

BEGIN TRANSCRIPT:

THERAPIST: You filled out your distortions?

CLIENT: I did. (laughs) Mm hm.

THERAPIST: How was it to do that?

CLIENT: Um. It was pretty easy.

THERAPIST: Yeah.

CLIENT: (laughs) I'm very familiar with these descriptions.

THERAPIST: Yep, yep.

CLIENT: So.

THERAPIST: What I don't know is, are these So before looking at this, are they on your mind as concepts pretty readily?

CLIENT: Yes. But I would say I look at Ivan and say, "That's a little black and white."

THERAPIST: Mm.

CLIENT: Or, "That's a little " Like I can -

THERAPIST: Uh huh. Uh huh.

CLIENT: But it's hard for me I guess to do it as much with myself. And even if I do, even if I am aware that that's a bit, it's still hard to pull back because some of the emotions that go with that.

THERAPIST: Yeah, yeah. So, well versed intellectually, and then there's concepts. And it sounds like you've been recognizing it in someone else pretty quickly.

CLIENT: Mm hm.

THERAPIST: In yourself is another thing.

CLIENT: Right. And it's hard to be objective when you're looking at yourself -

THERAPIST: Yeah.

CLIENT: and thinking, "Is this all or nothing thinking?" Or, "Is this a little more realistic than I want to admit?" [00:01:09]

THERAPIST: Yeah.

CLIENT: So it's hard sometimes. So.

THERAPIST: Yeah. Were there any that did feel ambiguous or anything you wanted to about specifically as you were filling it out?

CLIENT: Um. I think emotional reasoning is one that I felt a little stumped on. I guess I feel like I do it but I'm not quite sure what a good example would be.

THERAPIST: Mm.

CLIENT: I mean, I gave one but I don't know if it's as good as it -

THERAPIST: What was the example that you gave.

CLIENT: That sometimes I'm worried that things in my marriage might not improve enough. Or, what if they don't? Or all of the "what ifs." And then, "What am I going to do if it doesn't? What am I going to "

THERAPIST: Mm.

CLIENT: And I wonder if that isn't based on how it feels more than based on the progress that's been.

THERAPIST: Yes.

CLIENT: Like the timeline or facts or the -

THERAPIST: Yes. Uh huh.

CLIENT: So that feels a little less concrete of an example.

THERAPIST: No, but I follow you as an example. In that example, can you identify what is the feeling then? So if you're reasoning with emotions, what's the emotion?

CLIENT: I think it's fear, mostly. [00:02:20]

THERAPIST: Hm.

CLIENT: Anxiety.

THERAPIST: Mm hm.

CLIENT: The "what if." Yea, anxiety.

THERAPIST: Yeah. So does this I actually think this is one of the hardest ones for people to really get inside themselves and work with, more than any of the others. They get intellectually a grasp of one but then you need to [reply to them] (ph) from intellect down to the emotion. This one, basically, the idea is that if you have a feeling it does not mean that it's indicating a fact about a situation. Right?

CLIENT: Mm hm. Mm hm.

THERAPIST: You get that. So, you're extremely afraid that nothing will ever change. Is that? What's the thought? [00:03:20]

CLIENT: There's that but there's also the, uh, things might be changing somewhat but it's not fast enough, it's not this enough, it's not enough.

THERAPIST: Mm.

CLIENT: And it doesn't meet up where my expectations It doesn't meet up where I thought things would be, so what if it doesn't continue to progress. Or what if it doesn't progress at a rapid enough rate? What if it And it snowballs a bit.

THERAPIST: Mm hm.

CLIENT: But then if I would go through the steps to try to rationalize it, I would think, "Actually, that's a lot of progress in a short period of time."

THERAPIST: Yep.

CLIENT: Or, "Actually, this, this and this. There are really good steps that have made a big difference."

THERAPIST: Mm.

CLIENT: But then I sometimes have a little bit of a forgiving thought, where I think to myself, "I've put up with, you know, a lot of this type of thing for a really long time."

THERAPIST: Mm hm.

CLIENT: "No wonder I'm, you know, kind of really impatient and ready to move on, be done with it."

THERAPIST: Yeah.

CLIENT: And so I sometimes think that.

THERAPIST: Yeah. This example, I think, is a little complicated for good reason.

CLIENT: Yeah.

THERAPIST: That's what you're bringing up. So, for example, I hear you also in what you're describing, "What if this never changes?" is there's still a lot of anger. [00:04:34]

CLIENT: Mm hm.

THERAPIST: Because it's not just, "Oh, things were exactly what I thought they were, and then he's changed a lot, and I'm just not giving him credit for that." He is changing and yet that's coupled with your also knowing, and still coming into knowing, that he was never where you thought he was to begin with.

CLIENT: Mm.

THERAPIST: So it does sound like you have some realistic anxiety, actually. Not just irrational about, "What if he changes a lot and that's still where he gets to, still feels like it's not enough for me."

CLIENT: Mm hm. And I also worry that I guess I could change my expectations and lower them.

THERAPIST: Mm.

CLIENT: Because I feel like this is terribly critical but I think to myself like, not pushing him to apply to other jobs. I'm even growing to be content with him being a manager at Subway because he's struggling with it still at times. [00:05:36]

THERAPIST: Mm hm.

CLIENT: And I wonder if, you know, more would be the answer for him. Actually, that could be worse even if it looks like a great job or more money or more whatever.

THERAPIST: Ah.

CLIENT: So I find myself thinking that and I kind of don't like myself for that (laughs) because I'm thinking, "But wait a minute. This is not at all what we thought would be the case."

THERAPIST: Mm.

CLIENT: So I worry about that too.

THERAPIST: Yeah. Again, that sounds more like it's a worry based in some understanding of the possibilities of reality. What if, for example, for him to feel like he was functioning at his best in a life that he was happy with, he was going to be a manager at Subway for the next twenty years? (laughs) You have to take in your breath even.

CLIENT: Yeah.

THERAPIST: And he was happy doing that and he managed to find a way of functioning well doing that. What do you do then? [00:06:37]

CLIENT: (laughs)

THERAPIST: Is that enough for you?

CLIENT: The thing that happens with that type of hypothetical scenarios is, a small part of me looks at Ivan and says, "Why would that be?" Like, "What happened?"

THERAPIST: Uh huh.

CLIENT: Or, "Why is that?" You know. (laughs)

THERAPIST: Uh huh.

CLIENT: Again, there's nothing wrong with being a manager at Subway, but if you have the potential to do something and you studied a specific field and -

THERAPIST: Yep, yep.

CLIENT: What happens with that? What happened? So there's a small part of me that thinks that but there's a bigger part of me that thinks, "What is wrong with me?"

THERAPIST: Mm.

CLIENT: That I would be the type of snobby whatever person that being married to someone who is a manager at Subway wouldn't be enough, or wouldn't be fulfilling his potential or wouldn't be -

THERAPIST: Mm.

CLIENT: Like what does that say about me?

THERAPIST: Hm. So just to press you for a second, does your mind go to something in particular? What are you saying, "What does that say about me?" It seems like you get very self-critical.

CLIENT: Well, yes, and I guess I want to be self-critical of myself (laughs) in that because that's just not I would never look down at anyone who works there, but then if it's my husband who is working as a manager at Subway and I think about him doing that for twenty years -

THERAPIST: Mm hm.

CLIENT: I think, "That's not " I don't know. It's not exactly what I would have thought would be fulfilling his potential. [00:08:02]

THERAPIST: Mm hm.

CLIENT: Or what I thought, you know, using his college education would look like. Or I guess not the type of lifestyle I thought.

THERAPIST: Mm.

CLIENT: And maybe even money-wise not.

THERAPIST: Mm hm.

CLIENT: And he's not really passionate about working at a sandwich shop, so I would feel like it would just be a job. Which some people have, you know, just a job and that's not their big thing in life.

THERAPIST: Mm hm.

CLIENT: And that's okay. But I don't know if that's what I I don't know if it's okay with me.

THERAPIST: Mm hm.

CLIENT: And I don't feel good about that. I feel like that makes me this horrible, snobby, demanding, critical -

THERAPIST: Hm.

CLIENT: Because I guess when, I feel like when you marry someone it shouldn't be, "I'm marrying you because I know you are a lawyer or a doctor." Or, you know, like, "And you will always earn a good living and have a, you know, fulfilling career that will last you until retirement, that you feel satisfied with, that earns good money, that is secure, that you're passionate about.

THERAPIST: Mm hm.

CLIENT: I'm not sure that's the right reason to marry someone. It certainly didn't factor into why I married Ivan, but now that we are married I feel guilty about wanting those things. [00:09:15]

THERAPIST: Mm. I wonder though if there's a way You sort of discount it as, it shouldn't matter at all.

CLIENT: Maybe it can matter some. But I feel like I guess I feel like that says something pretty bad about me if that's not okay.

THERAPIST: Hm. That you're snobby, is what that's about? (ph)

CLIENT: Yeah, no, it really sounds like I'm stuck up.

THERAPIST: Huh.

CLIENT: Like being a manager at Subway, you know, it's an honest job, it's a good job.

THERAPIST: Mm hm.

CLIENT: But why would that not be good enough?

THERAPIST: Mm hm. So why would it not be good enough?

CLIENT: I think there is a part of that, if it was Ivan's one dream to manage a sandwich shop and he wanted to stay with this and work his way up or just keep doing it -

THERAPIST: Yeah.

CLIENT: that that could feel a lot better, a lot different.

THERAPIST: Yeah.

CLIENT: And if we came to the realistic understand that that was his passion and that's what he was going to do, but he wasn't going to pay the bills. We were going to compensate through me, through him doing another job, like some way. [00:10:21]

THERAPIST: Yeah.

CLIENT: I feel like that would be a more realistic scenario.

THERAPIST: Mm hm.

CLIENT: But that's not the case. And what if the reality is this type of job is, you know, totally unrelated to what he went to school for. What if that's the best fit for him for now, for a while?

THERAPIST: Mm hm.

CLIENT: It's scary for me and I feel bad about that.

THERAPIST: Hm.

CLIENT: I feel responsible that he doesn't feel proud of it.

THERAPIST: Mm.

CLIENT: That he's like afraid to feel proud of it.

THERAPIST: Mm hm. If he were a doctor right now -

CLIENT: Yeah.

THERAPIST: making a ton of money and working all the time, so you never saw him.

CLIENT: Yeah. (laughs)

THERAPIST: Like, in other words, like your father.

CLIENT: Yep.

THERAPIST: I would certainly (ph) imagine that you would have a problem with that too.

CLIENT: That's the weird thing because I hated never seeing my Dad. I got to the point where I didn't want to see my Dad because I was so angry at him that I was never going to come first. [00:11:29]

THERAPIST: Yeah.

CLIENT: And, yet, it was easier, in a way, because I could be proud of his, you know, great education, of his incredible work ethic. The fact that he owned and ran his own business completely by himself.

THERAPIST: Yeah.

CLIENT: The fact that he was coming home, you know, at an ungodly hour but he just delivered a, you know, new something or other. He just saved some animal's life. He just did some crazy four hour surgery.

THERAPIST: Hm.

CLIENT: That feels It doesn't feel good. Don't get me wrong. It doesn't feel good, but it feels very different -

THERAPIST: Yeah.

CLIENT: from like the polar opposite. Like less ambition, less education, less drive, less work ethic.

THERAPIST: Mm.

CLIENT: Not passionate about it.

THERAPIST: Yeah. In a way then, with your father, that's what you were used to sort of getting to feel good about with his, at least -

CLIENT: Right.

THERAPIST: he's really driven, successful, smart.

CLIENT: Right.

THERAPIST: Yeah. [00:12:37]

CLIENT: And he, compared to most of my friend's parents, nobody's (laughs) parent worked longer hours, nobody had more education than my Dad. Nobody. I felt proud of that. I do think that's okay. I think that's a healthy thing to feel proud about. I guess the other part that made it feel okay was the thought in my mind that he could have if he had had, you know, partners or whatever, if he had joined a practice he could have had normal hours and made a good living -

THERAPIST: Mm.

CLIENT: and still have been this success. So it wasn't like But there was more potential for it.

THERAPIST: Mm hm. Also, maybe in a way he's not there for you but he is very professionally successful. Maybe with Ivan right now it's feeling like you're not getting either one of those. You haven't been getting either one of those. It's not that he's the opposite of your Dad and always there for you, always catering to you. Buying you flowers, figuring out what you need, you know, putting you front and center. And he's not that successful here. So it feels like both realms -

CLIENT: Yeah. It does.

THERAPIST: you're missing out. And I think that's what has been really disappointing.
[00:13:56]

CLIENT: It does. And I guess the other, maybe it's most important to me now at this point in my life, but my Dad is like he's not always there. And conversations with him are usually very short and he's driving on his way to a call.

THERAPIST: Mm hm.

CLIENT: But he's incredibly supportive. He was incredibly supportive when I was going to school. If I wanted to do another program tomorrow he would be ridiculously supportive of it.

THERAPIST: Hm.

CLIENT: Not financially or anything. But he would just always want to ask about it, be encouraging.

THERAPIST: Yeah.

CLIENT: And of looking for jobs, he's very supportive. I guess he's always wanting to talk about and be involved with jobs and academics. And that's important at this point in my life.

THERAPIST: Yeah.

CLIENT: And Ivan is not up to talking about those topics right now.

THERAPIST: Hm.

CLIENT: And I guess it's also more of a It's a bigger thing because those are topics that I associate with adulthood or being, you know, mature and responsible.

THERAPIST: Mm.

CLIENT: Having it together, having a career and a plan for your life, being motivated and ambitious. But I do also wonder if Ivan continues to make progress with his depression, with his attention disorder, if he continues to, like if he sort of gets to baseline with his job where he gets to the point where he's doing it well and things are going smoothly consistently. And he feels like he could potentially maybe he could reach that too, maybe. [00:15:27]

THERAPIST: Yeah. All of what we're talking about that started with this particular distortion, it does sound, Ramona I've said this before, but just to say again because you often collapse

what you're thinking about his job into only, "I must be very snobby if that's not good enough for me." It really sounds like you're saying you are not drawn to him not being passionately, proactively engaged in something. Which is very different than saying, "I just can't be married to someone who is a Subway manager."

Which you still might have a problem with. Some people might, some people might not for various reasons. Right? There are different things that feel valuable to people. But if he had come to you two years ago and said, "You know what? I love retail, I love," you know, like, "multitasking. And I'm thinking I want to work to become an owner of a store one day. Or, you know, buy a franchise." [00:16:32]

CLIENT: (sighs)

THERAPIST: Or, "This is what I'm going to get into. What do you think of Subway?" And if it had felt thoughtful and proactive and driven by a passion for something. Passion for sandwich even. You know? Like, you know, he's starting to learn about all different kinds. I mean that still might be disappointing in one way if it was sort of, "Oh, I thought I was marrying someone who was going to this." And, "What does that mean for his identity?" And, you know, "Can I get used to that?"

But maybe not in all the ways it's been disappointing because of something in his personality or attention deficit.

CLIENT: Yeah. (laughs)

THERAPIST: Do you know what I mean?

CLIENT: No. Yes, it sounds accurate, actually, to what I'm feeling. And one of the biggest things that I, it doesn't feel fair to criticize, but in finding that our expectations, my expectations which he said were totally on board. Like he was on board with them.

THERAPIST: Uh huh.

CLIENT: They were correct.

THERAPIST: Ah.

CLIENT: He led me to believe this was all how it was going to be.

THERAPIST: Yep. He even can acknowledge that.

CLIENT: Right. Well, to some extent. I mean he clearly left grad school because it wasn't for him. And I had a really tough time with that.

THERAPIST: (cross talking at 17:37)

CLIENT: But that was something I was going to be able to accept. What actually happened, not so much. But the bare problem with it is, I feel like Ivan has no clue what he wants out of life right now.

THERAPIST: Yeah.

CLIENT: I feel like if I told him tomorrow, "We should buy a house." He would be like, "Yeah, let's work up towards that."

THERAPIST: Mm.

CLIENT: If I said, "We should start a family tomorrow." He would probably That might be a little extreme, but the point is I feel like he's been wishy washy. One random job to the next.

THERAPIST: Mm.

CLIENT: And just, you know, going with whatever is given to him. Just not proactive, not engaged, not motivated or ambitious.

THERAPIST: Mm hm.

CLIENT: What does he (laughs) **What does he really want?**

THERAPIST: Mm.

CLIENT: How do I know that he really wants to be married to me if he doesn't know any like an idea of a type of career?

THERAPIST: Yeah.

CLIENT: Or, does he ever want to go back to school? Does he ever want to, you know, own a house and things like that.

THERAPIST: Mm. Mm hm.

CLIENT: I guess I feel like he has no clue and that's not something that is so acceptable to me. And that's another, where it's easier with my Dad. My Dad has never had a different career.
[00:18:49]

THERAPIST: Yeah.

CLIENT: (laughs) Like he's never been unemployed since he was, you know, a teenager. Before then, I mean (laughs) he just never, just -

THERAPIST: Mm.

CLIENT: Yeah. That's hard to take. And a guilty part of me inside thinks, "Ivan's almost old enough. What if he was about to be a doctor? What if he was about to be lawyer or a Wow, that would be awesome."

THERAPIST: Mm.

CLIENT: Like to be married to someone who was -

THERAPIST: Mm hm.

CLIENT: I don't know, energetic and had a great career that they were passionate about and did a lot with.

THERAPIST: Hm. Your two choices of role models were that or your Mom.

CLIENT: Right. (laughs)

THERAPIST: And not a lot of space in there, in either case, for someone actually taking care of you really. Really loving and being there for you. Maybe in your sister. That's as close as you got. [00:19:51]

CLIENT: Yeah. Completely in Emma.

THERAPIST: Yeah.

CLIENT: But, again, she does something that she is very passionate about, and works incredibly hard, and has been ambitious, and getting more degrees, and going above and beyond her forty hours a week. (laughs) Well beyond that.

THERAPIST: Mm hm.

CLIENT: And it's just hard for me to look at Ivan and be, this is horrible, but to be satisfied -

THERAPIST: Mm hm.

CLIENT: with the way that. So the only way I am coping with it is thinking, "This is just for now."

THERAPIST: Yeah.

CLIENT: "He's trying to get on his feet. It's not the end of the world." This is actually the best job he has ever had in his life so far. Like the most responsibilities, the most skills to be developed.

THERAPIST: Mm hm.

CLIENT: By far.

THERAPIST: It's actually a hard job. (laughs)

CLIENT: Right. Yeah. He's never had to manage people. He's never had to be accountable for meeting timelines throughout the day and managing his time.

THERAPIST: Yeah. It's a lot of responsibilities and tasks. Yeah, and yet I also hear what you're saying, it still feels like it's a kind of holding ground in a way, rather than a sense of being chosen from a sense of self in him. And **that may be what's scary right now is how little sense he has about the future.**

CLIENT: Mm hm. Yeah, it does not feel good, especially for someone like me who feels like they need to be in control. [00:21:14]

THERAPIST: Of everything.

CLIENT: Right.

THERAPIST: Sure. (laughs)

CLIENT: I feel like I have to have a pretty clear plan.

THERAPIST: Yeah.

CLIENT: I'm upset with myself right now because I don't know what my next step is. So it's like really, it's not feeling very tolerable.

THERAPIST: Mm. Ramona, how has your depression and anxiety been this week?

CLIENT: Um. (laughs) Well I saw you not that long ago.

THERAPIST: Yeah.

CLIENT: But I guess **the anxiety feels pretty intense sometimes**.

THERAPIST: Mm hm.

CLIENT: The depression, I will say, I've noticed a couple of times where it's been a great day, I've spent time with Emma or Ivan or both.

THERAPIST: Mm hm.

CLIENT: Just that type of day, and I'm still finding myself feeling down on myself, feeling just like a little down. Feeling like there is no explanation for it in the moment.

THERAPIST: Mm hm.

CLIENT: And those are the moments where I feel like there is underlying depression and it's not always -

THERAPIST: Yeah.

CLIENT: directly a result of something that happens.

THERAPIST: Yeah. You're saying the day can be going well, even between you and Ivan?

CLIENT: Yeah.

THERAPIST: Maybe, on any given day and you can still feel, you said specifically, down on yourself. [00:22:23]

CLIENT: Right.

THERAPIST: Not just low mood but specifically self-critical.

CLIENT: I think that's more the self-hate than the depression.

THERAPIST: Yeah.

CLIENT: Although I'm sure that's connected.

THERAPIST: Yeah.

CLIENT: But I can feel a little low sometimes.

THERAPIST: So where do your thoughts go in that place when you say, "Down on yourself." Like what are the thoughts in that emotional low.

CLIENT: It's pretty much like things are going well, I make a mistake or I say something that I think back on and I wish I would have said that differently, or I wish I would have done that differently.

THERAPIST: Hm.

CLIENT: Or I wish I -

THERAPIST: Like at a job interview, you mean?

CLIENT: Yeah. That could be.

THERAPIST: Hm.

CLIENT: Or as simple as, "I wish I hadn't kept my sister waiting." Or, "I wish I was more decisive about that." And it's "I hate myself." And then it can stay low for a little while. (laughs)

THERAPIST: Ah.

CLIENT: And then like I'll move past it. But it's a very, I don't know why, but those the three words that come into my mind when something like that happens.

THERAPIST: Mm.

CLIENT: And that's become a coping thing for me.

THERAPIST: Mm hm.

CLIENT: And I know that's unhealthy and I want to work on that. [00:23:26]

THERAPIST: Okay. So you can think of an example specifically. You named a couple saying, "It could be this, it could be that." Is there something you remember at all happening since I saw you last?

CLIENT: Yeah. (laughs) It's embarrassing.

THERAPIST: (laughs)

CLIENT: So my parents gave me a gift certificate for clothing at two different stores for my birthday.

THERAPIST: Uh huh.

CLIENT: Because I needed some clothing. And so those stores are having sales. So I went with Emma.

THERAPIST: Uh huh.

CLIENT: She needed some stuff too. And I kept her waiting.

THERAPIST: Mm.

CLIENT: I was taking longer. Like she was ready to go sooner than I was.

THERAPIST: So you were in the store, you mean?

CLIENT: Right.

THERAPIST: Trying things on?

CLIENT: Right.

THERAPIST: Okay. She's ready to go and you're still -

CLIENT: I'm still trying to make decisions. And I find myself, like catching myself, I'm like, "It doesn't have to be perfect, Ramona."

THERAPIST: Mm.

CLIENT: "Just because, you know, you don't usually go shopping or you've been given this great gift that you feel really guilty about, doesn't mean that you have to analyze which sale is the best to an extent beyond normal."

THERAPIST: Hm.

CLIENT: "It doesn't mean you have to obsess over spending it perfectly, most wisely, whatever."

THERAPIST: Hm.

CLIENT: "And you're keeping your sister waiting. She works like crazy all week and you don't. And this is how she's spending her weekend. You need to be more considerate." [00:24:37]

THERAPIST: Hm.

CLIENT: And (sigh) feeling self-conscious because I felt like in that time she's taking care of me like she always has.

THERAPIST: Mm hm.

CLIENT: She doesn't know how to stop doing that. I don't know how to -

THERAPIST: Hm.

CLIENT: I guess I feel like I need to step up more so that she doesn't feel like she has to sometimes.

THERAPIST: Mm hm.

CLIENT: And thinking, "Oh, I should have just come by myself. I feel so bad that I "

THERAPIST: Hm.

CLIENT: Or, "I should just come back another time. **I'm taking too much time.**" I was just thinking, "I hate myself." Like, "This is unacceptable, how can I be doing this to her?"

THERAPIST: You're burdening her.

CLIENT: And in reality she's just like, "It's fine. If I would have tried on that I would have taken a little longer too."

THERAPIST: Mm hm. It's so striking how quickly it can escalate to, "I hate myself." Which is such a strong thing to say about yourself.

CLIENT: It doesn't. I think **I have normalized it.**

THERAPIST: Wow.

CLIENT: Not to be But it doesn't -

THERAPIST: No, no, I hear you. I hear you. [00:25:39]

CLIENT: have a huge impact on me.

THERAPIST: It's almost like you don't realize how mean that is.

CLIENT: Mm hm.

THERAPIST: You're just used to that being the running threat almost.

CLIENT: It feels necessary for me to feel bad about it.

THERAPIST: Hm.

CLIENT: Just like when I got the gift card it felt necessary, **it felt absolutely necessary, for me to feel bad.**

THERAPIST: To say, "I hate myself," [or something] (ph)? Like why is it necessary to feel bad when someone gives you a gift?

CLIENT: I always do.

THERAPIST: Hm.

CLIENT: I don't know completely why. I always do.

THERAPIST: Huh.

CLIENT: I think it's really it is the money. I have some issues with money -

THERAPIST: Huh.

CLIENT: being spent on me.

THERAPIST: Hm. So one of the things I wonder, because you're describing it both in money and then also in time, your sister's time. If it is hard for you to be given to, like really for someone to lovingly give something to you that you take -

CLIENT: Yeah.

THERAPIST: it sounds like that's hard. [00:26:55]

CLIENT: No, it is. But I think that's the, if someone doesn't feel very good about themselves they don't really feel good about -

THERAPIST: Yeah.

CLIENT: You know.

THERAPIST: You feel guilty. You feel like you didn't deserve it. You feel like you're taking from them.

CLIENT: I wish I could give it back. Like I wish I could.

THERAPIST: It's like an absence, Ramona, inside you of that foundation of just having been given to, lovingly given to. Just knowing that's part of the way loving relationships work. (pause) I think this comes up a little here with me too. But what if I were to give you, in a way, as a metaphor, a second session and help you and say, "I want to help you. I want to give this to you. I want to take care of you. I want to help you feel better." [00:28:06]

I think that's disorienting for you. Like you almost don't You're used to being, having the whip out. People mistreating you, people not taking care of your needs, you're having to scramble to make sure you take care of other people.

CLIENT: But even, so I've mentioned and it's a very brief way to describe it, but Emma has taken care of me since I was little -

THERAPIST: Yeah.

CLIENT: in so many ways. And she still does it -

THERAPIST: Mm hm.

CLIENT: in different ways. So if she comes over, because we will plan to do dinner sometimes, so she will come over, especially if Ivan's still at work.

THERAPIST: Mm.

CLIENT: And we'll cook something and she'll sometimes bring over, she'll just show up with ingredients for a new recipe. And she'll say, "Oh, I just stopped by the store. Let's make this new pasta salad."

THERAPIST: Mm.

CLIENT: And it's taking care of me in a way. Or even if I do the cooking, but she still comes over and talks with me about my day. And she still follows up, like, "How did your interview go?"

THERAPIST: Mm.

CLIENT: And she's always still taking care of me and she's always been very reluctant to share if even a small thing in her day went wrong. [00:29:17]

THERAPIST: Oh.

CLIENT: She's very much the Mom.

THERAPIST: [She is, yeah] (ph)

CLIENT: She's very Yup. Because she's always, she's like, "But then you will get upset. I don't want you to worry about it. I don't want that to be on your mind. I don't want you to feel like you can't talk about something that's going wrong because you're worried about me."

THERAPIST: Mm.

CLIENT: Like just really to an extreme has she been my Mom.

THERAPIST: Mm hm. Yeah.

CLIENT: And she is twenty nine. I mean like and I tried to tell her, even though I think And she's, you know, she still feels that way.

THERAPIST: Mm.

CLIENT: I think especially because of the role Ivan has played thus far.

THERAPIST: Yeah.

CLIENT: I wish she didn't feel like she had to take care of me. And, I don't know, I always feel bad. So even if she comes over after a long day of work and we make dinner, or even if I make her dinner, I still feel a little bad because -

THERAPIST: Hm. (pause) It's interesting. It's a dynamic that's gotten set up with her, it sounds like since you were very little. [00:30:17]

CLIENT: Yeah. Very much so. I mean, not only has she taken care of me, but when things with Mom and Dad were explosive -

THERAPIST: Mm hm.

CLIENT: she was there to talk it out and make sure I was okay. But even to the extent of, "Ramona, did you do this? Do you want to take care of this? How is that going?" Just really mothering.

THERAPIST: Mm.

CLIENT: Really mothering in a very loving way. In a very caring way. Not in a controlling way.

THERAPIST: Mm hm. Mm hm.

CLIENT: But I feel really bad about that. That must be exhausting for her.

THERAPIST: Well she's doing it in a way that should have happened with your own mother, so that your sister and you could be freed up to have a sister relationship instead of more of a mothering one. So that's what's so complicated. Then you actually get this loving care which you need, and yet it's in this place that leaves you with kind of rocky feelings about it because it's actually not where it should be coming from, even more so. [00:31:21]

CLIENT: Yeah. And I feel bad because she's not telling me about her bad days. Emma is not a complainer but she's not, like nothing. And that doesn't feel like a two way street because it's not so much all the time.

THERAPIST: Mm hm.

CLIENT: She's really mostly And she'll say sometimes, "You don't realize, Ramona, but when I come over and we do dinner or whatever, that helps even if I don't talk about how bad my day. It helps me de-stress and it helps me get a way for a little bit."

THERAPIST: Mm.

CLIENT: So, I don't know. But I also wonder if there's a part of me that isn't still feeling like I need or wanting that motherly care.

THERAPIST: Mm hm.

CLIENT: Like I didn't get enough. That's a poor way to put it. But I still -

THERAPIST: You didn't get enough.

CLIENT: want it or need it. And now I'm actually at an age where it's like, "Get over it," (laughs) because **it's no longer appropriate**.

THERAPIST: Mm.

CLIENT: It's no longer, I should no longer need it for the most part. [00:32:23]

THERAPIST: So here's where I'm coming back to your specific scenario. One of the things that I think gets distorted, where this self-hatred comes up, is what you're saying right now, that you should no longer need that. I don't think that's true. I think you were incredibly deprived as a child of what you needed. But I think adults need that too and that's actually what you hope to find in friends, in partners, still in one's mother and father. Right? Even as an adult.

You've asked a number of times, "What does that actually look like." Lacking of all models, for example, about what does it look like when a healthy married couple is doing it well?

CLIENT: Mm hm.

THERAPIST: And I think it includes being quote "somewhat motherly" if we're going to use that as the stereotype of what does it mean to say to someone, "How was your day? How's that going?" You know, "How was the interview. Oh, have you done this. Oh, how are you feeling? You were sick yesterday." The kind of following up on. [00:33:26]

CLIENT: Mm hm.

THERAPIST: If we're just calling that basically seeing and caring about the life of another person. It's fundamental to every healthy relationship. Not something you need to get over. That's what you want to be a part of your marriage. And you want it to be reciprocal. That's what's different about it not being motherly. Right? In that place it's the mother's job to be that caring and concerned for the child, and for the child not necessarily, early on, to have to even think about how the mother is doing so much.

CLIENT: Uh huh.

THERAPIST: Over time you slowly get to know, "Oh, Mom's having a bad day. Maybe I'll set the table for her," or something like that. But I think you had to be so preoccupied about your mother's mind way, way too young in your life. You were deprived of it and yet it's a normal healthy part of relationships. Like, for example, this is what I say when you're going to the mall to go shopping. On any given, any given relationship any given day, you're not being selfish by having your sister wait a little bit while you try on clothes. [00:34:36]

It could be if she said to you, "Ramona, I have thirty minutes and then I have to be out of here because I have a job interview. So let's do thirty minutes and then" You know, say you were driving her. And then you kept trying on clothes and totally ignoring her deadline. I'm guessing that's not what happened. Right?

CLIENT: No, no.

THERAPIST: She didn't say she had limited time.

CLIENT: No.

THERAPIST: So what she does for you there sounds like part of a healthy even sisterhood that that could exist in a way that's not a problem at all. It's healthier if you're doing that for her sometimes too, if it's reciprocated. And it sounds like she has a hard time taking that in.

THERAPIST: Mm hm. Mm hm. She does not, no. (laughs)

THERAPIST: So that might be the growing edge of your relationship with her is to be able to start saying, "You know what? When are you going to go try on clothes because I want to be there for you. I have some time right now." Pushing into to taking care of her some. But I don't think the answer is going to be, oh, you just need to be not taken care of anymore.

I think you start to hate yourself when you get taken care of. And that's a healthy thing to want to have in every relationship. Do you know what I mean? [00:35:43]

CLIENT: Mm hm.

THERAPIST: So even there may be ways this plays out with Ivan sometimes. Can you be taken care of by him? Is there anything he could do that would actually take care of you?

CLIENT: So -

THERAPIST: And can you Oh, go ahead.

CLIENT: No, I didn't mean to interrupt. That's something Dr. Farrow (ph) just came up with. She said that we should work with our individual therapists and come up with something that the other could do.

THERAPIST: Oh. Huh.

CLIENT: Every day. She said, "I think it should be every day."

THERAPIST: Huh.

CLIENT: She gave the example of, she said, "Every couple does this. There's something they need from the other one "

THERAPIST: Yep.

CLIENT: " and it's not the, 'you do the dishes, I do the laundry.'"

THERAPIST: Yeah.

CLIENT: She said it's like -

THERAPIST: Something more emotional.

CLIENT: Yeah. So she says it could be, "I need you to meet me every day at five o'clock after work at home."

THERAPIST: Mm hm.

CLIENT: " and have a glass a wine and talk about my day, and ask about it."

THERAPIST: Mm hm. Mm hm. (laughs)

CLIENT: She said that could be one partner's request and that that's So she said we should work with (laughs) and try to come up with something like that.

THERAPIST: Yeah.

CLIENT: Do I have? [00:36:42]

THERAPIST: That's so We have five minutes. (laughs)

CLIENT: Okay.

THERAPIST: A little, actually we started a couple minutes, so it's seven minutes. It's so interesting because in some ways it's sort of making explicit, "Here's what I need to be taken care of. Can you do this thing?" And not only can you do it, but can I take it in then? What is it like when this need gets met? Have you thought of anything?

CLIENT: I thought about (laughs) I told her I thought it was hard because sometimes the baseline, like that you do the laundry, I do the dishes, doesn't get met.

THERAPIST: Mm.

CLIENT: And I'm like, "Why would I add something else to the list when we're not, you know. But she said just to give it a try. So I thought about the, you know, twenty, thirty minutes a day that he could just -

THERAPIST: Mm hm.

CLIENT: talk with me about my day. That would feel good.

THERAPIST: Mm hm. Does he right now, Ramona, every day say, "Oh, how was your day?"

CLIENT: That's the thing. I think it's more of his absentmindedness, but every day whenever he gets home from work, I'll ask him about work.

THERAPIST: Ah.

CLIENT: And we don't always have a big discussion about but it's always like, "How was work? How did it go?"

THERAPIST: Uh huh.

CLIENT: He doesn't always immediately reciprocate with that. I think part of it is just the way his family is. Everybody jumps in and there's not as much asking. It's like everybody just says so nobody takes the time to ask. And part of it is just I think he forgets and he get a little [00:38:08]

THERAPIST: Hm.

CLIENT: But it feels great when he does it, so that was a thought.

THERAPIST: Yeah.

CLIENT: I actually, I'm sorry, If I could completely Not that that's not important. But if I could completely switch gears for the last five minutes.

THERAPIST: Yeah, yeah, sure.

CLIENT: I, um, I should've done this earlier (ph). But I guess I feel like I need something, I don't know. This job search is getting depressing -

THERAPIST: Mm.

CLIENT: I'm feeling depressed and down on myself.

THERAPIST: Mm.

CLIENT: I need, I think, (laughs) an emotional boost or some kind of boost because I'm getting to the point where I'm like, "Why am I even going to look on this job where there isn't going to be anything."

THERAPIST: Mm.

CLIENT: And a lot of them there hasn't been anything lately that would be appropriate or me to apply for.

THERAPIST: Mm.

CLIENT: So that is a genuine thing. But I'm feeling like, "Oh, there won't be anything. Even if there is, I have to do the application. If I do that I won't get an interview. If I get an interview, I won't get a job offer."

THERAPIST: Mm.

CLIENT: It's just I know I'm doing that to myself. And the other night I had this freak out. I thought, "I'm not going to get a job and it's going to be my fault because I stopped doing applications." [00:39:10]

THERAPIST: Mm.

CLIENT: "You can't get a job, Ramona, if you don't apply." And so I need a way to keep going.

THERAPIST: Is it starting to feel kind of like your hopelessness is raising?

CLIENT: Mm hm.

THERAPIST: So it gets harder to then go do the things that you feel like nothing is going to come of this anyway?

CLIENT: It is. And it's also feeling frustrating to spend like a couple of hours and all I can say is, "I looked through the job boards for this, this and this."

THERAPIST: Mm.

CLIENT: "And there was nothing. And that time is gone and I still don't have a job."

THERAPIST: Mm.

CLIENT: It's just, yeah, it's feeling daunting and exhausting.

THERAPIST: Yeah.

CLIENT: And I feel like it's Tomorrow's two weeks since that interview for that really good job and I haven't heard anything about a second interview.

THERAPIST: Mm.

CLIENT: And I'm starting to feel like, "I got all these interviews and that was great, but now the interviews have stopped." My applications have stopped a lot and I have no offers.

THERAPIST: Hm. (pause) A distortion challenging thought, just to throw this in the mix. And this was my fear when you were trying to apply for jobs. All the way from the beginning was that you were going expect something was going to work out within the first month or two even.
[00:40:25]

CLIENT: Mm hm.

THERAPIST: Pretty much every single person who applies for a job in whatever field right now, the average time to get a job is six to eight months at least. Right? That is the state of affairs in employment. It's incredibly competitive. There are people applying for jobs who are extremely over qualified. There are people who are applying for jobs that then get filled internally.

CLIENT: Yeah.

THERAPIST: They only had to advertise it. You know what I mean?

CLIENT: Yeah.

THERAPIST: So it sounds like you really need to work hard to **adjust your expectations** about the time frame. And think more about applying for your job as your job.

CLIENT: What do you mean?

THERAPIST: Meaning -

CLIENT: Oh, that you -

THERAPIST: that you set specific times. If it becomes this thing, "I have to get, I have to get, I have to get, I have to get," then you are going to build helplessness every day that passes. But the more you start to say, "Okay," for example, looking at the job board every day, seven days a week, sounds like that's the fastest way to get yourself feeling hopeless. Because you are going to reach a point where new things aren't going to come up. It's going to feel like beating your head against a wall. [00:41:36]

So, I mean, I wonder if you could slot two or three days where you look and letting it go on the other days. Getting specific timeframes where you work on things. And just be thinking of this as this is part of what you're doing in the backdrop. I don't know if it feels like you have to get another job in the meantime. If you knew, for example, right now it's going to take eight months until you find a job.

CLIENT: Yeah. Clearly I need to be working.

THERAPIST: You would.

CLIENT: Of course. Where's the money going to come from? One positive thing I did, which I'm hoping will help, is I joined, career services set up this job seekers workshop.

THERAPIST: Mm.

CLIENT: And it's literally for new graduates -

THERAPIST: Ah.

CLIENT: plus the Dean of Career Services.

THERAPIST: Uh huh.

CLIENT: Meeting once a week and doing a check in and talk about strategies and things like that.

THERAPIST: Hm.

CLIENT: But I feel like I need to push myself to go to networking events and to do more.

THERAPIST: Yeah.

CLIENT: Like getting more resumes out there even though I feel self-conscious.

THERAPIST: Mm.

CLIENT: Because not only just in an application but just professors I know that may or may not have research for me. Like no opportunities, just reaching out to them and letting them know I'm looking. Things like that. [00:42:41]

THERAPIST: Yep. I think one of the hardest things for you about this process and the reality of finding and solidifying a job, which is not just for you but for anyone. And probably specifically for any new graduate in a field where you're coming out with less experience than somebody else, is the hit rate is very, very, very low. Meaning you could go through three hundred applications and one of them will come through.

CLIENT: Mm hm.

THERAPIST: And the problem is, let's say you get up to two hundred and eleven, and then two hundred and twelve, and two hundred and thirteen. And now what you're saying to yourself, "I put in two hundred and thirteen applications and not a single one of them has come to fruition." So it can feel more hopeless. But if you know in the back of your mind that one in three hundred you'll get a job offer, the less you, if you start veering off right now you actually are decreasing your chances of getting a job. It's just a low hit rate. Right?

Like imagine the pigeon hitting the And every three hundred times, one in three hundred, it's going to go off and you'll get the food pellet. So if it stops pecking it's definitely not going to get the food pellet. (laughs) But it's very, very, very, infrequent reinforcement. And I think that's part of what's happening. You're used to doing something and something happens. [00:43:58]

CLIENT: Right.

THERAPIST: You know, right? Cause and effect. Immediate effect of your action. You go clean, it's clean. (laughs) So this is really hard to kind of persist and know that the reinforcement will come, but it's very, very infrequent reinforcement. I just think that those are the facts. So the more you can start challenging the thought of, "It's hopeless," with, I don't know what you would replace that with.

It has an effect. Everything I do might have an affect but I just don't know which one is going to have an effect. And you're also giving yourself days off where you're not -

CLIENT: I am because -

THERAPIST: Okay.

CLIENT: it's like after spending hours on the computer -

THERAPIST: (cross talking at 00:44:37)

CLIENT: it's like I just can't be on the computer any more. (laughs)

THERAPIST: Yeah. Do you think it would help you, Ramona, to have something part time that you were doing? And I mean that specifically around, forget even money, let's say you had money. Would it help you to -

CLIENT: I have.

THERAPIST: restructure to have something to go do part time?

CLIENT: So every Monday I go spend five hours to volunteer on that study.

THERAPIST: Oh you do? Oh.

CLIENT: And now Yeah, I do. The thing is other people get paid to do exactly what I'm doing.

THERAPIST: Huh.

CLIENT: But by the time I joined the study I feel like she's out of grant money.

THERAPIST: Oh.

CLIENT: So I'm not getting fifteen dollars an hour, I'm getting nothing. (laughs) It's just frustrating but it's good for my resume.

THERAPIST: Yeah.

CLIENT: And now Friday I start orientation for patient advocacy at Walter Reed.

THERAPIST: Okay.

CLIENT: Which is something I'm interested in. I'm interested in patient navigation which is pretty related, but that's also volunteer.

THERAPIST: Okay.

CLIENT: But I've been told by one of my professors that you've got to be at least volunteering. You will go crazy if you just do nothing but apply to jobs. So I'm hoping, like it can't hurt.

THERAPIST: It's building your resume.

CLIENT: It is.

THERAPIST: It's going to help.

CLIENT: And hopefully I'll make some connections. [00:45:42]

THERAPIST: Yeah.

CLIENT: Yeah. If nothing else it's adding and it's giving me something to get out of the apartment and feel productive.

THERAPIST: Yeah. Also telling yourself, a year from now you'll be somewhere. I know that's a long ways away, but it will happen. I think that's also with Ivan. Something is going to happen. And enough will happen that you will feel better, or nothing will happen and you will feel worse. But you'll know more in a year.

This is the hardest time ever. So try to take a deep breath and just trust that something is going to happen and you're not going to be in this place forever. And every little thing you do might be the thing that gets you in the door somewhere.

CLIENT: (laughs)

THERAPIST: If you get sick of it give yourself a day off. But then you get back on the horse and you keep riding and just sort of keep imagining yourself being that pigeon.

CLIENT: (laughs)

THERAPIST: That you don't know which one it's going to be but one of them is going to get the pellet out.

CLIENT: (laughs) Okay. Thank you.

THERAPIST: Okay? Alright. Keep journaling. If there's a specific distortion at some point. Any one of these that comes up. Something where you get overwhelmed with self-hatred specifically and it escalates. Write about it. Okay?

CLIENT: Okay.

THERAPIST: And then bring it in and talk about it.

CLIENT: Do you want Should I?

THERAPIST: I would love to look it over, yeah.

CLIENT: Okay. (pause) Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How are you?

CLIENT: Okay.

THERAPIST: How are things going?

CLIENT: I guess somewhat similar to last week.

THERAPIST: Mm.

CLIENT: One thing I want to make sure, I guess, I do in my session today is to come up with something to, I guess, ask of Ivan to do once a day.

THERAPIST: Mm hm.

CLIENT: As per (laughs) the deal we made with Dr. Farrow (sp)

THERAPIST: Yes, yes.

CLIENT: So I definitely want to do that.

THERAPIST: You didn't meet with Ivan, I mean with Dr. Farrow (sp) last week, right? She's away?

CLIENT: Or this week. She's on vacation.

THERAPIST: Okay. Okay.

CLIENT: Yeah.

THERAPIST: So you've had some time give it thought. (laughs) (pause) Are there other things on your mind?

CLIENT: Mm hm.

THERAPIST: I know you often say (laughs) within five minutes before [you have to go] (ph).

CLIENT: Mm hm. Right.

THERAPIST: "One thing I want to talk about." What else is on your mind, just so we make sure we get to everything.

CLIENT: Um. (sigh) Yeah. So I guess a lot. I feel like I'm being, lately I'm realizing at least, **feeling very triggered by certain things**.

THERAPIST: Mm.

CLIENT: And by triggered I just mean feeling that it's very much a repetition, feeling very, very worked up about it. [00:01:03]

THERAPIST: Mm. Mm hm.

CLIENT: I'm **just feeling kind of stuck** in that I've made some progress here, but there are some things that are still, I don't know, they've been happening for a really long time and it's part of, I guess, what we've been trying to work on.

THERAPIST: Yeah.

CLIENT: But it's hard to be patient sometimes with that.

THERAPIST: Mm.

CLIENT: So I'm feeling some of that.

THERAPIST: Triggers, the **triggers specifically in things Ivan is doing** or not doing. Is that what you're referring to?

CLIENT: (sigh) I think, yeah, by and large.

THERAPIST: Or stuff you're doing yourself?

CLIENT: Yeah, I think by and large with Ivan. But then I'm also **noticing with myself feeling even more responsible for other people's things lately**. Or feeling more, I don't know, more anxious or more, like even if things are going well, like the job search well whatever that means that feeling just like, "**I'm never going to get a job. This is the end of the world.** Like this is horrible. I feel so horrible about myself." And just feeling Which is not new. But just a persistence of that, I guess. [00:02:10]

THERAPIST: Hm.

CLIENT: And, I don't know, I guess that's a lot of it. I also, I mean, talked with our parents recently, or my parents, and I need to go home at some point in July because I need to get my car inspected.

THERAPIST: Mm.

CLIENT: So I was talking with my sister about that. And then she got kind of worked up because my Mom is having some health problems. I mean she's okay, but she's having some health problems and just like the typical, "What do we do when we go home?"

THERAPIST: Mm.

