughts happening**. Try to stop them for a second and try to mindfully redirect your focus back on the thing that you're trying to do instead. This is where we said maybe putting worry thoughts in a box in your mind on the shelf. [43:00]

CLIENT: Yeah.

THERAPIST: It sounds like alone doesn't cut it for you.

CLIENT: No.

THERAPIST: But journaling, if you could start to write, okay, this is what I'm worrying about, these are all the things. Just get it out so that you know it's there. That's the other thing that feel like, "Oh, if I don't keep thinking about this I'm going to lose this important thought." So if that's the distortion write it down, you won't lose it, you can have it there with you. I would go back to journaling as much as you can when you notice that thought process getting out of the control.

CLIENT: Okay. I mean, this is happening all-like, I go to the gym to try to do something, I'm listening to music, I'm working out, there are other people, I'm still thinking about it the whole time. Taking a shower, or I tried to take a bath the other day because that's like the ultimate relaxation. I couldn't do it. It's just I don't know how to shut it off. And I can be aware, and I've like tried the cloud thing-

THERAPIST: Yup, yup.

CLIENT: -and it's just like it's gone for like a minute and then I'm right back and I'mSo I can try to do the journaling more. [44:00]

THERAPIST: Try to do the journaling more. If you could while you're journaling this week notice if there's a particular time where it's driving you nuts and tell me a little bit more about it. Like actually write a little bit more about where you are, what's happening, what are the intrusive thoughts. Like I'm interested specifically what are the things that are getting you really obsessional about it. You sound flooded all the time with all different thoughts, so the more we can identify which are the ones that are particularly bothersome, and then set aside more periods of times of day where you're going to think about X, Y and Z.

CLIENT: I don't know, it's just like really-I'm not doing a very good-like I got this cavity filled last week and the whole time I'm thinking about what's going on in my marriage and what's going on in the sessions and what's on my to do list. And every day I'm obsessing over his to do list. Because not only am I like responsible for helping to make it, then I have to-if there are things that are really just his job then I obsess over if they happened, and what if they don't happen and how I'm going to deal with it when it doesn't. And like it's just-

THERAPIST: The other set of skills then that we're going to work on-we've got to stop in just a sec-but allowing some space. I'm going to ask you I guess if this week you could try to pick one thing that you are going to let go, and just let it be [untouched? 45:34]. So for example, you want to clean the apartment, you're running out of time and you really don't have time to do the whole thing. Just say, "I'm going to vacuum this room, and I'm going to stop right here."

CLIENT: Okay.

THERAPIST: And just as a practice, just an exercise for yourself. Take a deep breath and say, "I'm going to act now."

CLIENT: Okay.

THERAPIST: And even if you do it tomorrow that's fine.

CLIENT: Okay.

THERAPIST: Just have a grown up saying, "I'm going to practice here to let certain things go and [unclear, distortion]. Okay, I didn't vacuum in the [unclear] room, just I didn't." Let it pass and find out what are the thoughts that start to come up then. I'm a terrible person, if that isn't clean my [unclear]." Whatever are the immediate thoughts write it down, because we really want to know what are the distortions around [unclear] communication. [46:20]

CLIENT: But is that a thing? I mean, I [unclear] the vacuum, but [unclear] of not finishing, like is that as thing that I'm so-everything has to be finished and then-

THERAPIST: I do, I think that's a symptom.

CLIENT: Okay.

THERAPIST: I think that's a symptom.

CLIENT: Okay.

THERAPIST: And we'll have a-I think we can do that for example, what I would want to start doing is start [unclear]. You say even, okay, vacuum the kitchen and you don't have time to do that, how is allowing yourself to break it down into smaller pieces so that you check off the small piece, right, and have that be enough. There's a way-it sounds like the big thing that has to get accomplished, and if you can get the whole thing finished you don't [unclear].

CLIENT: Or I'd be exhausted. [47:00]

THERAPIST: That can be-say, okay, I did that piece and I finished this piece of the big thing. It allowed me to have some [unclear]. But work on it. For the time being, just for this week-

CLIENT: Okay, okay.

THERAPIST: -keep journaling-

CLIENT: Okay.

THERAPIST: -just to see what's coming up, when there's a particularly bad moment I want to know everything about it. Like pick one that's really bad and we'll come in and talk about that one specifically, if you could bring that in right at the beginning next time.

CLIENT: Sure.

THERAPIST: And practice one time of finding something you're going to say no to.

CLIENT: Okay.

THERAPIST: And just letting go of a piece of it and see what happens, see if you can do it.

CLIENT: Okay.

THERAPIST: Okay?

CLIENT: Okay. Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How you doing?

CLIENT: Um, I guess a lot of ups and downs.

THERAPIST: I did get a chance to look over your-

CLIENT: Okay.

THERAPIST: -journals, both from last week and just continuing. It's really helpful to see kind of-

CLIENT: Okay.

THERAPIST: -keeping my fingers on the pulse of what's happening behind the scenes. The last week there's been a lot about you and Ivan. That's neither-it's not good or bad in a judgment kind of way, but just noticing how much of your thinking was revolving around you and him. Or your pain I guess was revolving around you and him.

CLIENT: I don't think that's new, but we don't always write about that.

THERAPIST: Yeah. It makes me wonder, Ramona, just as a question to take a step back and get a sense of things for where you are, a year and a half ago or so-how long have you been married?

CLIENT: Three years or so.

THERAPIST: Okay. So in the first six months of your marriage would you say, or in the year before you got married, how do you think your mood and anxiety were during that year, year and a half?

CLIENT: I think my mood was pretty good, except at like extreme points of stress. Looking back on some finals week, like it was really bad. I would think the anxiety was really chronic, or like the stress was really chronic, but quite frankly I was engaged and planning a wedding, I was graduating, and I decided I wanted to finish a chemistry minor on top of my other minors. I wanted to apply to grad school and then deal with acceptances and then choose which one I wanted to. And I also was going to move, and I also was going to find apartments in a new city.

THERAPIST: A lot of change. [2:00]

CLIENT: Yeah. Ivan was not-not that he wasn't onboard in actually wanting to do it or say anything, but he didn't really help it a lot. The parts that would involve him, like-

THERAPIST: You mean with packing and moving and that kind of thing? Or-

CLIENT: I mean, I pretty much did-like, we were going down to his parents and I was like, "Okay, we're going to go through your closet and we're going to-" But he really wouldn't help with the wedding stuff very much.

THERAPIST: Wouldn't-like you tried to get him to be involved and he would refuse, or-

CLIENT: Like setting up the website, which is like a template that takes like a couple hours to do total-

THERAPIST: Yeah, yeah.

CLIENT: -he waited 6 months to do it. Like he just wasn't. And knowing what I know now about what he was going through I completely understand why making a wedding website or even getting married would not be like something that he should have been-that he could have been taking on. I completely understand that now, but at the time it felt like, you know.

THERAPIST: At this point what did you think? So he's taking 6 months, what was.

CLIENT: Right, it was just-it was back to the-I mean, it's sort of similar to what happens now I guess, but like asking him, and like, "What's going on? Why don't you want to do it? Like I'm doing all this stuff and why are you helping with-" I mean, it was even something that he sort of showed some interest in doing, and it's such like-it's a ridiculously easy task. I mean, I can't even. And just no follow through that, and it felt maybe like he didn't care, maybe like he wasn't serious about it. And once again, like it was fine to talk about it, and it was fun to talk about it for

him or whatever, but rolling up his sleeves wasn't something he was interested in, and that was aggravating to me. But I didn't have as much time to focus on it because I really was finishing college, arranging grad school, all of this other stuff.

THERAPIST: Yeah. Because it's interesting, it's sort of like that's there about where he was and what he was suffering with. And it happened before you got married, but it sounds like you're saying you were so busy with all this other stuff, it wasn't maybe taking up space in your mind?
[4:00]

CLIENT: It wasn't as much. And I also had this perception that he was doing a similar thing with grad school.

THERAPIST: Yeah.

CLIENT: I mean, I knew he wasn't preparing for another program, and I knew he wasn't. He was never as stressed, no matter what. He was never as stressed academically and he didn't take on as much. But I also did have this-like, he was doing something.

THERAPIST: You said he was in school.

CLIENT: He was doing something really important.

THERAPIST: Yeah, yeah.

CLIENT: And I also didn't see him, you know, except for weekends, so he wasn't in front of me all the time.

THERAPIST: Yeah, yeah. Yeah, it makes sense. I want to attend to our conversation from last week and just also start by saying where are you and what's on your mind? I mean, there's so many things I could ask you about reading it and reading the whole course of the journal entries over time. Where are things for you, and specifically we maybe could talk at some point even beyond the general about how things are going with what's working, what's not, journaling, what were successes, what's not working, where you need help, that kind of thing.

CLIENT: Mm hm.

THERAPIST: But generally speaking first, where are you? Where's your mind on things these days?

CLIENT: So yeah. So when I say highs and lows I think that's like the best way to capture it, because when I describe like last Sunday we went to dinner, which is something we haven't done since August, and it was just like-it was strange. It was strange. But it was so-it was nice. It was **really weird but it was really nice**. And I felt like, wow, we really-like things were going well in the couple days before it, and Ivan was pulling his weight in some areas, and I just felt like-felt

some hope, and I felt some, okay, this feels like back to things that I really liked about my relationship with Ivan.

THERAPIST: That rings true, reading your summary of that day sounds like almost just uplifting.

CLIENT: It was, and honestly-

THERAPIST: And remembering what brought you together. [6:00]

CLIENT: It was like two and a half hours.

THERAPIST: Right.

CLIENT: It wasn't like this huge romantic gesture.

THERAPIST: No, no.

CLIENT: It really-we went like ten minutes away to Olive Garden, because he had a gift card from his aunt. But it was just really-it felt like big deal. So like that felt really, really good. And then two days later he's swearing at me and yelling and slamming the door and walking out. And I'm like how do we-and I really-it felt like the end of the world for me. And I guess that would be characteristic-something that I see in my own depression for me, it's really the black and white thinking, the all or nothing, like that really comes out. But at the same time if I tried to be objective I would say like having a nice dinner and going from that to two days later slamming the door and swearing, like that does feel extreme maybe regardless.

THERAPIST: Yeah, yeah.

CLIENT: So that felt really low. And then he did his typical like come back and he's sorry. But I am just getting to the-I'm like, what if we just keep going through this over and over and over? Because honestly, when he did that, when he slammed the door, I was like-in that moment I was ready to be done. I was ready to be like, I don't want to do this anymore.

THERAPIST: What stopped you from saying that?

CLIENT: The same thing that always does.

THERAPIST: Which is?

CLIENT: Getting a divorce isn't justified at this point. I think I'm-this makes me sound like a horrible person, maybe I am, but I'm almost waiting-like if he were to become physically abusive, or if-I don't know what would have to happen, because some of the things that are happening or that have happened I feel are pretty extreme, or I feel like are pretty difficult, maybe like anyone would say that's not okay, but I really don't know if I could-this [is/isn't?] the

right thing, but I picture myself to someone why the relationship ended, and I see them saying, "He like yelled and walked out? Like you had a big fight? That happened a few times." Like everybody-I just-

THERAPIST: Yeah. [6:00]

CLIENT: I feel a lot of judgment and shame and guilt, and I feel a lot of responsibility. I'm becoming more and more aware lately of how responsible I feel for all of his stuff. And not just his, I've been tuning in a little bit recently to even friends if they are struggling with something, of it they're like even behind on something. Like I take it on and I'm like, "What can I do to help you?" And that's not maybe normal.

THERAPIST: Mm hm, no. Yeah.

CLIENT: So that's happening. And I don't know how to do it without getting like really off topic, but I recently had actually kind of a-I don't know if you'd call it a fight, but an argument with my mother in law. Because-so with the insurance reimbursement Ivan has been doing this thing week after week after week. Like, "I don't know what's going on now that I'm on my parents' coverage, I don't know how it works anymore." And every week I'm like, "Well, you know, you need to talk to your parents and find out what's going on."

THERAPIST: So that just ended. He's been on his parents' insurance for a while and it just ended?

CLIENT: So it was recently his 26th birthday. You can't be on your parents' plan after that unless you're a student and you have to meet. Like, okay, so he's done.

THERAPIST: Yeah.

CLIENT: And next month he's supposed to be able to pick up Subway's. Which is good, but that leaves a month without. Anyway, regardless, like the reimbursement thing hasn't been happening, which considering the fact that we both see someone individually and we see a couples counselor, and I have been getting some dental work done that I really needed to get done, like it actually-we just don't have. And Ivan is only working part time. So it's like it's not an issue that we can just not talk about I feel because it's so critical to like getting through financially.

And anyway, the point is every week he's like saying, "Oh, I talked to my dad but my dad doesn't handle the insurance and he doesn't know, and he says he'll get back to me and we'll talk about-" And it's been like going on for a very long. And it usually takes at least like a month to get the reimbursement or so, and it's just like-it's been a mess pretty consistently. [10:00]

So I'm like, okay, you know what, I'm just going to send an e-mail to them so that we're all on the same page and just ask them really specific questions. And at the end of it I just said like, "You

know, right now I need to get some dental work done and I'm told that it can't wait. And I'm wondering if I can file any of that in reimbursement under your family, but only if there is like an amount that would allow for it, and even if only part of it." Like I just wanted to ask, because otherwise I have to pay for it in my loans. So I feel like I can't be too proud to ask at this point.

Anyway, his mom wrote back and she's like, "Well, you've waited this long, these problems didn't just happen." She's like, "You're getting a new job in a month, hopefully really quickly, and don't let someone pressure you into something. They don't know the financial burden you are under." And she's like, "You need to seriously look at your household budget before you do something like you can't afford." She's like, "The only reason you should be going is if you are in pain or you have an infection." And it was just like-

THERAPIST: Not nice.

CLIENT: It was too-yeah. So, I mean, it was like really-I had Ivan read it because I was like so upset. And, I mean, his jaw dropped. And he's used to like-

THERAPIST: [unclear]

CLIENT: No, his mom is like very-she has five brothers and she's like very-she doesn't-she's not the maternal one, his dad is. That sounds odd, but she's like very-

THERAPIST: No, no, I totally get it.

CLIENT: She's very blunt and she's very forceful. And I mean, in her job she manages patient care, she's used to bossing people and telling-and it carries over in her family, which works out because Ivan's dad is like Ivan. But yeah, it was just like-

THERAPIST: It's like also just so not a loving response.

CLIENT: Well, and it was-

THERAPIST: There's a way you-if that's what she's thinking there's another different-other language you could use or ways of describing it. It's really harsh.

CLIENT: It was. And she like also included, she's like, "Well, you need to look into assistant plans, and you need to like consider other options." And I'm like, does she not know me well enough to know that the minute I got home from the consultation I looked into dental plans, because it's not included in my insurance, I called the dental school because students can go over there. I looked into Care Credit, which is like a credit card for healthcare. I at some point called my parents. So I mean, like I really did, like that's just how I-I wouldn't dream of just saying, "Well, I need to get it taken care of, I don't know if it's important, I'm just going to carelessly spend this money. And I wasn't getting my teeth whitened. Like I needSo anyway, it's just like[12:40]

THERAPIST: So even Ivan was-

CLIENT: Right, right.

THERAPIST: -surprised to hear this e-mail from her.

CLIENT: Yes. So it was like really, really bad. And I like called my mom and I was like hysterical and so upset, and I told her how worked up I was. And like does she even know that the only reason we have a budget is because I make one? Does she know that I pay for over half of the expenses consistently? Like does she know that I paid-like that same amount of money that I need to get fillings done I paid for Ivan's loans, because he didn't open his mail. For interest on loans for an education that he didn't get. Like does she really-it was just soMy mom's like, "I understand." Like, "I'm sorry, I need to get it out." Because if I didn't call her and do-and like-I was going to call Julie and it was going to be really bad. So later that evening Ivan's like, "I really just want to call her and deal with this." So he did and talked to her a little bit, and then I talked to her and I just told her like-because I didn't feel like it was okay or fair orAnd she's like, "Well, I know I don't have much tact, and that doesn't make it okay." Evidently I'm not the first person who's like ever said something. And I'm like, "I really-like it's been an ongoing thing and I've kept my mouth shut for almost seven years, that's how long Ivan and I have been together." And really trying to like let things go and just-

THERAPIST: Yeah, yeah.

CLIENT: But it was too much for me for whatever reason, and it was just like it's all I've been able to think about, I had a nightmare about it. Like, it was justI shouldn't feel guilty for getting my teeth taken care of, I've given up so many things since we got married, because he's just like-he's just really not pulling his weight. And so it's just-I guess bringing it back to how I feel about things in general, part of me is feeling like I felt this way a year ago, how many years is it okay to say like, "He's still struggling," or, "He's still not pulling his weight." How long do I want to do that? On top of which I'm having this overwhelming fear that as soon as I graduate there's going to be so much resentment and maybe I'm never going to be able to get over it. [14:40]

THERAPIST: Yeah.

CLIENT: I'm like literally-I haven't applied to any jobs I am so-which is-I mean, I've had a lot wrapping up like final projects and stuff, but it's not like me completely.

THERAPIST: Yeah, yeah.

CLIENT: I'm so anxious because I'm-

THERAPIST: I'm hearing you might be terrified.

CLIENT: I'm terrified that I won't get something, and then I'm going to be as bad as Ivan. Which my mom says, like, "No, he's been doing this for two years, you are not like him." And I'm terrified that I will get something good that pays that I am like okay. Because then I could see Ivan falling back more comfortably, and then he'd use that as the marital problems, like going away is I'm able to. Because in my mind the money's not the problem, but I'm not sure if he perceives it that way. And I just have this fear that I would resent him so much that I would never like-on top of which we're still not talking about grad school and stuff.

THERAPIST: Yeah, yeah.

CLIENT: It's just like-it's too much. And the other day he told me he can't ask about-like the reason he hasn't been asking about graduation is because he can't remember that I'm graduating. And I think, like he's serious?

THERAPIST: [overtalk]

CLIENT: He's serious? And I'm like-I don't think it occurs to him how that comes out. But it's just like it's too much for me. [16:00]

THERAPIST: Yeah, yeah. When you say something like, "I just don't know if I can take it anymore." You know, like, "I'm at my wits' end, I'm just about done," and then what stops you-I mean, I say, "Well, what stops you?" You say, "Well-" You allude to things like guilt, or what people would think, or I just-I understand how that would sound. Are you in a place where you're wishing someone would just say to you to just end it? Like is that a piece of what you're-

CLIENT: Sometimes. Sometimes I wish someone-like I wish my friends could know without me telling them, and I wish they would step in and say like-I wish someone could normalize or like validate. Because I've told one friend that my husband-that Ivan's like dealing with some depression, and she mostly-she's like, "So how's he doing?" And it's like a very compassionWhich is great, but I can't-I don't know how to even tell her like, "I don't know what to do. My husband won't-" And I guess another thing that just kind of put me over the edge is he's supposed to be doing these job meetings with his mom, like we're back to that. And he's doing them sometimes, but evidently she's been struggling with depression, and this is like really uncharacteristic of the woman who does it all. And she then like wants to quit her job, but she knows she'll get out of it. So she's not been asShe said she has trouble holding him accountable because now she has trouble doing those things herself.

And that's not the issue, the issue is I'm like, "So do you have like a list of jobs you're going to talk about with your mom this week?" And he's like, "Well, I've recorded some of them." Like we're still back to the same like-I feel like no matter how much we go through it's still going to be the same thing, and it's just likeSo yeah, and some points I just want to-especially when his parents were-like his mom responded that way to me, like getting my teeth taken care of, I felt like, I wish I could live on my own. I wish I could only deal with my money and my-because it feels like **Ivan's not able to take care of me**, it almost feels like he doesn't want to. And more and

more and more I feel like I'm convincing myself that a huge-I'll be like maybe subconscious reason he married me was because he was really struggling and he really needed someone to take care of him. And in the weeks where he like didn't go to class and didn't turn in assignments he came to see me on the weekend and everything was fine. And why wouldn't you want more of that if that was pulling you out of I'm not saying he's a horrible person, I think it makes sense. [18:45]

THERAPIST: Like he would see it almost more though as an avoidance of other parts of his life.

CLIENT: Or maybe-like I could see him really convincing himself, like the weekends are good, it's going to be more uplifting and I really am going to be able to pull it together.

THERAPIST: Yeah. Yeah. So, okay, your friends aside for a second, you know that I know a lot more about what's going on than your friends-

CLIENT: Yeah.

THERAPIST: -do sound like they do. Do you wish I would say that to you?

CLIENT: I don't know. What I really want is for somebody to tell me like I don't know, it's tricky. Because if someone's in an abusive relationship you're not supposed to just tell them to leave, you're supposed to be supportive of whatever they want I guess. But I wish someone would define it in those terms or not. I wish someone would say like, "He's struggling with some mental health issues and he's going to need a lot of work, and you can expect this to go on for X number of years." Or maybe it's not all connected to that, maybe he's just-maybe this is how it's always going to be. But my mom's like, "I don't want you in ten more years to be saying the same thing." Like-

THERAPIST: Your mom said that?

CLIENT: Yeah. Because like a year ago I think I was saying like, "I can deal with it," if I have to look back, and the first year was really rough. [20:00]

THERAPIST: Yeah, yeah, yeah.

CLIENT: Now I'm going to say that about the first two years. I don't want to say that about the first five years.

THERAPIST: Yeah, yeah. Yeah. I mean, so my answer, and I think I have said to you before, is that I don't think I would characterize what he's doing with you as emotional abuse. I think there's a way though you both sometimes relate to each other that really escalates to unhealthy ways of communicating. And that can feel abusive. Like the way you can come at him critically could feel abusive to him, the way he yelling and screaming and swearing could feel abusive to you. It's not-in other words, those are-the way he's treating you in your journal entry is not

appropriate behavior in a couple. The only problem with only painting even that is that he's coming from cowering in the corner [in a sheet? 21:10]. So the fact that he's letting something out to me, as horrible as it feels in the moment, is him making some form of progress. It's I would rather have him be angry than to just be, you know, whipping himself and whipping himself, and everything's my fault. Because you get nowhere with that.