CLIENT: Because we usually spend the whole time taking care of the house, helping with certain projects, mediating (laughs), and just it's really difficult.

THERAPIST: Mm hm. Mm hm.

CLIENT: So I guess it's natural to feel a little triggered thinking about all of that -

THERAPIST: Sure.

CLIENT: and anticipating it, and planning. So I guess that's the summary.

THERAPIST: Mm. Hm. (pause) That's a lot. I also am aware, and this relates to the unfolding of how things will go for you in the next few weeks. Dr. Farrow's (sp) back next week? [00:03:20]

CLIENT: Mm hm.

THERAPIST: Yes. This might be a place just to make sure we cover this as well, just to start, is my being away next week -

CLIENT: Mm hm.

THERAPIST: and how that's going to feel to you. I know she's back. I was really happy when I found out. We checked in on our vacation times a month ago that they wouldn't overlap too much. But it's occurred to me that the person who is covering my practice is actually [Britney Keller] (ph), (laughs) so we should talk about whether or not we should come up with another name for you or I assume that would feel a little strange to see her if something came up.

CLIENT: Mm hm.

THERAPIST: Or if seeing or talking to Dr. Farrow (sp) would feel sufficient. Would it just help to have another name? I want to check in with you about that.

CLIENT: Um. I don't know. I guess I feel a little, in theory it might be good. But I guess I feel a little reluctant because I've spent so long -

THERAPIST: Yeah.

CLIENT: and I guess you've spent so long, getting to know me and -

THERAPIST: Yes.

CLIENT: understanding what's going on.

THERAPIST: Yeah.

CLIENT: And I don't know how effective a forty five minute session with -

THERAPIST: Yup.

CLIENT: For all intents and purposes, a complete stranger -

THERAPIST: Yes.

CLIENT: would be. Not that they aren't, you know, good at their job. But I just wonder how much of that time I would just spend explaining my situation. [00:04:35]

THERAPIST: Which I totally agree.

CLIENT: (laughs)

THERAPIST: So just so you know, for the record, I was not suggesting that you set up an appointment with this person, but only that you have someone in case there were an emergency.

CLIENT: Oh, oh, oh, oh. I understand.

THERAPIST: Do you know what I mean?

CLIENT: Yeah. And if there was an emergency I think I would feel okay.

THERAPIST: You could talk to Dr. Farrow (sp)?

CLIENT: Yeah. So I think that's fine. So thank you.

THERAPIST: I just wanted to make sure because that would be weird if you called to get my covering person and then we hadn't talked about the fact that it was somebody you knew in a different context.

CLIENT: No, that's fine. Thank you.

THERAPIST: Dr. Farrow (sp) does know I'm away too.

CLIENT: Okay.

THERAPIST: The system, even Dr. Bourd (sp) knows, is aware kind of when people are in and out. So your issues around your going home, issues around Ivan -

CLIENT: Mm hm.

THERAPIST: issues around your own self responsibility and trigger which relates to going home and Ivan.

CLIENT: Yep. (laughs)

THERAPIST: So I wonder, I guess I wonder if we start even with you, what's been happening? What have you been trying? I was looking over your list of cognitive distortions. I reviewed it and it occurred to me I should probably get that back to you to write down challenges for each one. Because so many of them are so active for you right now. [00:05:51]

CLIENT: Yeah.

THERAPIST: You were coming up with really good and current examples, that it sounds like figuring out what's an alternative way of thinking about this could help you during this very vulnerable time. You're in your first job hunt, so one of the first things I think cognitively is a strategy to keep in mind is that it's not always going to feel this way.

You're going to find a job at some point. Even if it takes you two years. (laughs) I know that's horrible to say to you. But your professional development is going to unfold and it won't always feel this bad. But right now is the worst it's going to get.

CLIENT: I think something I'm aware of So, for example, I have three short interviews tomorrow, all for the same job.

THERAPIST: Mm hm.

CLIENT: So this past week I got an interview scheduled, I met with somebody at the U (ph) who had a bunch of names of people they worked with -

THERAPIST: Ah.

CLIENT: who do AIDS research, etc. So I got a bunch of names to e-mail, I did my job seekers workshop that I meet with every week.

THERAPIST: Mm hm.

CLIENT: I found a couple of more jobs and applied to them which was amazing because I was going for a while and just not finding anything that looked good to apply to -

THERAPIST: Mm.

CLIENT: that felt appropriate. So those would all sound like positive steps. [00:07:10]

THERAPIST: Mm hm.

CLIENT: But emotionally or, I don't know how to describe it, it feels the same.

THERAPIST: Mm.

CLIENT: It feels just as kind of hopeless, depressing, anxious -

THERAPIST: Ah.

CLIENT: as the week when I had no interviews, I found no new jobs to apply to.

THERAPIST: Interesting.

CLIENT: I mean I still did the workshop. But you know what I mean?

THERAPIST: Yeah.

CLIENT: So it's like that would look like progress but it's not acceptable, it's not good enough. And I thought even if I would get this job tomorrow -

THERAPIST: [The same.] (ph)

CLIENT: and that sounds like what I want to do. And in all fairness, I applied to it two months ago. (laughs) So -

THERAPIST: Mm.

CLIENT: And they're just now getting around to -

THERAPIST: Oh really?

CLIENT: Yeah. Evidently, because they just now called me for an interview.

THERAPIST: [So interesting.] (ph)

CLIENT: So unless they have been interviewing for two months, yup. (laughs) So that's just like really, that's hard to take.

THERAPIST: Mm.

CLIENT: And I just started, like I did orientation for another volunteer position which was great to add to my resume.

THERAPIST: Mm hm.

CLIENT: Good skills to develop to apply to jobs. So like those would all sound like really good things.

THERAPIST: Yeah.

CLIENT: But to me it feels the same.

THERAPIST: Hm. Which is? How would you describe the thoughts and feelings? [00:08:15]

CLIENT: It feels hopeless. It feels like, I guess maybe the best way to describe it is, there's no belief that these steps will lead to a really, you know, a good job, a good paycheck, a good experience. There's no really firm underlying belief. There's a vague like, "At some point I'll get a job."

THERAPIST: Mm.

CLIENT: But it's more flooded with "what if?" It's not What if I have to take a (inaudible 00:08:41) job for now?

THERAPIST: Mm hm.

CLIENT: What if I have to (sigh) do a temp job? What if I And so I know that's me.

THERAPIST: Mm hm.

CLIENT: And that the tendency to focus on the negative as opposed to the positive, I know that's me.

THERAPIST: Yeah. Well it also sounds like, it reminds me of you and academics in your classes and in studying. The way you describe your study process was, it's as though you didn't have any history of having studied well and done well before.

CLIENT: Yeah.

THERAPIST: Each exam would be like the first exam you ever have taken. And the anxiety would be so high. And the feeling that you would have to cover everything and then some, and over and over and over again, and use every spare second until the exam comes.

CLIENT: Mm hm.

THERAPIST: Rather than What's missing is trust, sort of a built foundation of trust in yourself. That sounds like that's the kind of place you're in with this. You don't trust that any of this is going to go anywhere.

CLIENT: Yes. And I think a common thread is if, using the test example, if I could have read ahead into the future, if I could have done some fortune telling -

THERAPIST: Mm.

CLIENT: and known I would get an A on the exam -

THERAPIST: Yeah.

CLIENT: with the studying I had done, you know, a few days before -

THERAPIST: Uh huh.

CLIENT: instead of obsessing until the last minute, I still would have felt the need to obsess until the last minute because it would have felt shameful -

THERAPIST: Mm.

CLIENT: or arrogant, or it would have -

THERAPIST: Wow.

CLIENT: Right? And I think that's where I'm at with the job thing too. [00:10:10]

THERAPIST: Ah.

CLIENT: There's no, even if I have a belief that I will Even if I could, which right now I don't feel that way. (laughs)

THERAPIST: Yeah.

CLIENT: Even if I could have the belief that I will get a decent job, it will not be forever, I would still feel the need to be down on myself and be upset that I'm not earning money. Because otherwise what am I doing? Would that be lazy?

THERAPIST: Hm.

CLIENT: Would it be, you know, a similar scenario. So, like I said, it's times like that when I realize externally things are going better.

THERAPIST: Hm.

CLIENT: I mean getting an interview, and getting more names to contact.

THERAPIST: Yeah.

CLIENT: Those are all positive things, but if I don't feel, if my emotions don't match up with that, I recognize that's just me.

THERAPIST: Yeah. Yeah. It's like you bring a you who has a whip out whipping yourself wherever you go. Whether it's going very well or not very well, it's the same whipping that's happening. [00:11:15]

CLIENT: Well and I think it just keeps If I got this job offer tomorrow, instead of saying, "I got a job offer and I've been working and things have been going a little better recently."

THERAPIST: Yeah.

CLIENT: "And now at least I have an option."

THERAPIST: Yeah.

CLIENT: I wouldn't say that. I'd say, "But this isn't the job I really want."

THERAPIST: Yeah.

CLIENT: Or, "This isn't the salary." So there's a part of that that feels a little fair. Like maybe it really isn't a job that would be my first choice.

THERAPIST: Sure.

CLIENT: But there is a part of that is also, "Is it ever going to be enough?"

THERAPIST: Yeah. I think, Ramona, even if you got the perfect job right now -

CLIENT: Yeah.

THERAPIST: Not that any job is perfect, but a job that is like the best job that you can think of that is available right now and you got it. I think there would still be a way that voice would be with you. Quickly it would find something else to make you feel like you're not enough. It might even simply be, "Okay, what am I going to do after this, because this is fine for a year but this isn't going to get me anywhere further." And, "Why didn't I go to get my doctoral degree."

CLIENT: Yeah. [00:12:15]

THERAPIST: You know? It's the running, it's like a tape of self-criticism that just shifts what to criticize depending on what's happening. That's really, really powerful. And the more you kind of start to recognize that it doesn't matter what you do, that voice is going to still be there. Because I think right now the voice convinces you that it's still like, "No, there's still something factual that we're being critical of. And if this factual things changed then we would lighten up on you." I think it sometimes feels that way.

CLIENT: It's really hard to separate out because -

THERAPIST: Yeah.

CLIENT: the tape, as you call it. I feel like there's a component to it that is legitimate. Like you might not have, like, "I really don't have any job offers now."

THERAPIST: Yeah.

CLIENT: Or, "I really have not been applying to as many. It's been hard to find" So there's a portion of it that feels legitimate. And there is a portion of it that I agree would be there no matter what. [00:13:16]

THERAPIST: Yeah. Even the legitimate portions though, here's where I think the self-criticism would have legitimacy. Let's say you've been sitting burying your head in the bed for a month and haven't gotten any applications out because you were so depressed you couldn't do anything. Okay? Or it had been two years of applying and you still hadn't gotten anywhere. Or somehow every day you went to go look for jobs and you just couldn't and you watched TV instead.

That would be, okay, you're not doing enough. Right? And we have to help you do more so that you're doing enough to keep up with things. But that's not what you're describing, Ramona.

CLIENT: Yeah, but I do feel like there are some days, especially I'm thinking of, I guess, not this past week but the week before where I really didn't, I don't know if I applied to any jobs that week.

THERAPIST: And why not that week?

CLIENT: (sigh) Because I just got so gosh darn frustrated.

THERAPIST: Mm hm.

CLIENT: And I found myself not finding ones to apply to. And I did find myself on my laptop ending up doing other things because I just got so sick of looking through job board after job board and not finding. And I feel like that's an excuse because, you know, it is what it is. I can't just not keep looking because I went through a few job boards and there was nothing. [00:14:33]

THERAPIST: Yeah.

CLIENT: But I'm not (sigh) having the, for whatever reason, I just don't want to sit in front of a laptop any more.

THERAPIST: Mm hm.

CLIENT: Even to do non-job search things.

THERAPIST: Mm hm.

CLIENT: And sometimes it's just so overwhelming and so -

THERAPIST: So I think if only this critic weren't so bad. Because actually, Ramona, what you're describing sounds very reasonable to me. You've searched and searched and searched, and applied and searched and applied and searched as much as you can. And then you took a week off from doing that.

CLIENT: But it wasn't even But then -

THERAPIST: You couldn't conceptualize it as a week off.

CLIENT: (laughs)

THERAPIST: But not only did you take a week maybe to get Who doesn't get tired sitting at their laptop all day long? Most people need to have some time where they say, "Okay, I don't care what else is out there, I have to go get away from this," for one. Two, my guess is your brain

actually was making some calculations about the fact that in the past several days hardly anything had come up.

So the idea that taking a break, maybe there was room to take a break because you've exhausted, for a little bit, looking at things. And you might want to wait some time, let some things get posted again, and then start applying again. Do you know what I'm saying? [00:15:42]

CLIENT: I do. I even find myself in the days or the time when I take a break -

THERAPIST: Mm hm.

CLIENT: Like yesterday I helped my sister get ready because she's going to be moving in a few weeks.

THERAPIST: Mm.

CLIENT: So I didn't do any jobs yesterday.

THERAPIST: You helped her?

CLIENT: Right. (laughs) That was great. But then sometimes there are days when, and Saturday I did. So Saturday and Sunday I did not do any job stuff, even though I'm actually excited because I now have, like there's another job I've worked on the application and I'm getting ready to submit it. And I find myself being critical. Like, "I took this day to relax, but did I really spend the day really relaxing or did I waste it just watching random TV."

THERAPIST: Mm.

CLIENT: Or did I, like, "Was the apartment clean before I relaxed." Like did I really, actually thoroughly relax.

THERAPIST: Oh my goodness! Oh my goodness! Yes!

CLIENT: So it goes the other way. Like, "Did I work hard enough? Did I really relax?"

THERAPIST: Did you relax well enough? (laughs)

CLIENT: Did I maximize the time. And, I don't know, I guess I'm feeling stuck because the ways in which I would usually feel good about myself for doing things are completely absent now.

THERAPIST: Mm.

CLIENT: No job, no school.

THERAPIST: Yeah.

CLIENT: The most I can do is clean the apartment. [00:16:46]

THERAPIST: Yeah.

CLIENT: I don't even feel good when I was doing job applications so much because I haven't gotten a single offer. I've done all these applications, no offer. It's like I could have never done them.

THERAPIST: Mm.

CLIENT: Not like I could have never done them, but it hasn't yielded anything.

THERAPIST: Mm hm. Yeah. That's the pigeon analogy.

CLIENT: (sigh)

THERAPIST: That it won't unless you keep doing it, but it's very infrequent reinforcement. You're left with your core sense of yourself right now. That's, in your mind, really, really not good. The ways you've compensated for that are by doing well in school, succeeding, achieving, A's, studying. So without that and without the immediate reward right now, "Okay, I put in job applications, I got the interviews, I got the job," to make you feel good about yourself and sort of check for having efficacy in your life.

CLIENT: Yeah.

THERAPIST: You don't know what to do and how to feel about yourself. I mean the fact that you can even get critical about how you're relaxing. (laughs) [00:17:51]

CLIENT: I don't. And the worst, I don't want to say the worst part, but something that does not feel very good is Ivan does not ask like, "So how many applications?" Or, "Did you find any good jobs?"

THERAPIST: Mm.

CLIENT: Sometimes he will ask a really generic question or I'll just tell him. That's more frequently the case.

THERAPIST: Mm hm.

CLIENT: He's never once said like, "Well, maybe you should try this."

THERAPIST: Yeah.

CLIENT: Or there's never even been a hint of criticism or a hint of -

THERAPIST: Mm.

CLIENT: "It would be nice if you got something soon."

THERAPIST: Hm.

CLIENT: I remember distinctly, like there was a day when I just didn't, I don't know. I don't even remember the exact circumstances, but I told him, "I didn't apply to anything." Or, "I didn't really get a whole lot done in that day."

THERAPIST: Mm.

CLIENT: And he just said, "Oh, it's okay." And it just was like, "No. I don't want to hear that from you. I don't want you to let me be you."

THERAPIST: Ah.

CLIENT: "I don't want that to be okay." And the other night I, internally, just kind of lost it because he's like, "Yeah, I know what that's like to apply to jobs and not hear back." And I'm like, "No."

THERAPIST: Mm.

CLIENT: Like, "This is not the same. I am not doing what you did. I am not you." And it might be unfair, it might be snobby even, but a lot of his jobs he was just like submitting resumes on Craigslist, to Craigslist listings. [00:19:00]

THERAPIST: Yeah, yeah, yeah.

CLIENT: And that's a lot different from going through a hospital website and -

THERAPIST: Ramona, you're not Ivan. You will never be Ivan.

CLIENT: (sigh) But it's scary to me -

THERAPIST: You're not that.

CLIENT: that that would be acceptable to him, potentially.

THERAPIST: Mm.

CLIENT: And I even felt bad because I thought, "What if he's thinking to himself that his process is the same as mine." And what if he's thinking, "Well, finally it's my turn and I'm not going to be critical of her the way she was of me." What if he -

THERAPIST: Mm.

CLIENT: And I don't know, I hate that comparison because it doesn't feel like the same process, first of all. I am actually looking for pretty specific jobs with specific intent as opposed to lots of random jobs just throwing out my resume in large amounts.

THERAPIST: Mm.

CLIENT: I don't know. It was (laughs) not good for me.

THERAPIST: Yeah. The problem is though then that then there is no room in your relationship with each other to hold each other compassionately. To even say to each other, "It's okay. It's going to be okay." [00:20:01]

CLIENT: I think it's hard to have that balance because for Ivan I don't know if I could reach the point where he would have even a loving criticism.

THERAPIST: Mm hm.

CLIENT: Or, you know, even a problem solving approach to it.

THERAPIST: Mm hm.

CLIENT: As opposed to the always, "It's fine." I wonder if there would come a point. And that bothers me.

THERAPIST: Hm. So if he were to say, "Okay, Ramona, why don't you try this?" That would feel empathetic right now?

CLIENT: It might.

THERAPIST: Hm. Like it would feel like taking care of you.

CLIENT: Or it would feel like a small amount of accountability. I don't feel like it would be appropriate for him to say like, "You haven't been trying. You haven't been interviewing," because I have.

THERAPIST: Yeah. That's what I [would be wary of] (ph).

CLIENT: But there's a -

THERAPIST: How could be possibly descend with criticism right now when you've been doing everything you can? Do you know what I mean?

CLIENT: I wouldn't say I've been doing everything.

THERAPIST: I would expect you to respond by saying, "Are you kidding me?" You know, "Do you know what I do? I do everything? Look at you. Why don't you criticize yourself for a second?" Do you know what I mean?

CLIENT: I don't know.

THERAPIST: Maybe taking loving interest, maybe that's the word. Rather than just, I could imagine, "It's fine," could read like, "I don't care." [00:21:12]

CLIENT: It's just I don't want him to feed into my anxiety.

THERAPIST: Yeah.

CLIENT: But I guess I want him to have some level of concern. Like it feels good to know that if I don't have something in the next couple of weeks he's not going to say like, "What the heck? You're not contributing?"

THERAPIST: Yeah. Yeah.

CLIENT: It's good to know that that's not the case. But right now it feels like the opposite. It feels like if in a year from now I was just still kind of doing this and not, that he would maybe be a little annoyed. And that doesn't feel good either.

THERAPIST: Mm.

CLIENT: It feels like whatever.

THERAPIST: So does it feel like that when I say to you, "You've got to be able to have days off?" Does it feel like I'm not concerned enough?

CLIENT: Maybe.

THERAPIST: A little bit?

CLIENT: I think for me it mostly, like when you say I've been doing everything I can. I'm like, "No."

THERAPIST: Yeah.

CLIENT: "There's no way I've been doing everything I can."

THERAPIST: Okay.

CLIENT: I am not sitting in front of my laptop eight hours a day. I am not even putting in thirty five hours a week, I'm sure, which is what they are recommending. You know, if you don't have a job to be, thirty five hours a week job search.

THERAPIST: Mm hm.

CLIENT: Including interviews and networking stuff and -

THERAPIST: Mm hm.

CLIENT: meeting. (sigh) But I don't think I'm hitting that. [00:22:18]

THERAPIST: Mm hm. Who is recommending that?

CLIENT: Career Services. (sigh)

THERAPIST: Thirty five hours a week?

CLIENT: If you don't have a job. (sigh)

THERAPIST: Okay. How many hours do you think you're doing a week?

CLIENT: I have no idea.

THERAPIST: It sounds like it's varied from week to week, somewhat.

CLIENT: It has been. It also varies day to day. And there are days when I'm spending the majority of five hours a day, you know, volunteering plus a couple of hours transportation.

THERAPIST: Yeah.

CLIENT: So that day is, like that's a lot of that day.

THERAPIST: Yeah. Although that's important for your applications too, that work. That's not -

CLIENT: I know. I also felt, this is, I don't know, I guess it's off topic, but I felt kind of bad because at our last job seekers workshop there were only four of us. And the one girl didn't show up because she got an offer.

THERAPIST: Mm hm.

CLIENT: Another girl did show up but she had, it sounded like, a pretty good offer. And that had only taken her a couple of weeks to get it.

THERAPIST: Mm hm.

CLIENT: Which she admitted from her job search was very atypical that it would go that quickly.
[00:23:21]

THERAPIST: Mm hm. Mm hm.

CLIENT: But a consulting job, huge paycheck.

THERAPIST: Mm.

CLIENT: Like really amazing.

THERAPIST: Hm.

CLIENT: And she still came and still worked on it because she's like, "Well, it's not, you know, a done deal yet." But I just felt like (sigh)

THERAPIST: Consulting and this is in public health also?

CLIENT: Yeah. It's a research, it's a consulting agency and it pays really, really well.

THERAPIST: Mm hm. Is that something you would want to do? Like is that even something you would apply to?

CLIENT: I don't know that I would have enough experience.

THERAPIST: Oh.

CLIENT: She definitely had more. She did more DOR (ph) in school -

THERAPIST: Yeah.

CLIENT: than I did.

THERAPIST: Okay.

CLIENT: But I just felt like, (sigh) I don't know.

THERAPIST: Yeah.

CLIENT: Like even if I got a job I would be thinking to myself, "She's making almost double what I might be making."

THERAPIST: Mm hm.

CLIENT: "What's wrong with me? Why aren't I making (laughs) that?" I don't know. So, like I said, there's a part of it that feels rational and there's a part of it that feels like if I got a great job, even if it was in my interest -

THERAPIST: Mm hm.

CLIENT: I'd be thinking, "Why aren't I making as much as she's going to be." [00:24:20]

THERAPIST: Yeah. So if you were to try to find the voice right now that feels like a reasonable way of looking at what's happening with your job search, how would you describe? If your finding I'm not even talking about just rational, like, oh, not just the challenge that says, "Don't worry. You'll find a job eventually." You know? In other words, what is realistic about what's happening?

Other people, someone's gotten a job offer. Why? Why haven't you? What's the reality based challenge to some of the fear thoughts?

CLIENT: Um. I guess, so there's a really real element that there has been some funding cut to infectious research, to government research.

THERAPIST: Mm hm.

CLIENT: And some of those have been jobs that I've applied to. I guess, I don't know, I probably did a good thing by going from undergrad to grad. [00:25:22]

THERAPIST: Mm hm.

CLIENT: But a bunch of people I went to school with didn't.

THERAPIST: Mm hm.

CLIENT: And they had some great experiences in between.

THERAPIST: Mm hm.

CLIENT: And some of them also worked during, like more substantially, and competing with them.

THERAPIST: This is some of your co-wart (ph) you mean? Like they took a few years off before going to school?

CLIENT: Mm hm.

THERAPIST: Okay. That makes a difference.

CLIENT: Yeah. (laughs)

THERAPIST: In reality, that can totally make a difference getting a job, people with experience can make it harder for you. But not because you're an idiot. (laughs)

CLIENT: No. But it doesn't, it just doesn't feel good. I don't know how to describe it. I'm not used to -

THERAPIST: You're used to being at the top.

CLIENT: Not necessarily even at the top, but -

THERAPIST: Getting what you want, in other words.

CLIENT: Going after something and having a reasonable chance of getting it, I guess. And right now it feels a little more like -

THERAPIST: Mm.

CLIENT: I was definitely a small fish in a big pond in grad school.

THERAPIST: Mm hm.

CLIENT: But it didn't always feel that way.

THERAPIST: Hm.

CLIENT: Some pretty small classes. But then now it feels like I'm -

THERAPIST: Hm. Like you mean an even smaller fish in an even bigger pond? [00:26:30]

CLIENT: Yup. (laughs)

THERAPIST: Yeah. Some of it is the reality of how the world is an enormous pond and you're not alone in feeling like a small fish. That every person is a small fish. I think there is a way you take that reality and then make it be something bad about you.

CLIENT: Oh yeah. Absolutely.

THERAPIST: Do you know what I mean?

CLIENT: I mean I'm already thinking, I started on this research study in February, and I'm thinking, "Why wasn't I doing that last February?"

THERAPIST: Mm.

CLIENT: Why wasn't " I just, like I went to this orientation for this volunteer thing at BMC. And there are juniors in college who are volunteering. Not for the same thing.

THERAPIST: Mm hm.

CLIENT: But I don't know if they'd be able to do the same thing, or be allowed rather. But I'm thinking, "Why wasn't I volunteering at some major hospital when I was junior in college?"
(laughs)

THERAPIST: Mm hm.

CLIENT: Like what?

THERAPIST: What's the answer to that? If you follow that, what's the reality about why not?

CLIENT: Well I did internships at vet clinics which, if you want to do research in a hospital they don't care as much. [00:27:38]

THERAPIST: Mm hm. And at the time, do you know why you did that?

CLIENT: Because I was pre-vet. (laughs)

THERAPIST: Yes. There you go.

CLIENT: Yep. I mean I still looked at jobs at the, like over at Angel at Tufts Veterinary.

THERAPIST: Yeah.

CLIENT: But a lot of them aren't, they're not where I'm at exactly.

THERAPIST: Hm.

CLIENT: So I would be really far above or really like cleaning exam rooms.

THERAPIST: Yeah. But, so in other words, here's a really classic of example of where you can get into that your current life, seeing someone else got specific experience in your field in your college. "Why didn't I do that?" The why you didn't do that, there's a very good reason, Ramona. You didn't even know you were going to be doing this. (sigh)

CLIENT: But that's the other unacceptable element. I don't know what ultimately what my dream job is.

THERAPIST: Mm.

CLIENT: I don't know ultimately what, you know, do I have my last degree now? When am I going to do another one in the future? What is it? [00:28:40]

THERAPIST: Mm.

CLIENT: Like that's not acceptable to me to not have, especially given, like I said I got really triggered a lot this week.

THERAPIST: Mm.

CLIENT: The other night I was doing job stuff and Ivan got on his laptop and sat on the couch. And he just looked up jobs by a salary number.

THERAPIST: Mm hm.

CLIENT: And that, in and of itself, isn't maybe a huge deal. Like he was just curious what a certain salary range, what those jobs might look like.

THERAPIST: Mm hm.

CLIENT: But for me, I just lost it. I just, like inside of me there was something that just, it was like the end of the world.

THERAPIST: It felt so unfocussed?

CLIENT: So unbelievably unfocussed. Not even like, "No, just a number." And I just, I couldn't do it. I'm like, "Wow. He is twenty six. He has no clue what he wants to do." He's not even trying to search by job category, let alone title. (laughs)

THERAPIST: Hm.

CLIENT: It's just like, I don't know. I could not handle it. And maybe that's not fair, but I just could not handle it. [00:29:44]

THERAPIST: Well I think that one of the things that comes up when you feel that strongly towards some part of him is that maybe there's a piece of the feeling you're having for him that is also for yourself.

CLIENT: That's the -

THERAPIST: That's what you're describing feeling towards you.

CLIENT: That's the problem. If I had, I could have a little more room for him to have no clue what he wants to do, a little more room -

THERAPIST: Mm.

CLIENT: if I had a very exact, very detailed plan for myself with real outcomes. If I was enrolled in a PhD program and had a full time job and, you know -

THERAPIST: Mm.

CLIENT: knew that I was going to be coming out with x, y and z in five years.

THERAPIST: Yeah.

CLIENT: That would feel much more acceptable. That at this point I'm the one who doesn't have a job right now.

THERAPIST: Mm hm.

CLIENT: I don't have anything definite and he's over there like, "Whatever." You know, just searching by Like totally not applying to any of those jobs. Just looking at what they might be. (sigh) I know that sounds, it is, it's very unforgiving, it's very harsh. But to me it felt representative of a much bigger problem. [00:30:46]

THERAPIST: The person I think you're harshest on of anyone in the world is yourself, Ramona. You and Ivan are quite different, you are not in the same category about where you are with job searches. You're not struggling the way he struggles to find focus and to find direction and to be on top of things. You just aren't. You might some weeks a little bit. That is within the range of normal.

Every person looking for a job struggles some weeks some. No one perfectly does thirty five hours a week. Not a single soul on the face of the earth does that. Right? That's called trying to strive for some perfection that doesn't exist. I think when you fall off of being absolutely perfect, you feel like you're somehow doing what he's doing. Which is not the case.

You are not searching by salary. You would hope you might if you were curious and that would be okay. And maybe if he were doing a great job search otherwise and then just one day wanted to search by salary because he was curious, that would be a different story. That's not what you're saying is happening with him, right? There's something, it's a symptom of his being unfocussed.

You are not unfocussed. You are hyper focused and hyper critical. [00:32:05]

CLIENT: But it's just, I guess it's feeling hard to meet somewhere in the middle. And it feels like Ivan is slowly coming up in some of those skills.

THERAPIST: Yeah.

CLIENT: But to me, and I recognize that this is critical and unfair and in reality he is making progress at a significant rate, I guess.

THERAPIST: Mm hm.

CLIENT: But it feels like way too slow. It feels unacceptable.

THERAPIST: Yeah.

CLIENT: It feels like the same stuff over and over.

THERAPIST: And yet that might also might be a symptom of your being really, really critical still.

CLIENT: It might be.

THERAPIST: Do you know what I mean?

CLIENT: It might -

THERAPIST: Because forget towards him. You are that way towards yourself when we know it's not really rational.

CLIENT: But I don't think I apply my standards to myself to Ivan.

THERAPIST: Mm.

CLIENT: I don't know that that really happens. I find myself settling more and more.

THERAPIST: Mm.

CLIENT: But I'm genuinely freaked out by things like him searching by a salary.

THERAPIST: Mm hm.

CLIENT: Or that there have been a couple times now where if he wakes up he doesn't know what day it is. He doesn't know what's going on. He's totally disoriented and -

THERAPIST: Yeah.

CLIENT: And that -

THERAPIST: Your worst nightmare. [That's what you were saying.] (ph)

CLIENT: (laughs) I can't, I don't know what to do. (pause) [00:33:18]

THERAPIST: With him. Let's focus on that for a second because we're going to run out of time and I want to make sure you leave with that and a couple of other things. What do you think you would like to ask him to do? What would be helpful to you and your self-criticism and anxiety and depression that you have?

CLIENT: I don't actually know.

THERAPIST: What can he do for you?

CLIENT: I don't feel like I even want there to be something because I can't I know it's unfair. I really do.

THERAPIST: Mm.

CLIENT: But I can't handle there being one more reasonable, understandable thing that I ask him to do that does not happen.

THERAPIST: Mm hm.

CLIENT: Because I've just felt an unreal amount (laughs) of being triggered the other day when the exact same thing happened.

THERAPIST: Mm.

CLIENT: I just can't do it anymore. I'd rather I'm really coming back to the place I am with my parents where, in reality, the way to get along or the way to have peace is to lower the expectation.

THERAPIST: Mm hm.

CLIENT: Don't ask. Like stop asking them to clean the house. Stop asking him to take out the trash. Like just stop because it's not going to lead to anything other than a fight and disappointment and just feeling really crummy. [00:34:22]

THERAPIST: So how do you put that together, though, with that he is making changes that you can feel palpably? Or he's doing some things better than ever before?

CLIENT: I think that's what I'm saying. I'm not doing a good job of putting those things together.

THERAPIST: Okay.

CLIENT: Especially, again, I think it's unfair of me, but right now it feels like he's putting in the effort in places not for marriage.

THERAPIST: Mm.

CLIENT: It feels like he'll try to take his medication to go to work.

THERAPIST: Mm hm.

CLIENT: He will not take it at home. I have no clue if that affects him positively or not.

THERAPIST: Yeah.

CLIENT: Or in, like seeing it first, it just feels like I'm not worth the trouble.

THERAPIST: Mm.

CLIENT: So I know that's not fair. I know that it's really hard for him to take the medication. I know he feels self-conscious. And I know I do not dare to say, "It would be really great to see if, you know, you could be more organized or focused at home." You know? Like, "That would be nice for us."

THERAPIST: Mm hm.

CLIENT: I can't say that. But (pause) [00:35:21]

THERAPIST: Mm hm. So you don't want to think of anything that he could do? Is that what your answer is? (laughs)

CLIENT: No, there's a part of me that does, but I'm just so incredibly done with -

THERAPIST: Mm.

CLIENT: I find myself (sigh) What happened this week was I said, which I've said so many times, "You know, maybe we could each do part of cleaning the apartment "

THERAPIST: Mm hm.

CLIENT: " instead of me cleaning the entire apartment." (laughs)

THERAPIST: Mm hm.

CLIENT: And it goes from there to, "Do you want to help for just a little bit," to "You could do this." "Okay, why don't you just mop the kitchen and the bathroom floor. They're tiny. It will take like twenty minutes max."

THERAPIST: Mm hm.

CLIENT: And, guess what, it still hasn't happened. (laughs) Days later he still hasn't. And I just, it was such an acute, that's exactly what I've always been doing with my parents.

THERAPIST: Yeah. So I understand you're afraid to ask him to do something more. Do you want to not do the homework assignment then? Do you think it's just you're too emotionally stressed right now to try it?

CLIENT: I can try it. I just feel like it's It would be reasonable to expect that that would not be a consistent happening considering the baseline is not consistently happening.

THERAPIST: Mm hm.

CLIENT: I don't know why I would think that more would be the answer. [00:36:28]

THERAPIST: Well, if it's an assignment. So, in other words, if it's put in front of him, "This is what you're going to be asked to do every day." And you agree to this in front of Dr. Farrow (sp). And then you go home and he doesn't do it. She gets to take it up more with him in the couples therapy then.

CLIENT: There will be no consequences. There will be no Like we've done this before. Nothing, like that's not going to impact it.

THERAPIST: Mm. You're really mad.

CLIENT: I'm really mad. (laughs)

THERAPIST: I have the feeling today it's like there is nothing I can say or do to help. Anything I say you reject.

CLIENT: Maybe. But I'm not sure that's completely fair because it's like he doesn't do it, he doesn't do it and it doesn't matter.

THERAPIST: Mm hm.

CLIENT: It's really exactly what happened with my parents. No matter how reasonable, no matter small, it's still not going to happen.

THERAPIST: Yeah, yeah. That's actually been your experience.

CLIENT: Yes. And so saying, "But, Ramona, just give it one more chance. Just add one more thing to the 'To Do' list." It's like then the criticism is on me, not him. [00:37:32]

THERAPIST: Yeah. Oh, no, no, no. For the record, I've said this before over and over, you're very patient with something very real that is his deficit. That's really happening. I'm only bringing this up because you said you wanted to make sure we found time to figure something out.
(laughs)

CLIENT: (laughs) No, I'm sure I need to do that. I just hate it.

THERAPIST: But you might not. Maybe what you're saying, maybe what you needed to do is talk it out and realize maybe what you're feeling is so frustrated that, why on earth would you do this homework assignment when you've done this before and he doesn't do it? Maybe that's what you need to go back and say to Dr. Farrow (sp) again. That he does not follow through so you're feeling hopeless.

I think I You're the one who knows what is happening better than I do and better than Dr. Farrow (sp) does. So I'm listening to you saying sometimes it feels like there have been real changes and sometimes it feels like nothing has changed, that it's the same old person. [00:38:31]

To the degree that there have been real changes, that's the side of me that would hope maybe this would help him. And I'm not talking about something like cleaning. I was thinking more along the lines of him saying, "So how is the job search going," once a day. Just asking you something about it. Or, "How are you? How was your day?"

CLIENT: Which I think is a great idea, in theory, but the homework she has been giving us -

THERAPIST: Mm hm.

CLIENT: like even the "money meeting" once a week, it happens when I say, "Ivan, we're going to sit down and do this."

THERAPIST: Mm hm.

CLIENT: And quite frankly, I'm seriously angry about saying those words.

THERAPIST: Yeah.

CLIENT: I am seriously up to here with being his Mom. And I know that's not fair when you -

THERAPIST: No, it is fair.

CLIENT: this might be a way for me to make progress.

THERAPIST: It is fair.

CLIENT: But I'm the one being stubborn saying like, "Don't push me anymore." But it really feels like I'm not going to ask him to do this every day because I see that happening.

THERAPIST: Was Ivan assigned that he has to bring up the money problem?

CLIENT: Nope. It was supposed to be mutual.

THERAPIST: Okay. So that's to me the only thing that's different. Is this would be his assignment and you cannot remind him to do it. And then you take a tally over seven days. "Did he do it seven days out of seven or did he not do it?" In other words, if he doesn't do it you're not going to go, "Remember, Ivan. You have to ask my how my day went." You're not supposed to that in this kind of thing. [00:39:43]

CLIENT: We've done that before. We've done with basic split household chores. He doesn't -

THERAPIST: He doesn't do it.

CLIENT: Right. And then at the end of the week I say -

THERAPIST: So why is she assigning this then?

CLIENT: I'm not sure.

THERAPIST: Mm.

CLIENT: I guess I don't understand as well.

THERAPIST: Hm.

CLIENT: But I guess that I'm not supposed to remind him, I'm not supposed to hound, because that's supposed to be mutually freeing. But then eventually it just doesn't happen and we're back

to square one and what am I It feels, I don't know, it feels critical of me because I'm not supposed to ask for it.

THERAPIST: (cross talking at 00:40:11)

CLIENT: I'm not supposed to do it myself. I'm not supposed to criticize.

THERAPIST: And he's actually not doing it. Ramona, he's actually not doing it.

CLIENT: I'm just supposed to let it go.

THERAPIST: I feel your frustration. You're just caught between a rock and hard place right now that is a repetition of your childhood. It's not just your transference to it. It's actually happening and I think that's what is so hard and sad, and hard to face in a way. What if you have found yourself with someone who is repeating the same patterns? And you didn't know you were getting into this but this is what you're in. What do you do then? (pause)

You know, I think in your childhood you turned to criticizing yourself, probably from a very, very young age, in order to kind of make up for the ways in which all the people around you who were supposed to loving you and taking care of you were not. And that criticizing yourself became a very familiar and comfortable way of keeping order in your life. Whipping yourself into shape, right? [00:41:36]

You then don't have to If you're in the constant pain of self-flagellation, you don't really have to think about other people not doing their jobs as much. It doesn't really have to hurt as much that other people can't do the bare minimum to demonstrate loving, affection and taking care of you. And I think you're finding the same things happening with Ivan right now. And in some ways it's pushing you further into the corner of self-flagellation.

CLIENT: Because what else would you have me do? Like the one message I consistently hear is that I'm not to criticize to Ivan. I'm not supposed to ask him to do his stuff no matter what. I'm not, like we're not supposed to even talk about the elephants in the room most of the time.

THERAPIST: Mm.

CLIENT: Or we just don't because I'm not supposed to initiate it. And heaven knows he's not. And so where else does that go? (sigh)

THERAPIST: Yeah, yeah. Some of that is maybe coming from couples therapy. I don't agree with all I think you should have expectations of him. I think you should be sharing disappointment. I think you should be giving him assignments and when he then doesn't do it, and it was a hundred percent on him and you keep your mouth shut, you get to come in and say, "This is not changing fast enough." [00:42:51]

CLIENT: But I don't think that changes But saying that, what does that do?

THERAPIST: What if it does nothing?

CLIENT: Yeah. That's where I'm at.

THERAPIST: That's what it sounds like you're coming up against. What if his change rate is way, way too slow?

CLIENT: I think I need to find some room to be more patient. I just don't know how to do that, especially without me hating myself more.

THERAPIST: Mm. You just said something so important because I think that's the only way you've developed patience over your life. The only way to not feel angry at these people is to go back and turn it all in against yourself. So that's so, I think that's incredibly insightful, what you just said. How can there be some space where you get to find patience for yourself and for another person at the same time? I think that's a really, really, really big question. [00:43:49]

That could even come up in here too. Like you could be feeling today critical of me. Like I know this kind of session. We've had this kind of session before where you will leave often and feel fed up and frustrated and this is a waste of time. And that the criticism comes out at me or it's going to go back at you. And, you know, I'm not doing enough. I somehow didn't make enough of this.

Hopefully, we've changed a little bit. We changed gears I think about ten minutes ago. We started to talk about this in a different way. How on earth do you have time and patience that is held compassionately, lovingly for both you and Ivan? Where you're in something together that's important to both of you right now, that you don't want to leave. And some changes are happening.

But there are some things that are happening that are still so frustrating and feels unbearable sometimes. It's likes trying to grow a little bit of safe space that you knew nothing about as a child, Ramona, nothing. [00:44:51]

CLIENT: I still don't always I know this is flawed thinking, but I still don't always see the point in separating like, "This is their responsibility." Or, you know, this is someone else's responsibility. If they aren't doing it, it has nothing to do with me.

THERAPIST: Yeah.

CLIENT: It's really hard. It actually sometimes even doesn't feel like there's any point to reaching that level of consistent intellectual understanding.

THERAPIST: Mm. Mm hm.

CLIENT: Because, at the end of the day, the floors still need to get mopped. (laughs) At the end of the day, bills still need to get paid. At the end of the day, like what's the point?

THERAPIST: Yeah. Mm hm.

CLIENT: And is there any point in reframing it as the rate at which Ivan is making progress doesn't feel very good.

THERAPIST: Mm.

CLIENT: Or it doesn't always feel fast enough versus it's my fault for not being patient.

THERAPIST: Hm.

CLIENT: Is there any point in Pick one. Does it make any difference really?

THERAPIST: See I don't think either of those is the total truth though. Do you know what I mean? I think he's working on his deficit and you're working on yours. (pause) And the reason I reframe it like that is that I think one of the (sigh) How to put this? [00:46:11]

The deficit that is in you that you bring to the table with the relationship with him, and with any relationship, is how hard you are on yourself. I think that is the central, core problem inside you. It's not how critical you are of him.

CLIENT: But would being less critical of myself actually improve my relationships at all?

THERAPIST: I think it would. But how you get there is another question. Because this is where to me cognitive therapy falls a little short for you. Because it's not a matter of just saying, "Okay, go home, Ramona, and be less critical of yourself." If you could do that you would do it already. Right? It's not just a switch you get to turn off in your brain.

You've identified being critical of yourself is safe. It is your protection in the world. You don't even know what your world would feel like if you could hold yourself and give yourself a hug in this process, and love yourself with compassion during this job search. That's so foreign to you to actually be held lovingly and affectionately. [00:47:18]

CLIENT: Yeah.

THERAPIST: You survived in your family by being critical of yourself. I often think, if there is a cognitive therapy intervention around this that might do something, the number of times you've said, "I hate myself. I hate myself. I hate myself. I hate myself." They have literally done studies where you can look in the mirror and if you say, "I hate myself," a hundred times, your mood drops.

So we have someone without depression, right? And that you can actually show an effect of change, a negative effect, if you get them to say something that they don't even believe. Right? This is someone who comes in with a good self-concept. Get them to say that a hundred times, their mood will drop.

If we were to start trying to find some statement you could say to yourself that would become more of a mantra about yourself. Forget Ivan. But something that you could find that is a more compassionate self-statement that we want to actually start pulling out, "I hate myself." Because I think it can become a kind of obsessional ritual in your head. [00:48:21]

CLIENT: Yeah. I agree.

THERAPIST: And if we could actually, to the degree that you can, turn that off and find a competing statement. I don't know what statement that would be because it's got to be something you can be interested in, at least. I know you won't believe it at first, but something that sounds like, "Okay, I could at least repeat that a number of times to myself." So maybe could you try to come up with something like that?

CLIENT: I can.

THERAPIST: "I love myself." "I love this about myself." "I'm doing the best I can." "I'm a good person." These are examples. Something along those lines.

CLIENT: I can try to do that. I think part of the negative, the reason the self-hate is so adaptive for me is because then if I feel really crummy about the way things are or aren't happening outside of what I have control over, I have control over that really awful feeling. As opposed to letting it go and saying, "That's on them. They control it. I can't "

THERAPIST: Yeah.

CLIENT: (laughs) So I'm not sure I know that's part of the problem. [00:49:26]

THERAPIST: That's why I think even giving you a substitute thought, you can control that thought if you want to. Like it might be, "I'm doing the best I can." Something like that that doesn't say, "I'm doing great," because maybe you don't believe that. But, "I'm doing the best I can."

CLIENT: Okay.

THERAPIST: And try to see if you can write that. Maybe even you could type it out, print it, put it on your computer. That might not even be a good one. When you think of what feels like it's something you're willing to try.

CLIENT: Okay.

THERAPIST: Drop me a line.

CLIENT: Okay.

THERAPIST: And try that for a couple of weeks. So we're not meeting next week.

CLIENT: Okay.

THERAPIST: Okay.

CLIENT: Okay.

THERAPIST: See you then.

CLIENT: Do you want to give back my? Or no?

THERAPIST: Yes. Let me Will you in the meantime fill these in, competing thoughts.

CLIENT: Sure.

THERAPIST: Even if you need to move on to the back.

CLIENT: Okay.

THERAPIST: Okay. And let me know what thought you come up with.

CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How are you?

CLIENT: OK.

THERAPIST: How are things? (pause) It's been a while.

CLIENT: It's been a while. I guess I'd say I'm anxious more than anything, a lot. But I guess overall things are OK. (pause)

THERAPIST: You said you got a new mantra going.

CLIENT: So I try. (chuckling) The first couple were really bad and so I tried to think of one. And I don't believe it and it sounds horrible but, "It's going to be OK. Things are going to..." Like that's... so sometimes... it's interesting but sometimes in my head I'll still hear the like, "I hate myself," immediately. And I can't like... but then after that, I will think it's going to be OK. So I'm trying like hopefully eventually the first one will be erased and I won't think that. But it's really engrained so...

THERAPIST: That's what I think part of it is just even to get to start noticing how often that thought comes into your mind. [00:01:05] How much it's there as a whip. Even if all you're doing in the beginning is just now noticing it more, how engrained you're saying that is that that comes in. Is it that exact statement specifically?

CLIENT: Yea, always.

THERAPIST: Wow.

CLIENT: It's always that and it's like a daily thing, if not multiple times a day. So it's going to be OK sounds like a... it sounds a little wishy-washier. It sounds like the type of thing you don't want to hear when you're upset. Like, "Oh, it'll be OK." Almost like brushing it off. (chuckling) But it can be a little comforting even to just try to believe it. Or even just hear it after that or instead of that, it can feel a little good.

THERAPIST: You said you tried a couple of other things first that didn't stick at all.

CLIENT: I didn't intentionally try them. (chuckling) It's just like they came into my mind. [00:02:02]

THERAPIST: So what... but that they didn't work? Like it didn't feel...

CLIENT: No, they weren't good. (chuckling) They were not good.

THERAPIST: Like what? I'm curious what came up first.

CLIENT: It was like a... I guess a self-critical thought. I was looking at someone else. Actually they are on the team [ph] and she just looked like so put together. And so... and I was thinking about myself and thought of the, "I hate myself." And then I thought she's better than me. Then I thought that's not good. Like comparing that, that's not a good strategy. Then there was another one that had come into my mind. Actually not remembering it at the moment. (pause)

THERAPIST: It sounds like sort of one distortion coming in to replace another distortion more than a challenge.

CLIENT: Right. So it's going to be OK. It's... I don't know if it's that great but it's better for sure I think. It's at least not anything negative. And I find it at least triggers like a, it's not the end of the world reality. [00:03:08]

THERAPIST: Yes, yes.

CLIENT: Because I find the, I hate myself thought, it doesn't just come up in the course of a day. It comes up as I think about... something can trigger a memory and I think back on something I did or didn't do or said or didn't say, whatever. And I notice the, "I hate myself" like comes. So it's not even like if everything goes well today, I can guarantee that that's not going to come into my mind. It's more like...

THERAPIST: Interesting.

CLIENT: ...my thoughts can go there.

THERAPIST: Even by just seeing somebody on a team [ph]. In other words, you didn't do anything wrong, you didn't say anything wrong.

CLIENT: Right. But not even just that. Like something will trigger some kind of memory and I'll think back. And it could be years ago, it could be weeks ago, it could be something I did or something I didn't do. Or just something I was embarrassed. It could be a little thing. It could be like an actually significant thing. And the, I hate myself thought will pop into my head. But if at least in that situation, the, it's going to be OK, it already happened. It's over. [00:04:07] It's not the end of the world. Like so?

THERAPIST: It is a really interesting thought, your... that you've come with because, right, on the face of it, it sounds almost invalidating. "It's going to be OK, Ramona (sp?). Stop overreacting or something." But I think the reason you're saying, it might be doing something that feels better is it does sound like when the thought, I hate myself, comes up it is, in a way, triggered by tremendous anxiety. (pause) In other words, what's... it's not... what's not on... it's very obvious, I hate myself, can be a sort of self-rage, self-critical thought. But I think that what's less obvious but actually is functioning a lot of the time is that it's a thought that you have to manage your anxiety. [00:05:09]

Do you know what I mean? So you start feeling... you can start feeling out of control. You can start feeling like you'll never get to where you want to be. You can start feeling like I'm not going to get a job. I'm not going to get an A. And that, I hate myself, that kind of whipping yourself back into shape becomes a way of kind of getting control over a situation that feels out of control.

CLIENT: Yea. No, I definitely... yea. It takes control and it puts it all on me. And it just... and then it becomes like, I hate myself and if I change this and like maybe then I won't hate myself so much. Maybe then the problem won't exist. Maybe then like... so I definitely like it's very... it's a

theme I'm seeing here is that it's very important for me to have complete control over the problem whether or not it's actually related to me.

THERAPIST: Right.

CLIENT: And I think it's also a way to deal with shame. [00:06:01] To deal with like I don't know depression or anger around an issue because I find it to be... I have found it to be so incredibly unproductive to get angry at the person who's actually responsible. It just led nowhere. It has made no progress, no success. It's been invalidated even that it's their fault. (chuckling) So of course, bringing it back and putting it on myself has felt like the only way.

THERAPIST: Yea. This is the only outlet for all those feelings. Some of which is actually meant for people out there...

CLIENT: Yea.

THERAPIST: ...originally.

CLIENT: Right, and I...

THERAPIST: And it doesn't go anywhere.

CLIENT: No, it doesn't.

THERAPIST: (inaudible at 00:06:37). Right, right. (pause) That's what you had to do.

CLIENT: It still feels that way though.

THERAPIST: That is what you're having to do, a lot of the time at least...

CLIENT: Right and it's...

THERAPIST: ...with Ivan (sp?).

CLIENT: It feels like in fact if I could turn the criticism more inward a lot of the time even if it's to criticize like don't be so critical. Even if it's that, it feels like that's the solution. [00:07:04]

I'm also noticing more and more lately, maybe it's... I don't know. It's with couples therapy but it's also in general that I don't feel like I'm allowed. Like I'm not supposed to be critical and that's one thing. But I don't feel like I'm allowed anymore to speak about the elephants in the room. Not to acknowledge them. Not to critique them. Not to bring them up confrontationally or even with like, "Hey, we have to talk about this eventually."

On top of which, there's this other layer where Ivan's (sp?) family is like, by and large, in denial about what's been going on. And he is avoiding those topics like the plague which is, I mean, connected to the problems he has. And my family kind of stopped even talking about any of it with them because they're like... so really a lot of the time doesn't feel farfetched for me to say actually I'm the problem. [00:08:01] And if I really didn't bring it up, really didn't criticize it, really did let it go, the problems really would go away.

THERAPIST: Yea, I totally get that.

CLIENT: (chuckling) So it's like I'm the only person in the universe who thinks that there are actually problems and until I deal with my stuff, I'm never going to have any progress. And it feels that way with my parents. I mean, it feels that... like it's likely... more than likely my perception alone. But it feels like instead of looking for accountability in them, I need to be looking for like letting it go from myself.

THERAPIST: Do you know the story of Emperor's New Clothes? Do you remember that?

CLIENT: I used to. I don't really anymore.

THERAPIST: It's an old fairy tale. It reminds me of that. So there's a boy... that the essence is that... of the story is there's a boy who sees that the Emperor's new clothes is that he's naked and he's going around saying to everyone, "Look at my beautiful, expensive clothes." [00:09:04]

And everyone is acting as though he has beautiful expensive clothes. "How beautiful. You're lovely." No one is saying a word. And the little boy is the only one who says, "But don't you see? He's naked. He has no clothes on." There's no one around who's confirming that because they're all... they're thinking in the story probably just kowtowing and placating to this Emperor.

That... it reminds me of that. You're the only one. If you're left to yourself in this system, if like especially I think if you're not here and we're not talking about some of the reality and have a benevolent voice coming into to say actually this isn't OK, what's happening in Ivan (sp?). You're the only one who sees it. I think that how it feels right now. You can't even... it can't be spoken about. It almost becomes unreal then. If your parents can't acknowledge it, Ivan's (sp?) parents can't acknowledge it, Ivan (sp?) can't acknowledge it it sounds like Dr. Farrow can't... isn't always acknowledging it as real. [00:10:04] So you start to doubt your own experience. Maybe it is just me. Maybe the problems... I mean, I just don't think that's true, Ramona (sp?).

CLIENT: But there comes a point where I wonder if it matters if it's true or not because it's... it comes back to... it's like it is with my parents. Does it matter anymore if they really were in the wrong or if I really could have taken care of things better? They're not going to change and I'm not. It's like there's... it almost feels like there isn't much point in coming to the... like what might look like progress in theory for me personally to say like there are some things that are my problem and are my fault that I do need to deal with. But there are also things that are not my fault and I didn't cause them and...

THERAPIST: I hear you. As a child, there was no point to come into that conclusion. That is for sure as a child because you knew. [00:11:11] You probably tested it over and over again, Ramona (sp?). We know you did in a way. Maybe this time you can clean the... all of your pleadings, your attempts. Your saying, "Maybe if I say it this way or do it this way or do it for them, maybe they'll catch on." You tried so many different ways of getting through to them and none of them worked. So you learned over time it didn't make any difference to label their problems as their problems. It did not make any difference for your experience, right? It didn't make things better for you. They didn't change as a result of your saying it.

CLIENT: Well, and even if I had really labeled it as their problem, I was never going to tell anyone. So it really was... still didn't exist in my mind. I mean, Emma (sp?) clearly supported like, "This isn't your fault." But...

THERAPIST: You were otherwise so alone with it. [00:12:01] You're not going to a group of friends and saying, "Get a load of what my parents are doing."

CLIENT: And I don't know if that would've served any purpose. I guess the point is more like... and it feels like a very repetitive thing with Ivan (sp?). I would never feel comfortable telling a soul. Maybe it's even my fault that I'm stuck alone with that. But it just doesn't feel very good.

THERAPIST: Yea. (pause) The question that we've been trying to think through and get to understand is whether Ivan (sp?) is exactly like your parents or not. If he is exactly like them in that they... no matter what you said and did they wouldn't change. If that's who he is, you are stuck with the same thing and then it's sort of like we have to... it is beating your head against the wall to try to kind of get him to change if that's never going to happen and then we... that sort of changes our conversation. What do you do with that then? What do you want to do with that? [00:13:04]

What does that mean to you if this is always going to be this way? It's never going to get any better. To the degree that he's maybe like them some but has more potential for change, that would invite us to think, OK, so what... how do we help you in the time that he's changing? How do we find... is there a third option besides getting angry at him in a way that it feels like you're beating your head against the wall because doesn't do any good? Or turning that anger back at yourself because I think that also destroys you. Is there any other room for anything else in between those two places, is the question if there's room for him to change.

CLIENT: So that's I guess I don't know how to describe it. But I'm noticing Ivan (sp?) is making improvement. And he came home the other day and told me how his boss took him aside and thanked him for stepping up and how he's been doing such a great job. [00:14:06] And he hasn't gotten any complaints or critiques at work in a while and they're really happy with him. He's made a lot of progress. So that gives me hope. (chuckling) It gives me a lot of hope. And that's really good. And he's felt more confident. And he's like...

THERAPIST: It's helping him.

CLIENT: Of course. I mean, of course I would feel good. And the other night I came home from volunteering and I was just really tired. And anyway, it was like dinner time and Ivan (sp?) knew I was on my way home. But when I got home, the table was set and he had made dinner completely. It was maybe I don't know just a little bit (inaudible 00:14:46) he did all of that on his own. I didn't say like, "Can you please have dinner ready by..." No. I mean, he really set a nice table.

THERAPIST: He even came up with the idea.

CLIENT: And he really went to effort and organized himself. And so I mean, there are moments like that where he completely surprises me. [00:15:04] And then there are other times when I just feel kind of it's nothing big that's happening but it's like he sleeps in really late and he still hasn't done the laundry. And he still hasn't taken out the trash and still like... (sigh). And it's not personal but it feels personal. And it feels a trigger of like... this sounds so silly. But it feels like... it feels a little bit like my mom who would stay in bed so late.

THERAPIST: That's not silly at all.

CLIENT: So late. And who would not do those things around the house. And there are times when I... no, I'm always still like, "So Ivan (sp?), the apartment kind of needs to be cleaned up, straightened up to some extent every week. Do you want to pitch in? Can you do even part of the bathroom?" And it's still that portion of asking him to do a very small part of a bigger task that should be, in this case, a joint responsibility. [00:16:06]

So why is the majority of it always on me? It's like when I would clean the whole house and ask my mom if she could vacuum the stairs. And she wouldn't. I mean, she wouldn't do it. But I know that's... it sounds, I guess, like overreacting but it really doesn't feel that way and then it triggers in me the, what about all these big problems that we're not talking about? (pause) I almost feel them. I don't know. I don't know what a good way it is to express it but in couples I feel like I've been squashed kind of because I'm not... we are not talking about any of the big stuff.

THERAPIST: When you say the big stuff, I have an idea but I'm curious what you're feeling like is the biggest elephant in the room and you want to talk about.

CLIENT: So I feel we spend a lot time building communication skills, talking about things like that. And that's great. That's important for everything but we're not talking about... we never really talked about much the whole thing with grad school. Actually that is an issue.

THERAPIST: (inaudible at 00:17:13).

CLIENT: And we're not talking about that. We're not talking about all the drama with his loans that he just didn't open mail for a year. We're not talking about actually the ways in which the

depression and stuff like that really is like... I don't know how to say this without sounding like the worst person in the world but some of his... some of the actions that result from that or the inaction is problematic. And it's not that I'm... I thought about it the other day and in my head, once I finally came to a statement that clarified that. I thought I was going to sound like the worst person in the world. And then when I actually heard it in my head, I thought maybe that's not so horrible. And it was just that...

THERAPIST: Yea, what?

CLIENT: ...I wish he wasn't depressed. [00:18:03] I wish my mom wasn't depressed. I don't want...

THERAPIST: That's an understandable thing to wish for.

CLIENT: I don't want that. And it sounds like... it doesn't sound quite as horrible as I thought it would.

THERAPIST: No.

CLIENT: But I just thought I hate that.

THERAPIST: It's really, really hard to live and put up with it and tolerate someone who's depressed for a long time that you care about.

CLIENT: It's...

THERAPIST: It's draining.

CLIENT: It's draining but it's also... I guess I have never even felt like I was allowed to label it as depression with my mom and a lot of the times with Ivan (sp?). Labeling it as that is not... and my mom, never. Like growing up, she never at one point explained to us what was going on with her. A lot of the time it would be masked in a lie of physical ailment. [00:19:00]

So she was physically sick right before church every Sunday. She was fine and then she was way too sick to go to church. And it was always something. Clockwork every Saturday night she was sick. And she wasn't sick and I was so angry because my mom was lying to me every single weekend and I knew she wasn't sick. But what I didn't understand was that she was struggling with agoraphobia and she was depressed. And she had her own like anxiety stuff and I like... I guess I wish... I don't clearly know nothing about being a parent. And I don't know what...

THERAPIST: Yes, you do. You know some things about what you would've done differently if you were her (inaudible at 00:19:40).

CLIENT: I guess may... but I don't know what is... is it fair to even expect that, at any point, she would've explained what depression is or what she was dealing with? Or why staying in bed or staying in your pj's all day long is not... instead of being really defensive about it the entire time, that's not (pause) normal. [00:20:04]

THERAPIST: It's harder for me imagine that if you went through a bout of very severe depression with a child that you might not say something different than she said to you.

CLIENT: I don't...

THERAPIST: So you couldn't get out of bed.

CLIENT: I don't know. Again, like I just feel... even to the day, I don't feel like I can say anything about it to her. I don't feel like I can say much about it to Ivan (sp?). And I feel so frustrated because no one in my family is going to say like, "Mom, I'm worried about you. You're really depressed." Because she'll get exceptionally angry and no one in Ivan's (sp?) family is going to say like, "I know you're struggling with this. How's it going?" Because he's not depressed. He's brilliant. He's not having any...

THERAPIST: It's such a repetition for you.

CLIENT: It is and I feel... I guess I feel... Ivan (sp?) has sometimes made comments to the effect of like, "I'm not your parents. This is not me." And I'll say, "No, you're not. You're you." [00:21:05] And it makes me so angry because I get... from him saying that, I get the impression that I'm just overreacting and I'm projecting everything that my parents did onto him and it's so unfair. And I just really need to deal with it and get over it. But in reality, a lot of it is a lot the same.

THERAPIST: I mean, since sometimes people see things in other people that are only a little bit there. And the things that are a little bit they see really big because of their own histories. A lot of the time, Ramona (sp?), people end up, for example, marrying someone who is just like their parents or a parent, a caregiver. Who actually is like that because that is what's familiar and safe unconsciously. You don't know you're doing it. It's not like people go do that on purpose. But this is why someone who's beaten as a child I've said this to you marries someone who beats her as an adult. That's not... it's not that she's pretending that's happening or she's projecting onto her husband that he's beating her up. [00:22:04] He's actually beating her up just the way she was beaten up as a child. That's really happening.

So it's my experience again I don't hear Ivan's (sp?) side of the story but I do hear... even still I've met him once, I hear through both Dr. Farrow and Dr. Bourd this is really happening in him. I think the only places you get stuck around it are around finding what that third option might be besides desperately and being enraged and critical of him and desperately being enraged and critical of yourself. That's what the legacy of your childhood with your mom in this instance and dad. Because your dad also wasn't speaking up saying, "Ramona (sp?), your mother is really severely depressed. This has nothing to do with you. The reason she stays in bed all day long

has nothing to do with you. I don't want you to take responsibility for it. I'm going to hire a housekeeper so we can get some help around the house, right?" [00:23:12]

He wasn't also standing next to you saying, "The Emperor is naked. I see it, too." So this legacy leaves you only with the options you had either to just try to get through to them desperately or to put it back all in on yourself is the ways of getting control. You don't have internalized inside you how to negotiate the differences and disagreements and problems feeling like you don't have to turn all in on yourself. And you also could have some different kind of patience and love grow around it, too. Like it would've been so much better for you had your mother said to you, "I'm so depressed. This is something called depression. This is what it's called. This is what I'm doing trying to get myself into treatment and get better. This has nothing to do with you. I don't want you to feel responsible for me. I love you so much. I wish I could get out of bed but I can't." [00:24:06]

That would've been really different even though she still would've been depressed. Do you see what I mean? Just some communication some holding in mind your mind and still trying to take care of your mind's needs even while doing that. And I think had even that happened, even if she still had severe depression, you would've been able to say, "OK, this is my mom and her problem and I'm not happy." It doesn't mean you... then the depression isn't a problem. It's still problem if she's lying in bed all day long. That's not good for any person, right?

So you could have your reaction but also not have it feel like your whole sense of yourself revolves around what's happening with her. You could feel free to kind of feel good about yourself regardless of what's happening with her. And I think that's what's still stuck with this with Ivan (sp?) that it's hard to kind of feel like you see what's happening with him. And have some reactions to it. Feelings about it and frustrations and disappointments and have what's happening with him not totally impact your sense of you. [00:25:09] Does that make sense?

CLIENT: Yea. And I feel like I've made a tiny bit of progress with that to some extent. I don't think, by and large, Ivan (sp?) is not doing like... he's not... I don't know. He doesn't talk about it. He doesn't really acknowledge it. And I don't completely blame him for that because I mean, he's... I'm really the only person... I mean, I'm really the only person outside of Dr. Board and Dr. Farrow who has any like... who's ever going to talk to him about it right now in anyway. And I just know the other day he got off the phone with his parents and they were finally going to like, no, no, send the like insurance reimbursement. This is like five months later. And I'm like, "Ivan (sp?), that's pretty... that's a long time."

THERAPIST: Yes, it is.

CLIENT: And I'm like that's kind of... (chuckling)

THERAPIST: That's really happening, Ramona (sp?).

CLIENT: Right.

THERAPIST: That's a real five months. [00:26:03]

CLIENT: Yea. No, and I'm like, "Ivan (sp?), that's not..." And I told him I didn't think that was OK. That he could feel and he was pretty sharp with me after he got off the phone and pretty angry with me. And I said, "So, did you tell your parents that you felt a little frustrated about this or did you tell them how you felt about it at all?" He's like, "Yea, I said it was a little frustrating." And I just... it occurred to me maybe it's not a coincidence that he's really angry with me after he's getting off the phone and raising his voice. And maybe I didn't do anything wrong. Maybe he's really angry with them and that's OK. But I still feel really frustrated because I wish... I actually think it would be a really healthy thing if he could find an appropriate way to tell them that he did feel angry or that he like... that it wasn't maybe super acceptable to...

THERAPIST: You're so right and it's also so good and healthy that you could, for that split second, make that connection that maybe he's not actually angry at you. [00:27:07] In fact, it's safe to get angry for him. One of the things that means is that that's... you're like a safe outlet. I know that's not exactly the fun to be and a safe place for somebody to angry. But that's means your relationship with him is in a different maturity level than the relationship he has with his parents where it's not safe. And those feelings are just a found the outlet in you but they're actually meant for them. They're the feelings he couldn't express to them.

CLIENT: I know. I just... it's not fair and clearly I do not have a perfect in relationship with my parents. But I guess... I don't know. I wish Ivan (sp?) would confront... I mean, he rarely would confront me even. He can get angry at me and yell at me to some extent which is almost like...

THERAPIST: And that's new, right?

CLIENT: Right. And it's...

THERAPIST: That's pretty new.

CLIENT: Sometimes it's good. It comes out in a really kind of uncontrolled way because he is... it's like he has no clue how to do this. How do you get angry with someone? [00:28:03] How is that ever OK? I just wish maybe that could never happen but I know his parents a lot of times have told him he's just being moody or he's like... they just brush it off. And that's just Ivan (sp?) and that's just... and I guess I wish... I told him it's OK to get angry and I said, "Even if they can't handle, even if they aren't going to respond appropriately, it's OK to say, 'This is really frustrating,' or just to get it out to some extent." (pause)

THERAPIST: I also wondered if, as you were telling me the story, the only piece of the anger that might actually have been for you and maybe this is just the way I heard it. But the way you said it to me was that you said to him, "This... Ivan (sp?), this is not OK what they're doing."

CLIENT: Yea, he doesn't... that's not like...

THERAPIST: I think that... so I just wonder about like if you said, "Ivan (sp?), that I feel... I'm sad for you. That feels like neglect abuse, Ivan (sp?). Five months." [00:29:10] Do you know what I mean? In other words, picking up on your empathy for him instead of... I might hear... if I'm him, I might hear your saying, "This is not OK," as a kind of attack of him and an attack of his parents. Instead of the... what you're actually feeling also is like, wow, for a second how... poor Ivan (sp?), too. It's certainly not OK for you either because this is affecting you. But he's had to put up with this his whole life also, this kind of neglect.

CLIENT: It's just... it's hard because I find my... absolutely I find myself getting angry at them and I know there is no way. He can't get angry at them and he can never say like, "I'm angry with my parents." That would be way over the top for him. So clearly he's not going to respond to me saying that about them. He's not going to respond to that well. But I don't know. [00:30:02] It's hard because I want him to be able to express that and I also...

THERAPIST: I just I guess I'm wondering if he might have more space to feel... actually to start to feel his own anger if you were to say, "That's... I'm sorry." Do you know what I mean? Then it actually gets... his experience gets validated and he gets to... it gets to grow from within him. I think when he hears you getting angry and he gets scared. He just gets scared at anger period I think. And he sort of clams up and goes inside and that got angry back at you. In a way, the essence of what you're saying is this is really not OK. It's very poor treatment of him. It's neglectful.

CLIENT: And I've tried to... it's more... I guess it's my opinion but I've tried to tell him like even if your parent... it seems like his parents actually struggle with a lot of the same stuff that he does. It's not entirely like he developed these problems on his own. [00:31:02]

THERAPIST: No.

CLIENT: I think a lot of them were shown to him to some extent.

THERAPIST: This is case in point.

CLIENT: So I tried to like... even if like... it's OK to say you're angry at your parents like they really procrastinated or whatever. And to still say you love them and they're your parents and they're really important to you. It's OK to recognize that they're flawed and still...

Things are also just feeling, I guess, pretty hot right now around that subject because I was talking about visiting my parents towards the end of the summer. I really need to get my car inspected anyway and I need to go to Louisiana. So we're talking about that and I'm just feeling like overwhelmed. And I already have a mental list of projects I want to do at home. And it's just really hard to talk to my parents on the phone and really hard to like... my dad is trying to give me job advice and my mom is like...

THERAPIST: Do you have a specific time you're supposed to go home? [00:32:03]

CLIENT: We were talking about the end of August because Emma (sp?) has a little bit of vacation time so maybe taking a long weekend.

THERAPIST: So that she'd be down there with you?

CLIENT: Yea. And Ivan (sp?) may or may not. So that's like I'm already so worked up about that.

THERAPIST: What are the projects you're going to do at your parent's house?

CLIENT: (pause) I mean...

THERAPIST: Cleaning?

CLIENT: Yea, I'll... I mean, I will clean to some extent. Obviously that's always... the other day I was just talking to her on the phone and saying like, "Maybe we will be coming home within a few weeks or whatever." And I just casually like, "So how are things going at the house?" And because selfishly I kind of wanted to have a heads up in what I was going to walk into because it really ranges dramatically and it's really hard to drive eight hours and not... and just like walk in the door and have no reaction no matter no matter what it is. It's really hard to do that. But asking is like a recipe for disaster and she like... first thing out of her mouth was, "Your dad gives me no help. I have to..." So who knows what it's like. [00:33:10]

And they just took in another pet. So I'm really angry and really dreading it and really like... I want to see my parents. I love my parents but it's so hard to go home and not say a word about everything that's staring you in the face. (pause) So yea, I have a list of things I want to do when I'm there and it's just like...

THERAPIST: So what would be like, Ramona (sp?), to...

CLIENT: To go home and not...

THERAPIST: ...say... actually I don't even care if you make the list and then you rip it up and say, "I'm not doing the things on the list. This is not my house. It is not... I'm not living here." You have to spend, I don't know, what? Three, four, five days there?

CLIENT: Yea.

THERAPIST: A week?

CLIENT: No. I mean, not that long but...

THERAPIST: OK. Long weekend and then you're back to your house. (chuckling) Put the energy into your house.

CLIENT: I felt really bad because my mom said, "I'm sure it's not as clean as your apartment." [00:34:04] And it was almost like... it was an insult. It wasn't like, "Your apartment is really nice. I'm not as fussy." No, it was an insult. It's like I'm too picky. I'm too... even though if the house is really disgusting, then if I suggest that it needs to be cleaned, "You have to have it perfect. You have to have it immaculate."

It's again, like I'm imagining the problem. But Emma (sp?) has suggested like it's... she got really worked up the other week when we talked about it because she said she doesn't know. She feels torn because they need help with things to some extent. But she also just wants to spend time with them because they are getting older but also just we don't go home very often. We don't see them very often to just actually have quality time with them.

THERAPIST: When she says they need help with things, does this mean they're actually asking the two of you...

CLIENT: So...

THERAPIST: "When you guys come home, can you do this, this and this?"

CLIENT: ...there is one thing that my mom is already been asking about if we could help with. [00:35:02]

THERAPIST: With what?

CLIENT: So she has maybe 100 nursing uniforms. She was a nurse off and on for a while. And she hasn't worked in years now.

THERAPIST: A hundred?

CLIENT: No, she probably has 100. I mean some of it she's never worn.

THERAPIST: How? (chuckling)

CLIENT: Because she has a problem with shopping. But she... yea, she probably has 100. I mean, they're all just like in... they're multiple huge containers of them. And so she wants to sell them. She agreed to sell them. And I said, "But if you sell them, you can't go buy new if you decide that you ever want to like... so maybe you want to keep just a few or maybe that has to be enough," which she can't control. I've learned to stop trying that but she's like, "Yea, I guess we should take pictures of them and try to sell them." And so part of me had like a little moment where mentally I thought like I wanted to almost say to her, "You can do that on your own. That's not my job." [00:36:10]

Using a camera or uploading to the online... that might not be the easiest or most intuitive thing for her. My mom is 66. But I just had that thought. You're a grown up. They're your uniforms. You can sell them. I had that thought and I would never say that to her and clearly if we go home, I will help to do it but... so that's one thing she asked for. So Emma (sp?) said, "Well, she asked for that so we can do that. But maybe we should leave the rest of it go."

THERAPIST: Will she get a lot of money for these then? They're new, I don't know.

CLIENT: Some of them are new. Some of them have barely been worn. I mean, they're all in perfect condition.

THERAPIST: So they are a lot of money?

CLIENT: She spent a fortune on them. She might not get... I mean, she probably won't get half of what... but better than just donating all of them. [00:37:04]

THERAPIST: And then what will she do with the money?

CLIENT: I don't want to know. I don't want to know. Probably buy more stuff or spend it on the pets.

THERAPIST: (inaudible at 00:37:14).

CLIENT: No, it's a problem. It's an actual problem.

THERAPIST: She likes shopping.

CLIENT: Yes, absolutely. It's a really, really... it's a really big problem.

THERAPIST: What else does she shop for? Is it clothes?

CLIENT: She has a couple thousand books. Not like she has a lot of books. How isn't that... no, she has a couple thousand legitimately. And she keeps buying more.

THERAPIST: That she reads, too?

CLIENT: She reads a lot.

THERAPIST: She's a reader?

CLIENT: But she has... I mean, of them, I don't know what percentage she's actually read. I mean, she keeps buying more even if...

THERAPIST: And she's not going to the library or something.

CLIENT: She goes to the library sometimes, she says. But when she came up to visit, she spent more time than anything I feel like in bookstores. She'll buy big bags of books. [00:38:00]

THERAPIST: Seriously?

CLIENT: Yea, yea. (pause) So she didn't go see where Emma (sp?) worked but she went to bookstores. Sorry, that's like a really rude to say about your mom.

THERAPIST: That is not rude.

CLIENT: But I'm bitter about it clearly.

THERAPIST: You can go to a bookstore any time. You're here to visit your daughters.

CLIENT: No, she shops to... it's definitely a coping mechanism for her. And everybody has... my coping mechanisms are probably equally bad in different ways. But it's a frustrating thing. Just like they found a stray cat and now they're taking it in. And I said, "So what are you going to do about that?" As if like trying to for the millionth time with them to coax like, "Maybe just find it a really great home. Spend some time and... because you have 20 pets." "But no, I set him up in your sister's room."

THERAPIST: Oh my goodness.

CLIENT: "He'll be fine."

THERAPIST: Oh my goodness.

CLIENT: And it's just like it's horrible because it makes me cringe inside and I should be able to let it go. But it's like... it's really like all that on the table, it's hard to just go home and not saying anything if the house is a mess. [00:39:07] And not saying anything if they took in yet another pet and not say anything if my dad comes home at midnight from work. It's really hard. I end up right back in that child role of coaxing and cleaning and very much bargaining.

THERAPIST: So what would happen, Ramona (sp?), if you decided that you're not going to help with projects around the house? What do you... is something going to happen while you're home? Will they get really mad?

CLIENT: I don't think so.

THERAPIST: It doesn't actually sound like they would. It's not like they're demanding you do this.

CLIENT: No, she... no, my mom has said and my dad to some extent that they feel bad that we come home and help. And I think it's just really hard for a lot of reasons because there's the whole like it's always been this way. Emma (sp?) and I have always cleaned it up since... I mean, since we were very little. [00:40:07]

THERAPIST: It's hard to break out of that cycle.

CLIENT: It's really hard to let it go. It's also like my dad is in his late 50s. My mom is in her later 60s. It's like... it's now getting to the point that even if they... there's no depression. There were no marital issue. There were like...

THERAPIST: (inaudible at 00:40:23) some help.

CLIENT: Of course. They have a 16 room house. They have a big house and they have 20 pets. And he has a whole business that he's the only like... they really could use some help and there really are some projects that would be overwhelming for Emma (sp?) and I, let alone...

THERAPIST: Sure. The only thing though is here's what I'm feeling about where you are now. As a child, it did affect your daily life if you didn't... if you couldn't find a pathway or if there are dust bunnies everywhere or if there's clutter everywhere. It was affecting your sanity, your living space, your comfort. You had to do these things in order to keep up with your own life. You now don't have to do that at that house. [00:41:11]

CLIENT: No, but it's still... it's not just... it's never been just about what Emma (sp?) and I needed. Emma (sp?) has tried to tell me like just clean your... and there were times when she came home from college and she cleaned her room and she stayed in her room and she let it go. And my mom would say that she was lounging on the end of spine. And pretty much call her lazy because she wasn't...

THERAPIST: Really? So she would do that.

CLIENT: Yes. And I don't think she ever had the idea that other people came home from college and had a break. And their parents made dinner and their parents cleaned the house and they weren't lazy.

THERAPIST: Or they came home to a fairly clean house.

CLIENT: Right.

THERAPIST: (inaudible at 00:41:52) massive undertakings.

CLIENT: Like normal amounts of helping out as opposed to...

THERAPIST: Clearing the dishes, that kind of thing.

CLIENT: So Emma (sp?) has done that. [00:42:02] Emma (sp?) has suggested that we do that. She's like, "You know what? Instead of taking on all the projects," she's like, "I know there's still some stuff in my bedroom closet. I should just stick with that. If I want to go through like that, that's fine." But she's like, "Maybe we don't need to..." And she said, "Maybe we should just try to coax them to do some fun things or go out to dinner or go out kayaking with my dad because we always say we'll do that." But the other... there's so much. But the other thing is even if we sat around the house and ignored everything which would feel impossible... it probably would be impossible.

THERAPIST: Hard.

CLIENT: My dad is not like...

THERAPIST: Home.

CLIENT: He's not going to take off. He's not going to get coverage while we are home and he is on call 24/7. And he schedules a lot but he also gets a lot of emergencies and he travels. And he does Alabama and LA so he... yea. I mean, if he comes home early, it's like 7:00, 8:00 at night. [00:43:01] That's so early for him. That's... he... and then my mom will say, "He does that when you're home." And it's like it feels like crap.

And my mom will stay in her bedroom a lot even if we are home. And it's not like she doesn't care that we're there. And Emma (sp?) says even if they're not there with us the whole time, they like that we're there. And I think it feels good to them that we... even if we don't do a ton. Even if it doesn't look like what a visit would look like to us. It's just... it's so complicated.

THERAPIST: They might like that you're there but they're not actually showing that they're really enjoying and making room for spending time with you.

CLIENT: I mean they are in the ways that they're able. My dad coming home at 7:00 or 8:00 at night, that's huge for him.

THERAPIST: That's crazy. That's so messed up.

CLIENT: Usually it's 11:00. Like usually...

THERAPIST: My goodness.

CLIENT: Yea. (pause)

THERAPIST: Oh my goodness.

CLIENT: No, he... like work... I don't ever say that my dad is a workaholic and that he works a lot.

THERAPIST: Truly addicted to work.

CLIENT: No, like we're talking 7:00 to 11:00 he's gone. [00:44:04]

THERAPIST: Wow.

CLIENT: It doesn't happen as much on Sundays because people don't want to schedule stuff on Sundays but I mean, he's still... and then it's like paperwork. He should be doing paperwork. So it's like never... anyway, so that's coming up and that's like something I need to deal with. I need to like do some personal work around that.

But also I got an e-mail from my mother-in-law saying, "We want you to come visit August or September. Don't make it too long like until you get here." And it's so awkward because Ivan's (sp?) sister just got back from Europe. She was there for a year. And they didn't talk for the year. I invited her. I'm like, "We should Skype." And she...

THERAPIST: (inaudible at 00:44:47) parents?

CLIENT: No, no, no, no, no.

THERAPIST: (inaudible at 00:44:49).

CLIENT: His sister and Ivan (sp?) did not.

THERAPIST: She was gone for a year.

CLIENT: No, they just like didn't really ever... like on Thanksgiving the phone got passed around and I think he said hi to her. This is it. [00:45:02] And several times, I messaged her and said like, "We should set up a Skype or something." And she just never really like... so I let it go. But now she got back and I'm like so neither of you are going to acknowledge that you haven't even like talked. No, no one is going to acknowledge it. No one is going to...

THERAPIST: Are they in a fight?

CLIENT: No, no.

THERAPIST: There's not some tension going on?

CLIENT: No. I mean, there's definitely tension with her and me. (pause) No, they don't fight. They just don't talk to each other.

THERAPIST: You're so alone.

CLIENT: And now they want us to visit. But his dad, also in the same breath, asked if they could visit. So I'm not sure what's... but I'm just like... so now we were talking about when we go home to visit my parents, Ivan (sp?) going too and us driving up to New Orleans for part of that time and coming back. And I'm already thinking like I don't know if I could handle everything at home and then go up there and everything there and then...

THERAPIST: It's like graduation all over again.

CLIENT: Right. But 30 hours of driving and...

THERAPIST: Yea. Add that on top of it. [00:46:03]

CLIENT: So the anxiety is pretty high plus I'm thinking like I cannot face any of them if I do not have a job. And I'm feeling really anxious and crummy about that. So anyway...

THERAPIST: Well, we're going to have to stop but let's prioritize talking about what I'm going to ask you to think about this this week. What might be a reasonable setup for goals and expectations for you to set up for yourself for a visit home with your parents? And by that I mean this. I'm suggesting to you, all right, what if you scrap the list and you kind of look at me like not a chance that that's happening. So maybe that's not reasonable and realistic. Maybe that's asking too much of you. Do you know what I mean? That it just this is so engrained in you and even your sister to do this. that what would be something that would be challenging yourself to try something new around it a little bit? What would be something like it carves out a little bit of space for you to let go of the piece of the responsibility? [00:47:08]

It might look something like maybe you say, "OK, we will agree for a couple hours on one of the days. We're going to sit down," and help her take photos and put stuff up on eBay or whatever that would look like. "That would be the project that we tackle but that we won't tackle some other..." like cleaning up the garage or whatever would be the other kinds of things that are running on your list that you'll agree to one but not an endless list.

And that you and your sister might then try to say, "We would love it if we could somehow do X, Y, Z together." I don't know what that would be kayaking, going out to movies, going out to dinner. Communicating that to your parents and even maybe agreeing with each other even if your parents don't show up in whatever capacity that you and Emma (sp?) do that that you enjoy your hometown together. You do something. Share vacation time together. And again, this is just one iteration of what that could look like. But just trying to think about, OK, how do we give a little more space for new adult Ramona (sp?) to not feel quite as responsible because this actually doesn't impact your daily life anymore? [00:48:10] It's going to impact a weekend but you have your own independent life now. You don't... it's not your household you're living in and you can start to try to press a little bit into letting go of some of that. Does that make sense to think about?

I also want to ask if there's room for you to do this when this week if you notice a time or two or three where the statement, "I hate myself" comes up, could you write a little bit about where you are, what's happening, how that thought came up? Just kind of what the context is just so we can get a couple... it's partly for us to talk about but also partly for you to really get to like, what are the feelings? Is it shame? Is it anxiety? Is it anger that should be going out but doesn't have outlet out so it's turning back on myself that's driving that thought? [00:49:01]

And then what happens when you say "It's going to be OK." Even using it at home. It's going to be OK. We're going to figure something out that's going to protect you a little bit. Not a lot. Maybe not a lot yet but a little bit so that there's something new starting to grow about the potential in you. And just write just a few... jot down a few details. If you want to e-mail it to me, that's cool. If you want to bring it in, bring it in. Does that make sense?

CLIENT: Yes.

THERAPIST: OK. Good to see you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I got your e-mail. I don't know if you got my response back this morning.

CLIENT: No, I probably already left.

THERAPIST: I did have a few extra minutes so I got to read over your records. I won't always have that Monday morning.

CLIENT: That's OK.

THERAPIST: Just something happened at 11:00 to do that. A few more days would give me time but no problem even that's when it is. It just might take me till the next session. Another time so I'm pretty full this morning but let's see if there's anything we have in common. What's your schedule like this week? Are you flexible?

CLIENT: I think mostly it could be afternoons. (pause) What times do you have?

THERAPIST: Unless I get a cancelation, the... I think the only opening I have is Wednesday at 12:10.

CLIENT: OK. I volunteer at 1:00...

THERAPIST: At 1:00.

CLIENT: ...at the HQ so unfortunately it won't but...

THERAPIST: Why don't you tell me your... what does Tuesday look like? [00:01:02] I'm just going to write it down, those things.

CLIENT: Tomorrow I don't have anything.

THERAPIST: Tuesday is pretty open. OK, Wednesday at 1:00.

CLIENT: Wednesday I'm busy from noon to 6:00 so that won't work.

THERAPIST: Noon to 6:00. Thursday?

CLIENT: Thursday I'm busy. At 12:30 I have to leave by 11:30 until the rest of the evening.

THERAPIST: 11:30?

CLIENT: Yea.

THERAPIST: Till the rest of the day?

CLIENT: Well, I have to be like at the HQ by 12:30 so...

THERAPIST: And how about Friday?

CLIENT: We have a 1:00 with Dr. Farrow. That's all have right now but... (pause)

THERAPIST: So I will call you if anything opens up any other time.

CLIENT: No, I mean, it was a small... but I just thought I'd ask.

THERAPIST: I know. I still appreciate your asking. Now that I know I have it on my radar screen. If we wanted to pencil it in for like a following week even?

CLIENT: That would be...

THERAPIST: Do you want to do that? Because usually what will happen if I have openings, they'll fill a week in advance. [00:02:08] But I wonder about that then. So the 30th I have a 9:40. The 1st, I have 8:20 open. (pause) And the 31st Wednesday the 31st I can do 1:50 but you work at 1:00. And so Wednesday doesn't work.

CLIENT: Next week is also a little weird because my sister is moving and I'm helping. So it's like we're likely to be moving her evening and then a good chunk of one of the days. [00:03:03] So I can get back to you maybe about Tuesday.

THERAPIST: Tuesday 9:40 or Thursday 8:20.

CLIENT: Yea. Let me... yea.

THERAPIST: If anything else opens, I'll tell you.

CLIENT: Thank you. (pause)

THERAPIST: So I'd read through your couples session. It felt like it went horribly.

CLIENT: Yea, it did.

THERAPIST: In addition to before that just kind of where things have been. Ivan (sp?) that you said fighting once a week. Some of it is better but that there's... I mean, the sense I get, Ramona (sp?), is that there's a lot of understandable feeling you have about things that have happened in your relationship that have been his responsibility his lying, his not being accountable for things to you. [00:04:02]

And you're looking for some space to allow those feelings to be known and process and understood. (pause) And how do you allow space for that alongside taking in that in the present, you could sort of erase the past? Things are slowly changing. You're trying to sort of take in the reality of that. But it sounds like you're really feeling like no one is allowing you space either Ivan (sp?) in the relationship or even in the couples therapy to have feelings about what's happened in the past.

CLIENT: Yea, so it kind of feels like we spend a lot of time in couples therapy talking about me being less critical and me being... not asking him to do things even. And I feel like in some ways that was good. But then I'm starting to realize fairly consistently that although Ivan (sp?) is making progress, a lot of weeks I'm finding myself kind of now I've been sort of turned into a bit of a doormat sometimes. [00:05:10]

Because pretty much every week like the trash will be piled high, the laundry will be piled high. And according to Dr. Farrow, I shouldn't criticize. I shouldn't ask him to do it. I should... and I understand where that comes from. But then I feel kind of angry because I'm like sitting back and I'm thinking wait a minute. So this is going to happen every week and I'm not allowed to say a word about it. And it's, we're not allowed to... I'm not even supposed to ask him to do it or even say like... and then if I do it and I feel a little resentful which I broke down and did some laundry this past weekend. Because we needed some clothes, then that's on me if I feel frustrated about that. That's my own fault for doing it. And it doesn't... that doesn't seem productive. I don't want to go back to being critical but that's not helpful.

THERAPIST: So I have a question actually about that. [00:06:01] If we were to try to separate out for a second the past, sort of knowing that that's what one beast sort of the whole history of feelings that is really important. That's... we can't erase the past, right? That's not reality. You do have a lot of feelings, a lot of resentment. This can be what gets in the way of intimacy, for example. People just... I just don't trust you. All this stuff happening but even if things are better today, I can't get over this for a while. Or how do I get over?

So separate that for a second from even what's happening in the present. Like this week in couples therapy. A lot of the work you're seeing has been focusing on helping you to try to, in some ways, keep your mouth shut and let's see what Ivan (sp?) does all on his own and holding you accountable to being less critical. Is he being also held accountable in the present? I'm not talking about the past, for... OK, a week goes by, he didn't do his jobs. Does that get taken up and he's held accountable for the fact that he's like, just as much as you, could get held accountable for being too critical? [00:07:09] Does he get held accountable for not doing enough?

CLIENT: I don't feel that that's the case and I can't even bring that up in couples therapy because that's critical. So I can't walk in and say, "Well, you know what? This is like..." I'm letting it go but the reality is every weekend the trash can is piled high and the laundry is like... and I'm cleaning the apartment by myself. And this is getting old. I can't walk in and say that. Nor can I walk in and say, "He's really avoiding all these topics and we haven't talked about them in months. I can't even say that because that's..."

And part of Ivan's (sp?) thing is not bringing up like... he would not initiate that conversation and say... and I... so it just feels like on the one hand, I didn't like myself being critical and nagging him and mommy him. But now I don't know if I really like this passive role where I am not allowed to say anything and he's allowed to do... I'm not saying it's the end of the world. [00:08:07] But it's more about...

THERAPIST: If that's what it is, it is a big deal. If literally... for example, so if Dr. Farrow has a very strong bias against you and...

CLIENT: I don't know that that's the case at all but...

THERAPIST: ...that would be a problem, right? So I don't want to say like, well, no that's fine. That's not fine if that's what's actually happening.

CLIENT: I'm saying like the fact that the trash is gross, like I clean the kitchen and it still smells because the trash is piled. That's not the actually problem. It's more that I feel... I don't feel respected. I don't feel appreciated. I don't understand why it's my job to clean the apartment without him helping. I don't understand why I do the dishes twice a day and he would only need to do the laundry maybe once every couple days, same with the trash.

And it's not... again the point isn't that he's not... it's not as much about the fact that the laundry is... or the whatever or his chores are out of control. It's more... (pause) I don't know. [00:09:08] I guess I felt like we're working on that type of thing because it is a problem. But also just more out of respect, mutual respect, for shared space and mutual appreciation for each one chipping in and doing their own part and responsibility. And I'm sure it sets off bigger things in me. (pause)

So we had spent a session talking about physical intimacy and Ivan (sp?)... I mean, Ivan (sp?) has voiced his complaints, concerns, whatever. We don't really and Dr. Farrow... we spent the entire session on it. And I felt very uncomfortable. But she wanted me to talk about it with you. And last week I didn't because I hadn't seen you in two weeks and I just... but I... it's not fair. And I don't want to say that Dr. Farrow did anything wrong by taking a session to talk about that. [00:10:03]

But I felt kind of... I don't know. I took it personally which is on me. But I felt offended because we don't talk about the elephants in the room. We can't... I can't even talk about, hey, he's not holding up his end of the deal sometimes. We can't talk about a lot of that stuff but then it's... it feels like, well, why don't you trust him? Why don't you want to be closer to him? Why wouldn't you want more intimacy in your relationship even though we can't talk about these huge betrayals of trust? And it just is like... I don't know. I guess I felt offended. (pause)

THERAPIST: Offended that sort of... I'm just trying to make sense of the word "offended." Like...