CLIENT: Right.

THERAPIST: Right? There's no conversation, no communication.

CLIENT: Agreed.

THERAPIST: But I also get that you might want pretty quickly getting your couples therapy just to start setting some ground rules down about kinds of relatedness. Like sometimes-I don't know if this has ever come up in a session, but you could say, "Hey, don't curse at each other. Let's start right there, no curse words. That's disrespectful." Or try to find a tone of voice that is a communicative tone of voice rather than screaming, just as kind of setting some ground rules. That's new for him. Like he's not used to letting his anger come out. [22:00]

CLIENT: That's [overtalk].

THERAPIST: I also think, Ramona, a lot of his anger is not for you, it's for his own parents.

CLIENT: I don't know. That's what-I just keep feeling like I'm trying to figure out what the heck is going on, and it's impossible for me to step a hundred miles away and look at it and see. Like part of me feels like I should say, "I don't deserve-" Like I deserve better than this, and I should be able to step and work it out. But I'm not used to having that kind of attitude I guess. Or even if I have felt that way, like with my parents, abandoning them just isn't-like they're my parents, it just is what it is.

THERAPIST: Yeah, yeah, yeah. Yeah.

CLIENT: So there is that aspect. But then there's also the-like I really want it to work, and I really have-like there are moments, like when we go out to dinner, when I'm like I really want-you know, I really want all of that to happen and to work, and I want toSo it's hard, because I know I'm the one who's saying like, "Oh, he won't express himself, he won't like say that he's angry," which he's still not saying that he's angry. But I also don't want him to yell and swear. And like he's always like running out the door, which is bizarre to someone who like threatens to kill himself when I go somewhere. Like it's-I don't understand what's going on.

THERAPIST: That also could be something for the couples therapy, just to say, "Could you not storm out [overtalk]."

CLIENT: I've done it. I mean, I've done it at home. And I've also like no more lying, no moreBut it's like it doesn't work.

THERAPIST: Yeah, yeah.

CLIENT: So that's Ivan. But I also just want to-if I have any time I want to say I'm sometimes having these extreme lows, and typically when I'm by myself, which doesn't help. But yesterday I had a good hour where I just like sat on the floor and cried and had some really, really unhealthy thoughts. And I explored them sort of rationally mentally in a much more extensive way than I've done in a long time. And I'm not proud of it, I'm not like-but I'm concerned, and I just find myself in those moments like I hate myself, even though he's the one who's like yelling, or he's like feel like maybe there is some responsibility that does fall on him, but I feel so responsible. [24:15]

CLIENT: And I just-like I can't do anything in those moments. Like I-literally I have to try to pull it together. And I like feel like I'm completely relying on myself, there's no one there, there's no one-and to pull myself up and say like, "No, you're not going to do anything like that. You're going to-" And to just move on. And I can't tell anyone about it, there's no one, and it's justSo that's happening sometimes, and I know that that's bad, and severe depression, and I-

THERAPIST: Yeah. The thoughts are feeling suicidal?

CLIENT: Yes.

THERAPIST: And specific thoughts about it, things you're thinking about it? Fantasies?

CLIENT: Some. But it's more like I don't know how to get out of my situation. I really-I wish-it's such an idiotic like to view that as the way out. It's like I'm aware of how-whatever you want to call it. But at the sameYeah, but it's more like what would that do to everyone, and will that make it impossible for Ivan to get through his stuff, what that would put on my sister. And it's more that I-

THERAPIST: What killing yourself would do you mean?

CLIENT: Yes. And I don't want that for any of them.

THERAPIST: Well, good for you.

CLIENT: That's the thing, it doesn't reallyIt's obviously scary to think of not. But it's just sometimes it really does feel that and I really am having those times sometimes, and I know that's not good so I just want to check in with you and[26:00]

THERAPIST: I'm so glad you're telling me. One of the things that's very clear from your journal, even different places, even times where you've been in a better place about-with more

perspective thinking about what's happening with Ivan, your knee jerk response is to move into when you get triggered, and when we talk about trauma, your own trauma of your own childhood, in that state you're like child part gets triggered, you move immediately, readily, quickly, uniformly back to tremendous self-loathing.

CLIENT: That's the-like, it feels horrible, it feelsThat's to put it-I mean, and you get the picture.

THERAPIST: Yeah.

CLIENT: But at the same time I don't like feeling that way. But if you took that away from me, and the self-criticism and the-I'd feel like I need it. I know that's really unhealthy, I'm not telling you I like that, I'm just-

THERAPIST: No, I think it's so great that you can acknowledge that there's something safe about those thoughts in a way.

CLIENT: So I obviously-I don't know, but that's probably a long-term goal I need to figure a way to substitute a different coping mechanism. But-

THERAPIST: Yeah. Yeah. It is very common in trauma, whether we're talking about emotional abuse and neglect, sexual abuse, physical abuse, all those kinds for the child to blame herself or himself. Because if you really are blaming the other person who's actually failing you then you're acknowledging how horrible your situation is. In a way to blame yourself, then it's in your control in fantasy, right. Then as long as you clean the house and make it spotless you're correcting-it's almost like the acting out of the cleansing of making the hateful parts good, making it good, making it good. It's an obsessive compulsive that started in you as a young child to **cleanse yourself and the environment as much as possible of all this badness that is floating around**. As long as you took it in yourself and then cleaned, and you were good and as good as possible, then you could sort of keep on top of those feelings. It's a massive defensive system. And that is the long-run work for us to begin to kind of dismantle that. Because I think when you think if the house is spotless then things will be better, it's not really true. [28:30]

CLIENT: I know, I know.

THERAPIST: And you know that, you know that, right.

CLIENT: But I can't not-

THERAPIST: But it feels that way, because that's what you did your whole life is to make-like clean that good. Clean that-she's good, my parents are good, I'm good, right, and it's a way of keeping it in your control. So, okay, we'll get-in the long run I think we have to get to all of that. I think it's awesome that you're able to recognize that this is a way of thinking that actually gives you a sense of safety.

This is what's so hard about my bringing up with you a few weeks ago, and then you got mad at me and really hurt and upset, when I said, "Look, do you realize how angry you are or aggressive you are?" Because I know you, Ramona, now that I know if I say something like that what you're going to do is, "Oh my god, how dare I think I had something to be mad at, it's all my fault," and you're going to move back to this place of it's all fault, it's all fault, it's all fault, it's all fault. That is not true.

CLIENT: But I don't know how to get the anger or the-like even if I feel really justified. Even with Ivan, something that's really currently happening, not a past trauma-

THERAPIST: Yup, yup.

CLIENT: I don't know how to deal with it, because if I criticize him it's shutting him down.

THERAPIST: Yup.

CLIENT: And it's like I'm actually getting less of what I want.

THERAPIST: Yes.

CLIENT: If I say nothing he's going to continue to avoid and I'm getting less of what I want.

THERAPIST: Yes.

CLIENT: And so if I turn it inwards I have control and I have responsibility and I have-like I can deal with it.

THERAPIST: Yeah. Yeah.

CLIENT: So yes, I need to get out of that. [30:00]

THERAPIST: So one set of skills we could actually work on is a set of skills called **interpersonal effectiveness** from DET. Have you ever heard of those skills? They're three acronyms that describe ways of trying to communicate one's feelings that do not evoke an escalation or defensiveness in the other person and actually help you get what you want. I think sometimes, a lot of the time, when I hear you describe the story-again, I'm just one person, so I could be wrong about this too, but my being outside of it and hearing the description, your feelings sound totally justified about things that are actually happening, right. It's not only that you're having a transference to Ivan. I think there's a piece of the feelings from your past because it is so much of a repetition that mean that Ivan then gets to be the person where all of the feeling from even the past goes. It's not just-you're not inventing it, it's actually happening with him, but now the feelings that come out of him, the criticism, is the **mass of feelings that are both for him as well as for your own parents**. Which in the current relationship with Ivan, the only piece that's unfair to him about that is that he's getting the onslaught of all the history you're feeling. I think he's

doing the same thing with you, I think he needs to work on exactly the same thing. So when he's yelling and screaming at you right now, that's not meant for you. You didn't do enough to warrant that level of reaction in him. He might be mad at you for some things I would want him to talk to you about and actually find words, be calm and sit down and discuss that might be real, but not the level of what's happening. For example with him, you got a taste of what his mother feels like, the way she talked to you.

CLIENT: Yeah.

THERAPIST: What I can only imagine is that's how she was with him too as a child. It's very unloving, it's almost **emotionally abusive**. It's harsh, it's cutting down, it's **how dare you want too much**. It creates a **sense of shame** and hiding about one's own needs. There's already to me just in your description of that exchange that he had with you a lot that gives us information about what's happened to him in his own life. [32:15]

CLIENT: But if I-like I've tried to have that discussion with him on some level, which might be inappropriate.

THERAPIST: No. No, no.

CLIENT: But even the like, "Ivan, do you see like your mom really takes care of your dad, and it would probably really natural for you to look for a spouse who would maybe do that for you. Like why would-" I mean-

THERAPIST: Yeah.

CLIENT: And even to say like, "I get really upset when your parents say like you don't deserve loving parents when you tell them about grad school." Like to say like that's-you know, "What you did wasn't okay, but for them to shame you that deep-like that's not good for you either," he can't handle it, saying anything about his parents like negative, like he can't do it.

THERAPIST: Yeah. So it's not there yet.

CLIENT: I think he would feel too ashamed to say-I mean, like-and I really feel very strongly, because his dad was like his friend as opposed to his dad and they're like so close. Plus his dad is this tremendous authority figure in Ivan's eyes, especially being a pastor, like there's nothing more shaming than letting down-

THERAPIST: Yeah.

CLIENT: So I don't know what to do.

THERAPIST: Speaking to him again where interpersonal effectiveness would come into play is how can you say something in a way that just plants a seed, or that lets him knowLike I could

see for example saying, "Don't you see how this feels and what they've done to you you're whole life?" And him going, you know, "Go away, that's way too critical of them." As opposed to saying, "Ivan, that was a hard conversation for me to have, it was really kind of hurtful, and it makes me have more empathy for you about even what some of your experiences have been." You know, he might be able to hear-do you see how it's the same thing, but said in two totally different ways, where your **emphasis is on I feel for you**. Because that's actually what you're trying to say to him, and you're having empathy for him. If it comes out as empathy instead of attacking his parents. If he hears attack of his parents he'll probably just, you know, recoil defensively. But if he hears, "Wow, Ivan, that was hard for me, I feel sorry for you right now too," he might hear something different. [34:30]

So I think maybe next time why don't I bring in-there are three interpersonal effectiveness skills that actually have acronyms. The first one we could work on is something called a DEAR MAN, that is guidelines for getting what you want while being interpersonally effective. I think Ivan needs these skills also. So it's basically a way of talking to another person to try to explain what you need from them, but keeping judgments out, criticism out, negative tones of voice out, and just getting into a cleaner line of clear communication that doesn't lead with criticism and judgment. The moment any of us, any one of us talking to each other with criticism and judgment as the tone, the other person automatically goes like this, and then might start throwing daggers back. The more you can try to think, "Okay, what do I need, what do I want from this conversation? How do I express that in a way that pulls judgment out of my tone of voice, that pulls criticism out of the tone of voice?" In DBT you literally have a bell, we call it the judgment bell, and whenever somebody in the room in a group therapy context says something that's judgmental you ring the bell just to remind everyone that the way that was expressed is a way that breeds defensiveness in the other person, and you try to find a different way of reframing it that expresses your own feelings, expresses empathy for the other person, expresses and reinforces what you could get if the other person does what you want, but pulls judgment out of it. I'm actually going to give you a worksheet on that next time if you want. [36:00]

CLIENT: I'd appreciate that.

THERAPIST: My other thought about a homework assignment between now and next time for your thoughts is that what I would do-how was journaling helping in general this week just getting your thoughts down in the circumstances? Did it help at all?

CLIENT: It's really-so I always-I don't know why, but I always feel this like resistance to do it. And you're like, "Try to see what time of day would work."

THERAPIST: Yup.

CLIENT: And I find like any time of day would be a time when I really-

THERAPIST: Hard.

CLIENT: Yeah. So that's not practical.

THERAPIST: Yeah, yeah.

CLIENT: But in theory I would think at the end of the day, but it's just like really hard to force myself to do it. But then **once I do it I feel some relief**, and I feel some **almost like validation**, and I also feel like I have-I can look back and sort of see what I went through over the week, or I can. So I feel like it's good, but I need to like **force myself** almost I feel to just do it.

THERAPIST: To do it, yeah. I would keep that up then. If you can keep forcing yourself to do a paragraph at least. It doesn't have to be a huge paragraph, you don't have time, but a paragraph to summarize what the day was like. Because I think just getting that container for the feelings for the day, and for the feelings for the week, and just even some space to watch progress happen or not happen is also going to be really important. If you look back and say, "Wow, we were here and now we're here." Sometimes when you're still in the thick of things it's hard to see the forest from the trees. Do you know what I mean?

CLIENT: Mm hm.

THERAPIST: So just even like saying, "Whoa, there's been some movement," or, "Oh my god, it's the same, it's Groundhog's Day, it's the same exact thing I was saying from day one," that will also I think help you get a sense of what you want to do in this marriage even over time. Just to know you have some time where you can look back and **get some more perspective** on it rather than the heat of the moment. Why I would ask you to add to that, and maybe even keep it a different-a separate journal if that's what makes more sense to you, is if there is a moment when you are having **suicidal thoughts or feelings or urges or fantasies**, if you could take a moment when that's happening to just jot down where you are, what just happened, just kind of-like what's the context, what the specific thoughts are if there's any specificity that's important. If it's the same thing that you've told me already that's fine, just say "suicidal thoughts," but if there's a specific thing that comes up that we haven't talked about say what it is. Say what the thoughts are besides I want to die. In other words, why you want to die, what is it? I hate myself. Is it this is all my fault. Is it if I were to die they would recognize how much pain I was in. You know, lots of different thoughts a person can have. [39:40]

CLIENT: I don't want to write that, because I don't-I can't tell anyone but you. It would kill my sister. Like it would be so painful for my sister. It would bring Ivan probably down more, it would bring my parents down more. I certainly couldn't tell my in laws, like I couldn't tell my friends. Like I just don't want anyone else to-

THERAPIST: To find it you mean?

CLIENT: Not because I'm like trying to hide plans, I just couldn't bear to like-the first time I've done that would be incredibly hurtful, and then for like Ivan it would be like-it would not help him

make progress, it would not-like he would feel-it would just break him down more, which is not going to help me or him.

THERAPIST: Are you worried about him finding it, is that theLike what if you just e-mailed it to me for example?

CLIENT: I guess I can, I just kind-I could try.

THERAPIST: Maybe it's hard to make it real to you too.

CLIENT: Yeah.

THERAPIST: Yeah. Let me modify it I guess by also saying it doesn't have to only be when you're suicidal. Let's say you're just in a horrible, horrible place.

CLIENT: Okay.

THERAPIST: I know you're not always in that bad a place, but let's say zero to ten, ten is the extreme distress-self-loathing, hatred, depression, anxiety, whatever it is. Zero is no negative aspects, having a great day, in a good mood. So the times when it's eight, nine, ten, up at the upper end of the spectrum, whether it's I feel suicidal concretely, or I just feel so bad that I can't take it anymore. What are the thoughts in that place? You've done some of that by how much self-loathing there is. And then add another column of what a competing statement might be with that. Like if we start to recognize that those thoughts are irrational, what is the exact thought you're having about yourself or about your life or about Ivan, and what would be if you were in a different mind frame a rational competitive thought? In other words, what would you even tomorrow when you're in a better mood think about that statement right now. What is a way you can say something slightly different that actually is more grounded in reality than the thought that's coming up, and see if you can write out a competing thought. You don't have to do that every day. [40:55]

CLIENT: Okay.

THERAPIST: Even if it's only two or three examples, whenever it comes up that it's at its peak intensity we're going to try to find out what that thought is and help you find a competing thought. I'm adding competing thoughts right now because you've I think done this before.

CLIENT: Mm hm, mm hm.

THERAPIST: So there's some experience, you know what I'm talking about. Otherwise we'd just be doing the thoughts themselves. See if you can do that. And you could even write it on a piece of paper if you want and bring it in and I will shred it at the end of it. The point is just that we have it so we can look at it together, you don't have to save it.

CLIENT: Okay.

THERAPIST: I can put it in your file or something where no one will see it, you know.

CLIENT: Okay.

THERAPIST: Does that make sense?

CLIENT: It does.

THERAPIST: Okay. Just monitoring and seeing what you can do to challenge the thoughts as you go along. Okay?

CLIENT: Mm hm.

THERAPIST: To me, again, the more you can keep breathing, monitoring the relationship right now, keeping forward momentum going in here, **you will over time**, Ramona, **sort out what you want to do with this**. You said something I think really important, one year was one thing, two years is something else, you don't want to be at five years. You've already set up then a framework of time. You are not saying I want to leave him today. [42:00]

CLIENT: I really don't.

THERAPIST: Part of you does. But you haven't come in here and say all of me wants to.

CLIENT: Mm hm, mm hm.

THERAPIST: This is another I almost might call it a psychodynamic skill. That's an oxymoron. The more you can realize as the backdrop skill that you are in an ambivalent place about the marriage. Sometimes when people feel ambivalently about a person or a thing, or should I follow this profession or not, or whatever it is, the way we all struggle defensively around our ambivalence is that you project into another person one half of your ambivalence. So I want to leave the marriage but other people would judge it. Actually part of you wants to leave the marriage and a part of you would judge yourself for leaving the marriage.

CLIENT: Yeah. Oh yeah.

THERAPIST: And you know that.

CLIENT: Yeah.

THERAPIST: The more the ambivalence can get pulled back inside as yours-because I also hear you saying, "Part of me is done, but a part of me also feels like I want to give it some more time to see if there's any more room for change." I think that's not just me saying that to you, or

Farrow saying that to you, or Ivan saying that to you, I think part of that is your own feeling about it too.

CLIENT: Mm hm.

THERAPIST: So the more you can say, "These are my thoughts and feelings, my ambivalence, and this scale's like this right now." If it goes like this you'll leave. It's not like this quite yet though.

CLIENT: But what I really don't want to do is what I've done with my parents, which is after seeing the same thing for, you know, over 20 years there's still a hope that like it'll all change, or it can all get better. And I don't want to put myself through that the rest of my life by choice.

THERAPIST: Yeah. I don't want that for you either. So we're totally on the same page. And to say, okay, you're actually not at 20 years yet. It's been a year, but it's been a short time that you've actually been really focused working on this together to see what can come out of it or not. If another year passes and you're in the same place, that's a lot of good information for you to know. If another year passes and you're in really a different place that's some good information to know. [44:20]

CLIENT: Okay.

THERAPIST: So the more you can keep saying, "Okay, I'm going to be trying to work on my part," knowing it's not all you and a lot of it's him, but what is your part, that's a piece I think even when people leave a relationship, if they feel like I did what I could do and that's as much as I can do, and I can't be responsible for yours, but I know I tried my hardest on my part of this, then the ending of the relationship is a more peaceful one. It's not filled with regret and uncertainty and, "Oh wait, did I do that impulsively and I didn't really work on it?" Do you know what I mean? That's also a piece of trying to just kind of know that's what you're doing right now. Know that's what he's trying to do, know that's what Dr. Farrow has in mind of just trying to kind of buy you guys some time to see what you want to do over this time, but we're in the meantime trying to work on helping you with your own inner life. Okay?

CLIENT: I did want to ask, do you have any other availability throughout the week? Just because Dr. Farrow is now-she's totally on vacation.

THERAPIST: Oh, she is.

CLIENT: And I don't have classes on Thursday because it's a Monday schedule, so that's a very rare-

THERAPIST: Let's see.

CLIENT: If you don't I understand, but-

THERAPIST: I do not. The reason being-I might have otherwise, but I'm not in tomorrow-

CLIENT: Okay.

THERAPIST: -and for the second half of the day today, so it's unusually tight. If something opens up Thursday do you want me to let you know as soon as I know.

CLIENT: Yeah. I mean, Wednesday, Thursday or Friday.

THERAPIST: Wednesday, Thursday or Friday.

CLIENT: Yeah, mostly Thursday or Friday I guess.

THERAPIST: Okay.

CLIENT: But yeah, no, I understand.

THERAPIST: Is Friday the whole day pretty flexible? [46:00]

CLIENT: Yes, I have nothing scheduled.

THERAPIST: Okay. I will make a note of that and call you if anything comes up.

CLIENT: Thank you.

THERAPIST: Cancellations do come up.

CLIENT: Thank you.

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Glad this works.

CLIENT: Thank you.

THERAPIST: Were you nervous about yesterday or is there something else going on?

CLIENT: Well, when I was sending the e-mail, it was still at a point where I didn't know what was going...

THERAPIST: Yea, yea.

CLIENT: So it was like... and I didn't want to wait until after Saturday because I knew... but I will admit, I also just felt really bad having an appointment this week at all because so many people are having real problems. And I didn't want to... I don't know. I felt bad about that.

THERAPIST: That's really striking that you would feel guilty as though you're not having real problems yourself.

CLIENT: Well, it's not... yea, but it's like so insignificant in comparison. And I just feel kind of...

THERAPIST: I don't know. I actually don't think so. You have quite a history, Ramona (sp?). There's a way I think you don't know how hard your life has been. You're so used to telling yourself to kind of pull yourself up by your bootstraps and not make a big deal out of it.
[00:01:02]

CLIENT: I mean, I guess I feel like nobody has a perfect or even an ideal...