CLIENT: It's like we're not going to talk about Ivan (sp?) being dishonest. We're not even going to suggest that he needs to be honest just as you need to not be so critical. That's not even something that's ever been said. And but we are going to talk about like, "Why aren't you more vulnerable with him? And why aren't you willing like... why don't you trust him more? Why don't want to be as close as possible so that you can get hurt even more?" [00:11:10] It just felt like why would that be the priority right now?

THERAPIST: It sounds almost like you end up feeling unseen in a way. You don't exist. It's not getting known that you're not, for one reason, wanting to have sex with him because you're very mad and don't trust him. And that that foundation has to be there before that intimacy feels like a natural evolution but that that sort of is getting ignored.

CLIENT: Yea. And that...

THERAPIST: In a way like as though you're just withholding or something. What's wrong with you?

CLIENT: It feels... I told her that I thought that... for me, I thought that emotional intimacy and trust and like all the... that those things were more basic to me. And it was almost like a hierarchy for me. Why... and in our relationship in general, why would I be worried about

something that I would assume in any couple's life is a relatively small component? (chuckling) [00:12:08]

When we haven't covered the basics and we're still not... it feels like... I don't know. And she's told me that that was my opinion and that that's not... that physical intimacy to some people is just as reaffirming and comforting and important as emotional intimacy is to other people. And I don't understand that. (pause)

THERAPIST: I wonder if what she's trying to say is that often... for example, sometimes when couples are in... really in it and having a hard time with each other that sometimes they can find having a kind of reconnection can blossom over trying to be physically intimate even if you don't want to sometimes. Kind of forcing that a little bit and sometimes that can bring you closer together and actually facilitate an emotional conversation that would not have been able to take place had the physical contact not happen. [00:13:10]

In other words, I think it can happen both ways. But I don't think that means it doesn't matter that, for you, there has to be a certain foundation of connectedness and trust to feel like that's something you want to entertain. So backing up a second, what... I wonder, Ramona (sp?), if you were to describe to me what you would like to have happen in the couples therapy. What... when you say, "We're not talking about the elephants in the room," what would that look like? What would feel like that your need is getting met rather than ignored? What are you envisioning if it went the way you were hoping it would go or needed to go right now?

CLIENT: I guess I don't have a clear vision of how couples therapy should go or even the way that kind of bigger pieces get broken down along with more everyday like sustainable skills. [00:14:08] Because I feel like she's done... like we've done a lot of that. A lot of communication skills, a lot of like...

THERAPIST: And it sounds like you've gotten something out of that.

CLIENT: Yes.

THERAPIST: That's been helpful.

CLIENT: No, it's been very, very helpful and I don't mean to diminish that.

THERAPIST: And...

CLIENT: Yea, I don't mean to diminish that in any way, shape or form. However months and months ago we spent 20 minutes each session for like three sessions which is a total of an hour talking about like kind of the grad school thing. And we talked about it once at home. And that's all that ever happened. And I'm just saying for me to get over my husband lying to me for a couple of years about a really huge thing that has a lot more to do with... like it has much bigger implications than just, I don't have this diploma. I'm going to need a little more than an hour

spread out over the course of three weeks. And I'm not saying it to be bitter or to hold a grudge or like I don't think I'm just refusing to let it go. [00:15:02]

But we can't like not talk about it for months and then say, "Well, it's been months. Why aren't you over it?" I don't want to talk about it probably as much as he doesn't want to talk about it at this point. It's not pleasant. But it doesn't seem fair, I guess, to keep going and keep... like how long do we go until we finally got back to it? It already feels like sort of stunted because I didn't have the chance to deal with it when it actually happened because I didn't know. And now we're just getting so far apart. I don't want to deal with this in two years. I want to like deal with it. Move on. And it doesn't feel like there's an opportunity for that. It doesn't feel like anyone... maybe you, but it doesn't feel like anyone in my life sees it as a real problem. His parents sure as heck don't. It's totally under the rug and it's just frustrating because even in couples therapy I really felt like I was... like they were just indulging me. [00:16:03]

"Well, you brought it up so we can talk about it a little bit." And I just thought like why am I in the wrong? Why am I the only one who thinks... is it really not a problem? Am I really making a mountain out of a molehill? And we stopped because Ivan (sp?), of course, he got upset. He started crying. He really withdrew. And Dr. Farrow said, "Well, this is really upsetting for Ivan (sp?). We need to stop." And I just thought like I appreciate that but it always feels like... it's not fair. It comes out of anger but it feels a lot like Ivan (sp?) does some of this stuff and then he talks about how difficult it is for him and how painful it is for him to talk about. And I know it is. But on the other hand I'm over here and I'm saying, "Wait a minute. You had the choice and you did it and you did it to me even if that wasn't the intent. It's not fair. That's not fair." [00:17:00]

So I don't know what that would look like but I just want to process it and deal with it and ultimately forgive it and... I don't know. I want us to both work through it together. And I'd also like for there to be some kind... it doesn't feel like there is but it would be nice if there would be some kind of way for me to have some kind of voice because it doesn't... without criticizing Ivan (sp?) which I don't want to go back to that always being my approach. I don't... like I said, I'm the one sitting there and just looking at what isn't done and I'm not allowed to say a word.

THERAPIST: So I wonder what would happen maybe he'll say, "Oh, I did this," and you'll tell me exactly what happened if you said to Dr. Farrow what... almost what you just said to me now. In essence acknowledging how helpful the work on communication has been to you and that you really value that that's actually been in some ways you can understand making that a priority for a while just to get both you in the room together talking with each other again. [00:18:18]

What if you were to say, "But Dr. Farrow, I'm trying to figure out what to do. I still have all this feeling about the past and kind of deep resentments and mistrust. Even as things are changing, I'm not quite sure how we, as a couple, can address the past. Do you have suggestions for about how we might do that in here?" Like what she would say to that if you ask for her help and her suggestions about... because I can't imagine she won't understand that you would have all this feeling. I don't know what she would say to that. Like if she could say, "Well, we've done enough work. Now is the time." Or do you know what I mean? [00:19:01]

So you're asking for her help about acknowledging there's a lot of this feeling and you say, "Even that could be something that's getting in the way of our being physically intimate because there's just all this feeling I have." Just what would she recommend about how to bring that in or how do you approach that together? I'd be curious what she'd say if you ask that kind of question in that way.

CLIENT: I approached it pretty poorly. I more just told her that I felt so frustrated that we weren't talking about it and why was physical intimacy a priority? But we weren't allowed to talk about Ramona (sp?) might not want to have sex with Ivan (sp?) because... you know? And it's like nobody else can see that. And I tried to explain to her that that's even... like it's even more important to have it in couples therapy because none of our friends, none of our families, there's just nobody else and it's so frustrating. (pause)

THERAPIST: So maybe taking out like what would happen if you took out the word frustrating or I'm frustrated with this process. I'm frustrated with you. And said... shared what your concerns are about what remains through all this feeling. [00:20:13]

And I think even... again, this is sort of practicing your interpersonal effectiveness skills even with Dr. Farrow. (chuckling) Where maybe you'd wish you didn't have to practice interpersonal effectiveness skills. But I wonder if she'd hear you differently if you said, "What are your suggestions about how we might approach these feelings I have about our history that I feel like are still getting in the way?"

CLIENT: Oh, I can see that. I just felt like if I left... I left feeling like I never wanted to go back again. It was just like... because it felt like she didn't think it was a problem. It felt like, "Ramona (sp?) just can't let this go. We've been talking about it for weeks and weeks." And we haven't. We haven't talked about it in months. Not at home, not in therapy. No one the Earth has been acknowledging that this is an issue. And so I don't think it's fair to say, "You should be over it by now," when we haven't ever really gotten into it. [00:21:05] And she... I was... this is bad but I just felt so angry because she said, "Well, you couldn't even sit... you could barely sit on the couch together." We couldn't talk about it then.

THERAPIST: Yea, (inaudible at 00:21:16) that made you angry. I don't quite understand what was so upsetting about that. Help me understand that.

CLIENT: It just felt like I guess I feel judged enough in that situation and I already feel like... and to say, "You couldn't even sit on the couch together." It felt like, "It's not a problem that he lied to you. We're not going to talk about it. I'm not going to ask him to be honest to you. And on top of which you couldn't even sit on the couch together so how could we talk about what you think is a problem?" And that's not what she's saying but it just felt rude and it just felt really unhelpful. And I guess it felt a lot less than sympathetic to the situation that like it might be hard for two people to interact together when there is like a really big shift in trust. [00:22:07]

And I just... it's so frustrating because I don't enjoy talking about it. I don't enjoy feeling upset about it. I don't enjoy that this happened at all but I can't just not talk about it because it's upsetting to Ivan (sp?). It's upsetting like Dr. Farrow doesn't think it's a problem. None of our friends even know about it. He refuses to talk to any of his friends. He won't tell anyone what happened. His parents refuse to acknowledge what's going on. It's...

THERAPIST: And I... if Dr. Farrow doesn't think it's a problem, she would be crazy. I can't... I don't think she thinks it's not a problem. Even from the backlog e-mail communication. I gained the sense more that she totally gets that it's a problem. And yet it's in some ways had to get tabled for the time being in order to even be able to start to have a conversation with each other. [00:23:09]

So I don't think she means it as judgmentally as maybe it felt. Lots of couples come into therapy unable to even tolerate being in the same room together. That's usually what happens when people start couples therapy or not usually. People come in for different reasons. Some, they come in simply just to have help breaking up. It widely varies. But it's not uncommon to have that experience. And so processing the deepest hurts from the past sometimes gets put tabled for a little bit so that you can work on communication skills so that you can go back and talk about some of this stuff.

CLIENT: No, I really understand that. I do. I just... like I said, this is...

THERAPIST: But you feel like that's not happening. Or maybe you're ready to...

CLIENT: No, I just feel like if we can spend an entire session talking about sex, and that to me would not... and evidently that's just my opinion that that's not as important as like some of these baseline things. [00:24:01] Why can't we spend a whole session talking about those baseline things?

I just... and I guess I just keep feeling more frustrated because like I said, I like that I've... I feel like I've come a long way in being less critical of Ivan (sp?). And I stopped asking him completely to apply to jobs or to do the laundry or to take out the trash. Just stopped asking but then I'm realizing we're doing all this work in couples therapy. We're spending all this money and all this time and at the end of the week I'm just sitting and keeping my mouth shut. And it's not happening. This is frustrating.

THERAPIST: So he hasn't been doing more changing (inaudible at 00:24:39).

CLIENT: That's the thing. We tried the whole... it was actually your idea originally. We tried the whole like I don't say anything for a week. Ivan (sp?) does it on his own. He feels empowered. I trust him. It's great. And he realized after the first few days of that that I really don't say anything. And so if he doesn't do it, nobody says anything. And so he's taken advantage of that. [00:25:00] And I don't... like again, it's not intentional like he plotted. Now you can't say anything. I never have to do my chores. But that's what happened.

THERAPIST: So he's just not doing them?

CLIENT: He's not doing them until like the trash is overflowing. The laundry is more than overflowing out of the basket. And by the time... like I hint like...

THERAPIST: So not... like is there a schedule that... what schedule are we going to do, once a week?

CLIENT: We tried that. We tried a schedule. He said the schedule is hard for him. Then he said, "Oh, I don't want to have just two days a week to take out the trash because I should be taking it out every time it's over... every time it's full, I don't want to have an excuse not to take it out." And then because he didn't have days that were assigned to take it, he didn't take it out.

THERAPIST: He needs a schedule.

CLIENT: Right.

THERAPIST: That would be even for his individual work scheduling in general.

CLIENT: Yea, we tried that. It's just like and so it really... somehow in couples therapy that still makes me the bad person because I'm still the one who can't get over the stupid chores. [00:26:02] But it really sucks to clean the apartment every week and to have him come home and maybe notice and maybe say thank you. But he doesn't have to help and it just does not help with the whole like respect thing and...

THERAPIST: I guess one of the things I end up wondering then about what's happened in the couples work is if... you've heard me say this before, Ramona (sp?), that it feels like in you guys as a couple more often or not you're the one holding and expressing the effect of frustration. And Ivan (sp?) is the one who's holding and expressing the effect of shame and, "I'm so guilty I can't even talk about it. And what's wrong with me?" and self-criticism.

People often end up... this is just what happens. You feel empathy for the person who's in the kind of beating themselves up shame mode. [00:27:10] And you want to help them feel less ashamed. You feel less empathy for the person who's constantly in critical mode and that's just kind of how people work. Like if criticism and frustration and resentment and anger breeds people feeling a little bit defensive.

So I... this is where I just wonder... again this is almost a skill. Sort of trying to figure out how to communicate what you are feeling in a slightly different way even in a couples therapy. Because I wonder if Dr. Farrow is feeling... ends up gravitating and feeling more empathy for Ivan (sp?) when she's not quite getting maybe that what there is to be empathic within you. That's why I say that rather than the, "I'm feeling frustrated by this conversation," leading more with feelings

of sad, lonely, scared. [00:28:04] This range of things where people's hearts naturally want to go and help that person and sort of your heart breaks for that person.

Your heart doesn't break for the person who's angry, right? We all get drawn into feeling kind of flight or fight defensive mode when people get angry at us. So I wonder what it would be like to just lead more with that side of things. Expressing how helpful the work has been so far. Saying you feel like now you are sitting on the couch together. And you are able to communicate what your concerns about all this feeling that still remains that makes you feel distanced and you want to be closer to Ivan (sp?). Do you see what... do you see the positive? Like it's you felt very hurt instead of angry, right? There's a big difference in people. When people hear somebody is hurt, they want to help. When people hear somebody is angry, they want to move away.

Owning more the hurt feelings that you like some space to process and how would she suggest that you guys go about that is there a way to create space for that in the room now or at some point in the near future? [00:29:11] Or what would she think would have to happen in order to for the space to get created there? I'm just wondering if you'd get a different response.

CLIENT: Maybe. I'm sure reframing it would... I'm sure it would elicit a different response. I just feel like Ivan's (sp?)... Ivan (sp?) tends to withdraw when he feels in couples therapy. I mean, he tends to withdraw in general around these conversations and I hear that it's part of the shame and part of the depression and part of the guilt. But it's really hard to... I guess it feels really hard to even bring up that type of topic sometimes because he really is like cowering. He really is mumbling. He won't make eye contact. He will barely say a word. He will not... every week, like she asks us to like, "Do you want to follow up about last week? Anything we want to cover?" [00:30:03]

And I always have to start. It's just... it's more and more like... and I... so I know this is wrong but... and he does it at home, too. I know it's wrong but when Ivan (sp?) mumbles... and Ivan (sp?) is a big guy and he like makes himself physically small and he like... and he won't make eye contact. And he's just staring at the floor and he... it's like I physically beaten him up. It's like I've just beaten him up even if I'm saying like, "I really want to talk about this." And so there's no way for me... it feels like there's no way for me to not come off as the bully even though in reality what Ivan (sp?) did was pretty crappy. And I didn't actually do anything to deserve it. So I come off as like...

THERAPIST: And feeling... it's kind of you have to work extra hard to take care of those feelings. That's... and it's annoying and it's unfair.

CLIENT: No, it's horrible but I lately find like I feel very frustrated because Ivan (sp?) has all this shame and all this guilt. [00:31:00] And I'm finding sometimes I have more capacity more than other times to feel sympathetic about that or feel compassionate about it because it's hard to say like, "You did this. It hurt me." I should like, "That's really difficult for you. That's so difficult for you to talk about that. That's so shameful for you." And there's no discussion about...

THERAPIST: Yea. So maybe particularly your question for Dr. Farrow and even maybe for Ivan (sp?) is to say, "I'm really hoping we can find a way of talking about this that doesn't lead you to feel so ashamed that we can't speak to each other about it." You're trying to express your desire for him. That like, "Ivan (sp?), I love you. I want to be closer to you and these feelings about the past feel like they still haunt me. And we haven't talked about them much in here. We've talked about them for three sessions for 20 minutes each and there's a lot of feelings still to be had. And I've been struggling. I've been tackling my individual work about how do I honor my feelings and allow them to be known in this relationship but in a way that doesn't immediately lead you to recoil in shame because that doesn't get us anywhere." [00:32:19]

Do you know what I mean? "So Ivan (sp?), do you have suggestions about how we might talk about this with each other so we could make some movement on it? I feel like when we talk and what we've talked about the past a few times, you immediately recoil into shameful tears and I don't want to do that to you. That's not my intention but I also don't want to dishonor my feelings just to take care of yours, right?"

CLIENT: Yea.

THERAPIST: Do you hear the language? (pause) This... what we're talking about right now, this language in here, this is the kind of in between. When I've said we have to somehow find a way of honoring your experience as valid and really important to be talked about without it either being rageful expression or undoing and disappearance of Ramona's (sp?) needs and feelings. [00:33:07] Because that's just as bad as the opposite that can come across as just attacking.

How do you have your experience be really valid and his experience be valid in that you're saying, "I totally get this is where you go the minute I bring this up. And I don't want to do that to you because that doesn't even help me. That's not my intention. I don't want to just be here and beat you over the head with this. But I'd like some space to talk about it and I don't know how to do that. Can you help me come up with suggestions? I need your help, Ivan (sp?). I need your help, Dr. Farrow." Positively eliciting their brainstorming with you about how to kind of make this speakable in your relationship.

CLIENT: It was interesting because in the session she stopped us after like ten minutes. Because Ivan (sp?) was upset and she said, "I see how difficult it is for him." And I said, "What makes you think this isn't difficult for me?" which... so anyway, like... but then we got home. [00:34:06] And Ivan (sp?) said, "I don't want to talk about it anymore because I don't want to hurt you. Because I make you think about it and you deal with it and I don't want to hurt you." And so I don't...

THERAPIST: So interesting.

CLIENT: It is.

THERAPIST: That logic.

CLIENT: It is. And I told... of course it sucks to talk about it. It's not high on my... but also avoiding it indefinitely, we're just prolonging dealing with it. And I'd rather deal with it and move on and continue to make the progress. (pause)

THERAPIST: So again, showing more of your vulnerability rather than your rage, I think will get... is going to get you far in there. Like if you say... if you lead the conversation with, "This is so hard for me to talk about. One of the reasons it's hard for me is because I feel like it feels like I'm beating you, Ivan (sp?). And that's not my intention. I'm actually scared to bring this up because I'm scared you're both going to attack me." [00:35:09] That's, in essence, what you're saying. You're actually afraid of them making you disappear in one way or another.

CLIENT: It's almost to the point where I rather let it go than bring it up because it's just like... (pause)

THERAPIST: Have you ever written out... if you're going to have a hard conversation write out what you want to say. Have you ever practice that as a skill just to... because that might be something. I'm giving you a lot of language right now that's trying to sort of frame this as, "I want to feel closer to you, Ivan (sp?). This is not..." So instead of, "I'm so mad and I can't get over the past," it's just a totally different message. "I really would like to feel closer. One of the things that feels like a major obstacle in needs, this past stuff, and I want to see if there's any way we can bring this up and a way we can talk about it. And actually have a conversation rather than it feeling like I just push you into... back into your corner." [00:36:07]

CLIENT: No, I'm sure... like that's a much better... and I understand that you can sort of be sending the same message but use very different language and get a very different response. It's just really hard in that moment.

THERAPIST: It's really hard.

CLIENT: It's really hard to say I feel like nobody is acknowledging that this is a problem. I feel even our couples therapist isn't really acknowledging that it's a problem. My husband is avoiding it. He did this to me. I am so freaking angry that he lied to me for like... and I can't... it feels like I can't tell anyone. I can't complain about it. I can't criticize it. I can't even bring it up. And it's really hard in that moment to not say that I'm... it's hard to feel like there should be no place for that anger. Like that that's misplaced or that that's inappropriate. (pause)

THERAPIST: How about those feelings? So forget about there. What about here with me? Like what... I have a feeling we have not talked very much about that. [00:37:05] Literally, we could say we'd spent a few sessions for part of the session on it. Not much.

CLIENT: I've talked about it... with you, I've talked about it more than anyone. And...

THERAPIST: And even still this isn't... it's been a very, very, very minor piece here. Where do you go with it right now? What...

CLIENT: I don't think about it. I pretend like it didn't happen. I try to focus on...

THERAPIST: Really?

CLIENT: Right. I mean, there's no point in thinking about... like I try not... and it's kind of easy to not go there very much thought-wise because I don't know much about what happened. I know that he slept 15 hours a day. That's pretty much all I know. That's all I know of what happened in those years. So when he sleeps until noon like he did yesterday and I feel frustrated about it and I know I can't say anything because that would be criticizing, I feel scared. Because I grew up watching my mom sleep in and stay in bed all day and like wear her pj's all day long and just never... and I know that Ivan (sp?) did that for a long time without me knowing. [00:38:08]

And it's just like... but I can't say anything and I don't do anything with it. So I can't mentally obsess over it even. Like what happened during that time very much because all I know is that he was sleeping a lot. And that he was coming to see me on weekends and saying that he was getting his reading done ahead of time. That's pretty much like what I know.

THERAPIST: So a piece of what must be preoccupying is that how little you actually know even. Like you don't even... you haven't even been filled in yet about the storyline about what happened, why it happened, where he was, what happened next.

CLIENT: I was a little surprised though because I said something in couples therapy about it not being about the fact that he hadn't actually finished the program or that he didn't actually have a master's. And Ivan (sp?) said, "It is a little bit about that." [00:39:00]

And I just thought yea, it is. And I never gave that credit because I didn't want to admit that or I thought I couldn't admit that. But the fact that Ivan (sp?) picked up on it without me saying it felt a little OK. And I also felt a little OK having that out there that actually it is disappointing or like actually it would be nice if you had finished that or like... so that felt a little OK.

THERAPIST: Right. How... like what an ordinary, understandable feeling.

CLIENT: So that was a little good. I will say sometimes when I find myself lately feeling like frustrated about like he didn't do something around the apartment or whatever, I feel somewhat responsible. But I don't know if I want to say it's a good thing. But sometimes I feel like it almost is a tiny bit good when I look at it and say he didn't do this. I'm mad at him. This is frustrating or I still don't have that skirt to wear. [00:40:02]

It feels a little bit good because it feels like I can acknowledge that's Ivan (sp?) responsibility. He's not doing it. It's not my fault that he's not doing it. I'm not making him not do it. I don't have

to go do it because he didn't even if like... so it may be bad that it goes more into the anger category. But it feels a little bit good to place that anger not on me.

THERAPIST: Yes. And I don't... this is... again when you say it goes into the anger category, Ramona (sp?), I think what you're describing these little examples you're saying to me now is a new kind of anger. It's something in that middle space that is at... it's like more reality anger instead of so much of your criticism when it comes out early on.

Remember how I've always said it really feels like it's sort of what's just underlying that criticism of the other is your criticism of yourself, right? In other words, you're feeling so upset about how this looks for you. Like what it means about yourself that he didn't do that. [00:41:08] Like what you should've done. And then you get angry sort of as a secondary response to your own anger at yourself. That's very different anger than he didn't do what he was supposed to do. Totally not my responsibility and I'm pissed off.

It's more just... it's a linear he didn't do it. I'm disappointed. I'm annoyed. Instead of he didn't do this thing. Oh my God, why didn't I remind him more? What's wrong with me that I didn't do it instead? Oh my God, what's wrong with me that I'm now being critical of him? And then it just boils out as rage, right? Do you see how there's a... one is just you're annoyed. You didn't keep up with his responsibilities, nothing to do with you.

It does affect you. It does affect you that you don't have your (inaudible at 00:41:51). So that seems good to me. That's like that middle ground place. That's the middle ground where I think there will be room to communicate that anger over time in a way that elicits more and more empathy because it's actually coming from a more straightforward place inside you. So that's big. (pause)

CLIENT: Is there something I should... I guess it feels like sharing that anger in couples therapy is very unproductive. Or it does not elicit a helpful response especially given Ivan's (sp?) tendency to withdraw. What should I do with that? Like I've said before in here that I didn't think it would be helpful to get to that point because what do you do with that? Do you just sit around being angry that the laundry is not done? It's still not done and what do you do with that?

THERAPIST: (pause) So a starting point is how to have this conversation in couples therapy for example about saying from the place of your own anxiety and vulnerability and hurt and... because at the heart of the matter is you don't want Ivan (sp?) to be someone you're disappointed in constantly. [00:43:04] You would like a partner. You're not so angry that you want to get divorced today. You actually really would like to feel closer to him and one of the ways you could feel closer is if he kept up his end of the bargain a little bit more.

So how you start to bring that into the room is not from a place of rage but from a place of hope for more contact and connection. Like this could be... you could say, talking about being intimate for example. That it feels like you want to have a little more trust in him and feel proud of him and that that will flow out of that. What happens when you say that? (pause) That's a way of

bringing in what your needs are. Not from a rage perspective but the same as, "This is kind of what would work for me in a relationship." You're not even saying that that's the right answer anymore. Do you know what I mean? [00:44:00] See how that's also a difference.

But I think the old rage, it would be 100% this is the right way of doing it and he's not doing it. Like I bet you there might be someone who wouldn't be very bothered by Ivan (sp?) letting... waiting till the garbage is overflowing who wouldn't be an obstacle to them sleeping with him. Do you know what I mean? Like it just... it doesn't hit the same buttons inside.

CLIENT: That's not why. It's more like there was this hugs... like Ivan (sp?) actually did lie about the pretty significant chunk of his life for a very long time. Including like multiple discussions where I ask him very directly if he felt that he could take on more responsibility. If it was really a good time to get married. We had a lot of conversations. We went through premarital counseling like... and very directly. He had countless opportunities to come clean and never did. And I understand at that point if you've been lying over and over and over, like how do you at one point just... and he finally did which like you said, was probably a lot of progress. [00:45:01]

But I guess what I'm saying is when that happens and someone is having a totally different life from the one they lead you to believe they are for the five out of seven days of the week that you don't see them whatever. To just drop that and then have an hour conversation total. Why do I want to be closer to you? Like why should I trust you more? Like that's really the...

THERAPIST: Well, why would you even want to open your heart up to trying to? I mean, you...

CLIENT: It doesn't seem like an appropriate thing to do at the moment. It just doesn't even feel like the most important... so there's a tiny bit that I feel disrespected or feel unappreciated when he doesn't pull his weight or step up. But it's more like this big underlying... this has happened with Ivan (sp?). It's happened to me a ton in the past with my parents. When am I going to learn? (pause)

THERAPIST: I don't think I even know yet the... as you just rattled it off really quickly just now. [00:46:02] But it just feels like there's so much talk about even in that moment by moment what you just said about that you gave him... like you actually had direct conversations with each other.

CLIENT: I was... yea. No, I was concerned even because I knew he left, lived home with his parents, worked full-time at a pet shop down the road. This is not the same track that we... even if he really left because... and I felt some concern and my parents made known that they were concerned, my sister. That we were young, we were making a lot of big changes all at once. And maybe waiting a year or two wasn't a terrible idea. And we had this discussion over and over and because I was concerned about it and...

THERAPIST: Remind me, Ramona (sp?), where were... so you... where were you at the time that these conversations are happening? You moved home for a little bit.

CLIENT: No, I was at college.

THERAPIST: OK. So you're both there seeing each other all the time.

CLIENT: He would come...

THERAPIST: You didn't have any time long distance time.

CLIENT: No, we did. He lived in Texas where his seminary was and I lived in Louisiana where college was.

THERAPIST: That's what I thought. [00:47:03]

CLIENT: So he would come to visit on the weekends. And then after he dropped out he moved home to New Orleans and so I would visit him there. He would visit me sometimes and that's pretty much where those sessions happened.

THERAPIST: How long were you doing the long distance then?

CLIENT: Well, it was six months.

THERAPIST: Six months.

CLIENT: Well, six months New Orleans, college. And then it was a year and a half that he was in Texas.

THERAPIST: While you were in college.

CLIENT: Yea, pretty much. I mean, if you don't include that summer. (pause)

THERAPIST: So we're out of our time.

CLIENT: No, I know.

THERAPIST: I'm going to stop. Can we come back...

CLIENT: No, I would appreciate that.

THERAPIST: ...with this story from the very beginning? And I know... I feel like I know pieces of it but there's just a lot more to get to know about it and understand the unfolding. So let's come back here. I will... so 9:40 Tuesday, 8:15 Thursday. Let me know about either of those.

[00:48:07] If anything else opens up either next week or this week that fits in with what you've described of your schedule, I will let you know and for sure we'll meet Monday.

CLIENT: Yea, yea. So nothing this week but potentially next week.

THERAPIST: Yea. I mean, this week the only thing I have is Wednesday at 12:10.

CLIENT: OK, great.

THERAPIST: Hard for you unless I get a cancellation. But they do happen. It's summer so I will let you know as soon as I know (inaudible at 00:48:33).

CLIENT: Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: So how are you?

CLIENT: I guess pretty anxious so a little more depression lately. Some just changes and stuff going on, I guess. (pause)

THERAPIST: How so?

CLIENT: I don't know where to start. My mom went in for a routine... not routine. She went in for a biopsy. She had three nodules on her thyroid and the doctor had said 15% was the chance that anything negative would be the outcome. And my mom, of course, said, "Oh, that's such a high number." And I said, "Actually, that sounds pretty good." I really called her just to call her to see how... like what the results were. And she has cancer so...

THERAPIST: Oh my goodness.

CLIENT: ...it's just like very... it was very bizarre. It's like I don't understand. How do you have cancer? So the good news is her... it's on her thyroid. So her entire thyroid can be removed and she's cancer free, done hopefully. [00:01:06] It's just I don't know. It's been a little to take in.

THERAPIST: It's a big deal.

CLIENT: Yea. And she's... my mom is 66 so it's a little... it's weird for me because my mom was so old when she had me. It doesn't feel like my mom is that old but she is. So I think Emma (sp?) and I were talking about... the surgery is not scheduled yet, just the pre-op for August 5th but trying to see if we can change when we were going to go home when the surgery is. So I mean it's OK in the sense that the surgery should be fine. Her thyroid will be removed. She'll just have to take medicine for the rest of her life. And it's not like other types of cancer where we have to keep worrying.

THERAPIST: So they know it hasn't metastasized to other areas of her body? [00:02:00]

CLIENT: That's what seems to be the case.

THERAPIST: That's what they're saying.

CLIENT: They're saying they're going to remove her thyroid and it'll be done.

THERAPIST: That's a relief. That's great.

CLIENT: That's what it seems to be. So it is... yea, it's a big relief. So it's like a heavy weight but at the same time it's maybe not.

THERAPIST: It could be worse.

CLIENT: Yea, it's OK. It's not the end of the world. So that's just been kind of interesting to digest.

THERAPIST: Yea, what... you say that in a kind of intellectual way. I'm not sure what are your feelings about it when you first heard?

CLIENT: I was mostly just... I guess disbelief. Like it just seemed... a little denial I guess. (pause) A little upset but mostly just in denial and mostly it's not a big deal. She's going to have surgery. It will be fine. Just have to get her through the surgery and I told Ivan (sp?) and he just... he has trouble communicating. He has trouble verbalizing I should say. And I just said, "Do you want to say something?" And then he said, "Oh, I'm really sorry to hear that." Like it's just... and I try not to take it personally, but it was a little... like he really has trouble speaking sometimes. [00:03:09] But...

THERAPIST: Like he wasn't quite available emotional that...

CLIENT: He just didn't say anything.

THERAPIST: ...(inaudible at 00:03:15) how scary and overwhelming this kind of news is. He didn't say anything.

CLIENT: He was pretty quiet. He didn't really say anything and then I... like there was a pause. And it's probably in reality maybe 30 seconds, 60 seconds. But he just wasn't going to so I just said, "Do you want to say something?"

THERAPIST: So not just like, "Oh, I'm so sorry. That's so scary."

CLIENT: It was hard for him, I think, to... this is a... I mean, it's an ongoing thing. But I guess I'm not just sure quite how to react. I can't get worked up about it. I can't.

THERAPIST: That might be an interesting example to bring to couples therapy, though. Because in some ways it's a benign example in that you're not only criticizing him for being withdrawn. But there's a way... in that example, what is it that's inhibiting him from being more with you? [00:04:15] You're not saying something, in other words, critical of him. You're saying... you're talking about something that has nothing to do with him, right?

CLIENT: No.

THERAPIST: It's of you and your mother and even still he's inhibited.

CLIENT: Yea, but we've had that discussion before.

THERAPIST: So what will he say about...

CLIENT: He still just has trouble getting it out. He still...

THERAPIST: Just finding words in general then.

CLIENT: Right. No, we've talked about that in couples actually. On an unrelated note, we talked about like the example of us in the kitchen which is... it's not teensy tiny but it's not huge. And if I'm unloading the dishes and he's trying to get past, he would rather stumble over me or like...

THERAPIST: Than say...

CLIENT: ...than say, "Excuse me." The other night he actually accidentally dropped a whole box of pasta. It was a mistake. He just... he had an accident. (chuckling) He was getting out the spaghetti and he... there's spaghetti all over the floor. And he just would not say a word. [00:05:07] He wouldn't say anything. And I said, "Ivan (sp?), what is going... you need to speak. It's not a big deal."

THERAPIST: Oh sure.

CLIENT: "We can pick it up. It was a cheap box of spaghetti. Like just anything and he just was so overcome with like... I said, "Why would you feel that ashamed? It's a box of pasta. I don't understand. So..."

THERAPIST: There at least you can say that, OK, maybe he's ashamed. Granted, it's totally disproportionate. People do that all the time. But even when it's your... you're talking about your mother's cancer. There's nothing for him to feel ashamed about.

CLIENT: No.

THERAPIST: It has nothing to do with him.

CLIENT: Right, but there's still...

THERAPIST: But he still can't find the words.

CLIENT: Nothing for him to feel ashamed about if he's like trying to put a big knife in the dishwasher and I'm also like cooking or something.

THERAPIST: Right. To say excuse me.

CLIENT: To say excuse me or like, "Hey, can I get in here?" There's nothing to feel shame about there. There are lots of instances in which he still has trouble verbalizing when it's not an emotional or a heavy topic. [00:06:06]

THERAPIST: Like he's just stuck inside himself? What will say about why that is?

CLIENT: He won't.

THERAPIST: He just can't find words.

CLIENT: He won't. And if I say like, "Why aren't you speaking? Ivan (sp?), can you please speak. It's hard to know what's going on without you saying something." He just won't. He will clam up further and further and further. And he can do that for a very long time. And it...

THERAPIST: It just sounds exhausting for you.

CLIENT: It's... (pause) I don't know. The other day he told me that Dr. Bourd described his... like that his problem just on a much larger scale is called existential despair. That's the phrase he used to describe it. And I can see some of that in Ivan (sp?) when he describes almost like an existential crisis with like haven't taken out the trash. It's so shameful.

It's so like... but quite frankly I'm not proud of this. [00:07:05] But it's really hard to... it's really hard for me to validate that as like a... I validate to some extent. Everybody has those moments where it's like, what am I doing with my life? But it shouldn't take over every aspect of... I guess it seems like too much to me. And it's hard for me to validate that that's like a real thing that can prevent you from doing everything little too big. It's just hard to be sympathetic and I don't like that in myself. But it's hard.

THERAPIST: My guess is Dr. Bourd would see that as a part of the problem. And you see that as a part of the problem. I can't... that doesn't explain everything. Do you know what I mean? There's something else happening about how stuck he is inside his own mind. It's like there's a neurological syndrome. [00:08:01]

I don't think this is it at all that it reminds me. They call it locked in syndrome where you're... there's not a capacity to express the self at all and literally at a neurologically inhibited speech affect. There's something is blocking him from just taking up space in the world with his words to actually be a person. Even to say, "Excuse me." Maybe that feels like kind of asking for his needs to get met or announcing his space. And none of this I say, by the way, to say you need to just be patient and have empathy with it. Just I'm still understanding how profound a deficit it is because you're saying it's coming up not just in areas where there's obvious shame but everywhere.

CLIENT: No, I mean, we've had this discussion before. He was devastated at one point because his manager told him he needed to use his words, which is a phrase that I used with him. And it's not a very nice way to ask but it's like when you get that frustrated and they just... it feels like a choice. [00:09:03] And I realize for Ivan (sp?) it's probably not that cut and dry. But again, I guess I feel a little bad about the way I'm dealing with it. But it's hard to look at him and say like, well, he's not talking to me. Just deal with it.

THERAPIST: You're capable of producing speech.

CLIENT: It's just like it's really hard to always...

THERAPIST: You're married to him. You're not just his boss. You have to deal with it all the time. (pause) It's exhausting, Ramona (sp?).

CLIENT: It is and it's a little... I'm not proud to say it. It's exasperating. It really like... it's not that it's 24/7. There have been some times when Ivan (sp?) has made some progress. But a lot of the time it really... after he dropped the spaghetti and I said like, "We really need to talk," the other night he just sat staring at his dinner pulling his glass for two hours. He would not say a word. He would not move. He would not make no effort to resolve. No effort to like... at any point, like, OK, now we can talk about this. [00:10:01] Or, "I'm sorry I was clamping..." Just no...

And eventually I just said, "Ivan (sp?), eat your dinner and get ready for bed," like his mom which is horrible. But he really might have stayed there all night. I don't know. That's a long time to sit there in silence. And it's just I know that I guess I'm learning more and more that shame can be exceptionally powerful for Ivan (sp?). But it's just... again, it's hard to validate that to such extremes because...

THERAPIST: Yea, that's very extreme behavior. It sounds infuriating.

CLIENT: I really have experienced even personally that sometimes it can be hard to move forward with something if you feel bad about not having done it or you haven't done it as well as you could in getting a little stuck. But it just feels like such an extreme... I don't know. It's hard for me to take that as seriously as it sounds like it is for him. (pause)

THERAPIST: Yea. I mean, it's almost starting to sound like there's some... it's a major, major deficit in that's a real deficit. What if... what do you do with the reality (inaudible at 0:11:13) if you're married to somebody who has significant communication deficits? I don't know, for example, what happened in his family that would lead to such deficits. That makes me curious. Does it happen with them, too?

CLIENT: Yea.

THERAPIST: That he'll go quiet?

CLIENT: Yea, I think it does.

THERAPIST: How about when you guys are talking about something totally lighthearted where you're on the same page? So you're watching a movie and you're talking about the movie and laughing or joking about something. Can he find words then or is he still very not communicative relative to other people?

CLIENT: I think it depends. But it really... I don't know. There are some topics where he can. But I do realize I think even with the like trying to talk about our days at the end of the day, I'm doing most of the talking. And I don't know if that's my fault. If I need to like be more quiet so that there's more space and time for him to talk. [00:12:03] Or if that's how it goes because that's part of our dynamic right now unfortunately.

THERAPIST: Like if you said, "Ivan (sp?), how's your day? Tell me about how work is going."

CLIENT: It's not a lot.

THERAPIST: What would he say?

CLIENT: It's not a lot of information. It's pretty short. And I don't know if that's because there isn't anything that different in one shift from another or if that's just... but it's usually pretty short. (pause) I think lately I feel like I'm convicting myself a little bit more of being more critical and wondering if that isn't pushing him to withdraw more because I think that has sort of been our... like I'm the one who's very vocal, pushy, pursuing, pursuing. He is avoiding and not speaking and withdrawing. And I wonder if we aren't getting back more into that because...

So I think I did... I felt like I made a little progress in saying things like it's not my fault. [00:13:07] I don't hate myself for X, Y and Z not ever getting done. That's really his fault. I can feel some anger at him. I can... but then I learn in couples therapy that there is like nowhere to go with that anger and I was actually sort of being... he was being sympathized with. I was being not sympathized with for being angry about that. And I understand why that would be the tendency especially because Ivan (sp?) is pretty fragile about some of these things and is very emotive.

THERAPIST: Are you saying you learned meaning from our conversation last week? My wondering that?

CLIENT: Somewhat but I also learned it definitely in couples therapy where... and so it felt a little... I don't mean this to be critical of either process. But it felt a little counterproductive for me to reach that point where I was starting to feel a little OK about myself. And a little like, well, it really is his fault if he didn't do his chore and I'm not going to take the blame for it. [00:14:05] And I'm not going to get worked up at it and say that it's my fault and think of ways to make him do it. I'm not going to... and then so that puts the blame on him. That puts the responsibility on him but there's nowhere to go with that. There's nowhere to like... it's totally counterproductive.

THERAPIST: You mean so counterproductive to reach that conclusion?

CLIENT: Mm-hmm, which is something I felt like I actually did a significant amount of work to reach while not criticizing or complaining. But then it's like more... it's actually a little more frustrating because now it's out of my hands and I'm not supposed to criticize. I'm not supposed to complain about it. I'm really not supposed to ask him to do it. So (inaudible at 00:14:54) I don't know where to go there. It's very stuck.

THERAPIST: It feels like then you're only left with then just having to sort of tolerate the disappointment of what he's not doing. There's nothing that gets it done then. Like you're recognizing it's not in your control. It's not in your power. It's not your fault. OK, so it's his fault but then he's not doing anything about it either. So nothing gets done about it. So what's the good of that?

CLIENT: Yea. And I guess it feels from my perspective anyway like in couples we talk a lot... we talked a lot about me not criticizing or asking him to do things and a little bit about him stepping up to do it. But there's never any...

THERAPIST: But not a lot.

CLIENT: ...follow through where Ivan (sp?) ever comes in and says, "Ramona (sp?) has not been criticizing me but I really haven't gotten around to it yet." And I'm certainly not allowed to come in and say, "I haven't been criticizing Ivan (sp?) but he's really not doing his part," because that's critical. And I'm not allowed to say anything critical. And I understand the goal of that.

It just feels like pushing me into a corner a little bit because the other day I said... I didn't openly criticize him. [00:16:01] But it was sort of a backhanded or like a passive aggressive... it's like, "Ivan (sp?), I really need to wear something professional to go into the hospital today and I don't have anything. Maybe like is everything really in the laundry?" And he's like, "Well, I think your long pants... I think..." I have one pair of dress pants. He's like, "I think that they are on my nightstand in between my clothes."

And I said, "First of all, why would I look in the pile of your stuff on your nightstand for it? And second of all, it's 90 some degrees outside. I'd really like to wear a skirt instead of long pants." And maybe like why isn't his response, "You know what? You're right. I totally haven't done any laundry. I'm sorry about that. Let me do some because that's my responsibility." As opposed to, "Why aren't you wearing pants?" Like it's just... it doesn't feel like it's working.

THERAPIST: You feel like you're being held accountable for your... the behavioral goals that have been set up for you and that he's not being held accountable in the couples work.

[00:17:04] So for example you don't revisit, "OK, this is what we tried last week. How did it go, Ramona (sp?)? Oh, great. You get a check. You did your part. You didn't nag him. You didn't ask him. You didn't, right? Ivan (sp?), how did it go? Did you do your part?" And that's not coming up?

CLIENT: We did it one week. And...

THERAPIST: Recently?

CLIENT: No.

THERAPIST: Just a while ago?

CLIENT: Yea. And the thing is if we try that as a specific homework assignment for one week, it can work out. But after that week, it's done.

THERAPIST: Falls off.

CLIENT: And I'm not like... I get that there are bigger fish to fry. I get that it's not the end all, be all. It just... I've tried to explain it to Ivan (sp?) a little bit more in terms of what I need and want as opposed to like this really sucks for me. And I've said, "I really need clean clothes. You really have clean dishes every day because I do the dishes at least once a day, usually twice a day. And that doesn't feel respectful. I don't feel appreciated."

THERAPIST: You've said all this. [00:18:00]

CLIENT: I've said it.

THERAPIST: Like this?

CLIENT: Yes.

THERAPIST: Oh, it's a lovely way of putting it.

CLIENT: And I thought the word respect really captured it because... I don't know. So...

THERAPIST: And you're also not saying it in a way that sounds like this. You're talking about what you need in order to feel safe and loved in a relationship.

CLIENT: I feel like at this point I've tried both. I've definitely gone like... and I don't like being the critical like complaining, nagging, mommy him. I hate it. I hate it so much. But it feels like if I say nothing and things still aren't happening... I'm not supposed to do it myself. I'm not supposed to ask him to do it. It's like it's not going to work out that way. (pause)

THERAPIST: What happens if you shared this dilemma with Dr. Farrow? For example, you can say, "I feel caught right now because I am not supposed to do this, this, this and this. And I'm working really hard not to because that's what my assignment and my goal was. But when he then doesn't do it, it doesn't get done. So what do I do when Sunday comes and I need a dress for tomorrow and there's nothing clean because he hasn't done his job? [00:19:10] What would you, as our couples therapist, like me to do about that situation? Should I say something then? Should I then go do it? Like I can't show up to work with stains all over my dress and wrinkled from before, right?"

I wonder what she would say to that about how to handle that if he doesn't keep up his part. If you kept up your part and he has not kept up his end of the bargain, then what? In other words, putting it back in Dr. Farrow's hands like, "What do you think, Dr. Farrow? What should I do?" Do you know what I mean? Because then she... I think maybe she's not understanding the dilemma enough. I wonder also if it'd be helpful for me to touch base with her and share a little bit of your sense. I know I'm getting your sense. I don't get Ivan's (sp?) sense but maybe that would kind of help things a little bit. [00:20:01] I don't know.

CLIENT: No, I think maybe...

THERAPIST: Would that help?

CLIENT: I just... I feel stuck. And I don't want to go back to criticizing him. But I really do want us to keep making progress.

THERAPIST: Does it feel like progress is... it was feeling like there was something happening and like it's plateaued or something?

CLIENT: It feels a little like a plateau. It sounds like from what he's telling me that things are really still going really well at work for him. And that his... like he told me yesterday his employees told him like, "Ivan (sp?), you've really stepped up as a manager. You're doing a much better job." And I'm hearing... like this isn't the first time he's come home and said that. And that's huge.

THERAPIST: That's... given his interpersonal deficits, that's enormous.

CLIENT: No, it's really huge. He's telling me he's taking his medicine before his shifts. That it's helping but that he's also developing skills. He's reluctant to give too much credit to the medicine and I understand that especially given his feelings about it. But what I was going on... like things are going well at work.

THERAPIST: Well, that's something.

CLIENT: And he's staying late when someone else isn't ready. He's been more reliable actually than the other shift managers. [00:21:05]

THERAPIST: And getting there on time more?

CLIENT: Yea. Well, I don't know about the mornings. He's usually leaving...

THERAPIST: Because you're out.

CLIENT: ...(inaudible at 00:21:10) when I see it but... so that's going well. I just feel a little like it's not always the case at home.

THERAPIST: So what would... what... I guess if you were to say... also say, "What do you want?" What would be the concrete things that he needs to work on more if you were to tell me about them because you're allowed to complain in here? There's no supposed to in here. (pause) Doing the laundry, that's one that comes up all the time (inaudible at 00:21:42).

CLIENT: It's just like we could change. We could switch up the chores but we each have our own jobs. And for me, usually I do the dishes. I'm supposed to bring in the mail like every other day or whatever. I take care of Eloise. I do all her stuff. And I usually clean the apartment.

THERAPIST: Who's Eloise?

CLIENT: Oh, I'm sorry. She's our cat. [00:22:03]

THERAPIST: Oh, OK. I don't think I've ever heard her name before.

CLIENT: So I take care of her. But... so Ivan (sp?) was supposed to do laundry and trash and he doesn't really have an assigned part of clean the apartment and he usually doesn't. So it's usually whatever I do and that... I don't know how to explain it but it's not that I just have like a personal obsession with laundry and trash being like is (inaudible at 00:22:31) them. It's really more just like I constantly feel like... I guess I feel a little bit like I did at home where I'm doing my part and people aren't doing theirs. And...

THERAPIST: You'd like them to be done once a week. Would that be... if he reliably, like every Sunday, did laundry and took the trash out...

CLIENT: That would definitely...

THERAPIST: ...or whatever your trash day is, took the trash out that morning.

CLIENT: It would definitely be a start.

THERAPIST: Would that feel like that would be a big chunk of the daily grind stuff that's coming up?

CLIENT: I would definitely be a start. [00:23:02] Like I just... I don't know. It feels a lot like... I journaled a little bit about it and I came up with something that sounded a little... I don't know. But it occurred to me that both at home and now with Ivan (sp?) that it feels like there's a small amount of accountability for his, for their responsibilities that they are very much like pushing towards me taking on their responsibilities. That there is like that the way to progress or getting along or peace in the family is if I don't... and respect. Like my parents always push that it was a respect thing. No criticizing, no complaining, no asking them to do it. Even if it's their job, even it would be totally in line... like it was never in line. It was never OK. Not allowed to criticize. But then there would be a weird thing in which they could criticize how I did what was their responsibility. [00:24:04]

So if I clean the house and like there's all this displaced furniture in the middle of the room and I would move it somehow to try to organize, try to clean up, they would sometimes say like, "Well, they're my things and I want to arrange them differently," or like, "You shouldn't..." Or my dad like, "I have a different mowing pattern. I want you to mow it this way." Just like there's no space for...

THERAPIST: Wow.

CLIENT: But then there's space for them to criticize. So it actually like...

THERAPIST: You really got criticized then (inaudible at 00:24:35).

CLIENT: Right. For doing something that wasn't my job. And I guess sometimes with Ivan (sp?) it feels not so much that he is criticizing the way I'm doing things, but it's more like it doesn't occur to him always to say thank you or to notice like the apartment got clean again this week. I wonder how that happens. Like it just doesn't... and that was very much with my parents. They would not say thank you when the house was clean. I think because it was shameful that... and I'm sure that's the case with Ivan (sp?), too. [00:25:01] But it feels a little bit like a repetition and I'm kind of done with it.

THERAPIST: I can also see, Ramona (sp?), that it could feel like even there is a little criticism of you if you finally just go and do the job that's Ivan's (sp?). You feel like you're not supposed to do that. Like that's been assigned to you in couples therapy almost like...

CLIENT: No, yea. No, no.

THERAPIST: So you do get criticized for doing it anyway.

CLIENT: Well...

THERAPIST: Do you know what I mean? That's sort of implicitly there that you're not supposed to be doing it.

CLIENT: And if I feel resentful for doing jobs that aren't mine because they really legitimately aren't done, that's on... that's my fault.

THERAPIST: Then you're not supposed to say that.

CLIENT: That's my fault.

THERAPIST: That's your angle.

CLIENT: I chose to do it.

THERAPIST: See... so I disagree. If that's actually what's getting said, I just fundamentally disagree. I just want... just of the record. I do agree that as part of working on a pattern and breaking through a pattern, helping you to inhibit some of the criticism for the a while to see if that helps Ivan (sp?) become more accountable makes sense, right? [00:26:03]

But it doesn't make sense if you've been doing that for seven months and he hasn't been being more accountable. Do you see what I'm saying like that? So what are you supposed to be doing with those feelings in the meantime? So I might put it back. Are you meeting with Jody this week?

CLIENT: Yea, every week.

THERAPIST: See if you can make... I don't know if there's a way and if you could... I don't know how you guys typically start it up but say, "I actually have some questions that have been coming up in my individual work that I'd like to pose to you. I feel like I've been working really hard. I know I'm not always perfect but I feel like I have been working hard to not be critical. Not express resentment. Not step and do his job to kind of be the parent all the time. And I don't feel like Ivan (sp?) has met me there in doing the jobs. What, Dr. Farrow, do you suggest that I do then when we reach Sunday and I am feeling these and I need my dress?" And kind of see where that heads. [00:27:01]

I'm also happy to drop a line to support this side of things. Because I've heard this enough from you that you're really feeling like he's not getting held accountable enough maybe in the couples work.

CLIENT: It's just I don't want to be petty because I hear that he's making a lot of progress at work and I'm very happy about that and I...

THERAPIST: So say that. That's... like even for you to say, "I am thrilled with how much progress you've been making at work, Ivan (sp?). I feel like the next steps at home are this area and I don't know what to do next. Like how do we... I feel stuck around this." Do you know what I mean? So you're coming at it even from a, "Let's brainstorm about this because I need help figuring out what would you like me to do to move this system that we have going forward?"

You're asking for help, in other words, instead of just only criticizing. And I think that will help. Maybe she'll even get it in a different than she gets it now. That you're feeling like you've been doing it and he hasn't for a while and what's on him. [00:28:03] Like even to answer the question concretely. What should you do? That's a good question. At that point you need the dress. Is it OK if you go do it yourself and feel a little resentful?

CLIENT: I mean... yea.

THERAPIST: Of course.

CLIENT: I mean I can... I've done it. It's just not going to work as a long term solution. I'm not saying Ivan (sp?) has to be perfect and I get it. It doesn't always have to be 50/50 or even like... it's just we're not. So...

THERAPIST: He's never going to be.

CLIENT: And that's fine.

THERAPIST: And you're never going to be.

CLIENT: Yea... I guess that's fine to an extent. It just feels like maybe sometimes we're both at extremes.

THERAPIST: Yes. So you're saying, "I feel like I've been trying to come over here and letting some things go and not being so reactive and just keeping my mouth shut a little bit." And you don't feel he's come as far towards you in trying to do a little more, trying to keep with deadlines and you're having some feelings about that. You don't know what to do. [00:28:59]

I would use the laundry example specifically as a concrete example. Because that's a really good one of saying like, "What should I do if I reach the end of the week and there are no clean clothes and I have to go to work the next day?" That's the dilemma, right? You have to have clean clothes. So you have to sort of do this thing then that you think you're being told or have been told you're not supposed to do. Do you know what I mean?

CLIENT: Yea. I just... recently I decided there are some things that I... there are a lot of things. I look at them and I think if I don't do this it's not going to get done. Can I deal with it not getting done? And at home, the answer is always no. I couldn't deal with it not getting done. And in our apartment, I recently... I was like... I usually clean out the fridge. The fridge is due to be cleaned out. And I thought I really want to do it. It really needs to be done. I'm not going to do it for a while. And maybe I'm even going to say, "Ivan (sp?), I usually clean out the fridge. Would you mind doing it this week?" And I don't know... like that comes back to me asking. [00:30:00] But I just thought like I can't always be the solution because I'm going to be resentful.

THERAPIST: Totally.

CLIENT: And he's going to be like... so anyway.

THERAPIST: I totally agree with you. It does not work. It wouldn't work for you. I don't think it would work for any couple, married couple, to have one person be constantly doing these kinds of responsibilities. Sometimes people last that way for ten years, right? I have seen people who are ten years into their marriage and finally coming in and saying, "God damn it, I've been doing all this work for a year and you've done nothing." And it finally erupts. It does erupt. You're totally right.

CLIENT: I think he... I think a lot of it though is he and I just deal with feeling anxious or depressed or stressed just very different way. Very, very...

THERAPIST: That's also part of what you're trying to understand about each other. It's a huge point you're saying. Some of it is the practicality of shared stuff. Some of it is when anxious, he withdraws and when anxious, you clean more. You get (inaudible at 00:31:00). And he's never going to be that way the way you are. You're never going to be the way he is. You're never going to be just, "Oh well, just avoid and not do anything in order to manage my anxiety."

So the more to the greater degree you can start knowing in yourselves that, "Wow, this is what I do when I'm anxious. I have to get hyper organized and clean and that's kind of what helps me feel better. And in fact when I'm anxious I can get irritated at him for not hyper organizing and cleaning because that would help me feel better about my anxiety." That's different than actually sort of morally better. Do you know what I mean?

CLIENT: Mm-hmm.

THERAPIST: Neither one of those ways is morally better. And it's different than an actual practicality of there are daily responsibilities that you share as a couple and you have to do some and he has to do some, right? That's another sort of dimension of the experience. I think the more you can articulate this and say you're owning how much of this comes from anxiety, how much a piece of it comes from anxiety. [00:32:03]

But the practical part of it actually has to get done still. And what does she suggest as you're trying to move out of this plateau to a new place? How should you guys negotiate that together? Do you know what I mean? (pause)

CLIENT: Sometimes I worry if I feel really overwhelmed. Sometimes I get so overwhelmed that I almost want to take Ivan's (sp?) approach and like I can't. Right now I can't get worked up about my mom's upcoming surgery. I can't... I'm helping my sister move Tuesday and Wednesday.

THERAPIST: You said that.

CLIENT: Yea. So I did that all yesterday instead of spending the day preparing for my interview that's today.

THERAPIST: You have an interview today.

CLIENT: I do.

THERAPIST: Wow.

CLIENT: I'm just like... and I can't get worked up about that. I can't get worked up about taking two whole days that I need to do other things. I really want to help her but I can't even get stressed for her. [00:33:00]

It's just too much. I can't even... this week is so busy I can't even think like, when am I going to apply to more jobs? When am I going to... it's just feeling really overwhelming and it gets to a point where I just don't know what to do. Ivan's (sp?) parents want us to come visit and he's like not really dealing with it. And I don't know what to do about that. I can't deal with that. It just feels like too much at times and then... (pause)

THERAPIST: What I think is so cool and exciting about one aspect of what you're saying. I know it sounds like a strange response to have. (chuckling) There's a little bit of you saying... you started off saying this. Sometimes you can feel how like the urge and the impulse or how good it might feel just to avoid and withdraw. Not that I necessarily think that's a kind of, in totality, a healthy thing to embrace. But if you can find a little bit of that, there might actually be some healthy influence on you to have a little bit of Ivan's (sp?) avoidance. [00:34:05]

In other words, any defense is a defense that's used to protect us from our anxiety and some defense and we want people to have defenses. Otherwise, you're in a state of constant horrible anxiety and shame or guilt or whatever is feeling. Having a little bit of being able to say, "You know what? I'm going to avoid this thing and putting more in CBT coping language it's kind of like putting it on the box... in the box on a shelf, setting it aside in your mind saying, "I cannot worry about that."

You can't, for example today, worry about anything else but getting through your interview today. Today the interview is the priority and you have to almost avoid the other things. Same as he could benefit from having some of your defenses get incorporated in him. It would be cool if for him one day he said, "You know what? I'm so anxious and so ashamed about how dirty the house is, I'm going to go clean it instead of avoiding it, right?" That would be helpful for him to have some and that that's part of bringing you both closer together. [00:35:00]

The skill for you then is CBT. It's setting aside in your mind focusing in on one thing at a time instead of allowing yourself to get overwhelmed with so many things at the same time. It is a kind of avoidance in a way of the other things that are out there.

CLIENT: It almost felt good to spend the day yesterday. No one likes packing but organizing all of Emma's (sp?) stuff and just packing up last minute stuff. Helping her like... it felt better to spend the whole day doing that as much as it wasn't fun than it was to sit at home obsessing about... like rereading about this organization and forcing myself to apply to jobs. The other day I tried. I thought like I have some time. I can apply to at least one job this evening. I was just so like... I don't know why. I sat down at my laptop and I pulled up... like I went through and I looked and I found a couple of (inaudible at 00:35:57) that I might apply to but I was just like so I don't know so overwhelmed. I just like couldn't do it which isn't good and probably makes me more overwhelmed. But I just like... it feels overload right now.

THERAPIST: It doesn't sound bad to me. I have say there's... I think that's really great that you could go help your sister pack instead of stay home and obsess about where to apply. It's kind of giving yourself a little break. Some space to go just be in the moment doing something. And it's still organization, right? In some ways, still capitalizing on the thing that's soothing for your anxiety. But it's also not engaging so much in the overwhelming perseverative obsessiveness about every single aspect trying to get control over it because it's a fantasy. It doesn't work.

It's not necessarily going to get you a job. You know yourself. You get prepared and then you prepare and you prepare and you prepare and you over-prepare some more. The preparation helps. The over-preparation doesn't fit for job interviews and classes and things like that. So I think that's really great that you can find another way of just getting some space, getting a little break inside that Ivan (sp?) knows how to do too well, right? [00:37:03] But he doesn't know how to do it. So just it's sort of taking a page from his book and doing it a little bit. He needs to take a page from your book and do that a little bit, too.

CLIENT: Do you have any I don't know suggestions or insights on how to... so right now of course because this is the way I am, I'm already thinking about this job interview and the like, what if I got offered this job? Turnaround was actually super-fast with this one. I just applied to it like less than two weeks ago and they already asked me to come in. But if I get... what if I get an offer for this job? There's another job that looks like actually more in my interest that... but it's not going to be open until August. So I can't really like get back in touch with that person until Thursday.

And what if I do if I have to play the waiting game and how much longer can I go without a job? And oh my gosh, Ivan (sp?) is talking about getting a raise from Subway in October. What if he stays in Subway forever? I need to pick up the slack. [00:38:01] It's not productive. I understand that. It's not healthy to some extent. I mean, it's probably good to thinking about getting a job but it's just really...

THERAPIST: It's good to think about it some. Not to the extreme that you do. And Ivan (sp?) needs to think about it more, right? It's like you're having to try to (inaudible at 00:38:24) both coming towards the middle. So I hear you. You can get very sort of snowballing into the unfolding details of what... how this could affect him, you, your future, another job offer, money.

The skill I would come back to is trying to say to yourself, "I'm going to cross one bridge at a time," because you could worry about all of that right now for nothing. Let's say you'll get the job offer. Then all of this emotional space has been taken up for no reason.

I also don't think that this... sometimes it makes sense for people to worry about something that could happen even though you don't whether it'll happen. [00:39:07] If you're going to be so crunched for time that it's extremely important that you have the answer about what you're going to do right then and there, I don't... this doesn't sound like the case. It sounds like you can wait till you get the job offer. And once you get the job offer, cross that bridge then.

CLIENT: So that's the only... I don't know if this is realistic or if this is my all or nothing thinking but I don't know how long they... like I would imagine a few days after the interview if they're only doing one round.

THERAPIST: They told you they're only doing one round.

CLIENT: They didn't say. They didn't say this is round one, this is... they didn't say anything about that. But it was a pretty quick turnaround so I don't know. But...

THERAPIST: From when you submitted the application to getting the phone call.

CLIENT: Very quick. So the only thing I do know is once you get an offer, you're supposed to take 48 hours max to give an answer.

THERAPIST: Because they said that or...

CLIENT: Because career services says that's all you can do. They said it's... you can give yourself two days and hope that it's over the weekend. [00:40:03] Then you have a little extra time. But you really can't like keep them on the hook for a week or so. It's just not OK to do that.

THERAPIST: Or PC appropriate conduct.

CLIENT: So I can't wait until this 48 hours but I might not get anything so it's just like...

THERAPIST: So one of the things you're wondering is, even between now and when I see you next, what if you get a job offer, should you take it? Is that kind of what the question is?

CLIENT: Maybe essentially. Or how to deal with that like pent up... this is a good job but it's not going to pay a ton probably. And the job that would be open in August if it would be open would be much more would I want to do, I believe, and just feeling anxious because there's uncertainty. And right now I'm not enjoying all the uncertainty with Ivan (sp?), with my mom's surgery, with getting a job, with moving my sister. It's just like that's not my forte to begin with clearly.

THERAPIST: It's such a common bind, too. You're not alone when people... it's like a bird in the hand sort of that's the expression. Do you know the expression? [00:41:08] You have something certain and then there's this thing you want more but it's not certain. And you can't know whether it's going to be certain until you have to make a decision about the certain one. So what do you do?

You do sound, Ramona (sp?), like you have... there's a lot of uncertainty everywhere right now. And there's a part of you that would just be relieved to just have a job that you take. The only place where people hedge their bets a little bit about that for example is have you interviewed at the one that's opening in August yet or no there?

CLIENT: So I did an informational and he told me it was upcoming and actually someone who... like my advisor at school is part of that group. So he's like I can put in a word for you. I know the doctors who will be on the clinical trial. So he's like, "Let's stay in touch and... but it won't be open until August. See if you can get into even part-time into Walter Reed so that you're done with HR by the time the job would come up. I can't make any promises." That's what he said. [00:42:02] "We'd have to consider other applicants, of course." But he saw my resume so I'm hoping he wouldn't have bothered to mention it if I was completely unqualified or anything.

THERAPIST: So it sounds like there are some promise. Maybe more than the average job you could apply to. And yet it's also still a little ambiguous and vague.

CLIENT: It is and the worst thing is the job I'm interviewing for today is at Walter Reed so if I got that...

THERAPIST: It is at Walter Reed?

CLIENT: Yea, so if I got that and then in half a month's time he said, "We would like to... we could make you an offer for this." That's where I couldn't leave. But again, like I understand that's ten steps ahead. It's just...

THERAPIST: No, it's about the decision of whether are you going to say yes to the offer if it comes in between now and Monday.

CLIENT: It's not... I don't know if it would even happen.

THERAPIST: But if it did, what... where is... what is your gut tell you about what (inaudible at 00:42:56)?

CLIENT: Part of me is like I've got to get a job. Everybody must be looking at me saying, "She still doesn't have a job? What is wrong with her?" On the other hand, I know myself and I don't like to settle. And if I knew that I was within weeks, even four weeks, of getting a job that was much more in line with my interests, I would hate myself for taking something that wasn't as interesting just to get some experience. Especially if it's going to be comparable pay, I might as well do something that I'm really interested in.

THERAPIST: Sometimes when people get an offer, even if they haven't gone through the process yet at somewhere else, they call and say, "I have an offer that I need to accept or decline in 48 hours. I so would rather have this position. Is there any chance of getting in for interviews or any way of knowing?" Getting a little more detail sometimes you can push people a little bit on that to figure out.

Then they might say, "Oh yea. No, we're actually putting off for the next 30 days." So then that can kind of tip the scales or they could say, "You're a total shoe in. Please don't take that offer. I can't guarantee you anything but we really kind of want you. I've seen your resume." Do you know what I mean? [00:44:02] And then that tips it back the other way. I think you could feel free to make that kind of call if you get an offer to help get some information.

CLIENT: No, it's fine that I'm still doing this career... this job seekers workshop. So (inaudible at 00:44:13) has been... she would help me in that situation. But I don't know.

THERAPIST: It's a dilemma, Ramona (sp?), because you're weighing your own sense of certainty and anxiety management by having something secure against what you actually want sort of in the long run pleasurable interests, professional interests. That sounds like where the bind would be. (pause) It's your bind. Do you know what I mean? I think it's sort of difficult when you have to choose between two things where one set of needs gets met and the other one doesn't. This one might but you're going to be waiting on a period of time then, right?

CLIENT: And I might not get anything from today. [00:45:01] So I shouldn't even... but that's just my nature and I think you know that.

THERAPIST: You've articulated what the dilemma is going to be if you get the offer. I don't think you can know everything enough to obsess on it right now to come up with an answer.

CLIENT: No, and I shouldn't be. That's the problem. I shouldn't be but I am so...

THERAPIST: I think try to let it go. Put it... put the decision in a box on a shelf and say, "I'm going to try to just tackle this interview today to the best of my capacity." It's experience. Who knows? Maybe they'll pay you more than no matter what it is, it would be worth..." Do you know what I mean? Probably not.

CLIENT: No.

THERAPIST: I'm just telling you. You never know how these things sort themselves out. And until you know, you don't know. So if you need to come in here because you are faced with a huge decision that you're racked with conflict about, call me up. We'll figure out something. We can even talk on the phone to talk it through if that would be helpful. (pause) We got to stop. It sounded like you wanted to something, though.

CLIENT: No.

THERAPIST: Good luck today.

CLIENT: Thanks.

THERAPIST: And good luck putting it on the shelf. [00:46:10] One thing at a time.

CLIENT: Thanks.

THERAPIST: That's another good motto.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: So there's a lot going on.

CLIENT: Yea.

THERAPIST: A lot we were going to talk about anyway...

CLIENT: Yea.

THERAPIST: ...you wanted to talk about. How are you?

CLIENT: I guess feeling kind of low. Kind of powerless a little bit. (pause) Yea. (pause)

THERAPIST: Emily Farrow gave me a quick synopsis. She just sent an e-mail to both me and to Dr. Bourd so we had a heads up. I think Dr. Bourd (inaudible at 00:00:43) Ivan (sp?) to see if he wanted to talk.

CLIENT: Yea. I don't know. (pause)

THERAPIST: It'd be helpful for me to hear and I don't know if this is what you're wanting to talk about, by the way. I assumed yes because it's front and center. But if you want to table this and come back to it another time, we can do that, too.

CLIENT: No, I feel like (inaudible at 00:01:02).

THERAPIST: Yea. What happened from your perspective? Can you share it with me?

CLIENT: Yea. It's really humiliating. I haven't told anyone. Even Dr. Farrow, Ivan (sp?) actually brought it up.

THERAPIST: Oh, he did.

CLIENT: He did.

THERAPIST: I didn't know that. I didn't realize that.

CLIENT: I mean, I think he knew that if he didn't, I probably... I would have because it actually happened the night before. So it was definitely in front of my mind. I mean, there's not a lot to tell. I was sleeping and I woke up to that happening. And Ivan (sp?) pretended to be asleep. And I said, "I know you're awake." And then pretty much we both got up and I talked. [00:02:09] And his like first response was, "I hate myself for being so attracted to you," which is not an apology. It's almost more of a self-pitying like... yea. (pause)

THERAPIST: Ramona (sp?), just to pause for a second and go back. Do you mind my asking a little more specifically what happened?

CLIENT: Yea. No, it's just...

THERAPIST: I know it's hard to say but...

CLIENT: It's so... I don't know. Maybe I shouldn't be the one who feels so embarrassed but it's very embarrassing. So I usually wear like long... like some kind of pj pants, a t-shirt, underwear to sleep. It's just what I wear. And I woke up and his hand was in my underwear. And I'm not totally sure...

THERAPIST: In on your vagina?

CLIENT: Yea.

THERAPIST: And inside the (inaudible at 00:03:02).

CLIENT: I'm not totally sure because I evidently slept through part of it. And this was not the first time.

THERAPIST: When you woke up, was his hand just sitting there? Was it like...

CLIENT: No, it was... there was some kind of movement. I'm not entirely... like I said, I was waking up so I'm not totally clear on everything that happened before then. Or like what was really the intent or what was really... but...

THERAPIST: And when you say he pretended to be asleep, like it's presumably when he took his hand out and then pretended to be asleep?

CLIENT: Yea. No, he had his eyes closed and I think he was hoping that I would just fall back to sleep and not be sure what was going on which is disgusting. And this has happened. He admits that it happened once before. And I told him there have been a couple of times when I've woken and I'm not quite sure what's happening. And I couldn't... I mean, I'm a deep sleeper, very, and he knows that and clearly took advantage of that. [00:04:05]

He says sometimes he's just put his hand on my hip or whatever around my waist while I'm sleeping and so I can't be sure if like the times that I... because now I really of course wonder how many times it really has happened. But he's saying at least once before. And maybe something that's exceptionally disturbing to me is that he pretended to be asleep which to me I guess I assume he had no intention of coming clean of like this... I don't know how long this would've gone on. So I talked, he withdrew. And...

THERAPIST: And what did you say?

CLIENT: (pause) I told him I didn't understand. I asked him if this had happened before. I explained that there had been a number of nights where I wasn't quite sure what was going on and that I wasn't conscious for very long but that I could tell that his hand was somewhere. [00:05:03] But I hadn't wanted to say anything because I wasn't sure. And because I'm such a deep sleeper I really wasn't and that's not an OK thing to just throw about an accusation. This time it was crystal clear.

And I sort of said this is why I feel so frustrated when like whatever type of physical contact we have, it's never... it feels like it's never enough. That particular night he had brought up like, "Oh, maybe in a month or two I want to start looking for programs," which led into a conversation in which I basically said like, "But you..."

THERAPIST: Programs, graduate programs you mean?

CLIENT: Yea. No, he has no idea what in, no idea what for, no idea what job he wants, no idea what... and that resulted for me... like he came home from work and I had just said like, "You

feel good about how things are going? Do you want to... are you feeling like you want to stay there? [00:06:11] Your six months is coming up in another month. What are you thinking?" And that's where he went from that and he just like... so that had been kind of a mess but we had talked through it to some extent and I was still upset about it because for obvious reasons, I guess I would think.

But before we went to bed, **I had hugged him.** (pause) And we were talking in bed for a little while. He had put his hand on my waist. Just on my hip and I guess that was OK. But I had kind of rolled over and kind of like I was going to sleep. I was tired which should be OK. And I... so I guess I sort of brought to his attention that even if we do have something I feel like it's never enough. There's never like a point at which I cannot be criticized for not doing as much or... and that it... I sort of **accused him of not asking me or asking for consent** or anything like that. [00:07:12] Because he didn't want to be rejected and why bother. I told him...

THERAPIST: But for violating you, Ramona (sp?). I just want to be, so you know I'm 100% clear, this is a violation. It does not matter if you're married.

CLIENT: No, I...

THERAPIST: (inaudible at 00:07:35) going in and taking something without asking you.

CLIENT: So...

THERAPIST: Violating your body and your wishes.

CLIENT: That's what I think I need to maybe hear something maybe from you or from Dr. Farrow because I don't really know how to... I told Dr. Farrow I didn't want to overreact and she said I wasn't. But I really...

THERAPIST: She was very clear in her e-mail to me just so you know where she is also. You may want to hear it from her as well but she was horrified by his behavior, absolutely horrified for you. [00:08:04]

CLIENT: **I don't know what to do.** I don't know what to think. I spent part of the weekend trying to think of ways to sweep it under the rug and the fact that it happens. I even thought about... so that night I asked him to sleep on the couch. And I... in that moment, I hesitated but then I ultimately did. And he didn't say much. And he went and he slept on the couch and he slept on the couch the past... like since then.

The other night I thought about, well, maybe he could sleep in the bed. He knows that people are upset at... he knows I'm upset about it and Dr. Farrow knows about it. He wouldn't do that again but I guess I don't feel... I don't know if safe is the right word but clearly I'm such a deep sleeper that I can't help it. (chuckling) I've always been that way. I can't help it. (pause)

THERAPIST: You're saying you'd hope he wouldn't do it again but you're not totally convinced it sounds like that...

CLIENT: No. [00:09:03]

THERAPIST: ...you can't trust that he won't.

CLIENT: No, I think Ivan (sp?) has violated so many aspects of trust in different ways and this is obviously a very different way than telling a lie or hiding a lot of things. Like this is a very different type of violation. I just don't... I'm really looking for someone to sort of tell me how to respond because I guess I don't know if in some marriages if that would be considered OK or if that would be considered like an initiation of something. I mean, clearly he wasn't trying... his intent was not to wake. That was... that's abundantly clear. So I think that was not his intent. (pause) Yea, I'm looking for someone to show me how to react to him. Also, I guess trying to express that I am heavily relying I guess on you and Dr. Farrow to direct me in how to react because I haven't been able to tell anyone. [00:10:03]

I can't tell anyone. I am so, so, so, so embarrassed, humiliated. And it's the type of thing that you can't just... I don't know. There's no way to tell someone like that without it changing the way they would see him. I even like... I was so upset in the moment I even suggested that he... if that was what he was prioritizing which quite frankly if he's able to talk about things, he's not able to look at me all the time, like he's not able to pick up his end and really put in the effort at home, it feels a lot of the time. But he's interested in that. I suggested like we could go our separate ways and he could understand that he could have that type of relationship with someone most likely. Someone who would not ask him to do household chores or talk with them about their day or like... and I know that's kind of a harsh thing I'm sure to say. [00:11:01] But...

THERAPIST: I don't think so.

CLIENT: ...it really felt like if this is what you want, I'm not interested. Go find someone who is. And I hear that that's not a polite way to... but I just like...

THERAPIST: That's your judgment of you.

CLIENT: Maybe but I... like I said, "Why would this be your solution? Why wouldn't you have an affair? Why wouldn't you leave me to go like have that type of..." It's just... in fact I asked him that and he said, "Well, because I don't really want to be with anyone but you." And I felt like but you don't actually want to be with me. You don't want my consent. You don't want like the full relationship with like commitment to more than just... (pause)

THERAPIST: Yea, I mean, so many things to say, I'm thinking, talk about in this. Ramona (sp?), I first want to ask you because I hear you saying I'm looking for someone and I need you and Dr. Farrow to tell me what to think and feel. [00:12:07] And I hear that very powerfully like in some ways like the help you need that you do need help with this.

But what I also hear is that you're not trusting your own reaction so much that you would need us to tell you what you should be feeling. So I'm first curious like, what are you feeling? What... that if you find your experience... **you're very calm talking about this** for example. So I have no... I don't know what... like where did you take this inside yourself if you knew you could have... like feel whatever you wanted to feel and that was OK, what are you feeling?

CLIENT: I guess I'm not totally sure. Part of me thought like that I just wanted to be done. Like I almost wished he would do something that I could talk about, something that horrible that I could talk about that I could be done. [00:13:07]

Part of me wants to, like I said, totally sweep it under the rug and keep holding on to Ivan (sp?) from long ago that I felt comfortable with and happy with. Like wanting to spend time with, wanting to like... I know this is irrational and I know this is... you know this about me. But I've already thought ten steps ahead and if Ivan (sp?) and I split up, I can... like I feel like I could never date again and I could never remarry. I could never have children. I could never do many things. That's my... and I know that's a lot of black and white. I know it's fortune telling and I know it's all those depressive... I'm aware of that. (chuckling) But it's still happening in my thought process.

I'm already thinking like I would need to buy a bed for myself. I would need to like find my own little apartment. [00:14:01] I just... and what... and I would have to like not see my friends anymore because I couldn't explain to them what happened ever. So I know that's unhealthy. But that's the thought process I've gone through.

THERAPIST: No, it's just so helpful for me to hear what your internal process is like right now. Because one of the things you're describing, Ramona (sp?), is that this thing that's happened is like in some ways **it's pretty horrible** and it's in line. In some ways this kind of fits Ivan (sp?) not being above ground and doing the work to like really get to somewhere where you could have a physical intimacy that both were enjoying but finding this back channel that's violating of you. Like that's... he's done that in other ways with the taking the easy secret path because it's too much work for him to bring it above ground and address it directly front and center. Put in the work to get it there. [00:15:06]

So it's like here it is again. And in some ways in the most violating way of all is your physical body that's at stake in this sense. And **I think you're furious** but I also think what you're saying is immediately you **get very scared**, too. Like it opens up all the fantasizing about just wishing maybe this is it. Maybe this is the thing you were waiting for where you finally get to say, "This is not OK and I really believe myself that this is not OK." But then what comes into mind? That you're scared. How on earth would you be by yourself? Would you ever find someone and marry again? Would you ever be about to have kids again? How would you even be able to tell people you weren't with Ivan (sp)?

CLIENT: That's the thing when it comes down the logistics of being by myself. I don't feel too... I mean, like it would be an adjustment and I've clearly not had my own apartment. [00:16:04] And it's like I would have to probably have roommates or like a really tiny place. I'd have to go through all of that. That's one thing. As soon as I get a job, I think I could handle that. And I know that Emma (sp?) would help and then my parents would help me figure stuff out. But I guess it's more... this is going to sound really stupid, really stupid.

THERAPIST: It's OK.

CLIENT: But when I think... I cringe inside. I just like completely cringe inside when I think back to our wedding because we had this huge, beautiful, expensive wedding just over two years ago. And how could I ever face any of those people? (pause) How could I ever face any of them? (crying) How could ever explain what happened? How could I ever justify that? How could I look in the mirror and say, "I'm divorced and I'm 25?" [00:16:59]

Like what is the matter with me? Like clearly I can't... what I really would want would be like I was hoping things would work out with Ivan (sp?) and that we could make a lot of progress. And that it might be slow but that it'd be worthwhile. And I feel like I'm exhausted because I have put in a ton of work. A **ton of freaking work** and spent hours of expensive couples therapy. And I'm really pissed off because it feels like it's not being reciprocated. It feels like... it feels... I don't know. Like that's the whole... it feels like it's the class. It's a dramatic thing to say that people say when they're really angry, I guess, that it feels like I don't even know him because I don't... I still don't understand what was going through his mind. I still don't understand him being capable of that.

And then there's this other part of me that thinks like maybe I'm overreacting. [00:18:01] We're married. If things were fine or whatever like... and if I had been awake and agreeing to it, like that's not what he did. And in itself wouldn't have been... there wouldn't have been something horrific about that. Like if we were agreeing to it.

THERAPIST: But there's a big difference between being awake and agreeing to it and being asleep and not agreeing to it, right?

CLIENT: (crying) Yea.

THERAPIST: It's like the difference between rape and consensual sex. There's a big difference.

CLIENT: So I think something that I'm not liking myself for but what I'm thinking is if he had raped me, that would probably... like that would be enough to say like I don't know if we could recover from that. I don't... but **I can't put that label on this**. This is certainly not the same thing. I think I'm looking for you or for Dr. Farrow to tell me like you need to have more self-respect and not put up with this type of thing. So like whatever that would look like or I don't know what the alternative would be. [00:19:02] I'm really trying to find a way to gauge a response because I'm

not... I guess I feel like I don't want to just throw away all that work and that like I really was in this for keeps. It wasn't like we'll try it for a few years and see how it goes. (pause) I... sorry.

THERAPIST: No, no. It's OK. What were you going to say?

CLIENT: I'm just... I think that when you framed it in me being scared, I think the biggest thing **I'm afraid of what everyone is going to say** and the judgment and the... I actually suggested that his parents have been like on our case about coming for a visit even though we were just here. And it was already like a difficult subject and now I'm saying like, "Why don't you go for a few days because I really... like first of all, there's no way I'm going to visit your family right now. And second of all, like I could use some space from you."

And I actually said to him which is kind of a harsh thing to say that I said, "Don't lie to them about why I'm not there. [00:20:01] Like if they really want to know, then you can tell them." And that's... I felt bad about saying that and I almost like don't want him to tell them because I'm so... like it's just... **I don't want anyone to see Ivan (sp?) that way**. I don't want Ivan (sp?) to be that way. I don't want to be seen as like the over-reactor who would consider divorcing her husband because he touched her inappropriately while she was sleeping. Maybe that... I don't know if that's an overreaction. I don't... he didn't beat me. (pause)

THERAPIST: It's hard to trust your gut sense about what you feel and that it's valid to feel that. One of the things I said (inaudible at 00:20:45) Dr. Farrow in my response is that I'm horrified it happened obviously. But I'm particularly saddened and frustrated for you that it happened exactly right now because you were already working on trying to find ways of coming into the couples therapy to talk about needing to have your experience in being mad of all the things that you're mad but were going to talk about. That you feel like have not been able to be part of the process in a way that's allowed movement around the menu for you to move forward. To really get those feelings out, to be mad at Ivan (sp?), to have that be legitimate. And now this thing happens that it's sort of like an even louder example of that and you're doing the same thing. Do I get to have my experience or not?

So I think everything you're feeling, Ramona (sp?), is valid. I think you're furious at him for violating you and I think that fury is very, very valid. Had he done this, just to give you some context, let's say your relationship was really good. Was happy, things were going well, you're both respecting and trusting each other and he'd done this in the middle of the night, it might not feel as big a deal because you love him. [00:22:08] And even if you didn't want to do it, you'd wake up and say, "Hey, what are doing? Get off me." It wouldn't be a big deal because it wasn't symptomatic of the entire relationship.

Had he done something against your will, you never knew and you didn't want it to happen, it's still a huge deal in a way because he knows that you don't want that to happen right now. It's very, very clear. It's not ambiguous. Or if the relationship were good, maybe he would, right? Maybe he would be sort of trying and experimenting with something. So you're in a relationship right now that is really not going very well. You're very mad at him most of the time. **He's**

disappointing. He's not keeping up his end of the bargain in a lot of different ways. And you've been very clear with him that sexual intimacy just feels off the table right now. It's not even that you haven't had that conversation. [00:23:01] You've had that conversation.

CLIENT: But it almost... anyways, it's stupid and if anyone ever told me this, I would say, "Why would you ever think that?" But it feels like it's almost my fault in a way because we haven't had... like we don't... like sex isn't a part of our relationship right now. And I think that would be understandable but it's not and that's my doing I feel because if I like even if Ivan (sp?) did nothing and I told him how angry I was about it that day. If I agreed to sex that night, I'm sure like that would be fine with him. But that hasn't been the case. And so it's almost like if I had been agreeing to it, this wouldn't have happened.

THERAPIST: So this is a history with your parents and what you've had to do to tell yourself everything was your fault.

CLIENT: But how can... like I guess I just feel so... I feel like I work really, really hard out of couples therapy to not be the critical complainer, to not be the person nagging and mommying and asking. And I got to the point where I'm not asking. [00:24:03] I'm like I'm totally silenced and Ivan (sp?) can do whatever the heck he wants. And that's exactly what felt like happened in this scenario. And so I never yelled at him. I never like... and it's not... it's how it feels for me. It's not I'm sure the way it really is but Dr. Farrow at no point during the session said like you can't... like, "Ivan (sp?), you need to be respectful." And I'm not like...

THERAPIST: She didn't?

CLIENT: No. She said... like she made it very clear that in the session we had about sex, that she was in no way advocating this and she wanted to be clear that nobody like misunderstood her. So I mean, she acknowledged that it was wrong like of course and she told me I was not overreacting. But it just feels like it's always like, "Ramona (sp?), don't criticize." And then it's not, "Ivan (sp?), you need to be honest with her." Like it just feels... I'm sure that's my perception but it just...

THERAPIST: I know I don't... I mean I'm trusting your perception. There may be a piece that you have that's transference. [00:25:03] But I'm sure you're picking up on something that's real, too. You... so do you feel like this session ended up being about you shouldn't criticize him doing this?

CLIENT: No, I told... Dr. Farrow asked how I felt and I said disrespected. And she said, "Well, it seems like it's really difficult for you to talk about it." And I said, "No. I can talk about it. I just don't know how because it's going to be critical and I'm going to be blamed and this is not going like..."

THERAPIST: You said that?

CLIENT: Yes.

THERAPIST: Good for you.

CLIENT: And she said, "Well, there have been some times when you criticized and it's not been appropriate. But this is appropriate." And I know that should've felt good, I guess. But it actually... I'm not proud but it felt crappy because I thought like I feel like the things that I'm... I'm not making up stuff. Like if he's not holding up his end in other ways but like how is this... like this is just different because it's just like a really extreme... the nature of it. The physical nature of it I think is what makes it so extreme. [00:25:59]

So it just... I don't know. So I was allowed to criticize and say that this was not OK. But she suggested several times that we not meet for a while. And I kept saying like, "I think this actually would warrant more attention." And she said, "Oh, so you don't want to meet?" I said, "No, this would warrant more... like I don't know what to do here."

So it actually felt like... because at one point I told her that the process of me not criticizing and then Ivan (sp?) being kind of left to his own or that being the result at home like me being quiet and Ivan (sp?) doing whatever wasn't working. That that process wasn't working. And she said, "Well, it's not being... if this isn't helpful, then maybe we shouldn't meet." And I just felt stuck because it felt like if I had kept my mouth shut and said, "This is great." That wouldn't have been the case. So I don't know what to do. (pause) It feels like if I criticize, I don't get what I want. If I keep my mouth shut, I don't get what I want. [00:27:01]

It's not working and I really don't know how to react to what he just did and yet again, I feel very isolated because I can't tell anyone. I know that's my own imposition. Like I know I'm doing that to myself. But I don't feel like I can tell anyone. (pause)

THERAPIST: Maybe that's a piece of what we want to take up in here too because the way you started to walk through what your greatest fear is, is other people's judgments. I think, Ramona (sp?), the person you're most afraid of judging you is you. (pause) I'd be hard pressed to imagine if all the people who come into mind who were at your wedding would be as judgmental as you are of yourself. You're incredibly, incredibly critical and judgmental of yourself. I think it would be hard to find someone who would be as judgmental of you as you are of yourself if I'm being really honest. [00:28:01]

Now that's also not to say there won't be people who think all sorts of different things about any one thing any one of us come to, right? People... there are people are going to think what they want to think about any part of you. You can't control what everybody is going to say. There could be people thinking, "Oh, she's staying together with him?" that kind of thing about being with him.

CLIENT: But no one would think that because they don't have a clue what's going on.

THERAPIST: But if they did, for example, they might judge you if you stayed as much as there'd be people who judged if you didn't stay.

CLIENT: I just can't like imagine. Like this incident alone I can't... like I can't... if I told people, like first of all, I don't think there would be any turning back. And I just... this is dumb. [00:29:02] But I don't want them to see him as that. I don't want to see him as that. I don't want him to be that. (pause) I feel like his parents wouldn't believe it. They would somehow still say, "Oh, she was so critical of him. He just never... he never had a chance. He was so down on himself because she was so demanding." And I just... I feel like a fool. I feel like a total fool and he's just taken advantage of me in so many ways.

THERAPIST: That's the only place that I would say something a little bit different about it. I don't think he is consciously, even unconsciously, trying to take advantage of you. I think this is the way Ivan (sp?) conducts himself in not just in the bedroom but everywhere right now there and in some ways his undoing then. [00:29:59]

If he has so many deficits about addressing something front and center with words, with relating, with facing his feelings, facing his shame, tolerating his guilt, talking it through, trying to make some movement, he finds quiet little secret avenues that stay underground. That's what he's done a lot. What I said to Emily about this visit, I in some ways think that this becomes... if there's... if I'm talking to you from a perspective of hoping for you guys that this could be something productive.

That moves the system a little bit, is that I've... by the way, I had e-mailed her before any of this happened also just to give her... just share a little bit about what you and I have been talking about. About your feeling cornered some in the couples work. I mean, I said it in a very light way but that you're wondering about what you should, how you should be addressing the things that Ivan (sp?) isn't getting done that you need to get done like laundry. If he doesn't do it and you're also not allowed to criticize or remind him or do it yourself, if what then, that that might be useful in the couples work to start to brainstorm around. [00:31:12] What kind of responsiveness allows you to be empowered and not enable him and not criticize him. What... how do you do that? So I had said all of that. This to me feels like it's bringing into the room something that is Ivan (sp?).

CLIENT: But what if that like... what if that's just part of who he is right now? What if that's going to be part of his behavior?

THERAPIST: So that's more what I mean is I think what if it's like it's a significant deficit such that he's trying to sneak things on the side to get what he wants. What if it's a kind of... I mean, William Bourd responded with an idea or a theory as we all know well back in the 50s talking about what if this is a kind of... he used the word sociopathic tendency. [0:32:07] And I mean that very, very... he didn't mean it in a rigid character logical way but kind of what if Ivan (sp?) gets things in secret or does things in secret in a way in order to get a need met? Because it's too scary or too shameful or too frightening or too much work to bring in above ground. And

what if this is the thing that he sort of knew would get him labeled finally at last as being really, really bad, right?

In some ways, his badness has got to be brought into the room. It's time, right? The things he's actually screwing up and not doing well have to be brought into the room. And I'm glad if we're talking about what could allow some the hidden stuff that this brings it into the couples therapy now. It has to get addressed in this very loud example. But I think this is... it's not... this is not just an anomaly, right? This has been consistent with the whole of what you're talking about is inside him. [00:33:04]

I don't think he's taking advantage of you in a way that like he married you on purpose so you would take care of him. I don't think it's that thoughtful. But what if it is just that he has this many deficits? That he's not capable right now of addressing things on the surface in a way that you are or that the way you're wanting to at least work on with him? That's more what you're up again is, what if that's part of who he is and what if it takes five years to start to chip away at that? Are you willing to hang tight for five years or not?

CLIENT: That's... I told Ivan (sp?) like I wondered if this... it felt to me like a common thread in all of it. It was just a lot of disrespect and that this is not how you treat someone you love. Like maybe that's oversimplifying it but that's how it feels to me. And I said that gets at the foundation of things and I don't know if you can repair that. Like you marry someone and you don't respect them, I don't know if you can... and just change that. [00:34:07]

And it's just I have this other like sort of selfish thought but it's that if Ivan (sp?) is going to take five years to pull it together and... I don't know. I don't know how else you would summarize that. I don't want to spend the rest of my 20s taking care of him, putting up with his crap, being the one who supports him in secret, in private, because he's too whatever to tell everyone else. I just don't have any interest in doing it. I don't want to take care of him. I don't. Like I... maybe that's horribly selfish but I did not sign up for taking... like doing this amount of like really extreme heavy lifting in the marriage. I just did not. And I haven't... I certainly haven't asked it of him for me. [00:35:01] That sounds kind of not nice but...

THERAPIST: No, no.

CLIENT: ...I shouldn't...

THERAPIST: I think it's accurate. I think it's accurate.

CLIENT: ...spend... Ivan (sp?) and I started dating I guess before I was... before I turned 21. I don't want to spend all of my 20s with this person who can do something like that and still hasn't really apologized. Still hasn't shown... still hasn't. Not a tear, not any remorse, not any like...

THERAPIST: What did he say about this in the session? What did he say to you about it, about his behavior?

CLIENT: He introduced it to Dr. Farrow and I, at the time, rolled my eyes because I thought the word was inappropriate but it's not. He just said, "Last night I molested Ramona (sp?)." That's how he put it.

THERAPIST: So he is interested in being labeled bad. I mean, that's...

CLIENT: I asked him. [00:36:01] I said... I mentioned that like when the thing happened with his loans, like he didn't open his mail for like, what was it, six months whatever and I ended up paying a huge amount of his interest with my loans. And you had said like, this is really extreme. Do you think he's just trying to like get you to leave?" I raised that thought with him. I said, "This is really extreme. Are you just trying to end the relationship?" Why would I do that? I don't...