THERAPIST: That's true.

CLIENT: ...childhood or... (chuckling)

THERAPIST: That's true.

CLIENT: And I wonder how many people have a completely healthy childhood, whatever that would look like. I don't know. (pause)

THERAPIST: Different degrees. (pause) How are you? How are things?

CLIENT: They're OK. It's kind of a range again. I feel like sometimes things are going really well and smooth. And then there are other times where I feel like it just all adds up and I'm like really agitated. Or I feel that agitation or irritability coming out and I just... in the one way it feels so frustrated and so real. And then if I step back on it, I'm like OK, it's just this short list of things. Take a deep breath. Get over it. Let go. [00:02:03] I guess it's not the individual things themselves. It's more like it's not going. I feels like it's constantly building up. And it feels like... so there's that. And I guess that's mostly with Ivan (sp?). And then there's... school is over next week. (chuckling)

THERAPIST: Yea.

CLIENT: Basically I have one more class after next week. So...

THERAPIST: Wow.

CLIENT: Yea.

THERAPIST: Oh my goodness.

CLIENT: It's like I don't even know. But I... so I have a final next week so I'm studying for the final. But I'm also applying for jobs and I'm finishing up my research hours for my actual course credit. I'll keep doing it after I graduate but I need so many hours for the credits. So pretty much whenever I apply to jobs, I feel really bad that I'm not studying for my final. And when I study for my final, I feel really bad that I'm applying to jobs. So...

THERAPIST: That's where we left off last time about what's to come for you in **another set of changes**.

CLIENT: Yea.

THERAPIST: You've already been through a really big set of changes that you're just trying to get your bearings around. [00:03:07] And yet it's going to change again. How are you doing with it all? It sounds like there's a lot of anxiety.

CLIENT: **There is a lot of anxiety.**

THERAPIST: Yea.

CLIENT: There is a lot of anxiety and there's frustration. I guess I feel... because I feel so... kind of feels like right now I can't do anything really right. Because like I said, when I'm doing the one, I feel bad when I'm not doing the other. And meanwhile, Ivan (sp?) is doing his thing. So that doesn't feel very good because it doesn't feel like even after I get done with a big chunk of studying, I don't feel that great about it because it's not done. I mean, because I wasn't working on the other thing. So yea, I guess...

THERAPIST: So there's a really good example of a very **distorted thought** that comes in your mind. I mean, it's so striking that you could be working hard on something and automatically feel guilty that you're not working hard on this thing. [00:04:03] Like if you did this...

CLIENT: Yea.

THERAPIST: ...you're not... you're just... it's never enough. There's never a way to say, "I'm doing a good enough job what I'm doing."

CLIENT: No. In fact, so this final is 20% of my grade and so far I have all A's in this class. And I just keep thinking to myself, if I don't get an A in this class, I'm going to be... like this is not going to be OK. It's not going to be OK. And it's just... so I...

THERAPIST: What's going to happen if you get an A or a B+?

CLIENT: Oh, an A is fine. I can live...

THERAPIST: OK.

CLIENT: That's fine because sometimes even an A is a 93 or a 95. It depends on the class so I can live like that. But if I get a B, I'm just going to be really upset.

THERAPIST: To get a B, you'd have to get like a C-.

CLIENT: Maybe.

THERAPIST: I mean, if it's at 20%?

CLIENT: Yea, I mean, I haven't done the math to figure out because it's not that many questions. [00:05:01] But...

THERAPIST: You'd have to do pretty poorly...

CLIENT: I guess.

THERAPIST: ...to affect the rest of your performance...

CLIENT: I guess.

THERAPIST: ...in order to bring it down to a B. And then what? What if you get a B?

CLIENT: I wouldn't have all A's. I'm hoping to have all A's. Otherwise...

THERAPIST: This semester?

CLIENT: Mm-hmm.

THERAPIST: OK. So what if you have...

CLIENT: It'll be fine and I will get over it. I'll just be disappointed and upset about it. It's kind of like the job thing. I feel like... they told us we need to do 30 to 50 applications or get 30 to 50 resumes out there. Not counting the career fair, I guess.

THERAPIST: Thirty to fifty?

CLIENT: That's a lot. But they also said that 75% of people from the program have a job in their field within six months. So I guess, I mean, you have to really apply to do that. I'm sure not

everybody does that but I feel like this tremendous pressure, unbelievable pressure. It is so daunting. [00:06:01]

THERAPIST: So I don't know if you had any opportunity this week to look at distortions cognitive distortions and then competing thoughts. Did that come up at all?

CLIENT: I didn't do any journaling.

THERAPIST: OK.

CLIENT: I didn't do any. What I did try to do... I don't know if it really helps. But Thursday I finally... I guess it was Thursday or Wednesday. I finally sat down and I'm like, I'm just going to look. And so I pulled out all my career stuff and all the listings that I knew about and all the employers that I had spoken with and the whole... and just started looking. And it felt really overwhelming because some of the jobs I'm just not qualified and some of them, I just... I really wouldn't want them at all. But I just kept going through. I was so anxious. And I found one at a research firm and I just applied to it. It wasn't like my perfect, ideal job. But I thought I'm just going to do my cover letter, do my resume...

THERAPIST: (inaudible at 0:06:55).

CLIENT: Do it. But I spent like two hours on it which is a long time to just add relevant course work and customize your cover letter. It was too long. But I did it and at the end... so when I started my list of jobs that I've applied to. So it was a start.

THERAPIST: That's huge.

CLIENT: So... and I've done a couple since then. But... so I did go from feeling over the top anxious, can't deal with it. It's going to be the end of the world if I don't get a perfect job that makes X number of dollars to it's OK if it's not my dream job. I'm just going to... so... in a way that there...

THERAPIST: So there's a good example of you finding a challenge to the distortion of **it's going to be the end of the world if I don't find a perfect job**. Then it would be the end of the world for every single person on the face of the Earth. There's no perfect job. (chuckling) Also that you can find something and that builds experience to get you maybe in somewhere that you'd like a little bit more there after this or some time to start building something up. There's not as that urgency... there's so much urgency it seems like you feel. [00:08:00]

CLIENT: It... Well, it really feels like... it's maybe not fair to say it but **it really feels like it all falls on me**. It really feels like Ivan (sp?) may or may not work full-time. He may or may not decide what he wants to do with his life. He might just be completely floundering for I don't even know.

THERAPIST: Yea.

CLIENT: So it feels like not only is there the normal pressure that I would put on myself to get a good job that had a good paycheck that I was interested in as well. There's like this really big... because I feel like I have to do it for both of us.

THERAPIST: Yea. And I totally get that. If we pulled him out of the equation for a second, though, my guess would be... let's say you had never met him and you were just... you were single, you were doing this on your own. You would still be feeling a lot of that urgent feeling and anxious. Like oh my God. It's life and death. And how am I going to get a job that's going to support myself? Like even if it were just you in isolation, I think the fact of the addition of him makes it that much more repetitive of your childhood because now it gets triggered that it's not just yourself. You're having to take care of... you're having to actually take care of a household in which you were the child. [00:09:08]

And you're having to sort of be the adult and pretend to be the adult and take care of things and take care of even adults that are suffering with depression. Your father, even in his own way, has this kind of avoidant depression. Something is going on with him. I don't... it's not totally clear. But there's something he's just staying away from the house for. And so Ivan (sp?) adds to that feeling that there's even more on your shoulders, more people to take care of besides just you. But my guess is, Ramona (sp?), that because of your history, you would even be feeling that just for you.

CLIENT: No, I...

THERAPIST: And that's important to us.

CLIENT: I feel like that's true. And I have... I've at least said to Ivan (sp?). Like, "Look, I think as soon as I start working, you need to separate half and half because I've been..." We just did the taxes. I know for a fact I paid more than half.

THERAPIST: Yea.

CLIENT: And most of that was loan money which is the worst idea ever. And I'm like so that needs to start happening. And I'm scared because I know that if he doesn't, what am I going to do? [00:10:04] I'm not going to let our rent go unpaid. I'm not going to make him call his parents. So even when I'm looking at jobs and I see that it's actually I've never had a real... I went straight from high school to college to grad school to... so I've never like... but they all pay plenty that I would be able to pay my half and more. I can probably pay all of our bills every month and still have some for the loan money to pay back loans.

THERAPIST: To pay back loans. Yea.

CLIENT: And I'm already thinking like, oh, how many loans can I pay off each year? And how many years can I do this in? It's just a lot and I've already been thinking about do I want to do

another program? Do I want to do a Ph.D. at some point? Do I want... and what does it need to be in? And I feel like I have to have it all figured out now and I'm 26. And I'm just like... I feel so overwhelmed and I feel that I would feel this way regardless. But I do feel there's some extra pressure because Ivan (sp?) went from having a really... I don't know. [00:11:08] He had a pretty good plan for a real career and real... and now it's all...

THERAPIST: Yea.

CLIENT: So...

THERAPIST: So just so I get a sense of the actual logistics of this unfolding summer spring and summer. You have a final next... when are you done with everything at school?

CLIENT: I guess in two Thursdays.

THERAPIST: Two Thursdays will be your last exam.

CLIENT: The 9th. May 9th is like... no. The 2nd is my exam.

THERAPIST: OK.

CLIENT: And then the 9th I have just a class. She in fact...

THERAPIST: A class. (inaudible at 00:11:43)

CLIENT: Yea, she's like, "Bring resumes and we will take about like getting you jobs in this field."

THERAPIST: Oh, great, great.

CLIENT: So I really...

THERAPIST: So May 2nd. Once you're done on May 2nd, is your coursework done?

CLIENT: Yea.

THERAPIST: No more papers.

CLIENT: I should have my research hours done by then. But if I don't, it's literally me going into the hospital and putting in... I have 14 hours total left. So...

THERAPIST: It's not high stress?

CLIENT: No. [00:12:00]

THERAPIST: OK. So one thing I'm going to suggest to you. This might make you sound... feel a little crazy. May 2nd is not very far away.

CLIENT: I know. (chuckling)

THERAPIST: Right?

CLIENT: I know.

THERAPIST: It's a week and two days. Is that right?

CLIENT: Mm-hmm.

THERAPIST: So what if you just say, "Let's table job applications for..." OK, so there it goes. Why, mm-mmm right away?

CLIENT: Because I'm already terrified and panicked because I really do feel like I need to do 30 to 50. And I really want to get something that I care about and I'm interested in that I can stick with for like at least a year. I don't want to be in two months telling them...

THERAPIST: Yea.

CLIENT: "I finally did my job applications. I'm leaving."

THERAPIST: Yea.

CLIENT: And in order to do that, I also feel like I need to... so the more applications I get done, the more hope I have for interviews. And I really want to start work. I graduate on the 18th. I'd like to start on the 20th. But June 1st, ideally in a more realistic sense, I would like to have a real job started June 1st. [00:13:04]

THERAPIST: Wow. That seems really ambitious.

CLIENT: It probably is.

THERAPIST: But to me that seems really unlikely that you'll have a job. Even if you were the stellar applicant, that's really fast to get a job.

CLIENT: It probably is.

THERAPIST: For even the top qualified people, no. This job market is tough right now and so when you set yourself up for disappointment...

CLIENT: No, it's probably going to... I just don't... I'm going to feel horrible if I don't have something around then because then I'll feel like I'm doing what Ivan (sp?) has been doing. And then I won't be contributing to income and I won't... and it's going to be really bad. Plus his in-laws, all the... my in-laws, although they... to Ivan (sp?) they say like, "It is what it is. It's nobody's fault," in regards to his job situation which is so frustrating. They tell me like, "Hopefully you'll have a job really quickly after graduation." And they even told me where they wanted me to work. And I'm just like, it's too much. It's too much.

THERAPIST: It is too much. [00:14:00] And it's not realistic. I mean, I... even when you said to me a few weeks ago, "I really would ideally like... I want to make sure I get a job in fall." Even that I thought, OK, I hope it goes really well because these days highly qualified applicants, it usually takes about six months, on average, for them to find a job. So I really might want to work on shifting your expectations so that there's some room for you to not be so mad at yourself and beating yourself up. And almost expect that maybe in the meantime you'd be on the side looking for a summer job or something like that if you are worried about having a little bit of income working retail, working admin, whatever it is that could get... bring in some... a few hours. You could temp if you feel bad committing to a job. Go to a temp agency just to get some hours coming in of income that's a little bit.

As long as it reserves you some days to also work on your applications and just kind of get your mind a little bit more around the fact that this could take a while. If you're pleasantly surprised and it doesn't, that would be great. But it seems like you're asking yourself to be super human or to live in a different society to expect that you're going to have a job by July 1st. [00:15:11] Unless there's something I don't understand about the job market in public health.

CLIENT: It's not... I mean, the jobs aren't... some of them are lab jobs or research jobs, public health department jobs at the hospitals, research trials, things like that. So I mean I have some hope because my professors have a lot of connections.

THERAPIST: Because they have some openings for those...

CLIENT: Mm-hmm.

THERAPIST: OK. So that helps.

CLIENT: There are tons of openings. So I mean I'm applying.

THERAPIST: Can they also do summer June, July, August start dates?

CLIENT: Oh I mean they're open right now.

THERAPIST: Oh, OK.

CLIENT: Like open opportunities now. So I mean there are a lot out there that I haven't applied to. So that's something. And I do have a lot of professors who have a lot of connections because they actually do research or they practice medicine or they...

THERAPIST: Yea.

CLIENT: So I'm hopeful because I've already done a couple meetings. [00:16:02] But... and I have a couple more scheduled. I just... I can't go for... if I wasn't able to start until July, that would mean I had like I had a month and 10 days of no work. And I could work in retail. That's just very painful after all the money I've spent on this degree and all the work. And I mean I also have a college... I mean...

THERAPIST: But a lot of people do that.

CLIENT: ...I did retail in high school. (chuckling)

THERAPIST: Do you know what I mean? A lot of people do retail after they've graduated from a... or something that just fills in getting hours while you're waiting for your permanent job if you have to. If you don't have to financially, they you also don't need to. But that's a very common experience to be just filling in something while you're waiting for your real job to come around.

CLIENT: I might... I guess I might have to. It's just... it's overwhelming. And I can already hear my in-laws. It's just...

THERAPIST: Saying what?

CLIENT: Oh, my mother-in-law, like all she says. It's like she won't ask about how school goes. [00:17:01] She won't... she doesn't even ask about how I'm even doing. She won't. But she just keeps saying like, "You should work at the CDC. You should apply and you should work at the CDC." I don't know if that's the only agency that she's familiar with.

THERAPIST: CDC.

CLIENT: But she keeps saying it over and over which first of all, those fellowships are completely... like incredibly competitive. And usually they have opening the beginning of the year. So January, February. And I didn't apply and I didn't look at that time. And it's not the only good job out there.

THERAPIST: No, especially here.

CLIENT: It's just so frustrating. So like no matter what I do...

THERAPIST: Why is she (inaudible at 00:17:38) on that?

CLIENT: I have no idea.

THERAPIST: Does she know someone there or...

CLIENT: She's evidently told... no. She's evidently told everyone that she knows, "Maybe she'll work at the CDC. I really want her to work at..." And I'm just like... because... so now no matter what I do, she's going to be disappointed. And there will be some kind of like, "Oh, what are you doing?" (chuckling)

THERAPIST: That's just weird behavior. That doesn't make any sense.

CLIENT: No. Especially since their son is managing at Starbucks and that's fine. [00:18:05] There's nothing... I mean, he doesn't even need to... if he looks for jobs, fine. If he doesn't, fine. It's just...

THERAPIST: It's not the CDC. I don't know if you want to work there. Maybe you could apply for January. (inaudible at 00:18:16).

CLIENT: I could but it's just like right now there are a lot of opportunities and I'm really fresh out of school. And I don't know more like...

THERAPIST: Pressure.

CLIENT: Yea.

THERAPIST: What also is striking is she... I don't even hear her asking, "Would this be a good fit for you?" or "What are your interests?"

CLIENT: No. She doesn't even ask where I want to work.

THERAPIST: Yea. Who knows if you'd want to work at the CDC? (chuckling) I don't know whether you would or wouldn't or what that would entail or not. Do you know what you want to do? What's your sense about it? What's ideal for you at the next step?

CLIENT: I have an idea. I mean, I haven't been out there so I don't really know. But I'm working on research study right now and I really like it. And it's in a clinical setting. And I really like that so I'd like to do that in infectious disease epi. [00:18:59] It's what I've focused on and taken a lot of coursework that was optional. I've done that because it's just what I'm really interested in. It follows up with a lot of what I did in undergrad and so that's the field. And ideally I guess I'd like to do some research.

THERAPIST: So is this a laboratory setting?

CLIENT: No.

THERAPIST: No? No.

CLIENT: It's like research studies.

THERAPIST: OK.

CLIENT: So clinical trials.

THERAPIST: Clinical trials.

CLIENT: Things like that. Not just clinical trials. There are other studies. But that and I have applied to be a TA in the fall for the Intro Epi course because I tutored for that course already and I really liked it. I also talked to my advisor because they said I... they didn't have an Epi course this semester and I really missed it. And I debated if I wanted to get a Ph.D. in Epi but I really didn't know. And I was not going to commit to anything like that for at least a couple of years. But I'd want to think about it. And so she encouraged me to take the advanced Epi course for like just as a... once you graduate, you can take courses for like \$300 or I mean, it's like... yea. I mean, it's not like you're... I don't think you get credit maybe, per se. I'm not sure. But either way...

THERAPIST: You can sit in it and take it. [00:20:03]

CLIENT: So she recommended that and I might do that. So I mean I have some plans, I have like thoughts and I know what field I definitely want to be in.

THERAPIST: Yea.

CLIENT: I want specific jobs I'm looking for so project managers, coordinators, things like that.

THERAPIST: And if you did a Ph.D?

CLIENT: Or I... so I... and that's a ways off. I don't need to...

THERAPIST: Two years, you were thinking?

CLIENT: Yea.

THERAPIST: It wouldn't be the beginning for this fall for the following year. OK.

CLIENT: No. I need some times of work and get my feet on the ground.

THERAPIST: Yea.

CLIENT: And pay off some loans and really think about it because it's a big commitment. It just feels like I need to have it all figured out now because I feel like...

THERAPIST: Yea. Where does that come from exactly?

CLIENT: Ivan (sp?) has nothing figured out. So it's like I know that's the all or nothing thinking that's unhealthy.

THERAPIST: Yea.

CLIENT: But that's what it is because Ivan (sp?) went from, "I'm going to teach with my master's and I'm going to get a Ph.D. and I'm going to teach and write and I'm going to publish and I'm going to do all these things. And we're going to have a house someday." [00:21:10] And this whole **big plan that sounded really ambitious**. But not like for somebody who was going to have a master's. It didn't sound crazy or undoable. So anyway, he went from that to no master's, working at a pet shop, living with his parents and now working at Starbucks. And I'm not ashamed that he's working at Starbucks. I don't know if anyone appreciates... like I've had to... I've had all these **expectations** and it's **like the rug has been pulled out under**... from under me.

THERAPIST: Oh, I do appreciate it's not what you thought you were signing up for in the partnership.

CLIENT: No. And I probably, to be honest, wouldn't have agreed to like... working part-time at Starbucks. Like there's nothing shameful or wrong with that. But that may be not be...

THERAPIST: But maybe not for you or your partner.

CLIENT: Maybe not and maybe that's not... I don't know. I feel horrible about that. But maybe it's also not like the ideal time to say I can't afford this city's standard of living. [00:22:07] It's so expensive to live here and I can't afford to be married and take on additional responsibilities.

THERAPIST: I hear the amount of overwhelm that that really puts on you. That he had this huge plan that ended up to not come to fruition at all.

CLIENT: Right.

THERAPIST: And your expectations just sort of plummet for what's actually happening with him and his career trajectory right now. It doesn't follow logically though, to me, that that would mean you, in your separate career separate from him have to have everything figured right now. In fact, if you were to try to pretend to figure everything out right now and come up with what is going to be your ten year plan, I think it would be a bad plan for you to try to do that because you'd be missing data that you will get if you wait five, six months getting into a job, for example, even a year so that you've had... maybe a year is a little far eight months where you have had the work experience under your belt, some time to pay off some loans. [00:23:17]

A sense of what is this like in working life now that I have my own job, I got my degree. To give yourself some information that you would then make a more educated decision about the next steps. Do you know what I mean? To actually decided, are you going to apply or not to a Ph.D.? And what degree are you going to do it in and where you're going to do it? That just sounds so... like it would be a bad decision to try to decide that right now.

CLIENT: Right. So that's why I'm not. But it's something I'm thinking about and I'm **already planning steps on how to figure it out.**

THERAPIST: Yea.

CLIENT: Because I feel...

THERAPIST: Anxious.

CLIENT: I'm **unbelievable anxious** and...

THERAPIST: Your anxiety is so high.

CLIENT: ...I originally had this plan that I was going to be done with all of my schooling before I was 30. And I was going to have a career before I was 30. Like a real... and it was just... I don't know. [00:24:03] I guess I feel... since Ivan (sp?) has sort of like... since he left grad school even before I knew that **he'd lied about failing** as opposed to just leaving out of principle, he's gone over... like he's suggested doing everything from an MBA to a master's in curating. There are degree programs in that, an archivist program. He wants to do a master's of Education.

The **other day he came home and he said, "Yea, they want me to be a coffee master"** which is like a title that they know all about... and they taste and they..." He's like, "And at some point, I could travel. They send people all over the world to travel and taste and purchase coffees." And I'm like pick one. Do something. Have some passion and ambition and... because he really... I just feel like it's this roller coaster. And tomorrow if I came home and said, "I want to buy a house this week and I want to start a family," I think he would say, "Let's do it." And I'm just like... I'm terrified. [00:25:04] So I feel like it might not be fair to him. But I feel like I need to have everything figured out and none of it can go wrong. And I can't have any setbacks because there's no room for that.