THERAPIST: Yea. I mean, I'm... right now it doesn't feel like he wants you to leave but that may not be his conscious intention. But there's something about... it feels like he wants to be spanked or something. Like he's coming up and saying, "I've done wrong. I did this really bad deed. I need my punishment." In some ways is though the thing gets created in order to get punished. Do you know what I mean? [00:37:00] I know it sounds kind of crazy but...

CLIENT: But why? What would be the purpose of create... like Ivan (sp?) is not a... like I don't mean this in a crazy way but he's not the perfect husband. So why would he need to create something so like be portrayed as less than a perfect husband?

THERAPIST: That's kind of how he operates, right? He does these things that then get him in trouble. And in some ways I remember when like the first and only session I had this image of him as having we talked about this like the idea of self-chastising and repentance and self-punishment, really physical self-punishment for one's sins. And in some ways that kind of... you could become invested in the punishment like that it's comfortable to get punished over a time. Do you know what I mean? So you screw up in order to get punished.

CLIENT: So it's...

THERAPIST: Because that's where he lives, that's where he feels most comfortable. It would be changing his ways to start to say, "OK, I'm going to bring it above ground. I'm going to try to do my best and we'll talk about it." [00:38:04] He doesn't not know to do that very well. That's all new territory for him. What he knows is how to be repentant and self-punishing and extremely self-critical. I mean, you know something about that, right, to be so hard on yourself that there... like no one else can do wrong. It just it sounds like he's sort of gravitated loudly to this place where he gets to get punished again.

CLIENT: But he... but that's the...

THERAPIST: But he doesn't really. And that's... I totally hear you. This is what ends up feeling stuck in the couples work is that, well, but now if you're critical you're just feeding him being so hard on himself. It feels kind of crazy making.

CLIENT: It does.

THERAPIST: How do you have real anger at him?

CLIENT: But the other part like if he's really this self-critical person who's so like stuck in repentance and punishing himself, why isn't he the accountable person? Because that's the crazy... like that's been the most frustrating thing. I always feel like... I always have the picture of a mother with a small child...

THERAPIST: True. (inaudible at 00:39:07).

CLIENT: ...that says, "Now, what do you say? You say thank you. Oh, do you need to say sorry to your friend? Like do you want to say please? What's the magic word?"

THERAPIST: Right.

CLIENT: I have this vision of me with him all the time. Because when the laundry is piled high, it's not Ivan (sp?) saying, "Wow, I really... I'm so behind. I'm going to throw in a load." That's never what happens, never, never, never. So I do not see him as this self-critical punishing... like I don't get it. And if I say it, it's like whoa. Like you're so...

THERAPIST: In some ways...

CLIENT: I don't get it.

THERAPIST: ...what's secret under him is the aggression behind it. It's aggressive to not do the laundry and wait until you boil over, right? Or it's what he did to you was aggressive, Ramona (sp?).

CLIENT: I don't understand it, though. He said like, "I just... I have urges and I didn't control them." And I hate myself because I really am saying like, "But so then why didn't you just have an affair? Or why didn't you just like tell me you wanted to be done so that you can have this type of relationship with someone else?"

THERAPIST: Why do you hate yourself for that?

CLIENT: Because that's a really...

THERAPIST: (inaudible at 00:40:06).

CLIENT: ...nasty thing to say to your spouse.

THERAPIST: Really?

CLIENT: Why don't you have... like, why wouldn't you just have an affair? Why wouldn't you just see someone?

THERAPIST: See, I think that's a legitimate question you're asking him. You're saying to him, "I don't get it, Ivan (sp?). If that's what you want, let's talk about it and arrange things so that you go do that. This is... you're sneaking something that I said no to and violating your own wife's body. I don't get it. What is happening with you?" I think those are really important questions you're asking him.

Yes, they're coming out. There may be something that's... you're also pissed. But you're not the first or last person who would not... would be very, very, very angry in that situation. He violated your body. To me, I think you sound unclear about what you want to keep doing or not doing with him. But to be very clear that he cannot do that to your body again. That's not acceptable conduct in a marriage. (pause) That is the sort of starting guidepost. [00:41:09]

Now what you want to do, how you're going to... can you work this through? I don't know. That's the question. It becomes another thing like graduate school that you're going to have feelings about. Now it's in the present.

CLIENT: That's the thing. I told him I don't know how to like deal with that stuff and move on and get over it and make progress when this type of thing keeps happening. And that's the other... I don't see Ivan (sp?) as this self-critical, self-punishing, self... like clearly, he doesn't like himself, clearly. But this isn't the first time he did it. And it's not like after the first time he had an attack of consciousness and said, "Ramona (sp?), I have a really difficult conversation to have with you. We need to..." It never happens. I don't think it would've. Like the second time, I don't think it would've happened. He pretended to be asleep for Pete's sake. He had no intention of coming clean. Being caught in the act like it's just... I really don't know how to react. [00:42:03] I really don't know how to respond. I don't know.

THERAPIST: That's how you're reacting and that's important. You're disgusted by him. You're starting to know in yourself which I think has hardened the fact is you haven't even brought this to me that it's happened before.

CLIENT: I didn't know.

THERAPIST: Because it's so hard to talk about.

CLIENT: No.

THERAPIST: Oh, you didn't know.

CLIENT: No, that's my point. I really am a deep sleeper. I really did sleep through it and I really am very clear that there were several nights where I woke up and felt like his hand was somewhere. And I wasn't sure what was going on and I was like back to sleep pretty quickly. And I remember thinking about it and wondering like what was going on exactly but I never accused him because I didn't actually... you don't just throw out an accusation like that. (pause)

THERAPIST: Your experience of this, your feelings of this, are really important to me. [00:43:03] And they're really important to me to help you either with the things I can say to Dr. Farrow or the things we talk about that you can go say to try to bring into that work if you want to continue that work. It sounds like you do. It is... it would be a little crazy of you not to be really furious right now on what to do. I'd be more concerned if you weren't very angry. Do you know what I mean?

CLIENT: But I haven't yelled at him. I haven't like told him he needs to go stay somewhere else. Like I've said, like the harshest thing I've done is say like go visit your parents right now. I feel like I can't even get that at home. Like I can't even get that worked up about it. He won't talk to me. He won't look at me. I said, "Why do you get to not talk to me?"

THERAPIST: I think what you've done seems reasonable saying... Ramona (sp?), even just letting... giving yourself some time to take in what this means for you. You don't have to have the answer today. [00:44:01] You do need to have space to feel safe enough to process what's happening inside yourself and saying sleep on the couch for a while because I'm really upset and you don't feel safe you're telling me. You're not sure you feel safe at night even. Can you trust he won't do this again? Has he truly apologized and said, "I promise I won't ever do it again? I'm so..."

CLIENT: No, he never did.

THERAPIST: He didn't say that?

CLIENT: No. (pause)

THERAPIST: Yea, that's not acceptable level of response. It's just not acceptable. I mean, I'm feeling protective of you at this point that this is a kind of thing. It's a very concrete example. But he's not saying to you the things you need to hear in order to feel safe again.

CLIENT: But I told him that. I'm like, "Why aren't you apologizing? Where is the remorse? Where is the... like you haven't said, 'I'm sorry.'" He doesn't...

THERAPIST: What does he say?

CLIENT: He... the... I tried to say to him last night. I said like, "This is not..." And he said, "I don't know how." And he closed the door and walked away. [00:45:03] He just like... I don't know if it's the shame, the like... I don't know.

THERAPIST: Yea, but you also reach a point of, Ramona (sp?)... I mean he's got to get over it. None of us get to get away with being so ashamed that we never say sorry to anyone. Do you know what I mean? That's not acceptable adult behavior. Or do you saying, "I hate myself so much for being attracted to you." That has nothing to do with it.

CLIENT: I am so furious that he said that. I told him that that was like the most like disgusting... that's not an apology. It's not a...

THERAPIST: Has nothing to do with it.

CLIENT: It's like a self-pitying like...

THERAPIST: It's being coward. It's being a coward. (pause)

CLIENT: I don't...

THERAPIST: Making everyone feel sorry for him.

CLIENT: I don't know what to do. I really don't know what to do.

THERAPIST: I'm glad you're coming here Friday. Friday doesn't even feel like it's soon enough right now.

CLIENT: We're supposed to see Dr. Farrow on Wednesday and Thursday. [00:46:01]

THERAPIST: The way you're talking to me right now Ramona (sp?) about your anger, I have to say to you it also feels very different than when I first met you and you would sound critical. I actually think right now you have room to be even more critical even with me. Like I know you're not even in the room with Dr. Farrow and Ivan (sp?). You don't... I hear you when you let it come in. You express that you're furious but you're doing it with words in a clear kind of way that doesn't feel like... it just feels different than the kind of vengeful pressured criticism that was driven by your self-hatred. Do you know what I mean? This feels like it's a kind of anger that he needs to hear. It's not the self-hatred driven criticism that he's never going to take in. He may not take this in either. But this feels different to me. This doesn't feel like just constantly being critical. [00:47:01]

This is something really, really important that happened that is not OK and I want to be 100% clear with you that his behavior is not OK. (pause) And you need to be first and foremost safe in a relationship. This is now about trust into the level of physicality. The fact that he hasn't

apologized, I mean, a lot has to happen in order for this to even remotely start to drift into a realm that you work with it.

And I think that's part of what you want to go in and do is say there are certain things here just are not feeling safe. They're feeling triply, quadruply now unsafe. You haven't apologized yet. I've given you every opportunity. And just having your experience and having that be real regardless of what Dr. Farrow thinks or not even thinks. When you embody having confidence, from a confident place, feeling critical as opposed to feeling self-critical because you're so hard on your own self. [00:48:04] That's a very different kind of anger.

So I really hope... I don't even think the couples work can continue unless there's a way for your being angry about this to be brought into the room and known by both of them. I've said as much. Just so you know you have my back to that end with Dr. Farrow, she knows that I said that I'm in strong support of your allowing this voice even before this happened. Maybe this is what allows it finally to come forward in a real way. But we'll also take it one day at a time right now. We'll keep talking and figuring out what your experience is and what you want to do with all of this.

CLIENT: Thank you.

THERAPIST: All right. I'll see you Friday. If you want to touch base before then, call me.

CLIENT: Thank you.

THERAPIST: I'm around. [00:49:04]

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: So I take in (inaudible) from Dr. Farrow (ph) also. She just, she sometimes sends a summary of the session, just bullet points. (client affirms) She sent them. She always sends (inaudible). Sounds like it's a rough... very rough place you guys are in (client affirms), (inaudible) of saying more than "Where are you, how are you?"

CLIENT: Um... (sighs) It's been a really bad week. This has been a really, really crappy week.

THERAPIST: Your mom, too...?

CLIENT: I mean, that's this like, it's the same, but her response has shifted lately, which I understand she's scared. I completely understand like, of course, anyone would be terrified. It's just difficult, maybe especially in the midst of everything that's going on with me that she... that I don't want her to know about. I feel like she's got enough on her plate. It's just hard to hear

things like... "I think your dad is... planning how to get my stuff out of the house." Like, it's just... I can't... [00:01:19]

I mean, I feel proud, I guess, a little bit, because in the past, I would have gotten like, explosively upset and said like, "How can you say that?" Like, "Don't drag me into it," or like, "Of course, you're not going to die." Like, I would have really gotten really... And I did get very upset, but not to her. So, I felt good about that in a way. Like, I... (sighs) didn't allow myself to be provoked by that or the like... I asked if I could be awake, which she like... (chuckles) It's not a real question.

Or the, "Well, I guess, ah, he said I can't drive myself home the next day." She knew she couldn't like... She knew that we were planning to come home, she know that like, my dad wouldn't have let... Like, she knew that. It's more like a... (sighs) So I'm trying not to respond to those types of things, not letting it get me upset, at least not on the phone.

THERAPIST: Yeah, yeah. And also, maybe knowing that it hasn't gone anywhere that helps the situation. (client affirms) Right? It's not like... anger that gets communicated or frustration or upset or hurt that then improves the situation. [00:02:31]

CLIENT: Right, because...

THERAPIST: In some ways, it just gets worse.

CLIENT: No, I mean, these comments aren't isolated to... to this situation. Like, this has been a long running...

THERAPIST: It's global!

CLIENT: Yeah! So... you know, clearly in the past, my saying like, "Don't put me in the middle," or "I really wish you wouldn't make those comments," or upset, like it hasn't...

THERAPIST: It's happened!

CLIENT: And now is certainly not the time to like... so... But I feel good, because I'm able to... I don't want to say, "Put that on her," because clearly she's, you know, struggling. But I'm able to say like, "She's making those comments; I'm not responsible for them." (therapist affirms) Like, no one is actually saying, "Why can't you stay awake for the surgery?" Or "Why can't you drive your , like, no one is saying that to her. So I'm not going to validate it by... So, it's horrible, because I really want... Like, it's hard to find an appropriate way like, to be really supportive or like, to really go into a conversation with her, when it's filled with those types of comments. (sighs) (therapist affirms) It is what it is, I guess. [00:03:33]

THERAPIST: But I think it's so really important about what you're saying and what you're doing a little differently. It's so funny, because in a strange way, saying to her, "Please don't put me in

the middle; I'm getting really upset about it," is in some ways, given who she is, still playing out the part of being in the middle. Do you know what I mean? (client affirms) And to sort of let what you're doing was just so sad. This isn't like, I'm not saying this is easy or like, "Oh, how great this is!" It's horrible, you know like, you have to do this. But it's kind of letting some of what she's saying now go in one ear and out the other. It's just, if this is how she is in the world like, in some ways, to not even have to step into fix her, to get through to her means relinquishing some of the feeling of responsibility you had. [00:04:27]

CLIENT: It's just hard, because in like, on a more global scale, I feel like those comments are made... I don't know if it's always conscious, but to like, get the reaction...

THERAPIST: (emphatically) Sure they are!

CLIENT: ...of like (chuckles)...

THERAPIST: Sure!

CLIENT: "You're right! My dad like, he's never home. Oh, he's such like..." I know that! (chuckles) I know that! Like, it's, and I feel like it is. By not giving her that reaction, the comments might continue, but it... And I might hang up the phone and burst into tears, like I did. But it's much better than going through like, trying to confront her and her like, hanging up on me, and not talking to me for days or something like, that's been it. So, it's really hard. I decided like, I'm not even going to tell my sister that that's going on with her. Like, she's probably, now, chances are good that she's making those comments to her, too. It's just... It's not a...

THERAPIST: (whispers) It's really sad! [00:05:24]

CLIENT: It's hard to, it's just hard to react like, it's hard to know how to... I just kept telling her like, "I'm sure it will go well, he's very like..." She was telling me how many years her surgeon's been doing this, and he does this procedure, I guess like, twice a week. Like, he's very... just trying to remind her of that and that (sighs)... It's just hard. (pause) It feels unfair that she uses it as a way to like, bring in the conflict between her and my dad. (sighs) It's just... I'm, I guess, feeling a little anxiety about going home, but... It's kind of been actually the least of what's been on my immediate plate, as horrible as that sounds.

THERAPIST: Right. So the more immediate plate. (pause) Tell me, I'm curious just to hear from your words like, more about what happened. [00:06:23]

CLIENT: (sighs) I've been... thinking about... Dr. Farrow had said like, she didn't feel that either of us, when Ivan (sp) said, "Oh, she should just go. She should just like, she doesn't have to suffer any more like..." (therapist affirms) I've been thinking about how she, I felt relieved when she said neither of us would be in a place to make a decision. But I've actually had some thoughts about... playing it out in my head, if I do, about what it would like to end a marriage, what it would look like to try to stay in it. I feel horrible, and I wouldn't say this... not, well, no one

else knows anyway. But (chuckles), I had some... slightly positive thoughts about ending the marriage, which is not to say that that's what I want to do, but thoughts of... It wouldn't be the end of the world. And...

So, I had a couple of those, and I had a couple of, "It wouldn't be the end of the world if I tried to work on this." But, I will say, in a critical tone, that I have felt this week like Ivan's nowhere near in a place to work on it. We had our couples session on Wednesday and I was pretty upset. At the end of the session, he was talking about how he doesn't want to be forgiven, it was absurd to be forgiven like, the whole thing. I'm like... (sighs) It's really frustrating. And Dr. Farrow said like, that's different from saying you want to work on the marriage like, by saying... so it's like, that's different. (therapist affirms) So, by the time he, in the car ride, from him, you know, from us leaving there to him dropping me off at the hospital for my volunteer stuff, I ended up comforting him, finding out if he was okay, feeling very concerned about leaving him alone, sitting with him in the parking lot during what might have been some time to get some food like... [00:08:19]

THERAPIST: This was after your second session?

CLIENT: No, after the first one. (therapist affirms) And urging him to call Dr. Farrow, because I couldn't tell if he was okay or not. I've like, had these feelings lately like, he's not okay to be left alone (sighs), asking him to text me every like, couple of hours if he could, just so that I could see, at the end of my shift that, you know, things have been okay. And it's just... (sighs)

THERAPIST: (inaudible) Mad with him, furious with him, but also worried about him.

CLIENT: But there is... So we had plans that night to... a friend that I've actually been dog sitting for, he said, "Why don't you guys come over. We can get a pizza, I can invite a couple of other of our friends." These are my friends from school, and... So we were going to do that, and then I said, "Oh, well, you know, I'll tell Kevin you're not up to it and we can, you know, maybe another time." So I cancelled that plan.

My sister had called me. She doesn't know what's going on, because I still can't tell anyone (but that's my choice; I understand that's a matter of truth). She's just been concerned and she said, "Why don't we like, you know, go get a sandwich or something. Sounds like you could use some time out of the apartment if things aren't going well and if he's difficult in some way." So we tried that and like, we actually couldn't find a place, so we ended up coming back to the apartment. [00:09:39]

I had asked Ivan, I mean, if that was okay, if I, you know, was out of the apartment for a while longer than I had plans to be, if he was fine. He said, "Yes, but just to let him know when I was coming home." So I texted him when I was coming home. We come home, and Ivan's like, "What are you doing? Is Emma with you?" He's like, for whatever reason, is sitting in boxers and undershirt in the chair, watching TV, eating some kind of snack, which is not...

This has never happened before! I'm not sure why he was snacking in his underwear. He said later that he was just really warm. I don't know why he didn't just change out of long pants and long sleeves into... (chuckles) It's not, that's not the issue! So he like, got dressed quickly and went and hid on our patio. Emma felt like it was, you know, not a comfortable thing. So I said, you know, "Why don't you just go? Like, that's fine. I will... I'm sorry like..." So, second plan of dinner got changed. [00:10:35]

THERAPIST: So he went and hid, because like, he was just in his...

CLIENT: He was embarrassed.

THERAPIST: Embarrassed because of being in his underwear or...?

CLIENT: I mean, she didn't see him. She didn't like, nothing... I just, you know, opened, started to open the door and... (therapist affirms) there he is! So, I said, you know, "It's not a big deal, like... no one... like, it's not a huge deal."

THERAPIST: It doesn't have to be, I mean...It's not the same as...

CLIENT: I mean, it could be a little embarrassing, but it's not a reason to like... (therapist affirms) He's in his own apartment, you know like (chuckles)...

THERAPIST: That's what I'm trying to understand. Was he, did you get the sense it was because of that, or because he was just not in the mood, he was not in a place anyway to be seeing anyone.

CLIENT: So that's what became problematic for me, because then, after she went home, I spent some time in the bedroom. I cried for a while, because just everything is just, for whatever reason this week, I am just really, really low and just... The phrase I'm thinking, it's just overwhelmingly sad, just overwhelmingly, just... like, I can't do it anymore.

THERAPIST: Tell me about the sadness you feel. What's the feeling? [00:11:32]

CLIENT: It's just... crying, it's just feeling really... really sad. It's feeling like, I don't have a job, it's feeling like, my husband molests me and I end up sympa like, being sympathetic with him and taking care of him. It's my mom has cancer and I don't know what to do, because we can't have a conversation about it without it being about how mad she is at my dad. I can't deal with that right now. It's I can't tell my sister it's going, like... the closest person I have. Like, I can't tell her what's going on, because it like, she would be so heart-broken and it's just...

I can't even like, get out and see my friends, because like, he can't handle like... It's just... It feels like everything, it feels like when it rains, it pours. It just feels like right now, I'm just not... it's not... It's, I'm so overwhelmed. In the evenings I'm not motivated to cook dinner, so I've just not been eating dinner. I really don't feel well every single evening, and then I'm not applying to

jobs in the evening, because I really feel awful, both emotionally and physically. (therapist affirms) I know like, that's my choice, I guess, but it's just... It doesn't feel like one, right now. It feels overwhelming and... [00:12:40]

THERAPIST: Do you cry by yourself?

CLIENT: Of course!

THERAPIST: Real tears?

CLIENT: Yes! Very, very real, very... yes! A lot, a lot of tears.

THERAPIST: You don't here. (client affirms) I wonder why?

CLIENT: I guess that doesn't feel productive. It doesn't feel... At home it, I'm not sure if it's productive, but it feels, not therapeutic, but like, at least I get a little bit of an out, even if in private. Like, I'm able to like... let it out as opposed to just, you know, sitting quietly, watching something or like, trying not to... I don't know.

THERAPIST: I wonder, I have to wonder, and I know I'm interjecting this in the middle of the story, if we could pause for a second. Actually having one's feelings in front of another person, just having them, I think is another, it's a deeper step into trusting. It can seem, safety, not feeling safe, you know, but I wonder, Ramona (sp) if... [00:13:45]

You often come here and like, you have it all together, in a way, you know what I mean? You're, there is a productive conversation, and there are the bullet points, and there is the story, and there is what are we going to do with this, and... But, I mean, there is so much going on for you right now. **I feel heart-broken for you.** I feel so sad. I feel it. Like, it almost brings tears to my eyes, from where you are right now. Just recognizing how much you're still like, even here, in your therapy, dealing with it alone, in a way.

CLIENT: But it feels... I know like, this is my own... It feels like the only option at home like... **Ivan didn't ever notice** that I went in the bedroom and cried for a half hour.

THERAPIST: Really? [00:14:36]

CLIENT: He didn't ever notice that, you know, my mascara is like... He didn't ever like, he never noticed. In fact, while I was crying, I heard this thudding on the patio. Ivan had retreated back to the patio and (sighs) and I said, you know, "What's going on?" He made a motion that he was knocking against the table. We have a tiny table out there, and he was knocking against it with his fist. I said, "Why are you doing that? Okay, you need to come inside. Like, I don't know what's going on here."

(sighs) He comes inside, he has this really long face, he's moping, he's mumbling, he's looking at the floor, he's his typical... I mean, that's critical, but like, this is the mode he goes into. He's like, "Oh, I've lied to you again. I was hitting myself in the head with my fist. I was doing the..." I'm like, "Why are you doing this? Like, what is going...?" Like, after, he just got off the phone with Dr. Farrow and said, "No, I don't want to hurt myself." [00:15:28]

He was annoyed because her questions were the routine, "Do you want to hurt yourself or others?" He felt like... I don't know... insulted by that or like, it was too basic or... I don't know! Too rote for him. He said, "Well, I just, I feel so horrible, I'm such a horrible person. Here I am, when you came home, I'm wasting electricity, I have the air on and I'm just sitting here, you know, eating and watching TV, and I should be taking care of something in the apartment, I should..."

I said, "Have I ever criticized you for eating something at dinnertime? Like, have I ever said, 'There is something wrong with that' or that 'You can't have the air on when it's 80-some degrees outside?' Like, has anyone ever in your life ever told you that you're a horrible person for that?" So, he kept making these comments and I kept saying like, "No, like, no one's ever... Like, nobody thought there was anything wrong with like... It's not even a horrib-like, it's a little odd, it's not like, horrible to be sitting in your, you know, under... under everything! (chuckles) Having a snack like, in front of the TV; like, that's not... anything terrible. [00:16:32]

I just found it, I felt like he was making the comments to illicit the sympathy and hear how he's not a horrible person. I asked about the call with Dr. Farrow. I asked about when Dr. Bourd (ph) was getting back. Then he was the doing okay, and then for whatever reason, out of the blue comes... "My sister wanted to know when we're visiting."

I said, "Wait a minute! (chuckles) Wait a minute!" I'm like, "Do you even...?" I'm like, "I... This is too much." I know this is... probably wrong, but I felt like he was manipulating me. I felt like... he kind of ruined (chuckles) both of my dinners, because I had some dinner plans. I never got any dinner, I felt like I came home and took care of him. I felt like I was really upset from all the stuff going on like, that he did, that's going on with like in general.

He doesn't even notice. I felt like he was throwing himself a very large pity party, because he had the air conditioning... like, it was just like, just wallowing overwhelmingly like, just... I just felt like, here I am, taking care of him and being sympathetic to him by making sure that he's safe, by making sure that he's taken care of. Then, out of the blue, conveniently, it's like, "So when, what about visiting my family?" [00:17:52]

I said, "No!" Like, "No! (chuckles) Do you have any understanding what's been going on? Like, that you molested me, that I have been, you know... We haven't really made any progress with that. You haven't been really working toward like, haven't been very apologetic, haven't been responding to it. I'm dealing with this thing with my mom, you don't even ask about it at all. (chuckles) I'm dealing with, you know, trying to get a job and doing interviews.

I had an interview yesterday over the phone. They wanted to start with a phone interview and he like, he totally forgot about it, never even asked. Just like... totally... I know that's horr , like, I feel like a jerk for saying it, but it's like, "The Ivan Show." It's like, a lot of self-pity and self-loathing and it is exhausting to hear that from someone who did something pretty horrible to you and you're... Emma said...

THERAPIST: Yeah, go ahead. [00:18:45]

CLIENT: No. She... she doesn't know what's going on, but she said she felt that I was robbed of being able to respond in a healthy way of being upset, of being hurt, of being angry, of... I, that I was completely robbed of having those feelings every time, because Ivan responds in this really intensely self-pitying, like self-loathing, self like... and there is no space. So Ivan gets taken care of, ironically, and then, by the time that washes over like, it's been a while since it happened, and it never... it never re-surfaced. I never...

THERAPIST: Yeah. It's... In there, there is actually a paper I love called the "Grandiosity of Self-Loathing." It describes this in a way that, it's a kind of, he hates himself in narcissistic ways. In other words, it's all about Ivan! It can't even be that he's apologetic and recognizing of what he's doing to you. It's... beating you to the punch, and it becomes all about his self-hatred again: how bad he is, whipping himself. But it's still... ironically, all about him. It can look like it's being about you, but it's not. You're not given any space to say, "This hurt me. I'm so mad at you."
[00:20:11]

CLIENT: It feels like, in the wake of what he did, it's been... There has never been like this, I mean, he said, "I'm sorry," and that was his apology. And it's like, where is, where is the remorse? Where is the like, "Please forgive me. Let's talk about this. I like..." There is just no effort. It's really been, "I'm a horrible person, you don't have to suffer anymore. The marriage shouldn't continue."

I said, "Why are, like, you put all this energy, all this energy into things like, 'I'm a horrible person for having the air conditioning on,' instead of any energy into 'What I did was like, that actually was horrible. And I really want to make amends and work on it and...'" It's just like... it's bizarre. On the other hand, he's done the laundry like every day this week, and that's been like a form of, like self-punishment or self-I don't know, but that's been... And I haven't said a word, so it's been... It's just... [00:21:10]

THERAPIST: (pause) It's an incredibly sadomasochistic relationship.

CLIENT: I don't' know what that fully means.

THERAPIST: Um... it's like, the two of you are tied together by mas ... do you know what masochism is?

CLIENT: It's when you enjoy hurting yourself?

THERAPIST: Right. There is a kind of repetition and some kind of unconscious pleasure in the being punished. Do you know what I mean? You're, I think you're both used to being punished in ways, in varieties of ways, that sort of never getting your needs met. There is also this hidden sadism. It's even more hidden in him. The sadism is the opposite like, the hurting of the other person, right? One is the hurting of self, the other is hurting of the other person.

CLIENT: You enjoy hurting someone else? [00:22:11]

THERAPIST: In a way, as a kind of... It's a defense system. Like, it's a mastering of the way one was hurt as a child, right? So, what he's doing with you, in my mind, in my experience of it, is actually quite aggressive, even though it doesn't look that way.

CLIENT: It doesn't look aggressive at all.

THERAPIST: Right. You can look, it can look like, "Oh, Ivan is so ashamed. He's being so self-critical." And yet, the effect on it, on you, is that it's taking up all the space and takes away from your actually having room to be a person. Do you know what I mean?

CLIENT: It feels that way, but it often... I don't' know. My sister is clearly not unbiased, but she has said, it looks and sounds pretty manipulative sometimes. I know that's a word I'm not supposed to use, but it feels a lot of times like, he says and does things like that to get the sympathy, to get the, "Of course, you're not a horrible person, Ivan." Like, "Are you okay? Can I take care of you? Are you calling Dr. Farrow? Are you...? Like, when is your next appoint ..." (therapist affirms) I know that I'm doing that like, no one is forcing me to do that. But... [00:23:23]

THERAPIST: That's your masochistic role, that you get pulled into, you know what I mean?

CLIENT: But what kind of... (chuckles) What kind of jerk would sit there like, while they're spouse, I mean...

THERAPIST: If it means extreme (ph), there is nothing different many people would do, Ramona. I mean, you're dealing with some things that are very extreme right now, that at less extreme moments might be something as subtle as "Ivan, I don't buy it. I'm not going to feel sorry for you right now. You hurt me. When you're ready to have a conversation, take ownership of that, I'd love to talk to you," you know? It doesn't even have to get angry, right? (client affirms) Again, if he's saying, "I'm going to kill myself," that's a different thing. Like, you obviously (blocked) (inaudible)

CLIENT: He's not. Like, he's saying, "Oh, I don't want to hurt..." Like, "I'm fine, I don't want to..." He was upset with Dr. Farrow for intimating that he could hurt anyone else. But, you know, then he sat on the patio, hitting himself in the head. Like, I don't get this behavior. I don't understand it. I think he should be angry with himself for what he did, but I don't understand the whole drama of... (sighs) "Oh, I'm just such a terrible person! I have the air on and I'm eating at

dinnertime!" I'm like, I really wanted to be like, "Really?!" I caught myself buying into it and saying like, "I've never been upset with you for that, I don't..." Like, apologizing! (chuckles) [00:24:37]

I got... and then when it shifted to like, they want to know when we're coming for a visit, that's when I said, like, "Have you been paying attention? Like, do you even begin to understand what's been going on? Like, I have a lot on my plate and a lot of it is what, you know, what you did." Yesterday, he said, like, he has been selfish and, you know, wallowing in a lot of self-pity and he's like, "I know a lot of what you're going through isn't related to me." I said, "Actually (chuckles), no, that is most of it right now, for me. Like, of course I'm upset about like, the other things, but, this is huge."

THERAPIST: What if... Dr. Farrow mentioned, we talked a little bit about this, too. What if it isn't that Ivan is consciously being manipulative or even, for example, the things just that came up when she said she was trying to use some space and make a lot of room for your experience, which you were saying that he was, you were taking all this as him wanting to end the marriage. [00:25:38]

CLIENT: Which he said to me, I was, you know, it's not appropriate for a spouse to psychoanalyze another spouse and that she was setting clear bound ... and I understand.

THERAPIST: Did she say it like that? (client affirms) Not appropriate?

CLIENT: I don't know if "appropriate" was the word she used, but she said, yeah, she was setting a clear, a firm boundary, and that you can't, like, one spouse can't psychoanalyze another. And I said, "But this is something that came up with Dr. Henderson (ph), a concern and I felt like couples therapy would be the place to raise that, since it's about the coupleship." So, no, that did not go...

She essentially then said, "Well, Ivan, are you trying to end the relationship?"

To which he said, "No."

When I said like, "Ivan says a lot of like, when he's throwing a pity party about something like the air being on, I feel like that ends up being... (sighs) like, it elicits a certain response."

Ivan said, "I'm not being manipulative."

Well, she's like, "There we go! We've clarified it!" [00:26:33]

I'm like, "I'm sorry. I know this is, like inappropriate, I know this is inappropriate of me to say, but I don't think asking someone if they're trying to end the marriage, if they're not aware of... (therapist affirms) is productive. Nor do I think, if they are throwing a pity party like, to get a certain response, if asking them if that's why they're doing it is going to get like..."

THERAPIST: Especially if it's unconscious.

CLIENT: (sighs) "Are you, were you manipulat ? Oh, you weren't. Well, we've cleared it up!" Like, it just doesn't feel... (therapist affirms) I feel like I'm transferring my anger towards him at her, but I'm just like... Ivan does not have a history of being able to... kind of be honest about what's going with himself, even to himself. Like...

THERAPIST: Yeah, (inaudible). I totally agree with you. I don't know like... (pause) She may be coming at it from the angle of wanting to just speak to your feelings, which is very common like, in couples therapy. The therapist might say, "Let's..." This, the healthiest thing that couples can do when they're talking to each other is not to say "You" statements, it's not to say "I think this going on with you," to say "This is what is going on with me, this is what my feelings are about it, using "I" statements, you know. I'm sure you've worked on this (client affirms) and talked about this. That may be sort of what she was trying to encourage. [00:28:00]

I totally agree with you, though. It's not a face value question, where you get to ask somebody, "Are you doing this or not?" And their answer is the answer, right? For any of us! We all have things going on unconsciously, that we're not aware of. But what if, for example, what if even in that, what if he's not trying to end the marriage? Like, what if that isn't even his unconscious focus? What if he's tied to you, and he would be terrified without you! This is like, this, he's just in this groove of, this is what plays out for him in relationships. Like, I wonder if, maybe there is a way, and when you're saying that to him, there is a little projection going on. Do you know the word, you know the word projection? Like to project your feelings onto another person. You were having the fantasy of ending the marriage.

CLIENT: Right. But I don't feel like I've done anything to try to end it. I feel like I've actually put a ton of work in to try to make it work.

THERAPIST: Absolutely. I'm not saying doing anything. I don't mean you're enacting or your acting out in a way to end the marriage. You may have just been thinking, "This makes me have a fantasy of wanting to end this. I've been working hard at it, but like, I have to draw a line somewhere. This..." [00:29:13]

CLIENT: That's that...

THERAPIST: Do you know what I mean?

CLIENT: Yeah, so that's the problem. And I wonder... so, not to change, I'm not changing gears, but...

THERAPIST: Go for it, I'm following you!

CLIENT: That data, do you remember that data coordinator job like, one of the first ones that I interviewed for? I thought it was going to be great. Turned out to be data entry, and you, Farrow like, after I told you I wasn't so great or whatever, that I wasn't as interested, you said, you were worried that I would just take it, because I didn't know my value or worth. I'm not sure which of those words you used, but...

I have this secret thought, "What if that's me with Ivan? (therapist affirms) What if Ivan is the data entry?" And I know that's like... (chuckles) that's like a monstrous thing to, but it felt like a parallel to me. (therapist affirms) What if, what if, after a year of working with you or what like, I don't know, what if I developed a lot of self-esteem or self-respect or like, I found my worth, even if, you know like, hopefully I have a job, but found it outside of measures like that. What if I found myself saying, "That's what I needed to find, and now this relationship can be over, because I'm not... because I have more respect, more self-respect to say like, "No, I'm not going to put up with being treated like that. I'm out the door." [00:30:29]

It occurred to me also, because I felt very firm in, if Ivan and I were, even if we were living together and dating, if we were anything not married (chuckles), I'd say, "I'm done. See you later, like..." (chuckles) at least a very long-term break. I know the point of being married is that there is no like, every time you have a fight, it's not, "Well we could just break up, you know like..." It is to keep putting in effort, when things don't go smoothly. (sighs) I don't want to be that person who, in two years, it wasn't, you know, perfect and gave up, and quit. But I wonder where the line should be.

THERAPIST: Yeah. I think it's really moving, Ramona, that you could start to imagine, even to have the fantasy of "What if I felt better about myself? What if I started to believe that I was worth something and I don't want to be treated like this anymore, I don't want to be insulted (inaudible)?" [00:31:31]

CLIENT: So, that's the... that's the thing, though, is what I keep trying to... I don't know if minimize is the right word, or normalize, but I try to diminish what he did, in a way. I feel like it's already being diminished to some extent, because as I said, like I don't, I don't feel like there is, there is no space at home, certainly, and there is very little in couples therapy for me to be like... "What's going on, why did you do this, like, we're going to talk about it and I'm going to be angry and you're like... I'm waiting for you to apologize and work like it..." There is no space for that. (therapist affirms) But, where (sighs)... like, how do I know if it... You said that if we were in like, a really healthy place or like, that something like that might have been like, framed very differently and might not have been actually what this was. I wonder how big is that difference? [00:32:24]

THERAPIST: Huge! Absolutely huge! This is black and white. I mean, we're not often about black in white, but this is very black and white. In other words, you guys are here, and the possibility of that being a healthy, sexy thing is over here (client affirms) on the spectrum, right? It could be that that's kind of like, that happens for you. If you're in a loving relationship and your husband comes on to you or you come on to your husband in the middle of the night. You're

both into it and it's this loving thing that's mutual, and it's happening when you had a good relationship during the day (client affirms), different story. That is not where you are.

CLIENT: But what if Ivan doesn't know that difference? What if he's trying to behave...

THERAPIST: Then he's crazy!

CLIENT: ...like that...

THERAPIST: He's crazy! He's denying reality.

CLIENT: Yeah, but that's kind of... (therapist affirms) Not to be a total jerk, but Ivan like, with the whole seminary thing, he really did believe like...

THERAPIST: Yeah, yeah. I think that's not okay. That's not okay. It's not okay.

CLIENT: So he told his dad. [00:33:23]

THERAPIST: He did?

CLIENT: He told his dad, which I was like, scared. Like, I felt like ashamed like, I didn't want him to...

THERAPIST: Wow!

CLIENT: His dad, I mean, his dad is a pastor and in that role, and being more like his friend, as opposed to like, an authority figure in Ivan's... I mean, he is, but taking more of a friend role than a dad role a lot of times. They're just very, very close. I felt bad for him, almost, that he confessed it to his dad, because that, of all the people in his life to tell, that would be like, the hardest. I'm sure it like, his dad, he told me his dad said that, you know, it was disgusting and it was horrible and that he needed to talk to Dr. Bourd, and he needed to talk to a pastor, and he needed to talk to... you know, pretty much (chuckles) every one under the sun and get help and get... And of course, his dad, you know, did not call me and say like, "Are you okay? Just want to like, I don't want to get in the middle, but are you like..." I'm sure he's horrified and now like, hiding in his own like... shame denial thing. [00:34:21]

THERAPIST: That's not a healthy response for any (inaudible).

CLIENT: (sighs) It's not, and I like, I appreciate that he wants Ivan to like... I don't know, get help with the situation or like, deal with it, because it's not okay. But it just, I don't know that either of them know the boundary between like, that and the deep like, shaming that Ivan is already so susceptible to. So that was...

THERAPIST: Even... I know this may sound a little bit strange, from what you might imagine I would say, but even to tell his dad, I... it's a little, I'm not sure that's the best place to bring it for anybody, do you know what I mean? It's so intimate and personal to the two of you. (pause) It, again, if they had a different relationship, maybe. But it sounds like Ivan might have told him to try to get his lashings from his dad.

CLIENT: But why... I don't understand why would someone like, want to be labeled as that, want to say things like, "You shouldn't have to suffer; just leave. Like the..." Why would you do that, but not respond in the like, "I'm really sorry. Let's work on this." Like, I don't understand! They're totally like... [00:35:30]

THERAPIST: Yes, I know. I know. It feels like it should be the same thing, but I think this is what I'm trying to explain, when I say the "Grandiosity of Self-Loathing." "I hate myself," like, let's say I did something that was, that hurt you and I said something that really hurt your feelings. I realized, deep down inside, "Oh, I shouldn't have said that," right? I could sit here and say to you, "I'm so horrible! I'm such a horrible therapist! I can't believe like, Oh, my God, I'm so bad, I'm so..." That's not an apology! Right? That's me beating myself up!

CLIENT: But why... But if you believe that, why doesn't it become an, like why doesn't it translate to an apology?

THERAPIST: It is still not... taking in mind the actual mind of the other person. It is not taking ownership with another person. So it's not, it, I think it's actually harder to walk up to a person and say, "I am sorry. I hurt you. I did something wrong." That requires swallowing your ego, for all of us, right? Apologies for all people are hard work! They take like, their shame, there is... "I screwed up!" It's not easy to say I'm sorry. Even kids need to work on it like, you know, you have to work with little kids for a long time to get this right. "You have to say it!" You have to say it's important to acknowledge it to the face of another person. [00:36:48]

It's much easier to say, "I'm so bad, I'm so bad, I'm so bad." That's not really apologizing. So, and I get this is foreign for you, because you are used to so taking responsibility for other people in some ways. Like, that would have been the response for you. But there are ways, even self-hatred is not... It's not in reality of actually taking accountability for what is yours, right? It's very different than coming out and saying, "This was mine. And this is yours. And I take ownership for my part."

CLIENT: So you're saying the reason that accountability part doesn't happen is because it's... difficult?

THERAPIST: It's hard! I think it's hard for him. I think it's much... I know it sounds crazy, but it's much easier to say, "I'm bad" than "I'm acknowledging to you that you and I both know that I did something that was bad."

CLIENT: But that's so... it doesn't get like, it feels really unproductive. It feels really... [00:37:46]

THERAPIST: Oh, it's really unhealthy in a couple. It's so unhealthy! It's not... that's hopefully what he's working on with Dr. Board, is kind of taking ownership more of things. This is, I mean, should I give you an example in you that I think you might be able to identify with? What you might do, instead of the way it plays out with Ivan, is if you might say... blame yourself for everything. I did everything wrong, right? Ivan didn't do this, so it's my fault. If only I'd done that. That's another form of like, not being in the reality of actually, Ramona, it has nothing to do with you. That's his problem.

You might really take it too much on. He doesn't enough, even though on the surface, it looked like he does, right? Even in your taking it too much on yourself, it's not in the reality of what's your responsibility really; what's his responsibility really. It gets really extreme in both of you, and I think you less and less and less so. You've been really working on this. [00:38:53]

This is what you've been bringing in like, "I'm starting to see like, this is him. That's not... it makes me sad, it makes me hurt, it makes me angry, but it's not me." That's you coming more into the reality of what isn't your responsibility, what you're taking too much accountability for! Do you do know what I mean? (client affirms) I think what gets so tricky in the couples therapy is... you, on the surface, look like you're being critical and not taking accountability, when deep down, I think you're taking all of the accountability.

CLIENT: But if I were... If I let the dish , like, for example, if I'm away during the day, I'll let Ivan know like, "I'll take care of the dishes tonight. That's my job. I will do that." I feel like if I, when I mess up, I feel like, I say I'm sorry and I, I don't know. I mean, sometimes, I feel pretty bad about myself, but I think I still...

THERAPIST: This is what I'm saying.

CLIENT: So why...

THERAPIST: You've also, I think, are further along in this than he is. Do you know what I mean? Like, the split that is very dramatic in him I think might have been once more dramatic in you, but it's getting softer and softer and softer. And his is, too, but he's behind. Do you know what I mean? [00:40:05]

CLIENT: Kind of, but does that mean we're the same?

THERAPIST: No. You're different people! You're very different people, the way your defenses work, for example. But there are layers. It's sort of like the opposite layer is hidden in each of you. Do you know what I mean? He's actually... not taking ownership of anything by, on the surface, hating himself for everything. Do you see what I mean?

CLIENT: Yeah. I just don't understand it. Yeah.

THERAPIST: Like, so complicated. And it's why, I think that couples therapy is so much hard work right now, to kind of get all of these pieces out on the table. (pause) Coming back to one thing that I think is really important for your future work, if you want to keep working on this with him.

I can't change him, right? So, we're going to work on, with you, because that's what we're here to do. When we work on you, it doesn't mean that I'm telling you, "You are the problem," or "It's all you," or the vast majority is. Even when the majority is in the other person, all we have is you here, right? So that's kind of, that's where I'm coming from in this. [00:41:21]

I think, Ramona, back to when I said like, "Where are your feelings right now with me?" Like, you get a, I feel like you get a suit of armor on, when you talk about some of these things and like, that's what you've had to do your whole life, in so many ways. Like, protect it, guard it inside, because your vulnerability is not safe. I think there may even be ways that that still plays out with Ivan, that might get you stuck and that would even, in another relationship... Let's say you did get divorced, and you married someone who seemed healthier. Your insecurity and vulnerability about having your whole self and your vulnerabilities more on the surface, might play out there too, in some way. So this is where I'm saying... complicated, and (inaudible).

When people discover what you said that is so important about, what if I felt more self-worth? How amazing that would feel to say, "I don't want to be treated this way anymore!" Sometimes, people decide this relationship will never be one that feels, allows me to feel good about myself and do get divorced. Sometimes, people then, like, what would happen if you brought those feelings more and more into the marriage, where you are clear about what's him and what's you, and what you know, what is not okay with you anymore, and that you know that there will be a limit, if it doesn't change, you leave. That's the one part, I think, we still don't know, because you're still working on knowing what you deserve, right? There is a part of you, your own investment in, "Nope, this is what I deserve, this is a lot worse." Do you know what I mean? [00:43:08]

CLIENT: It does, but at the same time, even if I can look at Ivan and say like, "Nobody deserves, you know like, what he did, nobody deserves that (therapist affirms)," what if... (sighs) I'm still, you know, I'm still committed to this person, I'm still married to this person. What if I still have to, not put up with it, but... and how we may have to work on it and I have to give you time to think... I don't know how you... If Ivan, if he had done something more extreme, unfortunately like, then I feel... it could be more cut and dried.

I know this is horrible, I know this is me and this is part of my problem, but if it was something extreme enough that I could talk about it with someone like, I could tell people, if it was something "speakable," that would feel different. If everybody said like, "The vow is already been like, your vows have been broken by him doing something like that. You did the right thing." This is, maybe, it's not a gray area, like it's wrong, but I'm like, too ashamed to tell anyone. Even if I did, I don't know if they'd say like, "Wow! That happened twice? And all this other stuff? And..." I don't know if, you know like, "You've got your work cut out for you," or

"Wow, you really don't deserve that like..." It's just... I am really relying on other people and it's hard, because nobody knows, so I (chuckles) feel like I'm just relying on you and Dr. Farrow to tell me like... [00:44:32]

THERAPIST: No one should be being assaulted by their significant other, ever. That's very, this is where I want to be clear, this is black and white. What is not black and white to me, as much, is what you want to do around this with him. The place that I think, Ramona like, even in the couples therapy hour, there could be more room for you... to say to Ivan... I'm going to give you small example. I think, and believe that I think you want the marriage to be over, I actually think invalidates your experience. You're still speaking about his experience, and your conjectures about his experience, or your anger about his experience. It's very different than saying, "Ivan..." It's funny, because you know, when you can imagine what you're going to say, you're going to say it angry, right, get very angry. But I think you are also scared.