THERAPIST: In a way it feels like there's time kind of slipping away from you. Was that...

CLIENT: Yea.

THERAPIST: There was something about you wanted to be a certain place by the time you were 30. Let's say a year or two ago, Ivan (sp?), when you were under the impression Ivan (sp?) got this master's or did it all but degree master's, left for principle, didn't know what you

know now and was going to continue along in that pathway. Where did you picture yourself with him when you were 29, 30? Did you want to have a family at that point? Is that...

CLIENT: No.

THERAPIST: No.

CLIENT: No, but I thought we would both be done with our education by 30 or pretty... or like finishing up our final degrees or whatever. [00:26:00] And still working full-time. I thought we would have careers or very close to established careers. I thought that in our 30s we would have a house of some kind. Be in a position where we could have that kind of lifestyle. And that maybe... obviously mid-30s would be the last time to be thinking about did I want to have a family or not because that's just necessary at that point to decide.

THERAPIST: You weren't... you're not sure though that you wanted one.

CLIENT: (chuckling) I thought I did.

THERAPIST: And it was a year ago.

CLIENT: I thought so, yea. Now I feel like it's not even... I feel like Ivan (sp?) couldn't. I feel like Ivan couldn't do a house or a family. Or I feel like so many things that I just wanted for myself regardless of whom I married I feel like I can't anymore or only if things would change a lot. I guess I just feel like things are so unstable and so uncertain. And I don't... I even... I just don't feel supported at all. And I feel... I don't know. [00:27:06]

Ivan (sp?) still can't talk about graduation. He still won't. He's doing the like... first he said he couldn't like or the reason wasn't because he forgets that I'm graduating. And since then he just hasn't because he's ashamed that he didn't before. So now it's already ruined. So now he can't. And it's so frustrating and it's really hard to look at that and say, well, he's struggling with that, with everything. Not just me. It feels really unloving and really hurtful and really unsupportive. It feels like a slap in the face. It's so hard to separate those feelings from... and have some compassion for the fact that he's struggling with these things. I don't feel like I want to be very compassionate about it sometimes.

THERAPIST: Yea, yea. Yea, and what you're aiming to do right now is just trying to be patient and see what changes in him.

CLIENT: Which...

THERAPIST: Well, and what can change in you about helping your anxiety and feeling being responsible for everyone. [00:28:11] Calm down some so that it can get some space to think without it being urgently anxiety driven. But I hear that you don't feel a lot of empathy for what he's going through because it's been so long at this point?

CLIENT: Yea. It really... sometimes it feels like he's just openly defiant or it feels like he just doesn't care. And I honest to goodness and like I think I'm a pretty good person at reasoning out or I can be if I'm not doing the all or nothing thinking but I honestly can't figure out a lot of the time if it's he doesn't care or he's really... no, really he has trouble focusing his attention. He has ADHD or whatever. Or no, really he's struggling with shame and depression. It's not personal. Or maybe really he doesn't care very much about me and he really just needs me to take care... I have such a very long list of what so many things it could be about. [00:29:06]

And then sometimes it feels like it maybe doesn't even completely... like it matters but not completely because yesterday I came home and he picked me up from the train (ph) so he knew I was coming home. And I walked in and the TV is on. And the toaster which gets like crazy hot is still plugged in and I always... I made him put a little post-it by it to remind him to unplug it because it gets so hot and the wires are hot.

THERAPIST: So it stays on, you mean? You have to unplug it to turn it off?

CLIENT: No, it doesn't stay on. But once you use it, it's really hot. So I don't think it's a good idea to keep it plugged in if you're not... to let it cool down because I think it could be an electrical fire hazard. And we've agreed on this and he still like... and then he forgets. And the laundry is piled up and the trash is piled up and those are his only two chores. The other day I found... there's just like a pizza crust on the counter by the stove. And I'm like, why is there a pizza crust on the counter? "Oh, I tore it off before I sat down and ate my piece of pizza. I guess I left it there." [00:30:08]

I'm like... it really does feel like I don't... I know this makes me sound like the worst person in the world but it does feel like he's in a role of the kid sometimes. It really does feel like I mommy him. And I know that's my choice and I know that I'm choosing to do it. But it doesn't feel like I have a choice. So unless I want the TV to stay on and pay the electric bill and I want to deal with the plug is really hot or there's food on the counter or he's not going to do his chores, it feels like...

THERAPIST: Doing his chores. It is like he's your kid.

CLIENT: We each have chores, though. I mean, like we...

THERAPIST: You call it chores for you, too?

CLIENT: Yea, yea.

THERAPIST: Oh, OK.

CLIENT: So I do the dishes and I'm supposed to get the mail and clear off the dining table if stuff gets piled on it. And he's supposed to do laundry and trash. And it's... so I mean, those are... I

feel like that's fair. [00:31:03] I feel like that was actually... that was your suggestion that we distribute some of the...

THERAPIST: Absolutely. Yea.

CLIENT: And that was like a great idea that nobody had ever suggested to me and that I don't see with my parents. And so that was good except...

THERAPIST: So he... what happens? He doesn't do his part?

CLIENT: No. He does it sometimes.

THERAPIST: Or it just takes a long time.

CLIENT: Yea. It's like the trash will get out really... we just have a small can. We don't have like a nice big can which is fine. But it needs to get taken out more often or it's like piled up and up. And...

THERAPIST: One of the things that's so tricky about this is that there are some things you're picking up on him that are really causing him problems in his life that are deficits, right organizational structural deficits, focusing in on something rather than avoiding it. Some other things... some... I mean, at a little bit less of an extreme might be simply individual differences. [00:32:03]

Some people if you say, "Would you like to do this task..." that's, say, an annoying task "...today or tomorrow?" It's a personality test, right? Some people will say, "Oh, do it today and get it out of the way." And some people will say, "I'll do it tomorrow. Put it off as long as you can." And then they'll do it tomorrow. And at the... by the deadline they'll both have it done but one got it done early and one waited until the very last minute. But people who operate getting it done early can't stand the people who wait until the last minute. And the people who wait until the last minute, I don't think it's that they're bothered as much by the people who get it done early because sometimes they make out because the other person would have done it first. (chuckling)

It's not as irksome to them except it is irksome to the degree that this person nags them and criticizes them for the fact that they can get it done early. But in the end, if they both get it done, there's actually not a problem with either style. So I think there's some of that that happens. Your anxiety is so high that you're driven to get it done, get it done, get it done, get it done. The way you're talking about with your planning right now, it's... you almost want to... if you could get things done a year... that are due a year from now, you would do it right now because it just feels better the more is in your control as soon as possible. [00:33:19]

That is what helps your anxiety. That's the way you manage your anxiety. Ivan (sp?) manages his anxiety by avoiding it for as long as possible until it's... he absolutely can't overlook the

garbage pile that this high. And then he'll take it out. His style he pushes to an extreme sometimes and doesn't take it out. So it actually... he doesn't meet the deadline. I don't know if you set up a deadline, for example. Do you guys...

CLIENT: Yes.

THERAPIST: Yea?

CLIENT: So we tried. I'm like, "Why don't we do it Monday and Friday? It might be like a little much during the middle of the week but let's just do it Monday and Friday so that we can relax on the weekend and its..."

THERAPIST: Yea.

CLIENT: Yea. So he agreed to that at first. And then he said, "No, I don't want to have days set because I don't want it to be an excuse that I'm not taking it out other times it needs to be taken out." And like who I am, I said, "Wow, that's amazing. That's amazing."

THERAPIST: (chuckling) It sounds good. [00:34:09]

CLIENT: And then like the little kid again, he didn't do it at all. Because he didn't have days that he was supposed to do it so there was no point for me to say like, "You didn't do it Monday." And so Dr. Farrow (sp?) said try Dr. McNally's (sp?) strategy and you don't say anything even if the trash is to the ceiling and Ivan (sp?) does it. And so that worked a little bit on the first week. And now we're back to I don't say anything which he likes. And he avoids it and which drives me crazy.

THERAPIST: So I wonder about saying, "OK Ivan (sp?), that doesn't work for me. Not angry, but it's just not working. I think the garbage has to get taken out once a week. Is there a day that works better for you? Could we settle on a day? You pick a day if Monday and Friday don't work for you."

CLIENT: Yea. I even... I mean, but we've been through that and no.

THERAPIST: What will he say, though? Would he... he'll just say, "I won't pick a day." [00:35:04]

CLIENT: That's the... but I mean, when we talked about it in couple, he's like, "Yea, I know. I think I do need to schedule because the no schedule thing isn't working." And I'm like, "Well, we tried the schedule thing and you didn't want to do that." So now we went back to he would do it Monday and... I was like, "Why don't we try. You just do it two days. And if you feel like you can do it other days when you think it needs to be done, that's great and that's a bonus."

THERAPIST: And then see.

CLIENT: Yea, that's not happening. So I just... I guess when you said I needed to find... we talked about me finding a way other than criticizing to deal with it, I became acutely aware of how much I need that. Because the other day I really just like... I did. I heard myself. We got back from church and I heard myself like, "Ivan (sp?), you didn't take out the trash. Ivan (sp?), the laundry is piled high. Can you at least put in a load? Ivan (sp?), don't wear your good clothes to do those things." I really... like completely being his mom, completely criticizing. And he just yelled at me. And he's like, "Can you just say one thing that's not criticizing me?" [00:36:00]

And I felt really bad because I knew it was true that I was in that moment being really critical of him not doing his chores. But I also felt just so stuck and helpless because it's like if I say something, that's wrong. If I say nothing, he's avoiding so it's just like feeding into it. And I just feel like this isn't going to work for me. And I feel this. I'm terrified because what if it could take him years to develop?

THERAPIST: Yea. So here's a thought and I don't know if this is going to sound clear or not. I'll try my best. If what is coming out of you, of him, of anyone of us when we go, our angst is high, that your frustration, your anxiety is high and you criticize, right? The criticism comes out. It's usually done in a particular tone. It usually feels like for whoever the criticizer feels kind of like the mommy. [00:37:05] And the person who's on the receiving end kind of feels like the child.

Even if he's the one criticizing, if he's in that space, he's going to feel like the mommy or the daddy. It feels like a little bit talking down to that person. And one thing that happens when we criticize you didn't do this, you didn't do that, you didn't do that is that it reifies I'm up here, you're down here and kind of recreates this sense of mommy/child. I would want to help you find a way of having a voice in the relationship that is not mommy/child. But that also doesn't mean zipping your mouth shut either. Because I hear you saying, look, either I start criticizing him because... and I can't help it. Or my other option is that I keep my mouth shut and then I'm fuming inside because he's not doing anything.

We will trying to find and are trying to find what is a way that you can relate to him from your adult place and basically refuse to enter into mommy/child with him? [00:38:08] Refuse also to silence yourself because in a way that's your own kind of being the child. Letting the parents run the show and not having any voice but actually trying to find a voice that is a peer voice even if he can't do it yet.

So this to me might look something like this. "Ivan (sp?), I... one of the things that's important for me in the running of our household that feels safe and comfortable for me. Some of this I want to tell you about I manage my anxiety and I want to own that. But it's a fact about who I am. I don't live or function well when the garbage isn't taken out once a week. If it piles and piles and piles and piles, it just doesn't work for me. You might not like me, Ivan (sp?), because I'm a person like that. And I would give you room to have those feelings. [00:39:00] Like totally justifiable feelings if that bothers you. But what I'm saying to you is this is important enough to me that I feel like for this relationship to work, this is one of those things that has to happen. So

if it's important enough to you that I'm saying this is important to me. I really want to ask is it possible for you to do this for me?"

CLIENT: Yea.

THERAPIST: Do you hear how that sounds not like a criticism?

CLIENT: Yea. I feel like I've tried to frame things positively before though. Like I think it would... I think he would feel... like he'll say something like, "Maybe I want to go to the gym. Or maybe..." "I think it would be really beneficial for you. I think that you really feel good if you did... like that sounds like a really good idea." And try to do that instead of...

THERAPIST: Yea.

CLIENT: "Yea, you need to. If you don't, like..."

THERAPIST: Yea, instead of all the negatives.

CLIENT: Right. Or, "You might feel really great. It would be great. It's really sunny. We can put some laundry on the patio. Like that would be really nice." Or... but it just doesn't. And so we actually talked about just the trash which is representative of all of these tasks. [00:40:01] And Ivan (sp?) described to me this like... literally like an existential crisis that he goes through when he sees the trash when it isn't taken out. He's like, "I feel ashamed because I didn't do it. And that must mean that I didn't want to do it so now what I want isn't important and isn't good. And I still can't take it out because then I'm reminding my..." And this is literally what he described to me that he goes through. And I'm completely freaked out and I can't quite tell him that but I'm freaked out because I'm like it's just trash. Just take it out. And I even...

THERAPIST: Yea, I hear you.

CLIENT: He is like... he'll go to these extreme lengths. And I'm like, "But don't you feel..." I'm like, "There's things like that for everybody." Like you put it off and you feel bad about it and it's like nagging you.

THERAPIST: Sure, sure, sure.

CLIENT: And I'm like, "But then once you finally do it, isn't there like that rush of relief and that, this is silly. Why didn't I just do it sooner?" He's like, "No, I never feel any relief." And so I don't know what to say to that because this is real for him and I don't want to belittle that experience or act like his problems are stupid. [00:41:04]

THERAPIST: Yea.

CLIENT: But at the same time I want to say like, "You're my husband. If you're going to take out the trash and I'm going to do the dishes, you've got to find..." I don't know. To me, it's just like overwhelming. I'm just like I cannot... I don't even know what to say to that.

THERAPIST: He doesn't feel like he's penetrable in that state it sounds like.

CLIENT: It's... well, he's... I mean, he's aware. I think we're pretty aware his shame is absolutely paralyzing to him.

THERAPIST: Yea.

CLIENT: It's unbelievably. But I don't know how to live with that because part of me really wants to be compassionate and supportive and helpful because I do think he can get through it. And he's recently agreed to talk to his mom. And then all of sudden he agreed he wanted to do a psych consult and medication if necessary.

THERAPIST: Wow.

CLIENT: I mean, he's deathly ashamed of it and he doesn't want anyone to know. But...

THERAPIST: That's something.

CLIENT: That's something.

THERAPIST: You know what that feels like when you're feeling it.

CLIENT: I do. And I...

THERAPIST: Yea. [00:42:01]

CLIENT: So...

THERAPIST: Yea, he's struggling. I mean, the way you described the amount of shame and how frozen he gets around it. It's hard to have a conversation with him that feels like you're in reality almost. So I mean, I keep thinking of the interpersonal effectiveness skills I'd mentioned. I can even give you a worksheet on that and we can talk about that next time. But on the other hand, one of the things you're describing is you may be as effective interpersonally as you possibly can and still it goes nowhere because of where he is. Do you know what I mean?

CLIENT: I mean, yea. I'm just really scared because like I said, I don't know. For... if I talk to my friends and I said, "Yea, my husband won't talk about graduation at all because he said he can't remember and now he's ashamed." Or, "My husband can't take out the trash because it's literally an existential... like it's literally a crisis for him." [00:43:01] I just don't even know like...

THERAPIST: It's heartbreaking, Ramona (sp?), for you. I hear it. I'm sad for you when you described that. If anything, for me, the part that is yours that I think might help your continued conversations in the couples therapy is the more you can find your calm, mature not anxiety driven but clear voice about **what you need in a relationship** not what has to happen or what he's doing wrong but just what works for you in a relationship. "I" statements I need this for my own anxiety. You might not need that but this is something I need in order for a relationship to work.

So I'm wondering if that's something you can work with me in providing some of... the more you can find that voice that is about speaking to your own experience and your own needs, I think he may not budge at all. [00:44:02] It may not get through to him. But one of the things it will do is get it clearer and clearer in the work that the problem around the relationship is more on him. Do you know what I mean?

CLIENT: I do but I feel horrible because, Ivan (sp?), I think he really does want to provide all those things. I think he hates himself. He tells me he hates himself like intensely because he doesn't and actually that hatred fuels not doing it more.

THERAPIST: OK. So I get all that but that's his problem. That's actually not your problem. And it is your problem but what I'm trying to say what would help the whole system right now is the clearer you can be about your best foot forward getting a foot forward in trying to negotiate this. The more it then becomes clearer I think to [Farrow] (ph) I think to even Dr. Bourd (sp?) when Ivan (sp?) is saying yes, she's being reasonable with me. She's been kind. She's speaking... she's using "I" statements. The things that like listening how the conversation is navigating and he can't tolerate his own self, I think that will help him get clearer and clearer about the work that's in front of him. Do you know what I mean? [00:45:15]

And even will help you. No, I did my best part I could imagine doing so that if we talked about two years go by and nothing has changed or a year goes by and nothing has changed. You will know **I was as mature and as clear and as calm in my own communication**. I've tried to facilitate the least amount of shame that I could imagine. Because in fact, what the way I keep describing these examples of how you might phrase something is not... it's not this. It's not a shaming statement. You're saying it in a non-shaming statement. And in fact, you're saying because of my anxiety, this is the way I operate. In fact, you're owning your stuff and it doesn't mean your stuff is bad. It just means like kind of ... all of us have stuff that because we're this way this is the way we feel safe in a relationship. Because someone else is this way, this is the way they feel safe in relationships. [00:46:09]

And it's not criticizing. It's just saying, "Could we work... would this work together? This is what I need. You need this. I need this. Can these blend or not?" It's the least shaming communication that's around. And I think who knows where that goes with him. He's going to feel shame no matter what you say. But I think there's a chance he feels less ashamed the more you are communicating in this kind of way. Does that make sense at all?

CLIENT: Yea. No, I...

THERAPIST: What are you thinking?

CLIENT: No, I want to. I don't know. I lost my thought but I want... I guess I really want to try that. I just... I guess part of it I recognize that it's partly me and it's partly me reacting to him not doing it for the millionth time. But sometimes also me reacting to every time I ask my parents to do it, every time I ask...

THERAPIST: Yea.

CLIENT: And it's like this is so reasonable. But I also feel like there really is me... I don't know but in my opinion, I guess I feel like out there in couples, there is an understanding that somebody... like it's totally reasonable and normal and there's an... like somebody does need to take out the trash. [00:47:14] Somebody does need to do the laundry.

THERAPIST: Totally.

CLIENT: Somebody does need... it's not just me being OCD or anxious or like...

THERAPIST: I totally, totally agree with you.

CLIENT: I think that adds to it but I think that it's normal.

THERAPIST: I totally agree with you. The only part... I don't think that expectation is you being out of line or your being OCD, right? There might be parts of that but if you're talking about daily functioning of the household that has to happen in normal couples, OK? The only part that we're talking about right now that might be yours is when you've described to me, for example, in your family the feeling of desperation that you would say, "Please. Can someone please clean... can somebody do something?" I feel this it's kind of palpable, desperate anxiety inside. And I think that is not going to get you anywhere with Ivan (sp?). [00:48:04]

So to the degree that we can find like that's your child self getting triggered, if it's coming from that, you don't understand how urgent this is. Right now it's only some stinky trash. It actually isn't life or death. It's really annoying and it's really important that you figure a way for him to take out the trash. But it's also not life and death. And I think the way... if you can find a way of feeling like this is a reasonable adult thing for an adult to ask another adult to do in a relationship. And let's figure a way through this without the desperate urgent life and death anxiety. I think that's the part that is yours that can contribute to it escalating to a place that is not good for either one of you.

It's a two way street. He does it too in his own way. His shame is what he escalates. He needs to stop being so ashamed. Do you know what I mean? Cut that part out. Your anxiety we're talking about. How do we bring that urgency back down? OK. It's trash. This is a reasonable

thing for adults to figure out to get him we got to figure out a way. This is ridiculous. We got to figure a way for you to take out the trash from a confident, calmer place. [00:49:08] Do you know what I mean?

CLIENT: Yea. No, I do and I want... I just... it's not as easy to like get rid of the feeling.

THERAPIST: Totally.

CLIENT: And I will like I always feel that with my parents even to this day.

THERAPIST: Yea.

CLIENT: And even... and I understand... like even having the house clean or having them make a meal or show up wasn't a life or death thing. I could have survived if the house had never gotten cleaned. I don't know. It's just hard to...

THERAPIST: It's hard to put into action. I'm going to give you one of the skills to look over.

CLIENT: OK.

THERAPIST: We got to stop so we can go over this next time. But just to give you a copy so you can start looking at it. You said you had not seen the DEARMAN Interpersonal Effectiveness Skills in DBT before?

CLIENT: No.

THERAPIST: So I'll give you this and we can start here next time. (pause) Hopefully you can read that. It's a little dark on that side. So DEARMAN is what we call this skill. These are guidelines for getting what you want in a relationship while remaining as effective and as calm as possible. There are two other skills that have to do with different goals. This is goal is communicating in a way that gets you what you want. So in this case, getting the trash to get taken out.

CLIENT: OK.

THERAPIST: And we'll go over this next time. Having the skills doesn't mean it's not legitimate. [00:51:01] It actually says what you're asking for is really legitimate. Let's help you get it.

CLIENT: Thank you. (pause)

THERAPIST: See you Monday.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi.

CLIENT: Yea.

THERAPIST: How are you?

CLIENT: OK.

THERAPIST: You got my e-mail about the...

CLIENT: I did. Thank you. I think... so I mentioned it to Ivan (sp?) just briefly and he said he thought that was the same person because Dr. Bourd (sp?) mentioned someone else about it.

THERAPIST: Oh, really?

CLIENT: Yea.

THERAPIST: Oh, that's funny.

CLIENT: Yea, so I think he may already have the name.

THERAPIST: OK.