CLIENT: I realized I am scared to stay and I'm scared to leave. [00:45:32]

THERAPIST: (pause) Even to say, "Ivan, I'm real scared of you! It's scary now to think, I've been violated by you. I'm hurt. I am sad." Like, actually taking some of your armor off. I think you could go into couples therapy, because you come in here (chuckles) where you're allowed to be as vulnerable as you want, you know! It's hard to actually let like, to have like, be crying with me or something, you know, or... to have, to feel like you get to be, you can feel confident enough in your own experience to have your feelings and to have all, even the most vulnerable ones, and to say to him, more along the lines of your vulnerability. Not the anger, but the vulnerable feelings. I'm hurt, I'm scared, I'm sad. And to have that, because then that becomes... it will start to break down a dynamic which plays out right now, is you're angry, he's ashamed and hurt and this is so critical. If you start saying, "I'm hurt and scared," there is a like, you're both vulnerable then. He might step towards his vulnerable feelings a little bit more. Do you know what I mean? [00:46:49]

CLIENT: It feels, though, like I'm always stuck in this like, either the critical... the critical like, have to, you know, "address these problems" person or the like, really sympathetic, "are you sure you're okay, text me every hour like..." I feel like I get stuck in either one of those, because he's always in tears and always moping and always withdrawing and like, "Oh, I am such a horrible person for this thing that no one has ever like, complained about." (therapist affirms) Like, there is no space for me to say like, "Stop crying! What you did was horrible and I'm really hurt by it. This is like..." It just feels like there is no space.

THERAPIST: I totally, I totally get it. What it feels like is the dynamic you both get drawn into is, he's doing that, so you get angry; who wouldn't? It's extremely frustrating, that he's over there, you know, a pile of self-pity, when he's the one who did it wrong!

CLIENT: It's almost like this cute little puppy, who just made an accident (ph) like, you want to be like, "This is unacceptable!" And they're just like, whimpering, cute and defenseless and you can't... That's how it feels! [00:47:52]

THERAPIST: And it's a tricky defense like, you can watch kids do that like, the kid who hits another kid and then realizing then, and then starts to cry and say, "I'm such a bad person." So they actually, never actually saying, "Oh, I did something wrong." And you're saying, "No! You don't get away with this, just by saying, 'Oh, I'm such a bad person.' You have to say you're sorry to this person! Like, that's not, that's not an apology, right?" It's kind of childish, in a way, what he's doing. It's very young, it's like a, you know, a three-year-old.

(pause) So, part of the work in you, to the degree that you're wanting to keep working on this, and I... This is not a prescription that you should be either, Ramona. I'm here, not knowing what the right answer is. I don't think it's ever my position to tell someone they should be getting divorced or staying married. It's, you're the, your experience of it is what matters, and you're the guidepost in here for us. I can take a position on aspects of reality like, if he is doing something to you that is destructive to you or harmful, I'm going to be very clear with you, that that is not okay. If it continues in the marriage, I'll be clear that that is repeatedly not okay, and that you've been seeing a lot of things that are not okay, you know. [00:49:10]

We're trying to figure this out together, about what, because it's a huge, huge decision. It's not a, you know, it's not as simple as a recommendation one way or the other for anyone. But I think the part that is, I think if you keep working on bringing vulnerability and not... (inaudible) like, what if it happened in the session, say, "You know what, I don't want it." You could say what you just said to me. I think that's brilliant. If you could say that to him, and to Dr. Farrow. I feel like we get pulled into these two different points, where either I'm angry or I'm feeling sorry for him. I'm working on trying to find my vulnerable feelings, and to make space for my tears and my sadness, because I'm hurting, too. I know, Ivan, you're hurting. We hear all the time about how you're hurting. I'm in a lot of pain right now. This is really hard for me. And trying to find a different place, besides anger or feeling sorry for him, taking care of Ivan. Do you know what I mean? (client affirms) [00:50:12]

(pause) We'll meet Monday. You're not, are you seeing Dr. Farrow, before then?

CLIENT: Um, no. We're scheduled for Thursday right now, so...

THERAPIST: Okay. All right. I'll see you then.

CLIENT: Thank you. (pause) Um, if you, do you have a second time? I would be interested in another time, if you have one. I don't need to know now.

THERAPIST: Yes, so... Okay. I'll shoot you an e-mail, as soon as I know.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: (inaudible)

CLIENT: After he is gone?

THERAPIST: Yeah.

CLIENT: Not so much. I have more been thinking, "I wonder what his parents had to say. I wonder what he had to say. I wonder." I am trying to put myself in the mindset of The last time he did this in February, which was not long after he told me about (inaudible 00:00:22) I guess, I had this sort of expectation that he was going to go home and think about it and ruminate and do a little bit of work, as it were, on himself and come back really prepared to dig in.

And instead he didn't want to talk to me while he was away. He totally avoided it. Was going out to dinners with his family. Going out to the movies. Going to see all of his different family that lives around there. And I had expectations of one thing and something else happened and I So this time I am trying not to have, like it wouldn't make sense for him to go home and find that for a place of accountability when it really hasn't been and it is really hard for his parents to So I am trying to have that mindset.

THERAPIST: It is not a place where he is going to go home and something is going to change, in other words.

CLIENT: Right. Right.

THERAPIST: It is more like just a reprieve for you.

CLIENT: Which is something. Yes.

THERAPIST: It is something.

CLIENT: And I really need it. [00:01:23]

THERAPIST: Yeah.

CLIENT: And I admit this, although I feel like it is wrong or I feel like it is foolish, or I don't know what the right word would be. But he says his Dad told his Mom so now both of his parents know what happened and no one else knows. I would assume they haven't told anyone and that they just told him, "This is unacceptable. We love you but this is so disappointing and so "

And like I said, I don't know what the right word is to express how I feel about it, but neither of his parents have anything towards me. In fact he went home this past weekend, it was his Mom's birthday. And as per usual, I did the card, I did the majority of the gift, like I took care of sending that along and everything. And he said his Mom told him to send along her thanks.

And I just like It shouldn't, like none of it should really bother me I guess. But I thought, "Are they somehow mad at me?" Because in the past I felt like they have blamed me even for the seminary ordeal and stuff. [00:02:27]

THERAPIST: They have blamed you?

CLIENT: Well his Dad was pretty direct, they were both pretty direct in some instances, that they thought I contributed to Ivan's depression. Pretty much that if I -

THERAPIST: How? (laughs)

CLIENT: Pretty much that if I wasn't so critical and if I didn't voice any, if I hadn't been voicing any concerns or about my feelings about the whole periods of not looking for jobs, periods of, you know, like not opening his loan mail. Things like, you know, for six months and almost defaulted. Like all those scenarios, if I hadn't been hard on him he wouldn't have felt so down, which I don't buy.

THERAPIST: But how does that even blame you for what happened in seminary? I don't get it.

CLIENT: I think more for the reaction to seminary, not actually -

THERAPIST: Oh.

CLIENT: But at this time when he left his Dad was really upset with me because I Under the pretense of "It is not my fit," I had said, "But you only have one. Like you have less than one semester left. Maybe it is worth it even if it is not your dream. You are really close to having something that could get you a better job." And his Dad was really upset with me about that and I guess more my response to it. [00:03:38]

THERAPIST: What would it be like to talk about that time more today? I don't know if your mind is somewhere else.

CLIENT: It is kind of somewhere else.

THERAPIST: It is. Okay.

CLIENT: It is bizarre for me because the whole seminary fiasco and so many of these situations, they have been huge. And now with this it feels like this is huge.

THERAPIST: Yeah.

CLIENT: And it feels like that is not such a big deal in comparison. But something I have been thinking about is, pretty much just back and forth, I could see myself Could I leave? Could I stay? And in a lot of ways staying feels easier. (laughs) It just does.

THERAPIST: Say more. What are you picturing? What are you thinking about? What are you feeling about these options?

CLIENT: I feel like, I am making it less personal, but I feel like if something happens in a marriage and it is agreed that it is, you know, unacceptable or it is, you know, it shouldn't have happened. Like things happen in marriage. People make mistakes. Hopefully, this is different than just an ordinary mistake maybe. [00:04:50]

But not everybody leaves when something goes wrong. I guess it is easier in some ways to stay and hope that things get better because you have invested so much time and so much energy and so much of your life and your family's life. You have invested an incredible amount, especially after you are married. You don't have to tell everyone you know and worry if they are going to judge you or not judge you. And I wouldn't have to come up with a sentence to explain what he did without explaining what he did.

THERAPIST: Yeah.

CLIENT: And I wouldn't have to worry if people validated that as like, "My gosh, you should never." Like, "I am so glad you got out of that." Or if they said, my one friend, actually my really close friend from grad school, Helen. She had told me how we were having a discussion and it was more about one of her family members, that she was saying how she just wished people worked harder on their marriages or whatever and how disappointing it was that so many people got divorced. [00:06:00]

And she was so afraid to marry her boyfriend of five or six years because, you know, they have been together longer than some of the people who have gotten married. And I just I also feel that if I didn't have religious beliefs, or at least the ones that I have, it could be very different. But it wasn't just a legal agreement for me. So if it was, no issue. (laughs) Like there would be no issue of course. It is just feeling impossible. And I don't even know if that is the right thing to do.

THERAPIST: In a way, as you begin to imagine these possibilities, it sounds like what you would be facing feeling is much harder in not being together. [00:07:07]

CLIENT: And it is less hard to stay, especially with what is going on, because no one knows what is going on. And so so many of the other issues, it feels like it is really just my issue. And so if I keep my mouth shut is there really a problem? Because no one else is bringing it into the room. So if Ivan is not going to hold himself accountable and I am the only one in his life that is doing that, if I look the other way or I decide that it won't happen again, it is not an issue. And when I hear myself say that I hear -

THERAPIST: Except you have this other person in your life now who knows what is happening.

CLIENT: It is just it is really hard to think about investing all of that. And I know how silly and irrational this sounds, but I keep thinking back to our wedding. And I think about all the money that was spent and I think about the year and half of planning that went into it. And I think about every guest and every gift and every, like all of those people who came to validate and acknowledge. [00:08:20]

And I just can't bear I can't bear facing all those people and facing all those memories. And even our wedding album, I can't deal with. Like I just can't. I don't know how to do that. And I don't know if I should.

THERAPIST: What is the feeling coming up?

CLIENT: I think guilt and shame. And I think it is a lot of I feel like a bad Christian. (crying)

THERAPIST: [Oh, of course.] (ph)

CLIENT: I mean that is I am not articulating it very well but it is just that when you make a commitment like that and if you have religious beliefs attached to it it is different than I mean not that people who, you know, get married at the courthouse have any less of a firm commitment but this one is attached to something that [00:09:28]

THERAPIST: It is a core part of your identity and your sense of meaning in the world.

CLIENT: Making a promise in front of God and everyone you love and all your family members and believing that that is a sacred type of promise is very different.

THERAPIST: Yeah.

CLIENT: And when you view it that way it feels like breaking that would be letting down not just all those people who came to the wedding but it feels like I would be a failure. It feels like starting over would mean moving somewhere where no one knew me. It feels like I would be labeled as "divorced" (crying) at 25 which is so bizarre.

It feels like I would be admitting that I was young and dumb and, you know, couldn't figure out who I was marrying, couldn't see through a bunch of lies. And I just don't think anyone would I worry so much about what people would think and what they would say and how they would treat me. But I think more how I would see myself.

THERAPIST: Yourself, yeah.

CLIENT: If I could accept that about myself and move on. [00:10:38]

THERAPIST: You are your biggest critic, Ramona, I think.

CLIENT: And just when I think I could start to wrap my head around even a small part of that I think of a memory I have with him that was so great or so nice or so different. So that is the best word. So different from this type of behavior. And I think, "Why?" Maybe there is more to this. Then maybe that is not fair. You know? But what I can't understand is why he would do something like this. I really, really, really honest to goodness don't understand it. (pause)

THERAPIST: And you feel very, very betrayed and confused.

CLIENT: I do. And I feel like it was, you know, one huge thing to wrap my head around. Like erasing a lot of the expectations I had about Ivan in terms of job and education. And this is getting more to the core. [00:11:40]

THERAPIST: Yeah.

CLIENT: And this is such a horrible, horrible thing but I think that what Ivan did was a violation but I don't know if it justifies ending the marriage. Whereas, if he had violated me to greater extent then I think I could. And it really, you know, if it is the same thing just to different degrees maybe that shouldn't matter. But that is how it feels.

THERAPIST: Ramona, you are such a critic of yourself. I mean the number of times You just said, "This is a horrible, horrible thing," (inaudible at 00:12:20).

CLIENT: But to think something like, "If my husband had raped me I could leave him," but all he did was touch me inappropriately a couple of times while I slept. Not that that is a minimal, but that is different. That is very different.

THERAPIST: You are having thoughts and feelings and I think you get really critical, even where your fantasy goes or your feelings go and your thoughts go. I am interested in every thought and feeling and fantasy you are having. And I think that is how we get to know ourselves to figure out ultimately what you want to do in your life whether in your marriage, in a job or whatever.

It is getting to know what all of the feelings are including the loving feelings and the loving history. That is part of the picture too. Including even a wish that he had done something, he had raped you or some thing to that extreme.

CLIENT: I don't. It is just that it feels like the things that Ivan, like these big things that I feel like I can't tell anyone about, it feels like they are really not okay. And you described it as him taking sort of the back door to get what he wants in all these different situations. And that feels like a really not okay pattern. But I can't tell everyone I am leaving my husband because he doesn't roll up his sleeves to get what he wants. That is not a reason to end a marriage. [00:13:51]

But what if it is? What if there is a very fine line between, you know, assaulting your spouse and raping them? And what if the only reason he didn't was because it would have woken me up. It

is monstrous. And I don't know. I don't know the answer to any of these questions. And he has shown zero interest in talking about it.

I guess I felt a little good because before he left I told him pretty much what you had said which was that I felt that there was a difference between him saying that he was a horrible person and that he felt he didn't deserve me given the whole saga. And taking ownership and really apologizing and really wanting to talk about it and work on it. And that that still hasn't happened.

THERAPIST: You said that.

CLIENT: I did.

THERAPIST: Wow. Could he hear it?

CLIENT: He said he thought that was true.

THERAPIST: So he heard you a little bit for a second. [00:14:54]

CLIENT: (sigh) So last night he called at close to ten o'clock and his family was, you know, still doing stuff or whatever. And he wanted to ask about my day, he wanted to know what I had done in my day. And I said I really didn't want to share about my day. I said that I couldn't pretend like nothing was going on and that I just wasn't interested in having that type of a conversation. And that pretty much when he wanted to have a real conversation about what was going on then I was interested in talking. (sigh) So I guess that is all a little good.

THEARAPIST: Yeah. It is like that is a new kind of self-protection and self-validation that is neither enraged fury or stuffing this all down and doing whatever it is he wants. It is really different. You are being clearer about what you are thinking and feeling and saying what you, your experience is. Saying what your thoughts are about him. And being a little more vulnerable even, it sounds like. [00:16:07]

CLIENT: It felt firm. It felt assertive. It felt like I was taking a little bit of dignity back after what he did. (pause) Why do I am assuming that this thing can happen in marriages and that I am not the only one that has experienced this, unfortunately. Why does something like that happen?

THERAPIST: Like what he did physically?

CLIENT: Right. I (sigh) Like what are reasons? Because I have been trying to I hear him saying that he is frustrated and that he really wants physical intimacy, but I can't think that what he did achieved that for him. And I can't think that even if it had he would feel good about it or that it would be really be what So I don't get the point.

THERAPIST: Yeah. When you say "frustrated" are you referring to sexually frustrated?

CLIENT: I am assuming that that is part of it. It is certainly something that he has complained about. I don't get it. Like I really don't get the point in doing that. [00:17:18]

THERAPIST: It is a really complicated behavior. It is unusual just as raping someone is unusual. It is not typical but it is of the nature, along the lines of what we talked about where something is too hard to do emotionally and gets sidestepped in favor of the physical.

And so it could even be, like a couple could jointly do this where they have sex when they haven't even had a conversation or don't know anything about each other's days. Or, you know, they aren't talking about what is really happening in the relationship at all. And they could both do that at the same time. Meanwhile there is this other undercurrent of all this stuff that is getting buried under the rug. Right? [00:18:23]

CLIENT: Mm hm.

THERAPIST: That is not the way you are responding but that is the way he is responding. Where it steps it up a notch to me beyond it is not just avoiding the feelings, is that there is something The fact that it is a violation of you, you know? It is a violence against you. So there is something very aggressive in it also.

CLIENT: But that is what I really don't understand. He keeps saying Like him refusing to, you know, do his part of the apartment stuff is aggressive. That something like this is aggressive. And I think I understand No. I understand it not at all because I have in my mind the typical aggression of yelling or hitting or -

THERAPIST: Yeah. Yeah.

CLIENT: And I know that that is not the only form of aggression but I was wondering if you could explain how this is aggressive.

THERAPIST: Yes. I am trying to think of an analogy. So you know, you have heard the term "passive aggression." [00:19:27]

CLIENT: Yes.

THERAPIST: So I think of it along those lines. Like "My nagging wife always tells me to take the trash out and I am so annoyed that she is constantly in my ear." Right? I am not even saying that this is you but right? This is, "da, da, da, da, da, da, da."

CLIENT: Yeah.

THERAPIST: "And it is all I hear is nag, nag, nag, nag, nag." And it makes then the man, the husband, dig in his heels and "I am not going to take it out." So it becomes a battle of wits. "So she is nagging me and the way I get back at her is I don't do it and I see what she thinks about

that." Right? It is a kind of pushing the envelope a little bit. It is its own kind of quiet aggression back.

I am not saying it is only that with Ivan. It fact it might not even the majority of the motivation. The majority of the motivation could be deficit. It could be that it is trouble organizing. But there may be woven in layers of this is the way he expresses or asserts some part of himself very, very, very quietly. And it is a very maladaptive expression. [00:20:38]

He would be much better off taking out the garbage and talking to you about how he is mad. Right? Just talking about his feelings. Using "I" statements himself. Not in action. There is a lot coming out in him in action that I think this is what is so complicated. It is fused with deficits too. Right? It is fused with that he does have trouble organizing himself and appropriately asserting himself.

He does avoid out of shame a lot of things. But there may be a layer And I think this is I introduce the aggressive layer when what he is doing to you is It becomes undeniable because of the level of the action that there is something aggressive about it. That if you don't know that there is, he is not in reality.

To fondle someone in their sleep is a violent act. It is an abusive, violating act on another person. Right? I don't think you could take anyone and say that that wasn't the case. It is not a matter of an opinion. [00:21:54]

CLIENT: But I don't think he sees that as violent or abusive. And I think I have been having trouble understanding how that is aggressive in the term that I understand aggression to be. I guess I just don't even know what that is. I don't even know where that comes from.

THERAPIST: Yeah.

CLIENT: I get if your partner doesn't want to have sex and you really do, I get that you would try to circumvent that if you felt pushed to that. I get that, not that that is right, but I get that that could happen. I just don't understand how what he did achieved any of what he really wanted.

THERAPIST: It didn't.

CLIENT: So why would you Like I don't understand.

THERAPIST: Why would he do that?

CLIENT: I don't understand that.

THERAPIST: This is where I think of it along the lines of even just impulse control. Like in the heat of the moment maybe it did feel good to him. Maybe it was erotic. Maybe it was sexual. It is

like someone who drinks. In the heat of the moment an alcoholic getting drunk that night feels really good. And the impulse of it feels really good right then. [00:23:02]

The next day it is horrible what you have done. So the long terms consequences of having engaged in the behavior that in the heat of the moment feels enticing. Sexuality is enticing for people. Right? When not repressed it is a basic drive. It feels good. It is pleasure. It is bodily pleasure. It is woven into the fabric of people, of humankind, of animals, of every person that having that experience feels good.

So in the heat of the moment maybe there was something in the very short run in those, however long it was, it felt good. But in the long run it is horribly destructive to your relationship. You know? It could have been he just couldn't help himself. He couldn't resist the urge. Like to drink or any number of addictive behaviors somebody could engage in. That it may have been impulsive.

CLIENT: That is why I don't If he was able to do it twice at least that he is admitting to, and that to me I don't know. That sets off some kind of alarm like this is different from a mistake that you really regret and want to I don't know. Clearly, I have made mistakes that I regretted more than once. I just don't know. [00:24:15]

Like I have been telling you, I don't know how to react to this. I don't know if I should minimize it. I don't know if I should really draw attention to it. I don't know if I should leave him and just that like, "No one is ever doing that to me. I am not putting up with it." Or if I should say, "This is a horrible thing. It is unacceptable. We are going to have to work on it long and hard before I can ever trust you again."

THERAPIST: You don't trust your own experience.

CLIENT: No. No. Absolutely not. And the only thing I think I do know at this age is that you shouldn't make a decision about the fate of your marriage when you are really upset at your spouse. Something, when I have turned the tables a little bit, I have thought about it in terms of if we were dating. Absolutely, I would be out the door and it would feel so good.

THERAPIST: Yeah.

CLIENT: Yeah, it would feel so good to get away from all of the crap, quite frankly. Like it would feel so good. Not that I would not still have issues, like things to work on and my own flaws. But it would feel so good not to deal with any of that any more. And the drama of like "It is so hard for him to do these things," versus "It would feel really good to get away from it and never look back." [00:25:27]

And I have also thought about it in terms of, "Would I marry Ivan today?" And of course the answer is "no." Which doesn't feel good to admit. Something else I have been concerned about is, do I feel less satisfied in my marriage because of relative comparison.

So now that I live in a city where a lot of people are young, professional, well educated, driven, like a lot of opportunities around them, do I see Ivan as less. Do I feel less satisfied with him than I did when we lived in a very, very small town where we went to college and the population was not very large on campus.

Is that the reason? Because that doesn't sound like a good reason to leave someone. At the same token, do I just feel more attached to him because I am committed to him, attached to him, because you feel more attached or more endeared to something once you have ownership of it. If that is the case, that is not a good reason. [00:26:41]

THERAPIST: And familiarity is comfortable for people. Right? Not just you, people. We grow attached. People just attach to the people they are around. That is kind of the way human attachment works, right? You know? Ducks imprinting. Attachment, right?

CLIENT: Right.

THERAPIST: It is a system that means who you are there with you grow attached to. I also think, so you are saying that I mean, what you are doing right now is really, really important I think as the next steps is trying all of these different ideas on for size inside you. Seeing what they feel like. Seeing what it would feel like, for example, to end your marriage tomorrow. Right? You might have feelings about that that descend if you were to sort of say, "What would look like? What would that feel like?" [00:27:44]

You get to know yourself more as you let your mind have these fantasies. I think it will get clearer and clearer for you what you are wanting to do. Even if what that means is what you are wanting to do is, you do want to stay in the marriage tomorrow. You are not ready to end the marriage tomorrow. But what you would need in order for the marriage to work for you to feel like you want to stay.

I mean that is the piece that, if there is room in this marriage, what would happen as you feel what you are feeling more and more of now about your wanting support. What you were able to say to him about, "No, that is actually not an apology and I am not going to get drawn into the self-loathing cycle that means that it is all about you." That is not an apology.

What happens as that starts to come more in to the couples work. You know? Where you are just that. You are in that mental place that is appropriately self-protective and firm and clear. Right? Where you can say, "You cannot ever do that to me again because that will end the marriage." [00:28:55]

CLIENT: But I feel like I have tried to set limits before and it hasn't worked because I haven't ever had a point where I have said, "I am done if this happens. I am done if this is still going on by this date." It hasn't happened because I just It is really hard. And at some point Ivan always makes some kind of apology.

And in this case it has literally just been, "I am sorry," the end. Like literally. And mostly just all about how horrible he feels. And I feel compelled to forgive him. I feel like that is the right thing to do. But I don't know if part of that forgiveness should be staying with him.

THERAPIST: Forgive is a tricky psychic experience to me. You I don't think have had even enough room to have your experience of what happened. I don't think forgiving can happen before -

CLIENT: No.

THERAPIST: what happened gets acknowledged and owned and felt. Your experience understood. Your "I" statements understood. Your sadness, your hurt, your fear even of him. [00:30:12]

CLIENT: But I don't want to end the marriage ultimately because it is an easy way out. I don't want to be a quitter. I don't want to be a failure. I don't want to say, "It would be too hard to try to forgive this. It would be too hard to ever trust you again. It would be ." That is how I feel right now.

THERAPIST: You have also been articulating to me, Ramona, that you actually think the easy way out is staying.

CLIENT: I know. (laughs) I know. Both of them can feel like the easy way out depending on when I am thinking about it or what I am trying to do. I can create arguments for either side. I lay awake at night going back and forth and back and forth. Yes, I can put myself in that mindset. I could leave. I could start over. No, I couldn't do that. I couldn't throw away five years. It feels horrible.

THERAPIST: What would you say to your daughter if she were in this exact situation with her husband.

CLIENT: I can't even imagine.

THERAPIST: What do you imagine [you would be] (ph) feeling and saying? [00:31:16]

CLIENT: I think (pause) No one has to put up with that. (pause) And that clearly anyone would deserve better than that. No matter who you are you deserve better than that.

THERAPIST: What if she said to you, "Mom. I am not sure I want to stay in the marriage any more but we poured all this money into this wedding."

CLIENT: I would say I support her either way, obviously. And money is no reason to stay in a marriage. I know my parents would say that. I know that. (pause) I mean that is one thing my

Dad has been good at. He is not good at the emotional stuff but he has always been at the taking care of us in financial ways because he wasn't home. [00:32:26]

So when I totaled the car (laughs) in senior year of high school and normally that would have been something like, "Here is the next car." I mean it wasn't crazy expensive of anything but it was a nice car. And he just said, "I don't care." And I know that is what he would (crying) say in this situation. It is just I am sorry. (crying) This is not like me.

It is just like I don't know what to I wish I could get more people's opinions or more I feel like I would be shaped by the way, by testing it almost. By testing out the waters and seeing how people thought. How people felt about the way things had gone. But I just don't think I could tell anyone. My sister has been very worried about me and very taking on her traditional mother role.

THERAPIST: Does she know everything? No. You haven't told her.

CLIENT: She doesn't know anything about it. And she keeps saying, "I won't push you to tell me but I really want you to. It is okay if we are on the phone and I can tell something is wrong, you can tell me you don't want to talk about it. But please just acknowledge that something is wrong. I am really worried about you." Really. She has been very [00:33:40]

And I came close the other day. I almost just want to blurt it out and just get it over with. But then I thought we couldn't have gone on to enjoy the day. She couldn't have let it go and forget that I had mentioned it. And she would have been so hurt. And if I decided to stay with Ivan I don't know how long it would take her to I don't know.

And that is a horrible This is something I don't like about what I am doing but I am protecting him because in what he did I shouldn't feel any shame, but I do. And I don't want people to see him that way, especially because that might mean that I have to start seeing him that way.

THERAPIST: I think that is what is scary is telling other people means that it becomes more real, that it actually happened. Even to you.

CLIENT: And then there is no denying it. There is no having a good day with him and then pretending like nothing ever happened. [00:34:43]

THERAPIST: That is my greatest fear for you, Ramona, is that you are quietly entering into the repetition of your childhood where no one is in reality with you. It is not getting recognized what is actually happening and named that it is a problem and it is not your fault.

CLIENT: Do you think it would be helpful for me to tell someone?

THERAPIST: I think it would be helpful for you to tell your sister. And that is one opinion. I am not saying I know that that is the right answer. With everything you say about your relationship with her, she has been a positive support to you.

CLIENT: Always.

THERAPIST: I think you could even say to her, "Here are my anxieties about telling you. I don't want this to become the sum total of what you think of him. It is really important that this be part of him that you know and part of him that I know. And I want to also be able to set this aside with you some so that we can go have a day together." You know, so that it doesn't run the show but also isn't forgotten. [00:35:44]

CLIENT: I thought about it is the type of thing I felt like I could maybe bring myself to tell my mother because I could trust her more than I mean she would probably be so upset she would probably tell my Dad. But I feel like it is that level of personal even though Colleen takes on the role of my mother. But I can't. I just can't.

She is so I mean she is having surgery at the end of the month. Like she just cannot handle And that wouldn't be fair. And that is what I worry about with Colleen. I think that she would get very upset and it would occupy her thoughts and it would hurt her.

THERAPIST: So you protect her too. And at what cost? I mean there is a lot of protecting everybody else you do, Ramona. And at the cost of you. [00:36:46]

CLIENT: So if I told my sister, how could I explain it?

THERAPIST: I don't think you have to explain it. I think you could say, "Here is what happened and I am having a lot of feelings about it. They are all different mixed feelings. I don't know what to make of it yet. I am working on it in therapy. I feel angry, I feel hurt, I feel betrayed. I feel ashamed of even talking about this with you." But it does feel important for me to name what is actually happening and not being so afraid of being in reality.

I actually think having this be real is going to allow you, even if you wanted to stay in the marriage for the time being and work on this, I think it will allow you to work on it in a different way so that you start to know inside yourself, Ramona, that this really happened and that it is really, really not okay and it cannot happen again. [00:37:47]

There is a way that by not having anybody know you can even pretend to yourself that it wasn't so bad or maybe it is not the biggest deal. Or maybe we can sit and watch this movie and I don't have to know that that happened.

CLIENT: But I mean his parents know.

THERAPIST: Yeah.

CLIENT: And they haven't so much as, "Are you okay?"

THERAPIST: You can't count on them for that. We both know that about them. They don't live in reality and they never have with him. I mean it is horrible. It is horrible for him and for you that they are not in reality. That is, I guess, my concern too is you take then as, "Oh, it must not be that bad if they didn't ask if I am okay."

CLIENT: I just don't understand that. I mean I understand they must feel horrible. They must feel ashamed. And they would probably feel embarrassed to call because they would have to acknowledge it. But it still feels wrong. I literally don't know the words to use if I was going to tell my sister. If I use the word "assault" that could mean he is hitting me and I really don't [00:39:08]

THERAPIST: Molested is the closest. Violated. Violated you sexually.

CLIENT: I am so embarrassed to explain that to her.

THERAPIST: Your embarrassment is a signal, Ramona, that something bad actually did happen. Do you know what I mean? The embarrassment, though, what is problematic about that is that you take it as some reflection of you. That is the old stuff for you. As though you did something wrong.

CLIENT: No, I know that but I also like my sister and I would never talk about sex. We never have.

THERAPIST: Oh. So even just that level.

CLIENT: We never have. Like that is just not something that was ever. So that is, I don't know.

THERAPIST: So it is new territory in your relationship with her. Even if it were something positive you wanted to talk about sexually. (laughs) I know you are cringing. It is an ordinary part of human life together. I actually think it is healthier for people if there are some words around it so it doesn't become this frightening horrid unspeakable thing. [00:40:29]

It actually can be part of a relationship that is very loving and feels good and it is very sad that it is coming out right now in a way that feels horrible. It is not supposed to feel that way. It is not a loving thing that happened. It is a very violating thing that happened that he did to you. (pause) So, you know, this is new stuff even to talk with me about it. (pause)

Ramona, I think at some level the silver lining of this is that this puts loudly and clearly, even in a couples therapy, a dynamic in Ivan that has not been being held accountable, I think, even there. At least from what you relate to me about it. That maybe even at some level Ivan knew about some part of him wasn't get named. Do you know what I mean? [00:41:36]

Like we are working on Ramona's criticism but what about Ivan's accountability? What about his back door stuff? Why isn't that getting more brought into the work? This is a way that it is loudly there.

CLIENT: But I am still This is maybe too big of a question for the time we have left, but I think you used the term Dr. Bourd (ph) had raised: "sociopathic tendency." I don't want to put the wrong label or put words in your mouth. What?

THERAPIST: It's not The way it came up in that conversation was not thinking Ivan is a sociopath. You know what that kind of means?

CLIENT: I do.

THERAPIST: Nobody thinks that. It is more the idea of getting a part of oneself that was alive as a child. Getting that more known, out in the open. It is like a secret delinquency that happens on the side that for him proves his badness. Do you know what I mean? Like it is serving some function. Even had you never found about it my guess is at some level he is feeling deeply ashamed and what a bad, what a sinner he is. [00:42:57]

You know, he could have done it and then felt like this, "Okay. I am a bad person. I am a bad husband. Why did I?" You know? And then do it again. And part of the function is to be whipping himself into the state of being the total bad sinner. That is kind of where he operates to an extreme degree.

I remember seeing him here. The session we had in here it was there was almost no getting through to a real person. He is not able to even enter into the space of having a dialogue because he is so preoccupied with whipping himself. He is not in the (inaudible at 00:43:45) with you talking about what has happened. He is just in a conversation with himself about how bad he is.

CLIENT: Mm hm.

THERAPIST: Do you know what I mean? So it is that kind of That is what I mean like the kind of recreating that self that is bad. "I'm bad. I'm bad. I'm bad." And I don't know his history well enough to know where that would have come from. That is what hopefully Dr. Bourd (ph) going to help him.

Actually, this is what is strange about it. Start to feel not so bad about himself. I think if he felt less bad about himself he wouldn't do things like that anymore. You know the kid who gets, for example, gets in trouble in school all the time, maybe who has a learning disability and keeps being told he is stupid, he is stupid, he is stupid by the teachers in the old days.

That kid starts to act out after a while. Because you say, "Well if you are going to treat me this way, I am going to make this" Like it becomes a self-fulfilling prophecy.

CLIENT: It is a label?

THERAPIST: I might as well play out the role. It is a label. Right? So you start acting in the way that everybody is saying you are. And then they get to say it all the more. "See you are like this." But I think if he felt, like not felt so horribly about himself he would start to not have to do these things that then recreated that feeling for him.

That doesn't mean you have to put up with it. Right? That is a whole thing, a process he will be in with Dr. Bourd (ph) if it is going well. It could take ten years for him to get to the end of that. That has nothing to do with, "Okay. Therefore, Ramona, you need to be understanding and be patient." [00:44:55]

CLIENT: Right.

THERAPIST: That is who he is and that is what he is struggling with right now. And you are having to sort of be trying on, "Can I tolerate who he is right now for a long period right now." We have got to stop. It is a lot.

CLIENT: Okay.

THERAPIST: A lot. Should we do Thursday. Would that work?

CLIENT: If it is okay.

THERAPIST: Yeah. I will put through a few as soon as I can. Maybe even this afternoon so we will know right away.

CLIENT: Okay.

THERAPIST: I think we should just do and we will figure something else out if there is no insurance. I also saw your insurance ends August 23rd.

CLIENT: Correct.

THERAPIST: So I have that number in my You will get on your parents insurance?

CLIENT: Yes. I guess that would be my next plan if I don't have something.

THERAPIST: Okay. Alright. Talk to you Thursday at noon.

CLIENT: Okay.

THERAPIST: Okay.

CLIENT: Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: That's why I called you earlier, because I knew there was a maintenance delay at (inaudible at 0:00:05). And so anyway I'm very sorry [to be here] (ph) late.

THERAPIST: No worries, I'm sorry for... it's aggravating to you. You got my e-mail obviously, (crosstalk).

CLIENT: I did. Yes, thank you.

THERAPIST: Yeah, I just figure, we'll hope that it gets covered. And if it doesn't I'm not... we'll just consider what you're paying right now your fee for... I think this is a short term thing, and...

CLIENT: They told me it would be, so, unless something... it should be, so...

THERAPIST: And, if you aren't picking up with a job as of the 23rd, you can start on your husband's (ph) insurance right then, do you think, or...?

CLIENT: That I don't know.

THERAPIST: You don't know. Okay.

CLIENT: (Chuckling) I just haven't had a minute to look into it.

THERAPIST: Yeah. You have some time.

CLIENT: A little. (Pause)

THERAPIST: I know you're probably hoping something... [0:00:57]

CLIENT: Yes.

THERAPIST: Fell in place. So where are you? [I'm in] (ph) a lot of different places. I wonder what's top of mind for you.

CLIENT: I guess in a couple hours I'm leaving with my sister? My mom called Tuesday. There was a cancellation in her surgeon's schedule. So our surgery is tomorrow.

THERAPIST: Oh my goodness.

CLIENT: And they won't know until this afternoon what time surgery is. So Emma and I rearranged... scrambled and rearranged stuff (chuckling). And we're driving so that we'll be home around midnight. And then whatever time it is tomorrow it is. So (pause) yeah, that's...

THERAPIST: But you wanted to be there to be at her kind of bedside, or to help out at home? What's the...?

CLIENT: Both. Be there before, during, and after the surgery. She'll be admitted and then hopefully come home Saturday. So I'll be there for all of that, especially since we don't know that my dad has any coverage. So... [0:01:57]

THERAPIST: So he might not...

CLIENT: I don't... he didn't say. I would assume he doesn't have coverage, because that's short notice. So... (Pause)

THERAPIST: His wife's having urgent surgery. He won't shut down for that?

CLIENT: I think he'll try to get coverage? I don't know how feasible it is. He has quite a heavy, heavy, heavy animal (ph) load. And there aren't a lot of large animal vets period (chuckling), let alone in the area. So he does have people that he's covered for a lot. And hopefully some of them... but when they cover I think it's almost exclusively for emergencies, and then he cancels regularly scheduled things. Today is always his... Mason Dixon farms, he does them. And it's like a huge farm. So that's out of the way. But yeah, that's a big thing for him. So we'll see.

THERAPIST: He's mostly... when you say large animal, is he most... exclusively large animal? [0:03:05]

CLIENT: Exclusive.

THERAPIST: Okay. So farm animal?

CLIENT: So (chuckling) dairy. He does a lot of dairy. But he also does llamas, alpacas. He does deer. He... I mean... goats, swine, all kinds of... he's primarily dairy. Anything large (laughing).

THERAPIST: (Laughing)

CLIENT: He did an elephant once. There was a circus animal that needed... he took... needed stitches and [made them large] (ph) (chuckling).

THERAPIST: Wow. So it's a real specialty then.

CLIENT: Yes (laughing). (Pause)

THERAPIST: So anyway it's all the anticipation of this weekend then.

CLIENT: It's bad. And when I talked to my mom on Tuesday she... (Pause) [0:03:56] I shouldn't have felt anything maybe, but she was saying how... I said, well, you know we were planning... Emma and I already made all the plans to come home at the end of the month. We've been planning on that since you told me. I wrote the date in my planner. I've been... she's like, I never knew you were coming home. I didn't think anyone was coming home. I didn't think anyone was... I never heard that. I said (chuckling), Mom, I've gone over this with you multiple times. No, I never thought anyone was...

THERAPIST: What?

CLIENT: Yeah. And so pretty much acted like nobody cares, nobody was going to come anyway. I'm just... she was like, I just wanted to let you know, as if it's, I don't know, a really small thing. And it's frustrating because I know she's in a vulnerable place. And she's really worked up about the surgery. It was just hard to hear that it was almost like... she almost keeps pushing away, asking if she can drive herself home, all that kind of dramatic stuff. It's just hard, because I don't think she... not that it really matters very much. [0:04:59] But I don't think she realizes we're coming to take care of her, but we're also coming because we're concerned. And this is upsetting to anyone who has a loved one. And it's just... it feels like, I don't know... almost like a slap in the face, like, well, I didn't think you were coming anyway (chuckling). I told you we were coming so many times.

THERAPIST: You've had that conversation (crosstalk).

CLIENT: We've had that conversation.

THERAPIST: Do you think she's just playing it off characterologically (sp?)? She doesn't actually forget.

CLIENT: No, I don't think she actually... I mean, we didn't... we knew that her surgery was on the 28th. And I had said, I didn't know if we were going to come in on Tuesday or what time exactly we were going to come in, but that we were planning on it, so...

THERAPIST: So she knew she could work that as, they might not have come anyway.

CLIENT: (Laughing) I think she knew... it was pretty clear, and then that she'd never heard about that, it was just...

THERAPIST: So she really plays the kind of woe-is-me martyr. No one cares about me and...

CLIENT: Which is hard, because I... again, I legitimize that my dad's not around a lot. [0:05:58]
And that is real, and she's not making that up. But...

THERAPIST: But you're not your dad, and your sister's not your dad. You're separate people.

CLIENT: No, and she's not the only one **who's experienced that with my dad**. I really do get it (chuckling), in a different role, but I really do get it. And it's just hard because what she's going in for is obviously very serious. So I can't say that she's overreacting or she's... but it's just... it hurts to be pushed away to be kind of insulted with, well, I didn't expect you to come home. You can just come home later in the month, and we'll do fun stuff instead. It's just, she has to know to some extent how that comes off? And then my sister called her back later, because my mom hung up on me. She's like, I think I caught you at a really bad time, Ramona, that you're upset about this. And so...

THERAPIST: She doesn't get it.

CLIENT: No.

THERAPIST: Because I was just thinking, let's say... I mean, maybe she's saying to herself, this isn't that important to me that you're there. [0:06:56] I'll be fine. She could just say, let's talk about it, because it doesn't feel that important to me. Is it important to you? What does it mean to you to be here? Have a more direct conversation about it. But it's all very passive. It's like **there's passive aggression** (inaudible at 0:07:10).

CLIENT: Yeah, but this is not something new. And it... and then my sister called her later. And she said **Mom was very relieved that we're coming home**. And so I think she's just really worked up and...

THERAPIST: She says one thing and means another actually.

CLIENT: And her saying that she thinks that my dad was planning on how to get all her stuff out of the house... because clearly she's going to die from this surgery? That's what she's implying. It's like, she doesn't... I don't think she means that. I don't think she thinks that. I don't think she actually believes that there's a high chance of her dying from this surgery that her surgeon does at least twice a week. I think it's more **she's really upset**. And unfortunately it doesn't come out in an appropriate... her comments aren't very appropriate. [0:07:58]

So it's just... (chuckling) it sucks quite frankly, because it's hard. I really want to be compassionate, and I really want to go home and pretend like I'm not upset that she pretended we were never going to come... like, nobody cares about... so I'll pretend like none of that's going on and not respond to any additional comments and want to be compassionate. But at the same time it's just hard to hear those things sometimes. And... (Pause) It's just hard. I get that she's mad at my dad? I get it. I really do. But saying something like that and having that picture in my head is not... it's not helping her. It's not helping me.

THERAPIST: Yeah. The feelings you understand. The root feelings, I think, make a lot of sense to you. But the way she handles them and expresses them is crazy. It's not helpful to either one of you. It's very passive, or it's very aggressive. Or it's very distortive. It's not direct communication, or it's not communicated through the right people, to your dad instead of to you. [0:08:59]

CLIENT: No, and... but, I mean, this has been the norm. And I...

THERAPIST: I know you're used to it, Ramona. But I think we're just getting to kind of know the impact this has had on you your whole life.

CLIENT: I mean...

THERAPIST: It's part of why what's happening with Ivan is so frustrating. It's because it's the same thing. It's the same thing, some of this stuff.

CLIENT: But I do feel bad, because I do... she's already... my mother has been depressed for the... if not all of my life, and pretty significantly so, debilitatingly so. And it's hard... I'm sure that this is not... I mean, anyone would feel depressed if they got a cancer diagnosis? That would be a normal, healthy... for someone who's already depressed and already isolated in the house all the time and...

THERAPIST: Yeah, and what a healthier response would be to that is to say, I'm so... I'm having a really hard time, I'm so depressed. [0:09:56] Actually it would mean a lot, Ramona, if you came down. Thank you for offering that. It means a lot to me.

CLIENT: Well, the... she said she didn't expect it and she understood if we couldn't. And it... I guess that it would feel different to me if she said, of course I would love to see you, of course I value your support. But if you can't make it I understand.

THERAPIST: Right, very different.

CLIENT: That would feel different from, I wasn't expecting anyone to come. I asked if I can drive myself home, if I don't even need to be put... it really is... it's so deeply insulting (chuckling).

THERAPIST: Yeah. And that's Ivan, too. I don't need anything, I don't want anything. It's all my fault. You don't even deserve to be with me, don't worry about me, when he's actually secretly then taking anyway. It's not that he doesn't need or want anything. It's just underground. Your mother's doing the same thing. Don't worry. Don't come. I'm fine. I'll drive myself. But secretly she wants you there. And she's going to take it once you're there. And she's sort of... she knows you at some level... that you're going to come. [0:11:00] She knows that. But she does it in this very passive way instead of being more direct.

CLIENT: I know. It's just hard to filter out... (Pause) She really is scared. My mom is 66.

THERAPIST: Of course she is!

CLIENT: She's not a young, healthy... (chuckling) she's not my other... my friends' moms' age.

THERAPIST: Yeah, and she's entitled to those feelings. What we're talking about is that... the way they come out.

CLIENT: No, I know it's not okay.

THERAPIST: She can say, Ramona, I'm terrified. This is hard for me. I'm having a hard time. Thank you for coming down. I can use all the support I could get right now. Or, are you sure this okay with you, because it means a lot to me? More direct about the feelings. The feelings are so understandable, so understandable.

CLIENT: I get that it's not okay. It just hasn't... it's only helpful after I hang up the phone or after I... to take some space and say, I'm not going to get worked up over these comments. [0:12:02] Or I'm not going to... that's her. It's not... it's okay to not... it's just really hard. And I'm really hoping that this weekend I don't respond and I don't get drawn into trying to engage in... when she says something like, your father's going to move my stuff out. I'm sorry, I can't get that out of my head.

THERAPIST: Yeah, how do you let that thought out of your head (crosstalk)?

CLIENT: I can't... I have a visual image, and I just... I can't... it's such a horrible thing to say to your kind no matter what. It's just horrible.

THERAPIST: In a way what you're wanting to practice and you're bracing yourself for is, how do you start to let her just be... [it's like your mom doing] (ph) her thing. This is what your mom does. This is how she distorts her world. It has nothing to do with you actually. And so how do you get enough distance in a way to start seeing (ph)... what you're doing with Ivan is, wow, these are his deficits. It's very sad and disappointing. [0:12:58] And you'll come back here when you're back and be able to sort of just sit with who she is and how this all went, and how sad it is that you have to get some distance, even when you're there, in order to tolerate her.