CLIENT: But I do need to double check with him before he goes to the appointment tomorrow. But thank you. I really appreciate that.

THERAPIST: He's going to see her then?

CLIENT: No, he's going to see Dr. Bourd (sp?) tomorrow.

THERAPIST: OK.

CLIENT: So he doesn't have an appointment with anyone yet but **it's in the works.**

THERAPIST: Yea. How are you both feeling about that?

CLIENT: So I have told Ivan (sp?) I would be happy to go. Sit outside just so someone is there and be supportive because it is difficult. And he said he didn't want that. And he said he would feel even more ashamed or disappointed. Or it would be a reminder of... so I'm trying to maybe coax him a little bit. [00:01:02] I don't... I want what's comfortable for him. But at the same time I really feel like if wasn't this shameful secret, like if somebody else was there and knew and supported him doing it, maybe that would feel good in the end so we'll see what he wants.

THERAPIST: You're... what's nice is you're just trying to be supportive in whatever way supports him getting there.

CLIENT: Yea.

THERAPIST: Yea. (pause) So what's on your mind? How are things going?

CLIENT: So things are going, I guess, up and down again but... so Thursday is my last final ever.

THERAPIST: I remember. (chuckling)

CLIENT: Yep. But I...

THERAPIST: How is it going?

CLIENT: I worked incredibly hard last week. And so I finished my 33 pages of (inaudible at 00:01:47). I typed them all up.

THERAPIST: Wow.

CLIENT: And then another ten or so page study guide and then a couple dozen index cards...

THERAPIST: Oh my goodness.

CLIENT: ...which I know a chunk of them already. It's more than I think anyone else in my class is doing. (chuckling) But...

THERAPIST: It sounds like an enormous amount of work. [00:01:59]

CLIENT: It's... I think it's my like... I don't know. I always have this list of things I have to do before exams that I kind of make myself do. But in reality I've already memorized a chunk of the index cards. And I'm feeling pretty decent. So I realized actually studying for this exam and applying to jobs isn't so much to have on your... like if I think of it that way, it's not super crazy.

THERAPIST: What led to that change? Do you know?

CLIENT: Because I've thought of all the... I mean, looking for jobs is a really... it's a big thing, I guess. But then I thought of all the finals weeks where I've had multiple finals or...

THERAPIST: Right.

CLIENT: ...finals in really... like this isn't a class where I have difficulty understanding any of the material.

THERAPIST: Yea, yea.

CLIENT: Right. So I thought... and plus it's...

THERAPIST: Could be worse.

CLIENT: Right. And it's a fairly straightforward exam and it is only 20%. So even if I failed it, I would still get a B in the class which I'm not going to fail it. But... so I thought **that's some perspective**. And then I also... I had met with... we have a whole career services office at school or whatever just for our school. [00:03:06] And so I met with the dean of that and I had already gotten some support through that. But I was meeting with her because she said that she could help me a little bit in my search and the process. And she was really optimistic. And she told me how 90% of their graduates get a job in their field within six months.

THERAPIST: Wow.

CLIENT: So I thought **that's really encouraging**. And she, right off the bat, like volunteer... there's a recruiter that she knew personally. And she's like, "Well, if you want to apply for this job, I will also forward your resume with a note because I know her." And so **people have like reached out** to me **and helped me** on some level.

THERAPIST: That's great.

CLIENT: And she... yea, she's like, "Well, with finals it's realistic. Do what you can but then after that, you can do more." And she said she thought it was realistic to get something. Maybe even by mid late June. She's like, "That's not crazy."

THERAPIST: Wow. Oh my goodness.

CLIENT: Well, she's like April, May, June. That's... she's like, "You already know what you're applying for. You're not just looking."

THERAPIST: Yea. [00:04:03]

CLIENT: And obviously my resume and cover letter...

THERAPIST: You have a resume drawn up.

CLIENT: They've been done. I tailor them for each one but... so I decided to... like I couldn't not do anything with jobs. So I decided to do like two or three a day. And then I guess Saturday I didn't apply to any and I let it go.

THERAPIST: Good for you.

CLIENT: And I guess I applied to like one... was it yesterday... I applied to one recently. And I decided if I apply to one or two per day. If I don't, it's not the end of the world because Thursday is very close.

THERAPIST: Two days.

CLIENT: So... right.

THERAPIST: You could make up for those two days easily.

CLIENT: Right. Plus...

THERAPIST: Apply to five the next day and the next day.

CLIENT: Yea. So it was really good. And I set up a couple of meetings with people who, within the departments, that may have research opportunities just to feel out what they have or don't have. Or... so yea, I guess that was helpful. And it put it in perspective a little bit. [00:05:01]

THERAPIST: Yea.

CLIENT: So on the one hand, I've calmed down a little bit. On the other hand, it's like when I do calm down, I get to the point where I feel guilty or I feel like I'm being complacent. And then I like feel like I need to kick myself and get worked up. I... so it's hard to explain. I know it's unhealthy. I'm not defending it. But...

THERAPIST: No, no, no. Your describing the sequence is really helpful to hear.

CLIENT: I...

THERAPIST: (inaudible at 00:05:23). So I'm interested in that. What... so you start to feel guilty. And why? Because...

CLIENT: Because if I sat back and said, "You know what? I have read the majority of the textbook which almost no one else has done. I've typed up all these study guides. I've worked really hard. I have all A's in the class. It's going to be fine. I would feel really lousy about that. So I have this like I have to... even if I studied and I knew like I could take it now, I would still feel like I needed to get somewhat worked up because that's just part of... I think part is just what I do. But I also perceive that as being a healthy like I take this seriously. [00:06:02] And it's important that I'm a good student.

THERAPIST: It's almost like you've upheld doing it everything to the nth degree as the ideal. And if you're not doing that, you're doing less than.

CLIENT: Right. And it's hard for me to walk away with that. So even though I could stop studying now and say, "Well, I really need to get a job and I'm going to be OK in the class no matter what," I couldn't do that.

THERAPIST: Yea.

CLIENT: So...

THERAPIST: Again, because you said, "I view that as being really lousy."

CLIENT: It would be... yea. It would be like a failure. It **would be a disappointment**. It would be lazy. It would be **settling**. It would be... like I said, it probably relates to my all or nothing thinking but... so that's one.

THERAPIST: Again, just this (inaudible at 00:06:49). A failure it would be being a failure to decide I've studied enough for this (inaudible at 00:06:56) to something else. Like to almost to not do something every single part of something is being a failure.

CLIENT: Yea. And I guess I feel like when I look at my transcripts I can't say, "No Ramona (sp?), you could have... if you end up getting a B, you could have waited four more days to do more with the jobs." So it's like it's never... yea.

THERAPIST: It's never enough.

CLIENT: It's never enough. I did get my final grade in one of my classes already because I turned in my paper a little early and I volunteered to present first and whatever. And so I got an A in the class which I was surprised because I thought that would be fine. But I was a little...

THERAPIST: Disappointed in an A-?

CLIENT: I was a little disappointed.

THERAPIST: Oh my goodness.

CLIENT: It's not like I... honestly I know I come off this way but I... if one of my friends got a B, I would not think any less of them. It's just I don't know why exactly. So no, that's OK. But on the other hand, I legitimately had a nightmare the other night about having a mistake on my resume. [00:08:02] And yep, so I... yea.

THERAPIST: What was the nightmare? Do you remember the...

CLIENT: Yea.

THERAPIST: ...exact content?

CLIENT: So I had met with my advisor and she was talking about I don't know the importance of tailoring your resume but really proofreading your resume. And she's had this talk with me for before. Not to me. She's says this, I think, to everyone, but how she had a student who wrote, "Attention to detail." This was a strength of theirs in their cover letter and they made a mistake. And she's like, "So you're telling me it's important that you're not making those." And she's like, "So just be really careful."

And so I had this nightmare where it happened to me. And the worst part is the next day I did this awesome... like for the woman who was going to send it to her friend for this position that was posted. I had this awesome cover letter and resume and she even gave me some extra tips that made it really much more polished. It made me sound good. And then I e-mailed it myself to apply and then I e-mailed it to her. And she's like, "You have an extra parenthesis around this one thing." And I had already e-mailed it to her. [00:09:03] (chuckling)

So it was like I had the nightmare and then it came true. And then I was worked up about it. I'm still a little worked up about it. But she will be forwarding her the corrected one. But I just like... so that was a little weird that I've got that worked out that I was having nightmares about it.

THERAPIST: So... and this may sound strange to you but do you remember what the exact nightmare was?

CLIENT: That's as much as I... yea, that I made a mistake.

THERAPIST: Like you don't even remember what word it was. It's just that you made a mistake and how you discovered it in the dream after you had sent it somewhere?

CLIENT: I guess. I just know that I ended up submitting... like that that really happened to me (inaudible at 00:09:39).

THERAPIST: Something that had a mistake in it. Yea.

CLIENT: So which I know is a little... but I guess I've been pretty worked up about that. And on top of which it's maybe silly but Thursday night which is like the end of a really... like a 12 hour day for me, I usually don't do any work school Thursday night. Anyway, my mother-in-law calls and she's like, "Yea, we're going to come for your graduation," which they mean so well. [00:10:06] They really... they meant so much thought but I was just like I can't. I was really getting to a point in the week from having done all that work. I was really into a point where I was I cannot plan one more thing, deal with one more thing, even talk about one more thing right now.

And so Ivan (sp?) gave me a... I forced him but while I listened to her voice about giving me heads up what was going on. But they already booked a room. They already took off of work. They took off work in January and decided to not tell anyone, they... yea, yea. So they like really... they meant really well and I'm sure it never occurred to them like, this is a stressful time. Maybe now is not the time to spring it on.

THERAPIST: When is your actual graduation?

CLIENT: It's the 23th.

THERAPIST: The 23th. OK.

CLIENT: Right. So I mean it's a ways away. But it was still like... and she wanted to know what time it was and she really... I will say she really made the effort to be, I guess, a little more sensitive than usual. [00:11:02] And she was asking really nice... like really... questions like she really cared and really wanted to know. So **it was nice** but it was just like an additional... it's like, oh, my in-laws are coming.

THERAPIST: Do you wish they weren't coming?

CLIENT: I thought they weren't which was fine. I wasn't offended. But **I also was really looking forward to just a quiet weekend with just my parents and my sister and Ivan** (sp?). Because that's so rare that we do that or see just them.

THERAPIST: Oh, I see. I see.

CLIENT: I mean dad is going to get coverage for at least 24 hours which is huge for him.

THERAPIST: Wow.

CLIENT: Just for emergencies obviously. But it's huge for him to do that.

THERAPIST: Yes it is. It's huge for you then.

CLIENT: Yea, it is. So it's like I really wish... but my mom was like, "You cannot be rude. At this point, they've already booked everything. And even if they should've asked, you need to..." So it's fine. It is what it is. But that was like... that was a lot for me. And then I got really worked up. I'm like, "What am I going to do? How are we going to coordinate all this? What about change..." [00:12:01]

So on top of which after I got off the phone with his mom, Ivan (sp?) is like, "Oh yea, we should buy your cap and gown or whatever. I think we should get on that." And it's just he... for him I guess it came across because he remembered it was going on. But for me it was like you won't

talk about it. You won't acknowledge that it's happening until your parents are coming. So it felt like... yea.

THERAPIST: So that was the first time he actually was willing to talk about it after hearing they were coming.

CLIENT: No. Like I mean... yea, I mean, immediately after hearing they were coming the same day, he's like... then after I got off the phone with his mom, then it's important that I get my cap and gown. And up until them, like... so yea.

THERAPIST: There's so much on what you're (inaudible at 00:12:48).

CLIENT: It's OK. It's OK. But it's like... and I have... I guess I'm a little proud. I've let a bunch of things go.

THERAPIST: Yea.

CLIENT: I see like... I did the dishes because that's my chore. [00:13:00] And then I was like, well, the counter really needs to be wiped off. And I'm like I'm not doing it.

THERAPIST: Yay.

CLIENT: So it was like...

THERAPIST: Good for you.

CLIENT: ...oh, the counter really doesn't look good. But you know what? It can wait.

THERAPIST: That's good. Right.

CLIENT: So it's not the end of the world.

THERAPIST: And how did it feel then doing that?

CLIENT: It felt gross and I felt bad and then I felt lazy. But on the other day, I met myself half way. I was like, "You're not going to clean it. I know I can't clean the apartment right now. That's crazy. But I can... at least I'll just wipe down the bathroom counter. Wipe off the mirror. Like clean that up a little bit. And call it." And I did. I stopped there pretty much. So that was like compromise. So I have tried to let some things go which I feel good about. In reality, yea, as soon as the exam is over, I kind of want to clean the entire apartment. But I'm trying to let it go.

THERAPIST: (chuckling) It's something though if you can force yourself to try to look at while you need the time. It's not as interfering in your life if you want to do a big clean after you don't

have other responsibilities as much. That's a different story. [00:14:05] But to make yourself be doing that right now, that's when it's becoming a pathology in you. Do you know what I mean?

CLIENT: Yes. And I thought... I even thought about it the other day. Like I could really... I could go through some things. I could deal with... and I thought that's just the way to deal with my anxiety and stress. I'm not going to do it and my sister... actually she knows me very well. (chuckling) She's like... she called me. She's like, "Well, I'm on my way over. We're going to go to the beach for a walk." I'm like, "Oh." She's like, "No, we're going to go."

THERAPIST: (chuckling) Oh.

CLIENT: So we just walked along the beaches. It's not a "beach" beach but it's like... there's space to walk. So it's just 15 minutes away or so. We just walked a couple miles, came back.

THERAPIST: Oh, that's lovely.

CLIENT: Yea, it was really, really good for me so... yea.

THERAPIST: It's a really good example the kinds of things that over time we can try to help you be able to do even for yourself more. How do you create spaces that are actually not frenzied, not cleaning and just... and have those be OK instead of something that makes you feel guilty. [00:15:10] Something that's rejuvenating instead of degrading of your sense of yourself that you took a break. It's hard for you to do.

CLIENT: It is. It is. And I'm finding sometimes when I'm still getting really... my chest feels like... feels really tight. It's hard to breathe.

THERAPIST: Yea.

CLIENT: I know that's the anxiety and the panic. But that's happening and it's just... sometimes I really I feel like I'm at the point where I could be the tiniest additional thing and it would be too much for me. So...

THERAPIST: There's so much anxiety and particularly a sort of strand of the anxiety is perfectionism. And I know you know this in a way. But one of the things I hear... I'm just going to put this a little bit more bluntly than you've been phrasing. It's as though if we walk through what the automatic thought and feeling is that comes up when you're looking at a dirty counter trying to get yourself not to clean it. It's as though that counter is a representation of your sense of yourself to you. [00:16:16]

Like a dirty counter means you're a bad person. You're a lousy person. You're a lazy person. You're not worth much. A clean counter makes you feel in the heat of the moment like you're a good person. You have things in order. You have things in control. That's just something we

have to start kind of dismantling and teasing apart, breaking apart a little bit. Because if you actually think about it, all it is, is a dirty counter.

CLIENT: Yea.

THERAPIST: It's just a description of a counter with some coffee stains and crumbs on it. That's all it is. It's almost like people who are claustrophobic and you want to expose them to the types of situation just get them to know nothing happens. Like actually you're not going to die and you have a full blown panic attack. [00:17:01]

And they eventually learn, OK, I'm fine. So I'm a little squished but that's all it is. It's the same thing for you with the counter. It's like wanting to expose your brain to looking at it and just seeing describing it as a counter. This is mindfulness. What is the description of it without there being judgments of your sense of yourself? It has nothing to do with your sense of yourself. In your childhood, it did, right? You're... it... the lack of cleanliness of your household very much had to do with your parents selves and their pathologies. You're not them. You're not somebody who is so depressed she's not cleaning her house all the time. You're actually quite the opposite. So you're trying to sort of just break apart. It's just a dirty counter.

CLIENT: It's just... yea.

THERAPIST: Just let it be a counter. (chuckling) You'll clean it tomorrow. You're... you can't feel good enough about yourself without things being perfectly normal. And I think the same thing goes for studying. It's like, all right. So you'll let go of a chapter that you've already reviewed a little bit earlier in the semester. How do you feel good enough about yourself? [00:18:09] There's not a feeling of good enough-ness, right?

CLIENT: Right.

THERAPIST: It's perfect or bad.

CLIENT: I would agree. Yea, and I appreciate that that's the all or nothing. And it's so easy to label it as that but it's so hard to change that thinking.

THERAPIST: Yea.

CLIENT: So I feel bad if I have an A-. I feel bad if Ivan (sp?) forgets that I'm graduating. Even if it's truly... he really is forgetting, I feel... I internalize all of it into myself worth which I know is very unhealthy and which I would never do for someone else. If they got a B or if their kitchen counter was dirty, I wouldn't judge them. So I know that's something I need to work on.

THERAPIST: You're so hard on yourself.

CLIENT: It feels like something that's stuck with me from last session was you said the more I can do the interpersonal skills and the less I can do the criticism, the more the problems whatever they are like real like they can be more... like they can eliminate my portion of it in part. [00:19:08]

THERAPIST: Yes.

CLIENT: But I thought... and so I thought about that. I've been thinking about that. And it's scary to me because then I lose control over it. I lose responsibility for it. I lose the ability to change it, fix it, make it my fault, feel bad about myself. Feel good about someone else because that feels better. That... if it's my fault that the counter is not clean, I just I clean the counter and then it's done. So it's like I know that might not make much sense but that's...

THERAPIST: It makes a ton of sense.

CLIENT: OK.

THERAPIST: I hear you. You're saying that you're aware and some way you have an investment in being the one who's making the mistake because then at least it's in your control. If you can be like... if this is what's not perfect about me, you go fix it. Then it's still you and your problem. It gives you something to do about it which is how you handle your anxiety by doing, doing, doing, doing, doing, doing, doing, doing. [00:20:09]

It makes a ton of sense. I mean, I also realize thinking about the interpersonal effectiveness skills. For example, that I don't ever want you to get the message that this is... you just have to get more perfect at being interpersonally effective. Do you know what I mean? Because in a way you could also use that as, oh, OK. I'm not doing a good enough job here. And better learn this skill and go be perfect at this and perfect at that. It's not about being perfect. It's about finding ways that you can be driven more by what's good enough and not by the need to have yourself be perfect and you need Ivan (sp?) be perfect. I know Ivan (sp?) is far from perfect. But I think that the pressure the level of the criticism that comes at yourself and at him is about there's nothing less than perfect that's acceptable that's inside you. [00:21:05]

CLIENT: I don't know why. Like I said, if I went over to my friend's apartment... like I have went over to my friend's apartment and it's not spotless, I actually... this will sound maybe like I'm a horrible person. But I almost... I feel a little good because it's like they're not perfect. And I like that they're not perfect.

THERAPIST: Oh, so it's a relief almost.

CLIENT: It is.

THERAPIST: Yea.

CLIENT: And I don't judge them and say, "Oh, I wish you cleaned your apartment." Or, "This is gross." It makes me feel good. I mean, if it was filthy I would feel differently. But the fact that there's clutter and it's a little messy and whatever, it almost feels easier. Because sometimes if I perceive that they're perfect or everything... you got an A or it feels like something bad about me. Or it feels like... I don't know. Maybe it's easier to be friends with someone or have a relationship with someone who isn't so perfect all the time and who doesn't always have it together. [00:22:06] It feels like there's space for me to not have it all together.

THERAPIST: To be human.

CLIENT: Yea.

THERAPIST: (inaudible at 00:22:11) human. Yea, that makes a lot of sense. I mean, it's... you qualified it when you said, "If I go over and they have a little clutter. And you said, "I don't mean filthy but some clutter," that's an experience of something. The kind of what's good enough that you didn't get to have as a kid. It was filthy.

CLIENT: Yea.

THERAPIST: So it leaves you... when you're a kid growing up and especially you where your brain works about kind of order and organizing to manage your anxiety. You're growing up in filth. It's not that you grew up in a place where sometimes clutter gathered because people were busy leading their lives, right? It was really filthy.

CLIENT: Yea.

THERAPIST: So you don't have... you literally have black in your... like why do you have black and white? Because it was black. It wasn't grey. It wasn't... what's my parent cleaning from time to time. Getting it nice and clean and then it gets dirty again for a while and people, because we're busy going to lessons or having family night or whatever. [00:23:16] It was really, really filthy. So to have this experience of a friend have some clutter and kind of ordinary messiness, that's OK. And someone who you love or like or admire is really new. I also wonder, Ramona (sp?), as you're talking about this, there's so more, so much more for us to understand about how much self-loathing there is in you.

CLIENT: It's really... so I've done a little more journaling and it really does come out there. And I really feel bad about it. I understand that's really unhealthy. I understand it's very... it doesn't even help me maybe. Well, maybe it does help me deal with the problems but in a very unhealthy way. [00:24:09] And I'm almost like embarrassed to admit it because I don't want to be a martyr. I don't want people to feel sorry for me. I don't want... because it's my own doing. It's not like someone is telling me to hate me every day and I hate myself as a result. It's... I just... I don't know how to...

THERAPIST: Yea, but see, that's what I've read... what I have read. I know I didn't read this week but it feels so important and clarifying to me. It doesn't seem like you're trying to be a martyr or trying to be special in some way. I mean...

CLIENT: It actually it almost makes me feel... I don't know. Like if something goes wrong, I really find myself thinking it. Like, oh, I hate myself. [00:24:56] Like and it's so... I've caught myself and I'm like wow. Even if Ivan (sp?) says something, if I mess up something, if it's like I'm having trouble getting all my stuff together, like it can be such a range of things. If it goes wrong, even if it's someone else's fault or mine, it's like oh, I just...

THERAPIST: I wonder what you're... when you think about those feelings I hate myself or I'm terrible at this. I hate myself. I hate myself. I hate myself. It's a really kind of beating yourself up as I've read in the past. Do you think about any... does something come to mind about being a kid in your family? Like is that... was that a common mantra even then?

CLIENT: I had it at home definitely especially when I was really depressed. I would write it over and over and over and over.

THERAPIST: You were even writing it specifically. Huh.

CLIENT: I would hide it but I did.

THERAPIST: Yea.

CLIENT: And it... I don't... I think... I really don't know. But I'm assuming it's back to the same coping that if it's my fault or if it's something about... if they aren't showing me... if someone doesn't show me that they love me in the ways that I perceive love, it's not their fault. [00:26:10] It's my fault for not being lovable. It's a comfort. Again, I guess it's about the control. That I have control over the issues and...

THERAPIST: You weren't being shown what you needed and would make you feel lovable in so many ways.

CLIENT: Yea. And I... so Ivan (sp?) is really trying and he's made some real progress. Then there are other times where it's just... it really feels so much like he doesn't love me. And it feels... and then I replace it with he really just married me so I would take care of him which is a horrible thing to believe about... but I really think it is... he really... he's expressing to me that it really is him forgetting.

So Dr. Farrow (sp?) gave us an assignment to sit down and talk about graduation. [00:27:01] We went to do the assignment. He's like, "I can't remember what we're supposed to talk about." And I'm like, the whole point of this was to address the way you... yea. So it's really hard to tease that out and say, "OK, he's struggling with this. It has nothing to do with me." He's like, "I

forget the... I forget other things, Ramona (sp?). It's not about you." But it's really hard to do that. So...

THERAPIST: Yea, because as a child you would tell yourself it was your fault when your father... I mean, I could throw a couple at you. Your father was never around as one example or when your mother wouldn't clean the house despite begging and pleading. I guess I start to wonder, did you start telling yourself, "It must be because I'm not that great. If only I were a better person or more this, more that."? I mean, I don't know where your mind went as a kid. What the fantasies were about? [00:28:03]

CLIENT: It was definitely like if I could ask her in a different way, if I could have her in a better mood, if I could motivate her, if somehow it was worthwhile that it would be worth... but more than that it was then the fact that the house was a mess, it really did feel like it was my responsibility. And it was my fault that it was a mess. Because I was at a certain age old enough to clean on some level. And at least help my sister. But it really... I don't know. I guess I do wonder do my parents (inaudible at 00:28:43). My mom at least would tell me that she and my dad stayed together because of us. I wonder I didn't feel a little responsible for the arguments and for the... I don't know. I did wonder if my dad would be home more if I wasn't so critical. [00:29:00] I did wonder if...

THERAPIST: If you weren't so critical? You wondered specifically that then?

CLIENT: Yea. I did wonder if we would have a better relationship if I wasn't so... I broke another promise. You weren't home. You... there was a lot of times... there were a lot of times where I would really tell... like I was just so angry and I would really... and then I got to a point where I didn't want him to be home. I would still sometimes complain that he wasn't home but I didn't... I really got to the point where I was happier or able to clean the house in peace if he wasn't home because I was just so upset. It was just so unfair.

THERAPIST: Yea. When you say because you broke another promise, what would actually happen as you would start to... do you remember sort of the unfolding as you started to get angrier and angrier and let him know. Like what... how did that go?

CLIENT: So it would be something like there were certain tasks outside or at the house that I couldn't do or couldn't do very well. [00:30:05] So weed trimming we have like two and a half acres of property so...

THERAPIST: That's huge.

CLIENT: Not for where we live but...

THERAPIST: But it's a lot to take care of.

CLIENT: It is a lot to take care of especially if you have a pool and a grapevine and a fenced in dog yard and a backyard with... our play set is still there. Just like a lot... and then all the flower beds and all the...

THERAPIST: It's a lot of work.

CLIENT: It is a lot of work if you want it to look nice. And so sometimes there would be things that would be like really just that he could do. And I would like do the bargaining, the pounding, the... there were a couple times where I made him sign a piece of paper saying he would do them by a certain date. So childish but so...

THERAPIST: Like what kind of things? Do you remember what you...

CLIENT: Yea. So it's like, "I will trim outside. I will move the trailer that I left sitting forever out there. I will cover the pool. I will clean out the pool." Things like that that we just... it was really pretty much entirely outside. [00:31:05]

THERAPIST: With your dad.

CLIENT: Yea, because **cleaning was never the man's job in his family or in his perspective**. And my mom never... doing the outside, she felt, was his job. So I mean, at least they seemed close to agree on that. Not that I think it's right but... yea. So it would be stuff that... because it was embarrassing. I could never have friends over.

THERAPIST: Because like the pool would be filled with leaves or things like that.

CLIENT: No I mean, because the house was filthy inside and outside he would leave all kinds of stuff sitting. My parents... both of them would. Like they'd take stuff out and just like leave it there. They wouldn't trim, wouldn't weed, wouldn't... Emma (sp?) and I always...

THERAPIST: Because it's all overgrown.

CLIENT: Yea, Emma (sp?) and I always did the mowing but there is a limit to much we could do outside.

THERAPIST: Of course.

CLIENT: And we mostly cleaned inside. And he... I mean, he would... he still right now he has like a trailer sitting at the corner of the lane because we have a lane because it's back in the country. And his old truck is sitting on the property as well because it broke down and we've begged him. [00:32:10] Like, "Dad, just donate it and take it some kind of tax credit. Just let it go." "No, no. It'll be worth something." So now there's like an animal living in there, I feel. (chuckling) And it's just like so...

THERAPIST: Yea, yea.

CLIENT: It... we... it's just these battles.

THERAPIST: And would your sister be involved in this kind of battling, too?

CLIENT: So when she was in high school, they went through a phase where they had fights, arguing, yelling. Like where she would beg and do the same exact things. And then when I...

THERAPIST: And all begging and pleading to take care of the household kind of stuff?

CLIENT: Right. Yea, come home, take care of his bills. I mean, Emma (sp?) and I tried so many... she actually did a lot of... she did some billing for him at one point she would consistently work for him. And I did a summer where I did surgery packs and unloaded drugs and like stocked the shelves and stuff. [00:33:00] So we've both done some but we would beg him like, "Please just send out your bills once a month." Or, "Please give them to... give them out as you do the service."

THERAPIST: How would you even know that... in other words, his practice wasn't at the house, right? It was.

CLIENT: Mm-hmm.

THERAPIST: Oh.

CLIENT: Right. So he has a huge office with this gorgeous huge desk that you can't see, leather desk with a glass on top. I mean, it's a beautiful... and his... anyway...

THERAPIST: So you could see the inside of this office...

CLIENT: Yea.

THERAPIST: ...and it was very disorganized.

CLIENT: Yes. That would be the (inaudible at 00:33:37).

THERAPIST: And did you know that you were... like were you low on money? Like how did you know he wasn't sending bills out?

CLIENT: That's the thing. So we always knew he wasn't sending bills out because there would always be stacks of bills. Like you could go through a client and have bills from the 90s. Have bills from... right.

THERAPIST: Oh my goodness.

CLIENT: And people that we knew from hearing the fights with my mom and dad who hadn't paid tens of thousands of dollars of bills because that care is very expensive actually.

THERAPIST: Of course. Yea. [00:34:06]

CLIENT: And that he would still continue to go and work for them. And he would still take on new clients. And he would still... like it just... it really... and it's still going on. I mean...

THERAPIST: Yea.

CLIENT: It's a mess. But I guess my mom... that might have been part of the way that we really knew how bad things were sometimes. But it wasn't that... so the kicker was it was never that we didn't have money because my dad was working. He was earning... he had all these bills to send out. People owed him tons of... they still owe him tons of money. So it was never that we couldn't afford things. But it was that he would also in his **poor business management** and a desk that's piled high with random like bills would not get paid. He was very disorganized. So we would get calls on the phone. So and so is due. A notice on the door your electric is going to be cut off. [00:35:01] And it wasn't that we didn't have the money. So it was just...

THERAPIST: Just unbelievable stories.

CLIENT: It is kind of... yea, right. Well, but in all fairness... maybe it's not fair. But he went to vet school and he went to college and he's never taken a business course in his life.

THERAPIST: But he also didn't... if he... so to be aware, OK, this isn't my strength. I'm really disorganized. You'd hired somebody then.

CLIENT: It's a control thing.

THERAPIST: Yea.

CLIENT: So he now has like a secretary of some kind who does some work. But it's also hard to keep someone when you're that behind and that much of a mess and that like difficult... with a crazy schedule. It's hard to... and he has to... he won't just give her things and let her do them. He has to have a lot of control. So it's like **he's his own worst enemy in a lot of ways.**

It's really sad because especially Emma (sp?) went to a college where there were a considerable number of wealthy people. It was not an inexpensive college. [00:36:00] It was... anyway. People thought that she was wealthy because when you say my dad has his own practice people don't think that you're poor. And my mom doesn't work. It really does sound... and that's hard. And I've heard that sometimes and that's hard because it's like... it's not so much the...

THERAPIST: It's like there's a stream of income that should have been there but it wasn't always necessarily there at all.

CLIENT: Right. But when he really needed to or when we really needed... like of course he always found a way to make somebody pay or...

THERAPIST: Yea.

CLIENT: Yea.

THERAPIST: So you end up as a little girl in this system starting to feel like maybe the way to feel better about this level of chaos you're living in is to take it on yourself for you to become the secretary in a way, for you to become the manager of your household. And if only you could get good enough at that, you could help your parents out of this or somehow help them see the light.

CLIENT: Yea. [00:37:07]

THERAPIST: It's quite a construction. I mean, even... you can hear it... I think you caught yourself a few minutes ago when you said, "Because I was old enough to... at that point to clean." Even if you're 16, you're a teenager who should not be in charge of keeping an entire household running.

CLIENT: I know.

THERAPIST: But there's a way you have set up inside you that somehow at the very least it could have been all your responsibility and you should have taken care of everything.

CLIENT: Yea. And I still... sometimes I still have an urge to like go home and deal with...

THERAPIST: Yea.

CLIENT: And I still catch my... the other day I called my mom and she's like, "Oh, I just vacuumed the living room. I thought I'd take a break before I vacuum the kitchen or whatever." And I just like... I thought... I caught myself getting like, "So, does that mean the house is OK? Does that mean the rooms that are like the disaster rooms are just the only ones left? Does that mean it'll be like that when I come home?" And then training myself like Emma (sp?) tells me "Don't get your hopes up. Just let it go. It is what it is." [00:38:07] So that's... I'm also pretty stressed actually about... like I really want to see my parents. But I literally had a nightmare last night about their arguing, their fighting. And I just feel so...

THERAPIST: What was it? Again, I'm going to ask you details.

CLIENT: That I don't remember. That I don't... I just when I woke up, that was like at the forefront of my mind. I was just dreaming about that.

THERAPIST: Them screaming at each other?

CLIENT: No, just I guess fighting. But it's... I will say I... Emma (sp?) always tells me. She's like, "But you don't have to be like them in the ways that you don't... the things that you see that..." And I do. I feel really horrible because my mom is so critical of my dad. Like unbelievably. Like she will put him down, belittle him, embarrass him in front of Emma (sp?) and I am like on the phone, in person. Like constantly. It's like impossible to have a conversation where she doesn't make some kind of put down towards him. [00:39:03]

And I understand why she's... like I'm not saying my mom doesn't have the right to be angry. But it doesn't like... it's really bad and it's... I so don't want to hear it. And I think to myself, that is me sometimes with Ivan (sp?) and I don't want to be that person. And it doesn't... it's not even like it's a means to an end. It's not even helpful. It's not going to make a difference.

THERAPIST: You can hear when she's yelling at him. Sometimes it's just... it's different than to be... have a constructive delivery of being, "I'm frustrated with this. Let's talk about it." But there's something you're saying that just sounds mean. She can just be cutting.

CLIENT: It's... and it's like any conversation can be a platform for it.

THERAPIST: Yea, yea.

CLIENT: I'm calling her and telling her that I need to get some fillings done. And she's like, "How is Ivan (sp?)?" And I'm like, "Oh, he's good. He didn't need to get anything done at the dentist." She's like, "Well, that's how your dad is. You know he never goes to the dentist and he still doesn't." And I was like, "I know he doesn't go to the dentist. I know he doesn't go to the eye doctor. I know that..."

THERAPIST: So like any subject could get turned into a way of bashing him. Yea.

CLIENT: It's so... it's not like the most malicious... saying that he doesn't take care of his teeth isn't the most malicious thing in the world. [00:40:04]

THERAPIST: No, no. But it's like this subtle constant dig, dig, dig, dig at him.

CLIENT: It's really hard to be around.

THERAPIST: Yea.

CLIENT: And it's just... so that combined with my in-laws combined with... I just I feel so...

THERAPIST: It's going to be a lot. (chuckling) I mean, even without your in-laws. Just your parents being here, it's such a rare thing.

CLIENT: It is very rare.

THERAPIST: It's... there's a lot riding on it and so much feeling. Ramona (sp?), one thing I hear to think about is just as a concept maybe for this week. Your parents because they themselves are very narcissistically self-preoccupied, they're in their... your dad is in his own world doing his own thing not thinking about his accountability to other people or to the rest of the world. Your mother is in her own world just lobbying subtle or loud accusations, criticisms at your father. Telling you, "**We stayed together only for you.**" [00:41:05] She's not thinking about what that's like to hear as a child.

CLIENT: No.

THERAPIST: She's only operating for what works for her inside her own private psyche. Not thinking about other people. So what happens in that way then in development is you don't get taught by either one of them how to begin to recognize that your mind is separate from theirs. Because they never recognize your mind is separate. The solution that you came up with to manage this chaos is one in which it's as though there's no boundary between your mind and theirs. **If they're not cleaning it must be my fault. If they're not getting it, then there must be something I could do differently to get them to do it.** Do you hear how it's like our minds... my mind is part of theirs. So if I could only... if I could do something different, it'll change their mind. [00:41:59]

It's as though **you're not a separate person from them.** Same thing with Ivan (sp?). It's like some people just use the expression a narcissistic extension of the self. It's as though your dad not cleaning is a reflection on you. So you better change something so that this happens differently. It's like what happens in my hand over here is part of me, right? And my brain is controlling. It's as though you would tell yourself it's so connected to you that as long as you did something up here, you could make it do something different out here. Rather than knowing they're separate.

Again, what would have helped you so much, let's say you still lived in filth and the bills being unpaid. But if your parents could have even paused from time to time and said, "Ramona (sp?), I just want you to know this is not your fault. This is not your responsibility. I'm really sorry that I'm falling short in this way. It's my depression. It's your father and I have a rough time in the relationship. That has nothing to do with you. Don't take responsibility of that." You would have been in such a different place if just that sense of, "Oh OK, not my fault, nothing to do with me," could have been given to you. [00:43:07] Even if you still lived in the same stuff. That's where the worst trauma happened of all is that no one recognized your separateness and the impact on you that you were slowly taking this all as your problem, your badness. I actually think there are ways that got fed in a way that...

CLIENT: There... oh, I'm sorry.

THERAPIST: No, go ahead.

CLIENT: I was just going to say **there have been some times when they've been really apologetic** and like, "This is so horrible that I let this go and this is all my fault." And like, "**You shouldn't have to deal with this.**" And my mom will sometimes even say like, "I don't want you to come home and clean. I don't want..." And my dad will really try. Like, "I really want to have a closer relationship with you. I really want..." And so there are periods of that and they seem few and far between. And they seem brief.

Then there are other times where it's like, "It's your fault for wanting the house to be clean. It's your fault for wanting me to work less. It's your..." [00:44:03] And literally my mom saying like, "Well, your sister..." Like my mom... my sister would come home from college or whatever. And the house wouldn't be clean and I would ask my mom if we could... she could help. And she's like, "Well, she's not the queen of England. We don't need to..." And that kind of like, "It's your mentality that's the problem, not the..."

THERAPIST: Yes.

CLIENT: But it's... **I agree that it's very hard for me to separate out like this is their problem**, this is their thing. It doesn't reflect on me. They would've done it no matter. If they had had (inaudible at 00:44:31) maybe. It's hard for me to do that with Ivan (sp?).

THERAPIST: Yea.

CLIENT: And it feels... even if I'm able to step out for a minute and at least try to say that, it feels really hurtful still.

THERAPIST: Yea. I think it is the truth with Ivan (sp?) that it did... I don't... there's nothing I've heard from Dr. Farrow (sp?) or Dr. Bourd (sp?) or even my sense of him here as brief as it was that he's doing this on purpose because he doesn't love you.

CLIENT: No, no. [00:45:02]

THERAPIST: Do you know what I mean? In some ways, that's a more satisfying explanation because you can... then it's your fault again. I think **he has deficits that have nothing to do with you**. That doesn't mean you have to then, "Oh, well, now I'm going to love his deficits." And I'm thinking no, that's not it either. You then are faced with, "Well, it's disappointing that he has these deficits and it... I don't know if this is going to be OK with for the rest of my life." But it's different than saying, "Oh, it must be me. It must be that I'm just not worth more than this."

That's what you and I have to work on together. That feeling because it's just not true. And I actually think if you felt like you were worth more and you really just knew that, I think some of the stuff that would happen with him would start to unstick some too because you... it comes...

the anger and the criticism sometimes that comes out. Underneath that even if you don't say it in the moment is tremendous self-loathing that drives the criticism. [00:46:07]

In other words, it's like when you're yelling at your dad as a teenager, you're feeling in your own self, "I'm a piece of shit because you do this." So you're yelling at him, it's like yelling at your hand, "Stop doing that," right? So that... because you feel like it's your fault. There's so much self-hatred inside that I think who knows what would happen, I guess, if we could help you, over time, start to unpack that and look at the ways in which you've hated yourself for things that had nothing to do with you and weren't your fault. That it might shift some of the ways the criticism plays out for... of him. And allow you to hold him more accountable in different kinds of ways. Not less accountable because, oh now he's just sick and I have to accept his deficits. [00:47:00]

No, a different kind of accountability might be possible. So just go about, I think, a task of just thinking about this separateness of your minds. It doesn't mean... separate doesn't mean I have to love them this. It could still mean I really don't like that. Now that I... sometimes you might even dislike it even more once you recognize that it has nothing to do with you. But just trying to draw the boundaries and recognize (inaudible at 00:47:31). And you're going to do the things (inaudible at 00:47:34).

(inaudible at 00:47:39) the next few days to let some things go, OK? Just keep working and keep trying to say, "OK, I'll go for a walk instead of cleaning the apartment or instead of reading this chapter a few times. (inaudible at 00:47:52) allowing yourself some practice with it. (inaudible at 00:47:57) not be so (inaudible at 0:48:00) perfect all the time. (inaudible at 00:48:02). OK? (inaudible at 0:48:05).

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Ramona, just to let you know, the Monday of Memorial Day I'm going to be out.

CLIENT: What date is that?

THERAPIST: It's the 27th, so two more weeks after this. It will be three weeks from now I'll take a week off.

CLIENT: Okay.

THERAPIST: You're graduating soon. Is it around then that you're graduating?

CLIENT: Actually it's on the 18th, the Saturday, so I was actually wondering maybe for those two weeks if we could find another time, since you'll be away the next week. That Monday my in-laws are leaving in the morning, which I don't know if that means I should be around or not.

THERAPIST: So we should take off the 20th?

CLIENT: Yes, the 20th and then, I guess, the 27th, if there are other times those weeks. (pause)
[00:01:06]

THERAPIST: If you want to take a look next week as it gets closer.

CLIENT: That's fine.

THERAPIST: The reason it's tricky for me is that that week I'm out Friday, so at the moment I'm pretty booked solid for the week.

CLIENT: I could probably be okay. I should probably talk to them and make sure.

THERAPIST: Going two-and-a-half weeks – it could be okay for the time?

CLIENT: Yes, I can try. I should probably just clarify with them what they're doing anyway.

THERAPIST: If it makes any difference, I might have a time open a little bit later in the day. I don't know if that helps at all.

CLIENT: No, it probably would because they said they were going to leave in the morning.

THERAPIST: I'm almost definitely going to have a 1:20 time. Would that be better?

CLIENT: That would probably. Yeah.

THERAPIST: Okay. So I'm going to put you down with a question mark for then. Do you want to check on it and let me know?

CLIENT: Yeah, absolutely. [00:02:02] (pause)

THERAPIST: Where are you?

CLIENT: I guess a little better. I'm done pretty much; I just have to finish up some research hours.

THERAPIST: Congratulations.

CLIENT: Thanks. And do my loan exit counseling, so that's not too huge of a deal. The final that I was worked up about, I already got my grade and I got a 97, so that was good.

THERAPIST: Wow!

CLIENT: That was my main class, so that was good. I had a job interview at the [] (inaudible at 00:02:36) on Friday, so that's good.

THERAPIST: Oh, my goodness.

CLIENT: And then I had sort of another pseudo-interview during the week. I say "pseudo" because she just has to wait for her new job to be secure before her position officially opens, but they already asked for my resume and gave it to her boss, so that's hopeful.

THERAPIST: Where is that? [00:03:00]

CLIENT: That's at Walter Reed at the clinic. That one I'm more interested in. So, yeah, it's going.

THERAPIST: And these are for research assistant-ship kinds of positions?

CLIENT: Sort of. The one at the [] (inaudible at 00:03:12) was a data coordinator, which it turns out is kind of a glorified data entry person and you don't need a Masters or anything for it. The other one is actually a patient navigator, which I don't know if you know, is kind of a new thing.

THERAPIST: I don't.

CLIENT: For the HIV. Everyone at the Walter Reed gets screened for HIV and then they would get screened additionally if they're positive for the study and they pretty much have to have almost full-blown AIDS or actually have full-blown AIDS and be IV drug users – so pretty serious cases. Then it's an NIH trial that's being done in ten major cities and there are three arms of the RCT, and one of them is patient navigations. [00:04:01] You basically go with them to their doctor's appointments. You learn about their medications and their side effects. You go tour their methadone clinic with them. You're in contact a lot with them and it's to really be a support system and encourage them to adhere. That's one of the arms of the trial, so it sounds interesting. She also evaluates the program. So it's less epi and more infectious disease. It was interesting and good. I just have to wait and hear what happens from her.

THERAPIST: It's nice to feel that there are irons in the fire and possibilities of things.

CLIENT: Yeah, it was encouraging to have interviews before I'm even done, so that was helpful. I haven't even applied to that many yet, so it feels a little hopeful. So that's good.

THERAPIST: How have things been with your sense of yourself? You finished this exam. This is a big deal, this transition, but I wonder kind of where . . ? [00:05:03]

CLIENT: Yeah, it's funny. My mom called the other day and asked, "I just wanted to know how your interview and your exam went." And I told her and she's like, "And how are you feeling about yourself?" (laughs) "Are you feeling any better about yourself?" I guess the answer is not really, which is weird because you would think. But not too much.

THERAPIST: It's not that weird. That's why I ask because these other things can kind of cover up and, for the time being, make it feel like the external is going a little bit better; but the long-term, deeper work is still about your feelings about your own person, regardless. The reason is why it's not surprising, Ramona, is that **you've gotten plenty of A's in the past**, for example, and **it doesn't touch this feeling**. It's not like "Oh, now I'm a worthwhile person" and that gets inside now.

[] (crosstalk at 00:05:51)

CLIENT: It feels like an expectation. In fact, I felt a little . . . It's silly because I'm old enough. But I told my mom that I was good and I got a 97 and she was like, "Of course you did. Of course they let you interview. Of course it went well." [00:06:07] I know how she meant it. She meant it like "I had no doubt. I have confidence in you," but it felt a little bit like – it's baseline. (chuckles) So it's okay. I had a really long week, just really, really long days. I was exhausted, but then somehow Saturday morning by 9:00 I'm redoing one of the kitchen cabinets and I thought, "Okay, at least I held off." I let it go during the week, but the kitchen counter was gross and I couldn't let it go anymore; so I did that. I did one cabinet and the rest of the apartment still needed to be cleaned. I let it go.

THERAPIST: Meaning you stopped at one cabinet; you got one cabinet cleaned?

CLIENT: It was already clean, I just decided I wanted to rearrange it a little bit, dishes and stuff like that.

BREAK IN TAPE FROM [00:07:05 to 00:08:38]

THERAPIST: It could also be that you're a human being who gets tired and needs a break and some time to sleep more and some time to not do as many activities. If it stays like that, that's a different story; but I also never hear that you get to say to yourself "I get a break today."

CLIENT: Saturday and Sunday I didn't apply to any jobs. I kept up with [] (inaudible at 00:09:01), but it was okay. I'm not going to apply to any jobs. It's okay. I didn't do my loan exit counseling either, which I can do online, which I just want to make myself do today. So it's good; but I also recognized the part we were talking about, like it's never enough. I guess I'm still waiting to really feel good and now it's okay. I can get the apartment floor room cleaned, especially because everybody is coming to visit and if I get a solid job offer that I want, that I accept and that I have a start date and I finish up these last couple of things that I have for school, then it's good. It's like that's the new . . . I'm like once that happens, there's going to be something else. So on the one hand, it's probably normal to feel relief once you get a job lined up; but on the other hand, it's like there's no moment where I'm stopping and feeling just good about "it's done; it's over." [00:10:10] It's probably also because I'm terrified that school is over and it does not feel good at all to have it be over because it's all I've ever done. It's been the **one thing throughout everything in my life that has been steady** and a place where, even if it's

baseline or it meets everybody's expectations only, it still feels good and other people recognize it. Just being in school with all the worked-in deadlines and activities, it's such a productive atmosphere. I guess I always based my worth or self-esteem off of doing all of that and if I'm left to my own devices, what's going to happen? And if I don't have those grades, whatever they are, or if I can't obsess over those things to make me feel good or alleviate my anxiety, what am I going to do? [00:11:07] I've already gone down the thought process of "what if I get fired from whatever job I get?" which is so bizarre; but it's so typical for me to have a worst-case scenario survival plan in place. I know that's really unhealthy. I'm not proud of it. So that's scary for me. On top of which I'm pretty scared that once it's over and I start working, I'm really worried that a lot of resentment is either going to be solidified or it's going to really come out – especially with Ivan because it's going to be the end of the two-year agreement and he's still going to be not quite holding up his end – still really struggling to say supportive things about what I've done – and it's going to be over. There's going to be no room to correct it, fix it, deal with it, and I worry about that. [00:12:09]

THERAPIST: When you say "the end of the two-year agreement" what's the two-year agreement?

CLIENT: We just agreed that I was going to go to school for two years and we agreed that Ivan was going to work full time for two years. That was pretty much it.

THERAPIST: And after that?

CLIENT: There wasn't really, although it was kind of implied. Before the whole grad school thing happened it was implied that Ivan was going to be working for those two years and he was hopefully going to be getting started on his PhD or getting into better jobs – and I would probably just work for a while. I really worry about that and it sounds like I can't get over it. I mean I can't, evidently, and I don't want to be like that. I don't want to carry around this grudge, but I'm worried that that's what's going to happen and I'm also worried that in whatever happens with him, I'm not going to have this school thing that's kept me afloat to hang onto. And what if I'm not good at my job? And what if it doesn't pan out? And what if my coworkers don't like me? And what if there is no **baseline measure of success**? I don't know.

THERAPIST: What if you struggle the way Ivan has?

CLIENT: I feel all of this pressure to either get the perfect job that pays a lot of money or what if I don't have anything for a while and then I could be applying or not applying like he has been and just in this limbo. It feels right now like no matter what I do, I'm really scared that it's going to bring that issue with us. [00:14:03]

THERAPIST: It feels like those things and how you feel about yourself in this stage of your life and how you feel about him in this instance are so intertwined. It's like you are simultaneously imagining "this is going to make me feel this much more critical of myself as well as of him." I was thinking the same thing about your quitting school. Even though you talk about your

childhood a lot of times, it sounds like school – and I may be projecting a little bit because you haven't said it in this level of detail – but I imagine you going to school, getting homework assignments, coming home, doing your homework. This has been kind of structuring and the scaffolding, in a way, that's given you a sense of yourself. It feels like something that you can hang your hat on that makes you feel good enough about yourself is getting good grades, meeting deadlines, getting on top of things. [00:15:03] To be at this turning point where you're imagining letting go of that as the scaffolding of your positive sense of yourself is terrifying. Who are you going to think of yourself? How are you going to think of yourself as an employee, at a job, where it's not . . . There aren't grades. Certainly, there will be evaluations of some kind. At every job there are, but it's really, really, really quite different. You felt good about yourself or about checking off the boxes of school. In some ways, to me, this is an opportunity to get to know more about what those feelings are underlying because they'll come out a little bit more without this scaffolding.

CLIENT: Yeah, I'm really worried. It also feels like the one place I've always been where I get recognized for doing well in varying levels, but also all of the adults are responsible and they're there and they're reliable. [00:16:07] It's an environment where I can count on other people where it's a very strict expectation. If this professor didn't get back to you, that just isn't allowed to happen. They have their people to answer to. There are all these other people who are doing the same thing. I guess it feels supportive, it feels safe, it feels secure. How can going to school be a bad thing? You're doing something really good and productive that's contributing.

THERAPIST: It's a really interesting association, too, because in a way you're saying that school is an environment where you have mostly gotten to count on the authority figures doing what they're supposed to do.

CLIENT: Yeah.

THERAPIST: They might be better or worse at their job a little bit, but they're still going to show up. They have to teach the class. They have to grade your papers. They have to get their grades in or else they get in trouble, right? There's another authority holding them accountable and that's been so reassuring to have adults in your life who do their job. [00:17:08]

CLIENT: I feel like it's a place where people who have potential have to use it. At some level, they all have to. I guess I feel like my parents and Ivan – there is so much potential and they don't have to fulfill it. I'm also a little scared that it's going to be hard because it's the one area in which my dad can talk. He can talk about school, he can talk about work, and that's like it. And he's already . . . He wants me to go to vet school, pretty much. I was pre-vet undergrad. That was my focus.

THERAPIST: He says that?

CLIENT: He would never say that, but he's still like, "What about those jobs with . . . I know a couple of the people at school who are vets. What about contacting them?" It's not something

that I'm opposed to, but I just feel that he still really wants that for me. [00:18:04] I guess it's a little scary to let go of that, too, because it's the one area in which he always looks favorably upon me.

THERAPIST: It's a way you feel like you have contact and connectedness with him.

CLIENT: Right. And I'll have that if I get a good job. I will have that. But I already feel pressure because he's like, "Now, don't take the first offer you get, Ramona. If someone does give you an offer, you don't have to rush." I feel all this pressure. I know he probably doesn't mean to put it that way. Between that and my mother-in-law continually harping on the CDC, I'm just like I really just want to get something; and whatever I get I want people to not make a fuss, but I want them to have something positive to say instead of "Oh, it's okay, but you could have done . . ." especially in light of what's been going on with Ivan. [00:19:01] If you don't think it's fair for his parents to say he's managing a coffee shop and that's just the way it is; but "why aren't you working for one of the biggest [] (inaudible at 00:19:12) organizations?" It feels like all or nothing. It feels

BREAK IN TAPE FROM [00:19:16 to 00:20:44]

CLIENT: But I'm not going to let that work me up. It's my job and I'm going to do what I want or what I'm capable of doing. That would be the healthy way to go about it. (laughing)

THERAPIST: So who – this is your father, maybe, inside you? What could this possibly feel like with her? Did he have expectations? How did that play out as a kid – expectations around job and school? Was there pressure from your parents?

CLIENT: Yeah. That's the thing, my parents would never in my entire life ask me or, to my knowledge, call me to work on homework or study for an exam. To have done that would have been an insult. In fact, sometimes my dad, even just in grad school, would be like, "Well I know you've got to study." That type of thing, which is kind of insulting because coming from them, they would just never have asked us to do our assignments or anything like that because (laughs) we were never not going to do them. It's just the way things were.

THERAPIST: Both you and your sister?

CLIENT: Yeah.

THERAPIST: You automatically did your work?

CLIENT: Right.

THERAPIST: They could just take that as a given?

CLIENT: Yes. I don't feel like there was ever a situation – no. And they never said like “we need you to get all A's” or “we would love you more if you got all A's,” but it was also never a big deal. [00:22:06] Sometimes we'd go to dinner at the end of a school year or something or once we did get our report cards, but it's not like a “let's go celebrate.” They never did that, but my dad did have a tough time the first time I got a D in chemistry. (laughs) He did have a tough time.

THERAPIST: What happened?

CLIENT: It was just a marking period grade. It wasn't my total grade, but I had done very poorly on the exam and it wasn't because I hadn't studied. I'm still bad at chemistry, kind of, but he was just speechless. He just didn't say anything and then there was a parent/teacher conference that came up and he went in and spoke to my chemistry teacher alone and wanted to know what I should be doing. (sighs) And then he spent some time with me preparing for the next exam and telling me “okay, these are the sample book questions that your professor thinks the exam is really based on the book, so you need to be doing these instead.” [00:23:10] I know he meant well, but it felt a little difficult because I wasn't slacking off. That would have been one thing, I guess.

THERAPIST: There is no emphasis on applauding your effort and you're working really hard at something as a kind of paramount thing and the grade is really secondary.

CLIENT: Yeah, but I think my dad would never think of it that way because he works insanely hard. His dad worked insanely hard. No one would ever – it would be like an insult if someone asked him to go to work or asked him to apply to a job because it's just understood, expected, baseline. [00:24:04]

THERAPIST: That's kind of how you feel when Ivan's parents are saying things like that to you, like “do they know who I am? Don't they know I'm going to get a job and I'm going to do well?”

CLIENT: Yeah.

THERAPIST: But I guess that's the thing you're describing. It's so assumed. I don't know how to describe this. It's almost like you don't get to get applause if you do well at something. It's just taken as a given expectation – your mom saying, “Well, of course.”

CLIENT: Yeah, I guess. I had a situation in which I got really upset about it, which is really weird for me.

THERAPIST: When you were younger you're saying?

CLIENT: No. Within the last couple of years. My friend, Judy, from college, a really great friend, I really love her. She's wonderful, but we're different in a lot of ways. She did this internship down at Disney. She likes to cook and she did this cooking program for one year during college. [00:25:03] She came back from the internship and she moved in with her parents and she didn't

have a job until May and she came back around Thanksgiving; and they were totally fine with this because she was like, "If I take a bad job, I know myself and I won't apply to more." So they just let her not do any – and my parents would never let me. This is unthinkable.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How are you?

CLIENT: I guess not too good.

THERAPIST: What's going on.

CLIENT: I've just been really depressed.

THERAPIST: How so? How do you know it?

CLIENT: Crying. Really crying, just really being overwhelmed, being exhausted, even though I'm getting eight hours, just feeling like that all day but not wanting to take a nap, just feeling exhausted and not really caring too much about regular meals or anything like that. I'm just feeling overwhelmed and a bit burned out and instead of going back to that manic phase of getting it done or using that to cope, that's not happening as much lately.

THERAPIST: You've had to sort of be "on" for a long time now and even in the middle of your depression, when push comes to shove about your academics you can rally and get yourself busy; but I wonder if right now without that pressure hanging over you you're just kind of collapsing into it. [00:01:07] It's a different phase without school calling you out of the house.

CLIENT: I guess. Tuesday I finally had nowhere to go – no meetings or anything – and I cleaned the entire apartment from top to bottom just immaculate.

THERAPIST: So you did rally.

CLIENT: Yeah. That was all day and I did everything, like I cleaned out the frig, all of it, so I guess it's a little up and down. Lately in the past couple of days I just can't even . . . so it's not so good.

THERAPIST: Is something happening that's worse or better or changing?

CLIENT: Maybe. I don't know if you read any of what I sent you, but yeah.

THERAPIST: I read the first part. I didn't get to read the whole thing yet, but I will. [00:02:00]

CLIENT: It was just that – I don't know why, but something in me yesterday just **kind of snapped**. I called my sister because I was getting ready to call my mom for Mother's Day and I just wanted to know how she was doing before I called her. Mother's Day is always really tough for her because her mother passed away and she doesn't always want to talk with us as much. (sighs) She was just telling me they finally figured out her plans for coming in this weekend for graduation and I suggested to her that maybe we should change the plan. My sister made reservations for dinner afterwards, which was really nice of her; a long time ago, actually before my in-laws made their surprise phone call that they were coming. Something in me snapped and I said, "I don't want to go. I don't want to do it." I really especially can't deal with my in-laws coming and Ivan is still refusing to talk about graduation and still won't make any plans, even though his parents are coming. [00:03:06] He's still thinking they're going to be here on Sunday. Everybody is going to be here on Sunday. He's completely MIA on what we're going to do with six people and it's just been really overwhelming for me and I just wish . . . I don't know. For whatever reason it wasn't like "okay, I'm a little bit frustrated with the situation. It will be okay." I couldn't work through it like I have been and I just got to the point where I'm like "you know what? They have asked maybe twice in two years how school is going and it's been a five-minute conversation." Ivan has done his "it's so hard for me because I flunked out of grad school" thing and has just not been there, not been supportive. I said, "I know this is horrible, but I really don't feel like going out with them and spending the rest of the day with them and pretending like that's not the case." [00:04:00] I guess I also feel really frustrated because the time before last that I spoke with my in-laws and they flipped out about me getting the dental work, my mother-in-law told me how she didn't

BREAK IN TAPE FROM [00:04:10 to 00:07:21]

THERAPIST: Again, fill me in because last week you were describing – I'm just trying to think if the week has fallen off again. Last week you said the preceding week that he had made a lot of changes. There were as many days where things were totally different and he had fallen back off the wagon from the work that he was trying to work on, but that there were some days where he had made dinner, he had cleaned up – so did that stop?

CLIENT: That did stop. And something else that I'm ashamed to admit really impacted me more than it should have was Tuesday he was gone most of the day. He had his appointment and he did a couple of other things. I was home alone and I had cleaned the entire apartment top to bottom and I did it all on my own. [00:08:13] Over the weekend I had gotten excited the previous weekend because he made a to-do list, which always gets me excited. Sometimes it's crazy unrealistic, but the fact that he's doing it is a step, and on it he wrote "clean apartment" and I was like, "Oh, my gosh. Were you going to do some cleaning this week?" because Ivan usually doesn't at all unless I ask him something very small and specific; and then that's a struggle. So it never happened. He never did it. And then Tuesday he came home and I was wearing my gym clothes because I had been cleaning all day and I knew I looked a mess, but I had been cleaning all day. He just didn't have anything to say about the apartment. I had just gathered all the trash, including a bag of trash from the bathroom, and he was like, "There's a piece of floss stuck to your foot." [00:09:01] If it had gone very differently, I might have laughed about it

because it was kind of funny, but in the moment I was just like, “You’ve got to be kidding? I have worked my butt off all day and you haven’t even been home. You haven’t helped. You didn’t even do anything over the weekend, and now you have nothing to say about the fact that the apartment is spotless, but you’re going to critique one tiny little . . . ?” It was just too much for me and I guess it did trigger in me the classic how many millions of times I’ve cleaned up the house at home and my parents did not say thank you.

THERAPIST: One of the themes that I hear you saying – I don’t think it’s something we’ve quite talked about, at least we haven’t. I don’t know if this has come up with Emily or not, but one of the things you’re saying is that there is one set of things you wish Ivan would do that, actually, you wish he would clean. [] (inaudible at 00:09:53) you wish he would have just done it. But another set is that okay, Tuesday comes around and he hasn’t done it. You’re frustrated and you do it. [00:10:01] You would still feel better if he could acknowledge that you did it and say thank you and be appreciative. [00:10:07]

CLIENT: Yeah.

THERAPIST: And I think that’s, in some ways, what you’re saying to say, “Congratulations. I’m proud of you for finishing school,” appreciating how much work you’ve put in and how hard this has been, what you’ve done to try to get this done. There’s not very much appreciation he shows you for you and what you contribute to the relationship and the family and the household.

CLIENT: I felt bad because, in a way, I maybe set myself up because I didn’t have to clean the entire apartment. I could have sat on my butt all day long. He probably wouldn’t have said anything. He wouldn’t have been like, “Why didn’t you clean the apartment?” I could have done that, so I chose that I wanted it to be done and I was going to do it. So I feel like, in that way, I did set myself up. But at the same time, he later I talked about this a little bit with Dr. Farrow and he was like, “Well, it was hard for me because I felt bad because I didn’t do it, so I had trouble saying thank you.” [00:11:08] I was just like, “This is so old and I get really angry because I appreciate that that’s a real struggle for him, but at the same time, it’s not rocket science. Just say thank you. You don’t have to make a huge fuss.

THERAPIST: This is where I think it might help if you sort of put yourself for a second in his psychological emotional shoes. It’s totally irrational on his part, but if I said to you, “Ramona, it’s not rocket science. Just stop cleaning so much,” you know it’s not as easy as that. There are mental psychological investments in being this way that take time to start to peel back and pull back the layers and figure out. Ivan is the same way, right? [00:12:00] It actually isn’t as easy as just telling someone to just quit it. If it were that easy people wouldn’t go to therapy, right? Do you know what I mean?

CLIENT: I guess it’s just hard not to take that personally because I didn’t just do it because I let the apartment go during finals, which I felt a tiny bit good about doing, letting it go. It wasn’t just that, but I guess if I came home and someone had done that for me, what a loving, nice thing to do for someone.

THERAPIST: Yes. But you don't live in a place of such profound shame around your incapacity to follow through on things. So when he saw you do that it sounds like – I'm not saying this excuses it – but I think there's a way you think sort of "what an idiot he is that he can't just say thank you." That's what he's working on to be able to say, "Setting my feelings aside that I wish that I had graduated from a Master's program also, I still think that is so cool and I'm so happy for you and I'm so proud of you." [00:13:02] He has a hard time doing that because he feels so ashamed of his own self. He can't even muster up the words to show appreciation for that. It sounds like the same thing goes for cleaning the house. He probably walked in and felt so mortified and embarrassed and humiliated that you had done it and he hadn't, that to say "I appreciate you; thank you for doing this" sort of means labeling the thing that he didn't do for him. Again, it's not an excuse. It doesn't mean he has to get away with doing that. That's something he's got to work on in his therapy, just as it is something you've got to work on – your own self-loathing and the way that you see that as a sign of him not loving you or the profound depression that kicks in. It's not as easy as just saying "quit doing that" or "quit feeling that way." That's what he's working on, too. [00:13:56]

CLIENT: It's horrible that I feel exhausted with saying "Okay, I know you're struggling with it."

THERAPIST: "Working on it."

CLIENT: Right. Quite frankly, my entire life my dad's catch phrase has been "I'm working on it" and I know what that means. It's not even on the list. It's not even on his radar and it's not because he doesn't love me, but it really, **really does suck, quite frankly, to be in a relationship with anyone, whether you choose to or whether it's a biological one, where they tell you how deeply they love you** and all of that; and then **they're just not going to show it and you have to accept it**. I can't accept it. I feel incredibly responsible for it. I feel like it's my fault that he's this way. I feel like I'm responsible to fix it.

THERAPIST: So that's the part we've got to work on in you because you're not responsible for the separate minds of other people.

CLIENT: It's just really hard to look at it and then take a step back and say, "Oh, okay. He did not say thank you because . . ." It's just too much to label it that way all the time. [00:15:03] I don't have the self – whatever – to put that on someone else. I always put it on myself.

THERAPIST: Okay, so just to clarify. I don't mean you only say, "Oh, he's working on it so I should expect nothing." I actually think you should have expectations. I don't think he's going to change unless you have certain expectations or a desire to have this change in him. I don't think you would change in some ways unless he said, "Ramona, this is what's in you that's hurting me about the relationship. Let me put it into words. Let me try to communicate what I'm feeling. I feel like you're critical." This is where we just talk about what is the alternative pathway besides hammering into him and then feeling like you have to give up, like "there's nothing I can do here" or "I should just be forgiving and be empathic and let him be this way," because that's

invalidating to you. Do you know what I mean? [00:15:59] That's not a solution either to just tell yourself, "Well, I'm just supposed to be more patient and more patient and more patient." We're working on this. We've always said we work on this for a while and see what happens. If six months go by and there's no change, you start to get a sense that he really is going to be like your parents and it's never going to change.

CLIENT: I admit this is a problem and I'm not justifying it, but I really am hung up and I really, to this day, in talking to my parents and thinking about their lifestyle, I still have this overwhelming urge – like if I lived close to them I would go home and I would clean the house and I would coax my dad to come home and take care of his health. And I would coax my mom to not label her staying the house 24-7 as being shy. I feel incredibly responsible. I feel like if they don't get over those things, I feel like if Ivan doesn't get over these things, that it's my fault, that I didn't do enough. [00:16:59] And when he doesn't say thank you or he doesn't pick up after himself or he doesn't say something nice because I finished grad school, I don't feel like he's really struggling with some stuff and I need to be patient, I feel like I'm coaxing him to love me and I'm just becoming more and more convinced that he's in this relationship because he really needs somebody to take care of him and help him through this phase. And maybe, in fact, once he did gain some of those skills initially – to be a more independent person – maybe he would look at me and say, "No, I appreciate you helping me through it, but I didn't love you. I needed you and I just . . . " It does not feel good or loving. It just doesn't most of the time.

THERAPIST: It sounds like it feels more like a parent/child relationship rather than equal peer partner relationship. [00:17:58]

CLIENT: But that's something that I keep trying to bring up in couples and it's like it's not getting through. It's like, if anything, we don't talk about what's going on with Ivan, we talk about if I'm being less critical, if I'm treating him less like he needs the help. It's just maddening to me because I don't feel like the things that I do for him or coax him to do, I don't feel like I'm doing it just because I'm a control freak, although I have some control issues, I feel like there really is a valid basis for saying "it's really not happening" – not "it would happen if I could just back off. It would happen anyway." I don't think it would because it's not happening even when I am on his case. It's literally driving me crazy.

THERAPIST: You sound like **you're in a more stuck place around it this week** than last week. Last week you were really making some headway.

CLIENT: I do and I really feel bad about that.

THERAPIST: So that's what I'm still trying to understand – what happened between last week and this week? Is it that the improvements started not to shine through as much? [00:19:05]

CLIENT: I think it's that. I think it just came to a turning point where **him not making plans** and **not talking about graduation** this week. For whatever reason, it snapped in me and now I really do need to have plans I place and it's not in the distance – and he's still MIA. I really . . . I don't

know. It snapped and instead of it being about he won't make plans for one weekend, it's about he wouldn't make plans for two years. It's about he wasn't supportive for two years. He just wasn't there, couldn't get his crap together – still.

THERAPIST: It sort of snowballed into everything about how he's failed you.

CLIENT: It is and it's now this resentment of the expectations for what I had for these two years in him are completely not there. [00:20:01] I don't like being disappointed. It's not like I feel like I'm looking for him to fail, but he really, really has been so many things.

THERAPIST: So somehow, Ramona, I just want to observe that rather than it feeling – last week is one sample week – it felt like there was some space inside you to sort of start looking at the relationship from this point forward. And I'm just giving you a description of something; there's no value judgment here. This week it sounds like your mind has moved back to the last two years and you're feeling very, very stirred by all of the things there are to be angry and resentful about in the last two years. So something has triggered the looking-back anger. [00:20:59] And, again, I say that this doesn't mean that you shouldn't have that anger, but do you see how there's something different about keeping the forward momentum and trying to see the changes that have happened since you started the couple's therapy and individual therapies versus looking back at the last two years.

CLIENT: Yeah, but I guess I feel like I'm coming to the end of the two years of my program and at the end of your degree, don't you not really look back upon it?

THERAPIST: That's a good point. You're in a kind of reflective space about the last two years of your life. The turning point of your life means you look back, which may mean new frustrations

BREAK IN TAPE FROM [00:21:43 to 00:26:12]

CLIENT: "Are you looking for new jobs?" or "how is it going? How are you feeling? It's going to be like it's a fairy tale and they're going to be like "Ivan is so supportive of you. Isn't this wonderful? How lucky you are." It's going to be too much and they're going to be on me about the job because they expect me to earn the money, evidently, and I just can't do it.

THERAPIST: Okay. Take a deep breath for a second. There is a lot of feeling, even talking about it. So much feeling. You used the expression "cutting off your nose to spite your face." This is a question I have: If you were to cancel the weekend, would you regret it or would you feel like "that would be much better for me. Even three months later I would feel glad that I did that." [00:27:00] In other words, is it cutting off your nose to spite your face or isn't it? What do you think?

CLIENT: I would regret it if I didn't go at all, obviously.

THERAPIST: Didn't go out to dinner, you mean.

CLIENT: No, no. I mean if I didn't go to graduation. I would regret that, but he's out of it and I'm so ashamed that I said to my sister, "Maybe just you and I could go out with mom and dad Friday night and let that be it." And then Saturday people can just eat whatever at my apartment. I can cook something ahead and that way I get out of the dinner with my in-laws and everybody all at once and, quite frankly, Ivan. I know this is horrible. I know it's horrible, but I'm just so mad at him right now and I keep telling myself "just get over it and let it go. Don't think about it right now." I can't. I'm so unbelievably, white-knuckle furious with him. I know that's not healthy. [00:27:55]

THERAPIST: Actually, to me one of the things that it is, is that it's honing in on where the biggest part of the problem is because, in a way, once you said that –what if you'd had a week this past week where Ivan was really on the ball, really impressing you with the things he was doing? [00:28:10] You might not quite feel this way, I would guess. Is that right? In other words, a lot of people, when they're mad at their significant other, get mad at their in-laws even more so. It sort of feels like "why do I even want to have anything to do with this person?" Do you know what I mean?

CLIENT: And I definitely – this is wrong, too, probably – but I blame them for his shame because he's telling me **how much they've shamed him** and the comment thing. I blame them for that. I blame them for him avoiding. I blame them for not acknowledging it right now. I blame them for the times when I've called my father-in-law and said, "This is going on with Ivan. I'm so scared," and he never called me back, didn't care if I was doing okay. Again, I'm really angry at this, so I'm definitely angry with them because I'm angry with Ivan, but it's also what they've been doing around the issues. I blame them, whether or not that's right. [00:29:01]

THERAPIST: I think it's totally, totally right. The problem is – does acting on that anger with them make things better or worse for you? Do you know what I mean?

CLIENT: No, I know it's not productive. I know it's not healthy. I know it's not personal. I feel like a horrible Christian. I feel like a horrible person, in general, because, of course, the reality is . . .

THERAPIST: No, no, no. Wait. I want to be clear. I'm not talking about being like "you need to be a kind person to them because that's what being a good person is." I'm actually thinking for a second being selfish for you. What is actually in Ramona's best interest about navigating this weekend? That's what I'm interested in right now. So in the moment your emotional mind might say it's really good for you to tell them to go to hell and get away for the weekend or "I'm canceling dinner." Your rational mind might say actually, Ramona, that's not good for you because then it makes things even worse after this weekend is over. [00:30:01] It might mean that then there's even more tension and the next time it's harder to see them. You might feel better about the whole thing if you can just suck it up and get through it. And that may be wrong. Maybe your rational mind says they're such horrible people that you don't ever want to see them again and you have to have the relationship with Ivan, but not them. Do you know what I mean? Is it a time to be politically bite-your-tongue or not? That's the question.

CLIENT: No, I absolutely have to. My mom has told me . . .

THERAPIST: I'm not saying you have to, just so you know.

CLIENT: No, no. I'm saying that I do.

THERAPIST: I'm only thinking that it might be helpful for you to do that if it is helpful for you to do that. Do you know what I mean? If six months from now you mean that your relationship is in a better place because you kind of got through the weekend without ruffling too many feathers, then I think it's good for you. If in six months you think that makes you feel even worse about yourself that you didn't stand up for what you believed in and said "I just can't do this right now," then I think you should cancel the weekend. Do you know what I mean? [00:30:59]

CLIENT: Yeah. But the problem is that my mother-in-law wants us both to come to New Orleans two weeks after graduation for a surprise 50th for my father-in-law and Ivan, of course, feels that it's a family thing and we should both go. We should both go for the whole weekend. Right now we can't afford it. Things are really, really bad money-wise and I am so sick to death of acknowledging that and dealing with it. I'm like, "Maybe you should go," and he's like, "No, that would be coffin nails in in our marriage." I was like, "Wow, that's not fair." I know that this is also horrible, but I'm still holding a grudge about my father-in-law saying how he is deathly afraid of me. (sighs) And that he thinks I'm so judgmental and harsh about his son. I'm like, "Maybe you should just go by yourself," because that's what he wants anyway, most likely. Even if he would be happy if I was there, he'll be fine and we'll get some space. Whether or not things are going great or lousy, we'll get some space which – he's home all the time because he works until noon or 1:00 three days a week and then just in the evening on Saturday. [00:32:08] So he's home all the time and I'm not getting any space, especially now that school is done and I'm just dying to get a job. (chuckles) Maybe all of it all together is too much, but still at the end of the day I'm left with "we need to figure out what to do with your parents on Sunday." (sighs)

THERAPIST: Would it help if you did one meal with your family and one meal with his, sort of divided it up?

CLIENT: It would, but there's no way there is a polite . . . because I wish I could just afterwards maybe go to dinner with my parents and Ivan can go out and do something with his parents; but there's no polite way to do that.

THERAPIST: I mean Friday night versus Saturday night, doing dinner with one versus the other. You'd just rather do both with your family, you're saying?

CLIENT: No, I'm just saying there's no way to do anything Saturday evening without my in-laws, evidently. [00:33:01] It doesn't feel like after graduation I can say, "Go to dinner on your own with Ivan." (sighs) It shouldn't be this . . . I don't know why, but I just got so incredibly upset and

unbelievably angry with Ivan. And it wasn't anything that he was doing; it was more like I just felt like he was still absent and I don't know why.

THERAPIST: I really wonder if something got very triggered about your childhood. It's not that Ivan is not doing things, but there's something that sounds like it just pushed your rage through the roof, perhaps after this conversation with your mother on Mother's Day.

CLIENT: Last night when I got home – I was volunteering at the hospital – and I got home (sighs) and I was still upset from earlier because I really told Ivan that I was hurt and he just never responded. He still hasn't responded to it, really. [00:33:58] Eventually he said something like, "Yeah, I'm sorry about earlier;" and that's like as much as he can do. It was too much for me and I acted like it was somewhat okay. He went to bed because he has to get up really early and I just sat in the living room and sobbed and sobbed and sobbed. He came out and was like, "What can I do?" He just has a really straight . . . He's doing the stone face, and I'm like, "Nothing. Just go back to bed. I just need some space." Then the third time he comes out and he wants to sit on the couch by me and I'm just like, "No, just leave it." He was like, "What can I do?" He really had no clue. I just know he sees that I am sobbing. He sees that I am devastated and, for whatever reason, he just wasn't able to show any compassion. It was just too much for me, like the other times in the week where he's just gotten to a point where he can't talk and he just doesn't even say like "I need a few minutes before we talk;" he just doesn't talk. [00:35:00] And I just feel ultimately so rejected and so pathetic because, here I am, almost two years into my marriage, and I'm begging my spouse to talk to me, to look at me, to show me compassion when I am sobbing uncontrollably. It feels like crap. Whether or not that's reflective of things that he's struggling with, it still feels like crap.

THERAPIST: I've been hesitant today to talk about the Dearman skills because, even though that was our agenda, I haven't had that ready to do; but there's so much feeling about much bigger, deeper issues right now that it's sort of not like a calmer place to walk through a new skill. But I do wonder, Ramona, how much this set ways of thinking about things could be helpful to you and Ivan, even navigating this weekend. I wonder, for example, if there is a way that you and he could talk about what you are asking for from him that would help you when you're in a place like that. [00:36:06] Rather than saying, "I just need you to be . . ." or "just . . ." or "you do . . ." – the anger state. Dearman is a skill that allows people . . . Basically it's interpersonal effective guidelines for getting what you want. So it's thinking about if there's something I need to go ask someone for, how do I speak to them in a way that will increase the likelihood that I will actually get what I want. So with Ivan I might say, for example, what do you need from him this week? We can't affect the long term, but this week in anticipation of this weekend, if you were to think about one thing that would help you get through the weekend . . . One thing that I wonder about, for example, is getting back a little bit on the same page for a week. This is a stressful week for you. I wonder if he knows even how stressful this is for you. Does he appreciate that? [00:37:05]

CLIENT: I don't think he has a clue.

THERAPIST: Yeah. So I wonder if, as a starting point, you might be able to think “what is my goal?” – something small, something realistic, something manageable – not huge “I want him to plan the whole weekend and fix everything having to do with our relationship.” That’s not going to happen; but if there were something small that he could do that would make you feel a little bit better – like if it ticks your rage down from ten down to eight or from nine down to eight – what is that one thing that he could do that you could say, “Ivan, can I talk to you?” And then you sit down and you walk through the Dearman skills. Dearman is an acronym for Describe, Express, Assert, Reinforce, stay Mindful, Appear confident, and Negotiate. You have that skill sheet that I gave you. It’s a way of being mindful throughout the entire conversation to keep your affect quiet and calm inside. And then you describe what the situation is. You express what your feelings are about the situation and then you assert what you want and you reinforce to him – where are you going? You’re disappearing? [00:38:14]

CLIENT: I’m sorry.

THERAPIST: No, no. It’s okay. I’m just wondering. I lost you. It looks like I’m losing you.

CLIENT: No. I’m paying attention. I’m sorry.

THERAPIST: No, it’s okay if you’re not. I’m interested in where you went.

CLIENT: (crying)

THERAPIST: You’re overwhelmed.

CLIENT: I’m overwhelmed and I got really, really, really depressed last night and I really thought quite a lot about killing myself. I’m not proud of it and I’m ashamed to even say it. I’m having trouble escaping and I even feel like it’s my fault for graduating this weekend because if I wasn’t, I wouldn’t be creating all these problems and it consistently feels like the only way I can escape all of these problems is if I just disappear somehow because Ivan would be happy. Ivan wouldn’t have all these issues as his parents . . . [00:39:02] I mean, his parents kind of tell me it’s my fault he’s depressed or his dad has alluded to it. And I think of my parents telling me that they stayed together for us and I feel like it’s my fault that they don’t get along and I feel like it’s all my fault and all my responsibility and I just feel like I can’t do anything right. It’s stupid. It’s just a dinner. It’s just two days. It’s so stupid and, yet, I just feel like I can’t handle it and I feel like I’m really not okay and I can’t tell anyone in my family that I’m not okay so I feel alone in that. (crying) I don’t know what to do because, like I said, I was just really crying and Ivan was . . . I mean at one point he just pointed his finger at me and said, “You need to calm down,” and he was angry at me and he was like, “Well, this is your depression. You need to . . .” It’s just like . . . I just . . . (voice breaking) I feel hopeless and I feel like asking Ivan for an expectation for this weekend, my best bet is to have no expectations for him this weekend because I cannot handle getting upset or resentful about one more thing that falls through.

THERAPIST: Does he tell you that he loves you?

CLIENT: (sniggers) As he goes out the door sometimes. I don't think he . . .

THERAPIST: Means it?

CLIENT: I don't feel it. I just don't understand how you can watch someone sob and sob and just not . . .

THERAPIST: He freezes up. The thing is though, Ramona, I think he'd be out of there if he were unattached to you. It would have been easy to make this relationship break off long ago for both of you if you weren't attached to each other.

CLIENT: Yes, but no matter who I was, I don't think Ivan would ever have the self-esteem to leave. He is attached. He's very dependent. That's what worries me. I don't know that he's here because he actually cares anything about me, but because he's very dependent. [00:40:58]

THERAPIST: And are you feeling the same thing about your own attachment to him?

CLIENT: I sometimes wonder if I had a higher self-esteem or if I felt like I deserved more that I would leave him; but even then I don't know if I could because I still have the hope that things could be better. Sometimes things are a little bit better or maybe I am seeing it through a lens where I feel like he doesn't love me because he's struggling with these things and really it's not me and really he can get through it. I have no clue what to think or what to blame it on or pinpoint what the cause of it is.

THERAPIST: There's a way, as you talk about this, it's almost as though your level of your responsibility is as though you feel you're like God. I don't mean to be facetious, but the level of what you think is your fault and your responsibility in other people, it is as though you're describing a god somehow, that you're the cause of everything, in a way. [00:42:12] I think it would be freeing to you one day to realize these things are not your fault and have nothing to do with your being good or bad. But I also think it will feel very anxiety provoking because, in a way, this fantasy that you are the cause and that your badness is the cause, keeps you feeling in control. Do you remember us talking about that in the past couple of weeks? It's a fantasy that you grew as a child and that your parents played into in a horribly abusive way by telling you "we're staying together just for you." That's a horrible thing to say to a child. It does make them feel responsible for everything that's going on in their parents' psychic lives and in the parents' marriage. It's not your fault. Your parents' deteriorating marriage and your parents' psychological problems are not your fault, Ramona. [00:43:08]

CLIENT: I feel like that's true ultimately, but at the same time I feel like telling someone you're not responsible for the things they didn't do – or telling me I'm not responsible for the things Ivan doesn't do. It's like crap, quite frankly. It's an illusion.

THERAPIST: It's an illusion that you're not responsible?

CLIENT: Right. It's not your problem; it's their problem?

THERAPIST: No, no, no. It does become your problem. I'm not saying that. It absolutely affects you that Ivan can't do these things, but it doesn't feel you're responsible. It was your problem as a child in that it affected you terrible, dramatically. It affected your entire life that they couldn't do what they couldn't do and didn't do what they didn't do, but it doesn't mean that it was your fault. [00:44:06] That is the difference. Those two things have become fused in your mind; that they are one and the same. If it affects you, therefore there must be something you could do differently, right? That's not true and I think that fusion of those two things, you thinking of those as identical, is what causes you to feel the most depression in your life and the most suicidal. That's the kind of thing that's getting triggered this week, this state of frenzy that "there has to be something I can do to change this weekend so that it doesn't affect me negatively." And if there's not something you can do, then you're a horrible person. It's not true.

This weekend is going to affect you. No matter how it goes this weekend it's going to affect you and your problem going to be coming in here Monday saying "it was awful and let me tell you how it was awful," right? [00:45:03] I am expecting it's going to affect you, no matter what. Even if you decide to cancel the whole thing, then you'll feel sad. It's going to affect you, but it's not your responsibility. The conduct of your parents, the conduct of your in-laws, the conduct of Ivan, is not your responsibility – it's theirs.

CLIENT: It doesn't make it feel any better.

THERAPIST: I think it will over time if we can start to pull those two apart. It could actually – this is where when I say it's freeing – there could be ways it could make parts of it feel better because it's at last free. You don't have to feel so responsible. There could be parts of it that feel worse because then you start to say, "Oh, my God. It's just that my parents are incompetent people," or "It's just that they are really this depressed and could not set themselves aside to take care of their own children." That's in some ways a more depressing and sad realization about who they are as people than if you blame yourself. "If only I had done something differently," then all the fault is yours and you don't really have to ever get so upset and angry and disappointed in them. [00:46:11]

CLIENT: No, it feels better to turn it inwards and hate myself than it does to hate them. I can't hate them.

THERAPIST: As a child you couldn't. You're totally right. As a child, you needed to turn it in on yourself in order to survive in your family.

CLIENT: I feel like I have to turn it in on myself to survive with Ivan.

THERAPIST: So that's what we're working on because I don't actually think that's good for you or Ivan and I don't think that's the reality of the relationship with him. There's some headway

that's happening, I think, in the couple's therapy or moments where I think you're actually holding him accountable in an adult way that's not holding your parents accountable, that he rises, then, to the challenge. It's not always. It's not across the board because this takes work and effort to try to find a way that you say "I deserve better," right? You have to feel that you deserve better in order to say, "Ivan, this is more of what I need," not from a "THIS IS WHAT," you know? [00:47:05] That's different. That's your childhood place yelling at your parents. The adult place, for example, this week if he were here I would say, "Ivan, this is what Ramona needs – just to come over and be on her page for one weekend. She's going through a really stressful time and no matter what the two of you are going through, is there a way you could give her a few extra hugs and tell her you love her? Hold her hand, give her a squeeze every now and then through getting through these two dinners?" Just something as little as that. I bet if he were asked that, not in a "could you do this" way, but "I need you right now. I love you and I need you. Could you do this with me? Kind of just come over here with me a little bit to help me get through this weekend?" He might be relieved that you're saying you need him. "There's something you imagine I could give you that would help you? I would love to do that for you in this way. And it's something as little as being supportive and loving? I would love to do that because I can do that. That's not a lot to ask." [00:48:04] (pause)

We've got to stop. This fits in with today, if you have a second to sit down, develop some challenges to some of the automatic thoughts. I think a lot of these fit what you're describing even today.

CLIENT: Okay. Thank you.

THERAPIST: Ramona, good luck this weekend. I want you to know that I know this is a huge, huge weekend that is not going to be easy, no matter what you decide to do. I think there are ways that we're going to keep working on helping you step outside some and know that it's just a weekend and you're an adult now and you can actually develop a different kind of resilience where it's not your fault anymore how they act [at this table.] (ph?)

END TRANSCRIPT