CLIENT: It's just (chuckling)... it's always hard. Even if something like this wasn't going on, it's really hard to not get drawn into the same thing I... and as it is Emma and I are fully planning on taking care of all 20, 21 now, of the pets, while... because now she legitimately will need that. And my dad... I told Emma, what is going to happen when we leave? She's like, well, he's going to have to step up and take care of them. And I secretly thought to myself, or they could not have 21 pets. Wouldn't this...? (Chuckling) And I hate... I really do hate this about myself. But... because this should be the farthest thing from my mind with my mom being sick and with

everything going on. [0:13:54] But I thought, what if she could finally think for a minute, given this, this could be a bit of a... she needs to prioritize her health care or...

THERAPIST: Maybe (ph) this would be a wakeup call, instead of 21 pets.

CLIENT: Or I thought, I wish she could find some really... spend some time and find some really great homes for some of them. And they would actually be happier, and she would actually maybe be... she could be okay.

THERAPIST: She could be relieved, maybe (crosstalk).

CLIENT: Well, and I'm starting to worry, can she really take care of them the way...? And I know that shouldn't... but it's just something that's been so... something I've always hated that I really... I think it's inappropriate for me to look at this as a way to change that. But it's just, **it still drives me insane** that I will go home, and **I will clean**, and I will take care of the pets, and I will mow the lawn, and I will...

THERAPIST: You are so judgmental of your thoughts and feelings. So judgmental of yourself.

CLIENT: But I think it's important to keep yourself in check. I think it's important to realize that, even if my dad is always a workaholic or my mom always has 20 some pets or the house is... they think they still stay in this huge house with all of that? [0:15:02] And they don't take care of it. I should love them and try to have a good relationship with them regardless and try to let go and try to stop changing it, because ultimately they would need to do that. It's just, I hear this rational side. And I really get it to an extent. My sister has had this talk with me about a million times.

THERAPIST: Saying what? What's the rational side?

CLIENT: We can spend all our time cleaning while we're home, doing projects, working nonstop, we can spend all our time doing that. When we leave, it's up to them. And when we go back it's always... with the exception of two visits in the past couple years it's always gone back to exactly the same. And Emma said, **maybe it would be wiser** even if it's difficult to just try to have some **quality time with them**, even if my dad's not home or my mom is hiding in her bedroom. [0:16:04] Just try as much... or, if they're not interested, go out on our own.

THERAPIST: With her, yeah.

CLIENT: It's just not easy.

THERAPIST: Because it doesn't sound like it makes too much of a difference if you clean and do all these projects.

CLIENT: I think it... Emma is trying to say, and I think it's important to me. I really genuinely hate that my parents live like that, and I of course want to do it for them. But it's psychologically painful to be in that environment and think about that environment.

THERAPIST: So it's almost what you do to manage your feelings when you go home. If just you could get some order in that environment, you would feel better in the environment.

CLIENT: I think I always also subconsciously believe very strongly that, if I could clean up the house and if I could take care of all this stuff and if I could (chuckling) mediate all their arguments, that things would be better. [0:16:59] And if I had been able to ever... one of the summers that... I spent every summer doing the same thing and taking care of the house all summer long. And, if I had ever caught up enough or got a good enough plan or strategy or way to manage it all, that it would have been different. And I know that that's not reality? But it really... I can't tell you how strongly...

THERAPIST: That feeling (crosstalk).

CLIENT: Yes, and it felt like, if I could change that, that then my parents would get along. Maybe my dad would come home, maybe my mom wouldn't... I think I magnified it so much. And it... I mean, it felt important for very legitimate reasons. It's important to have a clean place to go home after school. It's important for everybody to have a clean, safe environment, a sanitary one at least. So that feels true. But it was more...

THERAPIST: But you're saying there's a whole fantasy in a way, that if only you could get it clean enough and in enough order, everything right for a second, that maybe the whole system would change. [0:18:03] Maybe your dad would start coming home more (ph). Maybe your mom would feel less depressed. Right?

CLIENT: It's a tremendous sense of responsibility. When we go home, we will more than likely talk to my dad yet again about the fact that he is diabetic and gets fast food on the run in between calls and has gained... he lost a lot of weight. Now he's gaining weight back, and how we should talk to him. And it's just always... talk to him about cutting back, talk to him... it's just, it feels like so much responsibility and I...

THERAPIST: Like you and your sister are the parents.

CLIENT: But it's... that role reversal has been in place for many years.

THERAPIST: Always.

CLIENT: And now it feels like trying to undo that is almost stupid, because they're actually getting to the point where there would be a natural shift. [0:18:58] There would be a natural shift for the adult children to take care of them. (Chuckling) So it feels like we're getting there.

THERAPIST: Yeah. That, I think... still the reality of that sometimes (inaudible at 0:19:10) when you reach that turning point where you're taking care of your own parents more, I think for you could still feel different than the feeling of it being compulsive. Do you know what I mean? It sounds like you still feel at some level like you just have to almost. You can't not clean.

CLIENT: Exactly.

THERAPIST: You cannot... it doesn't... **it's not an option psychologically to not do those things.** Your parents, when you're not there, are somehow functioning. (Chuckling) (Pause) Do you recognize that?

CLIENT: They're surviving. I don't...

THERAPIST: They're surviving. I'm not saying their functioning level's very high. But they're going to do... they've been doing that. [0:19:55] They're going to keep doing that. They're not going to change by your getting it cleaner.

CLIENT: No, but it just... I know this is a problem. But **I can't let it go.** And I know that's something I need to work on. But it's not that simple. Not cleaning the house sounds like a really simple thing to do. Psychologically, that's not...

THERAPIST: Yeah, so I hear you saying... you're sort of saying to me, **not even a chance** (laughing)? I don't even want to talk about it?

CLIENT: It's not. It's just not.

THERAPIST: What would happen if you didn't? What if you went home, and you couldn't clean, you were not allowed to clean?

CLIENT: I couldn't stay in that house.

THERAPIST: Yeah, what...? So you'd start getting so anxious or antsy or mad or...?

CLIENT: **So anxious**, so worked up, so upset. Every time I walk in that house I am so upset and so devastated and so disappointed and so... I hate... I just... it brings it all back. And immediately I am right back where I was. And it's like I never left.

THERAPIST: So it really triggers you and pulls you back into being like a child, how it felt as a child. [0:20:58]

CLIENT: It's completely... I'm right back there. And I'm just as vulnerable. And no matter how old I am it feels like I'm right back...

THERAPIST: Yeah. So here's the only thing. You've found now in your marriage, much to your surprise, that you've been playing out the fantasy of, if only I do enough, if I clean enough, if I take care of everything, then somehow that would make things better? It isn't true, right? You end up so resentful, angry, falling out of love if you're doing everything. It actually doesn't solve the problem. The fantasy isn't true, is not going to change your parents. It's not, I don't think, oddly (ph) going to make you happier.

CLIENT: No. [0:21:56]

THERAPIST: I don't think you're any happier. So you get it clean, and then you hate them, and you're resentful. And now your weekend was spent cleaning all weekend long instead of actually spending quality time or doing some things you might want to do yourself when you're down there. (Pause) I actually don't think you feel better at the end of it all. You might in the heat of the moment feel good. Like, it feels better to get the counter clean rather than stare at those spots (chuckling). But at the end of the weekend and it being now clean, and you know it's going to go back, and you know nothing's changed...

CLIENT: That's the thing. There's never the belief. I know it sounds crazy. But there's never the belief, once it's cleaned up and once... or once I've tackled a big project, there's never the belief. I never think about that, that it's going to go back the same way, that no one's going... I never. I can't tell you how many times my sister and I have both begged and pleaded with my parents, hire somebody to come in and clean the floors at... anything. [0:22:57] And of course my dad would say he wasn't going to pay for it, which, if my mom's not working or volunteering or anything under the sun, I guess I could understand that would seem silly. (Chuckling) But... and she's not been able to... it's just... I can't explain it. It's so deeply disturbing. And it almost feels... it feels good to go home and see... not to see the disaster, but to dig into it and to take it from that and make it clean.

And on some level it... parts of it feel absolutely necessary. If we're going to actually have dinner together at... (chuckling) in the home, I really do need to clean the dining room floor and the dining room table and clear off so there's a place to sit. That really does have to happen. And it's hard to stop at the basics. It's hard to not look around. It would be impossible. [0:23:54] My sister always tells me, just tidy up your room if stuff has been left in it or whatever. Clean it up? And you can stay in your room. You can have a clean place to stay, and that's all you really need. It feels hellish to stay in there. It just... (Pause) I had a nightmare last night that the end of the weekend came, and my mom said, you haven't been here long enough, you haven't done enough. It's not long enough. And I'm... it's just... I don't know why. It's...

THERAPIST: It's not enough.

CLIENT: I am something of a rational person to some extent. And I can say (pause), I get it. Cleaning the house isn't going to fix things. It might be important, but it's not going to stay that way. It's not going to fix the... that was never the underlying problem. My sister has tried to teach me that a million times. That's... the fact that the house is clean is just a symptom of

much bigger problems? [0:24:57] It's one thing to get it, and it's another thing to accept it. And I just can't.

THERAPIST: See, I think the piece, the lynch pin that's missing in just challenging that cognitively... because it sounds, Ramona, like you can say what the distortion is, and you can say what the challenging counter-thought would be pretty... very accurately. But there's some... I think what feels like it's missing is knowing how much you are regulating your own emotions by cleaning. It's funny, because it can look like behaviors (inaudible at 0:25:29). But I think there's actually a lot of feeling you're having. And I'm also struck today by... we've been talking [a little bit] (ph) about the layers of armor and how much feeling even does or does not come up here with me, where you're, quote, allowed to and even supposed to have all your feelings, and how much your armor has protected you from being vulnerable and actually relying on another person to be accountable, to trust that they're going to do what they say they're going to do or not. [0:26:16] It feels... say, I can feel your armor a little thicker today? And it feels like the preparation for going home.

CLIENT: It has to be. I'm already anticipating that it's not going to be a great weekend. It's not going to be pleasant. There will be those comments. I'm sure the house will be a mess. I'm sure that the new pet will infuriate me, and I will have to pretend like it doesn't (chuckling).

THERAPIST: You know what you're in for.

CLIENT: Yes.

THERAPIST: I'm not even going to... there's no debating that. I think it's probably... it sounds realistic. That's not an aspersion.

CLIENT: No, it is.

THERAPIST: That's what you're inching into this weekend. I don't think we yet have hit on the enormity of how much feeling there is for you in even just that, what going home is like for you. [0:27:02] There's so much feeling, that I think you thicken up. You get in that kind of lockdown (ph) clean mode because that's how you keep in control of all of the feelings that you are having. Do you know what I mean? And I think until there's some other way that we, you and I, figure out of allowing those feelings to be more a part of you and be safe in your adult life, even when you go home, or finding some other ways to manage those feelings... defenses are good to have. We don't want to have no defenses. They protect us sometimes. We all need them sometimes. Even going home, everyone needs some defenses going home to their families. No matter how long you're in this work, it triggers a lot of old stuff for people? But there may be ways that this particular set of defenses is so compulsive that it hurts you. [0:27:58] You come home really hurt and wounded over time.

It may not be. You may end this work and say, nope, whenever I go home this is kind of what I've got to do to take care of myself. That may permanently remain... I feel very respectful of

whatever unfolds this weekend. You're doing the best you can do with what's inside you. But I think just the starting point is, trying to think a little bit and let yourself feel, as this weekend unfolds, what you are feeling. And if there's any space to allow that to happen, to come out more... maybe you and Emma would go out to lunch or something, and get out of the house, share some time together. Even getting to the hospital might be a relief, right? Being away from your home. Cleaning your room where you sleep sounds totally reasonable. You're allowed... **you want to create a space where you can feel safe and comfortable.** Maybe there'll be little teeny places where you can say, you know what? [0:28:54] No. I'm going to let that one go. And I'm instead going to go for a walk. Or I'm going to instead go run an errand with Emma or something. Do you know what I mean?

CLIENT: Yes.

THERAPIST: Of course for you you need to get the dining room table clean if that's where you guys eat, and have some clean dishes and some places to cook if you're going to be helping out with the cooking. That all seems like taking care of Ramona's psyche, you know what I mean, in a way that is reasonable? Maybe **there'll be places** where **you'll start to notice that there's a little room to say, how else do I take care of me?** Where are you?

CLIENT: I'm just really anxious, when Ivan's getting home today, that I won't see him at all, because I'm going to be leaving. And he's actually at Dr. Bourd, or he will be this afternoon. He's going straight from... and then he'll go straight from there to work. And so I won't see him at all? [Right now] (ph) **he's not really talking to me.**

THERAPIST: You haven't been talking on the phone?

CLIENT: He called on Sunday. [0:29:58] And I had told him I wasn't up for talking about the day. I wanted... [was ready] (ph) to talk? Yep.

THERAPIST: (Crosstalk), yeah.

CLIENT: So he...

THERAPIST: And you haven't called him (crosstalk)?

CLIENT: He called... not Monday, not Tuesday. He called yesterday morning, and I said... I reminded him of that. And he said, no, I thought we weren't talking because you needed space. And I said, no, that's not fair. I told you, when you're ready to talk... (chuckling) so he put it on me, which he usually does. And when he goes home he usually is very busy, because they do a ton of family stuff, which... (Pause) Anyway, he said **he wasn't sure how to find the words.** And so he still hasn't. None of it's happened. And I'm... **I've been thinking a lot about separating.** And I told Emma

THERAPIST: You did?

CLIENT: I did.

THERAPIST: How'd that go?

CLIENT: I didn't cry, I didn't anything. I just told her. She... (chuckling) I felt good because she had a response. [0:30:58] And I felt good that I hadn't... it wasn't just me. It wasn't all on me anymore. And **she was able to handle it.**

THERAPIST: (Crosstalk) a witness.

CLIENT: Yep. And...

THERAPIST: And she didn't get so overwhelmed that she (crosstalk).

CLIENT: No, I mean, she... (chuckling) she said... she's like, obviously I want to kill him. She was really... not inappropriate, but **she expressed anger**. And she expressed, you don't have to put up with this even though you are married? That is not...

THERAPIST: Yeah. Good. Good. You two are witnesses for each other. You have each other when you're down there. (Pause) I'm glad **you found your anxiety**, Ramona. And I think that's even a little crack in the armor, to say this is actually what you're feeling, **terribly anxious**. This is really scary, this weekend, for so many different reasons. [0:31:55] Where you are with Ivan, that's all up in the air and uncertain and not being spoken right now. You're headed home into the environment of your home, per usual, and with everything that that carries all by itself. Your mom's going into the hospital to have surgery, major surgery. That's scary, whether you hate her or love her or whatever your feelings are about her, about the house. That's terrifying, she's your mom. So no wonder you're scared and anxious. And I actually think the more you get to have some of those feelings and just let them be, and let them be ordinary and understandable and expectable right now, you might not have to get so compulsively, and even self-destructively, driven into the kind of clean, clean, clean, clean, clean, clean.

CLIENT: **There's no room for any of those feelings**. It all just keeps piling on my back, and I cannot stop. [0:32:55] And I don't have a job yet. And I'm compulsively checking my e-mail (chuckling). I'm supposed to be hearing back from people, and it... unbelievable amounts of anxiety. And there is no room to... there's just no room for it. (Pause)

THERAPIST: So you're not willing (chuckling).

CLIENT: I would be, but who's going to support that?

THERAPIST: Not really.

CLIENT: Who's going to listen to that (chuckling)? And how is that... how will I have room for that? I don't see any... (Pause)

THERAPIST: I hear you. It feels like you're (inaudible at 0:33:28) right now. In a way it's very protective. (inaudible at 0:33:33) I honor and respect if that feels like the way that gets you through that is most protective right now. For working over time, I don't know that that's actually true or not. But I hear that right now it feels like that's the only way to be. If there's ever a moment where it occurs to you to try something else, that's all. I would encourage you, if it ever crosses your mind for a fleeting second... [0:33:56]

CLIENT: But, **with all due respect, what would I do** (chuckling)?

THERAPIST: I've already told you. Things like going out to lunch with Emma. Something that gets you away instead of the cleaning, cleaning, organizing, cleaning, organizing, cleaning. Something that focuses on quality time spent or some self-care while down there that isn't only just about cleaning. Do you know what I mean?

CLIENT: Do you think that will alleviate anxiety?

THERAPIST: I don't actually think it will alleviate anxiety. I think you'll feel your anxiety more. But it brings it more into a relationship rather than just leaving you by yourself in a cocoon of just self-sufficiency. So... it might not work. It might not even cross your mind. So you'll let me know when you come back. Be in touch. You know I'm around if anything gets really hairy. Okay? (Pause) I'll see you Monday.

CLIENT: Okay.

THERAPIST: Yes? We're on for Monday. Okay. [0:34:59]

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: This was a really rough weekend, but she's doing well, so...

THERAPIST: She is?

CLIENT: Yeah. **So it went well**. The actual surgery went really well, evidently, so...

THERAPIST: That's a relief.

CLIENT: Yes. [laughs] She's very relieved that it's over and now, when the 28th rolls around, she'll be in so much better shape, then, so that's good.

THERAPIST: Now what, along those lines? She just waits and do some follow-up to see if they got everything?

CLIENT: Right. Yes. That's pretty much it. I think he was going to do another biopsy, maybe. (inaudible at 00:00:39) I know he took some samples, I believe, during the surgery and they're waiting on those results, so, hopefully, hopefully it's all gone.

Yeah, it's a really nice doctor and a really nice anesthesiologist, and it's good, overall.

THERAPIST: You talked to both of them? [00:01:01]

CLIENT: Mm-hmm.

THERAPIST: Like, sitting in the waiting room, they would come out, you mean (crosstalk at 00:01:06)

CLIENT: Yeah, the doctor came out in the waiting room, but I also was in pre-op with her, so met both of them then, too.

THERAPIST: Your (inaudible at 00:01:13) wasn't?

CLIENT: No. [sighs]

THERAPIST: Yes! (crosstalk at 00:01:18)

CLIENT: Yeah, he missed seeing her at the hospital before she went in. They did take her in, I don't know, 25 minutes early, but... He was away, because he had a conference. He had a three-day continuing-ed conference. Though he at least went that morning to sign in, and he said he didn't know he would-I don't think he ever did, like, that day, get to go back. On Saturday, he spent most of the day there. I guess he'd gone on Thursday. [00:02:00] But yeah, he said-

THERAPIST: (crosstalk at 00:02:02) Saturday?

CLIENT: Friday, Friday.

THERAPIST: Okay.

CLIENT: [sighs] So he was there while she was in surgery.

THERAPIST: Thursday, Saturday...

CLIENT: It's Thursday, Friday, Saturday conference.

THERAPIST: Yeah.

CLIENT: And so Friday, he went in the morning to sign in, at least. And then-

THERAPIST: And missed her going in surgery. And he was there Thursday, at the conference?

CLIENT: Right, right. I mean, no, he needed to be there all three days, and I don't think he ended up actually (inaudible at 00:02:29) in the conference, which is problematic, but it sounded like he had let it go to the last minute and getting close to the deadline for the year's continuing-ed credits, so it's a mess. It's the same thing as usual.

But Emma and I were both there with her, and he was there while she was in surgery and then when she woke up and everything. [00:03:01] [sighs] Didn't see much of him.

THERAPIST: Then he wasn't there Saturday?

CLIENT: We went last morning, because she was supposed to be discharged in the morning, but then actually it wasn't until, what, 8:30 at night that we were finally able to take her? Because her calcium was low, and that's a common thing.

Anyway, he came with us. Drove separately again and stayed very briefly, and then went to his conference. Then after he went to the conference, he did some emergencies. He vaccinated some animals for some kind of fair that was coming up. Some things that maybe someone else could have done.

This is how it's always been.

THERAPIST: Even the conference, there are online things you can do for CE credit (crosstalk at 00:03:54).

CLIENT: I don't know. Yeah, I really don't know, for him. And this was in his specialty that they had, but it sounded like there were other conferences that had-this wasn't the only conference, [laughs] (inaudible at 00:04:07) it sounded like he waited until the last minute.

So that's kind of how it goes, I guess. Then Friday night, he didn't show up at home until a little after 10:00, whatever, at night. He just kept going. [laughs] It's just...

THERAPIST: You're used to this (crosstalk at 00:04:26)

CLIENT: I'm very used to it.

THERAPIST: I don't think you know how extreme it is, because you're so used to it, you know what I mean (crosstalk at 00:04:37)

CLIENT: I mean, I get that that's not normal and it's not healthy, that I don't think I'm as shocked or worked-up about it as someone else would be, because was always been.

But I felt so horrible, because only one person could go with her into actual pre-op until right before OR, so I went, because Emma's not as comfortable with needles and stuff, and anyway, it was fine. [0:05:00] But **she was really worked-up** really, really, really worked-up.

It was difficult, because throughout the weekend, a lot, when he was there, when he wasn't there, she would just make comments about him, and would say things like, "Can you please talk to your dad? He's home at midnight, he leaves by 7:00 in the morning, I never see him, he's never home"-it's such a difficult situation to be put in the middle of.

THERAPIST: Oh, it's horrible! And it's none of her business!

CLIENT: No, it's not. I really do understand what that feels like, I really did live did with that. I know she's not making it up, she's not exaggerating, I'm sure.

THERAPIST: Then you turn to someone else besides your daughters to talk about that. A therapist, a friend...

CLIENT: It's difficult. When she asked me to talk to him, I really feel like I want to, because it bothers me, too. He's now 59, he's too old to be doing this crazy-having this crazy lifestyle all the time. It's hard, when she says stuff like that. [00:06:01]

When he came to her at the-when we saw her back in her room, she was like, "Oh, Barry, I haven't seen you in months." It's really difficult, because it's hard to-I don't condone it, I don't think that what he's doing is okay, but...

THERAPIST: How are they together when they are together? Do they get along?

CLIENT: No.

THERAPIST: I hear that kind of cutting comment. They're not otherwise friendly? What is it like when they're (crosstalk at 00:06:36)

CLIENT: They are friendly if he is doing something actively for her. Otherwise, it's pretty much not-this is horrible, but **my mom is very, very critical of him**. These are a lot of valid points. In front of us, especially, it feels like she frequently tries to really embarrass him and put him down and... [00:07:02]

She said stuff to us like, "Well, one of these times, of course, he'll fall asleep while he's driving." Stuff like that. His favorite place to sleep is at the fast food restaurant down the road, he falls asleep there, he takes a nap-lots of things like that.

Emma pointed out, it's not always just to us. There were nurses that she was complaining about him to, even cutting comments. It's really, really hard to-it's not her fault that he's a workaholic, but I do think that it's not totally coincidental that he's not home, because I don't think anyone could take that all the time.

THERAPIST: (crosstalk at 00:07:47) avoiding her too, too.

CLIENT: It's a complicated... And she says **how alone she is**, but it's difficult-it's not okay that my dad's never home and that's not helpful to either of them, I'm sure, ultimately, but [0:08:01]

THERAPIST: But she's not acting in such a way that would make him want to come home more.

CLIENT: No, and maybe that's not her responsibility to make him come-I don't know. It feels like she could socialize. She could get out. There are people who've tried. She does have some friends. She does... It's really a tough, tough situation, and it's been this way for so long, and... [sighs] It just really [laughs] is a difficult weekend.

We got back at 11:45 last night. We got in at 2:00 a.m. on Friday, we finally got in. And then we had to get up [laughs] at 6:15. We had not gone to bed before 3:00 and it was really crazy, the long weekend. We spent pretty much Friday and Saturday at the hospital.

As rotten as it kind of was, **it was good, in a sense**, because **I really felt kind of worked-up**. I kept thinking if I had spent the day at home, if she had been home, I probably would have taken care of a million things, so... [00:09:00]

THERAPIST: Yeah. You think you were prevented almost from doing that by being (00:09:03) at the hospital.

CLIENT: Right. So, anyway, I guess she's doing a little better. I did feel bad, because before we left, Sunday morning, we did some things. We made her some food, we made her some meals, she'd asked if we could vacuum the stairs so I vacuumed the stairs. Taking care of the pets [laughs] all the pets.

She needed to walk, so I said, "Let's go walk out the lane." My parents live back in the country so they got a lane instead of a driveway. We did that, but it was really tough, because she was saying how she feels-asked her how she felt, "Oh, I feel really insecure. Your dad's not here, and now you're leaving." I felt horrible. I wanted to say [laughs], "Emma, can't you take off tomorrow? Can't we stay longer?" But any amount of time wouldn't have been long enough.

THERAPIST: And she's still not seeing that (inaudible at 00:09:57)

CLIENT: She had mentioned that she might be interested in a support group, so I really encouraged that. [00:10:02] Because it seems like she wants to talk about it. She asks if we're ashamed to tell people that she has cancer. She feels ashamed that she has-I don't know if she

really does or if she's looking for a way to introduce the topic, like she needs to talk about it. [sighs] It's difficult.

I encouraged her, I said, "The support group might be really great." The pastor from the church that she has sometimes gone to is-I know she would be willing to talk to her or spend time with her, even on the phone or something.

I felt out of line, but I did say, "Do you have someone to help you, anyone to feel down around this? And I know you struggled with that, aside from this would be especially tough. Do you have someone to help you with some depression?" I felt out of line saying that, but I felt no one else was going to say it and I felt it was important.

THERAPIST: (crosstalk at 00:11:02)

CLIENT: It's difficult, because it's such a sensitive topic.

THERAPIST: Yeah, sure.

CLIENT: In fact, she said, "Oh, when I talk like this, it's my dad in me." Almost like it's his fault that she... I said, "No, it's okay to have it and to work on it." I said, "Do you need help finding someone? I'd be happy to help you find someone." She was seeing but this person isn't licensed and not covered by Medicare. I said, "Well..." [sighs] There's a small practice in town and they're all licensed, and I said, "Why don't you look into that?"

THERAPIST: Call them, yeah.

CLIENT: I said, "You could at least try it." So I don't know, but I felt... It's hard, because going home, really want to make my dad come home and make my mom go talk to someone and get help with depression, and make her get out some.

But, overall, I think it went well and she was very grateful that we were there. [00:12:04]

THERAPIST: And I know; I hear that you want to make them do these things. I still think, Ramona, you're saying, "You need to see someone, Mom. Here's a practice, why don't you call? Yes, go to the support group," is a healthier kind of intervention for you to be having, even with some hope, even though you know it's not likely she's going to follow through on any of these things, then you're getting pulled into feeling like you have to cure her depression somehow. Do you know what I mean?

CLIENT: Maybe. [sighs]

THERAPIST: Whether it works or not probably won't work. But it's still you saying, "This isn't actually my responsibility" to cure her. She needs help and there are professional people who

could help her with what's going inside her and it's not your job. It is help to offer and try to help her get in and encroach her to get in.

You might even get tired of doing that, but that's a **much healthier place for you**, as a daughter, to be in, than feeling like you somehow could do something, like fix the house somehow, or if only you asked her the right question, or let her see the light in the conversation that everything would change. [00:13:09] It's not going to change from that.

And there's a little bit of you saying, "Here are the things that could help," and actually, it's not you that's going to be that helpful with the long-run, deep stuff no matter how hard you try, no matter how many extra days you add on to being there.

CLIENT: It was hard to leave. But I guess I felt proud, a little bit, of myself, because I-in the moment, in the session when you said, "Take a walk, ask yourself if it's your responsibility to do these things, go out, go do something with your sister," that felt so... Not to put any judgment on the advice, but it felt so-

THERAPIST: I want to hear it. [laughs] No, I want to know how it felt!

CLIENT: In my own experience, it felt so, I don't know. Not inadequate, but taking a walk is... [00:14:00] [laughs] Taking a walk is not going to-it felt like it's hard to explain what it's really like. It's such a dramatic word, but it feels like a trauma and it feels like revisiting the trauma and it feels so-the dynamic and everything that goes on, it's so intense and it's so triggering, for me.

And so, the thought of taking a walk or stopping and saying, "Is this my responsibility?" felt like it wouldn't begin to-it's like a Band-Aid on a really major thing.

But, [laughs] in the heat of it-so my mom had done some stuff. A lot of it was the typical rearranging furniture, displaying her Hummel collection, switching out the curio cabinet, things like that. The floor isn't clean at all. That's the way it's always been, but at least that shows some motivation and some... [00:15:01]

And so anyway, in some senses, it felt even harder, because I thought, "Here, she's really trying. If I helped her, it would be even better," as opposed to, "If she's not trying, it doesn't (inaudible at 00:15:10)."

I did catch myself when we got in; I guess it was Friday when we finally got back in the evening. Emma and I were just completely exhausted, and the downstairs, the table wasn't cleared off. It was a mess. It was a mess. So Emma and I made some pasta, whatever, and we had to make a second box because it was out-of-date. It was over a year out-of-date.

Maybe [laughs] that could happen to anyone, but it felt like my parents are older, they're not taking care of themselves, they're not-I don't know. For whatever reason, a couple of out-of-date food items really upset me.

But we finally made some food and I said, "Why don't we go upstairs? I'm getting worked up. I don't want to look at this. I just can't right now." [00:16:01] And so I did! Went up to my room, which was nice and the way I left it, more or less she moved some furniture in that she didn't have room for, I guess.

So we did. And we just did it because we were too exhausted, we could not. It was okay. And because we spent so much time in the hospital, we didn't really have the option. But, early Saturday morning, I thought, "Okay." The pets need some care and I thought, "Is it my responsibility? No." But then I thought, no matter what, if I had the perfect home life, and my parents had pets and mom went in to get surgery, I would take care of all the pets, anyway.

THERAPIST: Absolutely, absolutely!

CLIENT: So I thought, "That's not so terrible." So I cleaned all the cat litters, took care of all the... And then Sunday morning, Emma took care of all the birds. And we cooked her soup, that she would have a big thing of homemade soup for the week, and I made her breakfast and stuff. She had specifically asked, "Could someone clean the stairs?" [00:17:03] So I got them vacuumed. I didn't get more done but I thought, "That's okay."

And I took some time, there were a couple things that I had at home that I wanted to clean up and bring back.

THERAPIST: For yourself?

CLIENT: And so I thought, "That's okay." I got some of that done. It was okay.

THERAPIST: In fact, that, too might happen if the (crosstalk at 00:17:23)

CLIENT: Right!

THERAPIST: (crosstalk at 00:17:25) really clean and sort of ordinary. That's all within range of ordinary.

CLIENT: It was really, really difficult, because I thought, "This floor is so dirty. I've got to at least mop this and put down some rugs. I've got to do this." And I didn't get to it and it wasn't the end of the world.

It kind of occurred to me, in a strange way, I think trying to figure it out on my own, but I thought maybe it's sometimes so important to me that it's done. Maybe part of that is because I associate those things being done with them putting us first, or prioritizing that we're taken care of. [00:18:05] It's so much in my childhood growing up there. I always felt that if the meals are made or if the house was clean, that that would be a reflection of that. I understand that that's

not what it is, but I think even if, in a very strange way, if it gets done, I still have a little bit of that relief.

THERAPIST: You end up feeling loved and taken care of.

CLIENT: Even if they're not doing it, the outcome is still what I would be looking for from them.

THERAPIST: That's so interesting.

CLIENT: I don't know.

THERAPIST: It makes a lot of sense (crosstalk at 00:18:39)

CLIENT: [laughs] It might be very random, but I do realize it's more important to me, probably, than to them.

THERAPIST: Yeah. And what we were talking about before you left was how important it was to managing your anxiety, but you're adding, even to managing, you're feeling taken care of and loved, in a way. That even as a kid, maybe there's a way the house being clean became this kind of concrete, symbolic demonstration of whether you were loved or not. [00:19:07] Do you know what I mean?

CLIENT: I think so.

THERAPIST: It gets conflated with something else. In other words, there are people who grow up in brand spanking, perfectly clean houses, where the parents are obsessively clean, and there's no love at all, right? There are times where people grow up in a barn, and it's constantly like a barn, and there's so much love that that doesn't become that important, either.

I think in your feeling like that became for some reason the way it felt to you, there could be an expression of something loving, of putting you first. That's what you're saying.

CLIENT: I think, too, because in the hospital, my mom, she-I can't even tell you, she talked about the pets non-stop. "Are they okay?" One of the first questions out of her mouth, "Did Jessie," this really old cat that she adopted, she found on the street literally, "Is she okay? Did she get her special food? Did she get her this, did she get her that?" [00:20:01] Asking about all of them. That's normal. Between her and my dad, it occurred to me that so much of the time animals come first.

THERAPIST: Why does the attention go to the animals?

CLIENT: And it's not that-I mean, I love animals and it's great that they care for them, but it's like 20 pets.

THERAPIST: Sometimes it feels like at the cost of the more (crosstalk at 00:20:24)

CLIENT: It's been at the cost of even what's good for them, which drives my dad to be out until midnight, which drives her to... I talked to her briefly, this morning, to see how she's doing. "Oh, I took care of the cat litters." That's fine, but why is-

THERAPIST: (crosstalk at 00:20:38) crazy.

CLIENT: [laughs] Right. It's too much. I don't know. It's hard. But I guess it's so bizarre, and I think I made it up completely that I felt a little good that when I went to change the cat litters, they were really bad. But I noticed she had done some stuff around the house. [00:21:00] When we got in, one of the first things she said was, "I went until I couldn't go anymore." She had done some housework.

A part of me had this fantasy, maybe the cat litters were actually neglected for a couple days. Maybe she really did clean up a little bit for us to come home. It sounds strange in the circumstances, that I would-

THERAPIST: (inaudible at 00:21:23), no, I get it.

CLIENT: It's almost like what if we finally-I don't know, it's a really difficult weekend. But, she's doing well, so...

THERAPIST: On many levels. And some things that you did that were a little bit different from your first time (crosstalk at 00:21:44) feel proud of.

CLIENT: Yeah!

THERAPIST: Do you get my e-mail back to (crosstalk at 00:21:49)

CLIENT: No, I did, and I had a chance to read it but I never had a chance to respond.

THERAPIST: Which is totally fine.

CLIENT: I was not home at all.

THERAPIST: I know you were busy this weekend, of course. I just wanted to make sure you read it.

CLIENT: No, and I appreciated it. [00:22:00] I think it's true, what you said. I am deeply furious with my parents and there's no way for it to come out at this-I don't know what to do with that. And deeply disappointed, I think is the phrase you used and it is true. And I am aware sometimes that I am irritable when these types of situations come up, because when I go home, it's so important to put together, to not be emotional, to be completely responsible, to take care

of everything, to let all those comments no matter how hurtful they might be about me or my dad or anyone just let them go and keep going.

THERAPIST: And the buttoned-up, everything tightly under wraps, and then sometimes being irritated is your protection, I think. And I think that's what you were saying, that, "I can't. You don't understand. Why would I start letting myself feel right now?" You have to protect yourself and prepare for this weekend.

CLIENT: It doesn't feel possible, if that makes sense. [00:23:04]

THERAPIST: Yeah. No, it does make sense. It's so ingrained in you. And yet, a little of something became possible. That's where I think that there's a little, little bit by little bit, there might be little room to do something that surprises you maybe even that you hadn't intended but all of the sudden, you find yourself doing something different and it's okay. It's not the end of the world, you said.

I also want to say that, just to be clear, I wasn't trying to say that it was only your projection onto me of your being frustrated at your parents and disappointed, because I think you might have been. You're saying this to me, what it felt like in the moment as we were talking was, "Really? Go for a walk? Do I not understand" (crosstalk at 00:23:47)

CLIENT: Which isn't fair, because it was helpful to take a breather... Emma and I sat in the courtyard at the hospital, sometimes, because it was really hard to listen to some of that for hours on end. It was somewhat helpful advice, but in the moment, it felt so... it felt like a Band-Aid. [00:24:04]

THERAPIST: I get it. And it didn't feel like it could really touch the level of trauma you were walking back into.

That's where I again want to clarify, I can understand that. And there might even been a way that I didn't use the right language, that if I'd used a slightly-different language, you would feel that I understood it better, do you know what I mean? It's not only projection, in other words, there may be something that I was missing in the way I was talking about it that might have actually felt and been invalidating.

I think, for example, I didn't use the language that is inside me, that I didn't say it out loud, that this truly is trauma for you, Ramona. And when I say something like, "Talk a walk," it isn't meant to say like that's all it is. When I'm actually was speaking to him, rattling off this quick list of things that seem sort of benign and silly on the surface, is trying to develop more of a protective barrier between you and the trauma of returning to your home. [00:25:09]

I would speak to you about this if we were even talking about someone who had physically abused you as a child, and you felt you had to go home to see them, right? Sometimes people, they can't keep (inaudible at 00:25:21). How do you develop more of a safety zone, for yourself,

so that you have some space not to get totally pulled back into being right back in the trauma, doing what you did as a little girl and letting yourself get treated that (inaudible at 000:25:35)?

So that's, I think, what taking a walk is about, or getting to lunch with your sister it's sort of like finding safe zones where you are protected. You find your adult self and you protect yourself, even if it's for an hour. Even if it is a Band-Aid an hour of protection then bleeding out is better than none at all, you know what I mean?

It of course doesn't touch the depths of this, but it's sort of about how do we get through this weekend and minimize the hurt to you, right? [00:26:07] Sometimes, that is about Band-Aids getting (inaudible at 00:26:08) while you come back and we continue to do the long run of work.

CLIENT: I think it part of it, too, was maybe my... I don't know if "fault" is the right word, but having unrealistic expectations and feeling like seeing you a second time in a week was-I really started to rely [laughs] on you and I really started to feel like, "I really need to do this. This is really important."

And almost coming into it with not a rational mindset but almost [laughs] an expectation that everything that's been going on with Ivan, everything that's going on with my parents, everything that's going on with my mom's surgery, everything that's going on with my job search, all of this huge heavy stuff that I walk around, trying to compartmentalize and keep saying that I'm fine, and walking into it here and thinking that in one short session, you were going to have some kind of magic solution with your expertise.

Not to diminish the power of what you can do in a session, but that would be unrealistic, [laughs] no matter who you were. [00:27:05]

THERAPIST: I hear you. Of course, of course.

CLIENT: That would be (crosstalk at 00:27:05), you can't do that. Not even on the surface. I think I would have felt agitated, regardless, because it's such an agitating situation. And then...

THERAPIST: Well, and even letting yourself actually need and want and open yourself up to a second session, you're saying there's this wish, maybe this, somehow, would change everything dramatically. And then it doesn't, and it's such a disappointment. The wish makes so much sense, so much sense.

CLIENT: I get that it's not rational. I'm responsible, and I get that.

THERAPIST: But the wish is understandable. Do you know what I mean?

CLIENT: [crying]

THERAPIST: I actually wouldn't call the wish irrational. Who wouldn't wish that adding a second session, or within the first of our sessions of therapy, everything would be all set, right? That's ordinary. That seems actually quite rational thing to wish for. [0:28:01]

It doesn't mean it works that way. It's a working through that takes a lot of work, but I get that feeling. That makes a lot of sense.

I believe you were angry at me, that it didn't do that.

CLIENT: I guess I walked out feeling not helped and feeling like there's no way that the advice-almost like, with all your expertise, and I'm thinking, "Take a walk? This is not going to..."

And in the end, some of that advice was very helpful. Like I said, I think I had expectations that some of these really huge-maybe not even expectations so much as a need for some relief, because it felt like things kept getting piled on. And I had to keep going and had to keep saying, "It's fine." [laughs] No matter what, I have to keep going.

THERAPIST: So I have a question about that, then. When you become aware of maybe that's where you were, just hoping there would be some answer that would get rid of some of this for you, did you have thoughts or ideas about what you were hoping I would say? [00:29:11] Is there something you were wishing to hear? When you imagine, if I only said this about the weekend, then you would have felt better?

CLIENT: No. I don't think there's any-I think I was maybe looking for more validation about how difficult it is to be so triggered, because I already feel like I'm overreacting when I use the word "trauma." If I feel like the response is, "Try going for a walk or asking if it's your responsibility," I feel like I'm really overreacting. But inside of me and I don't know if it's right or wrong but I do feel so upset and so worked-up thinking about it and being in the situation. It's really difficult.

I hear how silly it is to say, "Oh, it's so hard to not clean those floors," or, "It's so hard to not coax this or that." [00:30:00] It sounds really silly.

THERAPIST: See, I don't think it sounds silly.

CLIENT: But it's so, I don't know. It's really, really, really, really difficult.

THERAPIST: I don't actually think it sounds silly at all, Ramona. I think it's interesting, because when we started working together I don't know if you remember my saying, in a number of different ways, how unbelievably traumatic your upbringing was in the story that I'd heard so far and what little I heard at that point.

And you, then, would say, "Yeah, but I'm used to it," and sort of, "What's the point of going back there? It's not a big deal."

I don't know that you have taken in, fully, how traumatic an experience your childhood was, in so many different ways. I don't think it's just, for example, that you were crazy over-the-top cleaner, and if only you would have been less clean and less critical, it wouldn't have been so bad.

[00:31:06] The reason you were so focused on cleaning because if you were treating something that was very awry in the family. Not in you in your family.

That's been pretty loud and clear to me from the beginning. Maybe you're at a place so you could hear more about that from me, and I wasn't quite picking up on that. Maybe you could have taken in more of that instead of my just easing off and using that language too much. In the beginning, I thought that made you sort of pull back even further, that I knew to tiptoe around a little bit and not say too much too strongly, because I didn't want to push you away.

Maybe in the face of it, you are aware. Your emotions tell you something. You wouldn't feel like this for no reason, Ramona. People's emotional lives develop for reasons, right? You wouldn't feel this overwhelmed. [00:32:01] You wouldn't feel like, "I can't not clean," for no reason, right? That comes from somewhere.

You're discovering even your own self, it comes from this feeling of trying to create feeling loved by two parents. Not just one, two who are absorbed with animals over their own children.

CLIENT: It sounds silly, but it does bring some psychological relief, it feels that way.

THERAPIST: Absolutely.

CLIENT: Looking at even if things are just as tense or the comments are just as inappropriate, to have that in a setting that is clean and orderly and, I don't know. I want to use almost the word "purified" or "cleansed" or "good." It feels more bearable. It feels like it's easier. And I know that's a fallacy, but... [00:33:00]

THERAPIST: I actually don't think it is. I don't think you'd do it if it didn't feel better, right? If it made you feel just worse, you'd stop doing it.

CLIENT: What I'm saying, I get that it doesn't actually help the problem. Even in my own apartment-

THERAPIST: (crosstalk at 00:33:13)

CLIENT: If this problem is going to exist, I at least want my life to be as in order as my apartment or my... I don't know why. It's a deep thing.

Is it okay if I talk about Ivan a little bit?

THERAPIST: Of course.

CLIENT: I don't mean to-this is important, but I feel like I... I've been trying to shove it to the back of my mind for the weekend, because I just couldn't, but he didn't call. And he didn't call.

THERAPIST: The whole time you were down there?

CLIENT: He left my mom one voice-mail, evidently. But he never called me. He sent a couple of texts and that was it. He never even really was, "How did it go? I want to talk," he just didn't. [00:34:04] He just didn't.

THERAPIST: How do you understand that?

CLIENT: I asked him, when I got home last night, "You never called. No matter what we were dealing with, I know whose fault it was, I don't understand why you couldn't even drop that for the weekend to call. This was not a routine thing. This is a really, really big deal, and really, really difficult for my family."

He said, "Well, I got some terse responses to the couple of texts that I did send." And I said, "Yeah, I did send you short answers when you asked if I'm going to be home on Sunday, I only answered with, 'Yes.'" I was so furious at him that... I swore at him, I said, "Are you really serious right now? That's a reason to not bother-

THERAPIST: Really fucking serious.

CLIENT: I'm really sorry that I said that, because that's so inappropriate. It's not okay to speak like that to anyone, but I did, because after all that he did and the way he responded to it, and then going off to his parents' and not speaking to me while he's there, and then this? [00:35:10] He doesn't call and I said to him, quite frankly, "It's not like if we had been dating for a week, I would have expected you to call. This is not a little-no matter how serious or not-serious our relationship was, I would have expected something."

THERAPIST: I know you and him talked earlier in the week, where you said to him, "I don't want to talk until you're ready to take ownership." Do you think he was following-which, again, is not an excuse, because it's still blind to the fact that he should have called anyway to say, "Regardless of what's going on, I just wanted to say I'm thinking about you." Did he say he was following that, or (inaudible at 00:35:44)?

CLIENT: He's mentioned that and he said-he didn't really say, but earlier in the week, he had said, "I don't know how to find the words." I don't know. I said, "You could have at least tried and called and asked if I wanted to talk about it. You could have, at bare minimum... This is not okay." [00:36:09]

He didn't so much as send a card or-it was nothing, truly nothing. I don't understand that at all. And that sounds very-that's not how I would portray Ivan. Even after what he did, I would not-

THERAPIST: That's not typical (crosstalk at 00:36:28)

CLIENT: That's not! I don't get it. In general, I don't get if your spouse's parent a really immediate family member I don't get how you don't... I feel like even if I had done what he did, I still would wonder why he wouldn't call in this type of a situation. It feels very extreme.

THERAPIST: What does he say about why he didn't call, then, even just to say, "How are you doing? How's your mom?"

CLIENT: The responses he got to the couple of texts that he did send were terse.

THERAPIST: (crosstalk at 00:37:02). Okay.

CLIENT: That's why he couldn't call.

THERAPIST: He thought you wouldn't want to hear from him, then.

CLIENT: I don't know if that's true. I don't know if that's legitimate. It sounds like a really lame excuse, quite frankly. I'm really worked-up. I don't know what to do. I really feel like he's leaving me no choice but to suggest a separation, because it feels like he's not working to resolve it.

THERAPIST: You don't see him putting in a lot of effort, trying to make this better right now.

CLIENT: When I got home, it was clear he had done some laundry. He had tidied the apartment a little bit. He says he's still been sleeping on the couch even over the weekend, because he didn't want to sleep in our bed until things were resolved, even if I wasn't there. [00:38:01]

I said, "Things are not going to be resolved by refusing to speak to me." He told me that he acknowledges that what he did and he's trying to think about how it would feel for me and recognize how traumatizing that would be.

THERAPIST: He said that?

CLIENT: He did say that. I don't know. He spoke for maybe a minute or two last night, after I said, "It's been two and a half weeks and you still haven't come up with the words? Seriously?"

But I guess I felt a little good, because the typical me, over the weekend, would have called after him a lot, would have been coaxing him, would have been obsessing about it, and I didn't at all.

It feels really bad. It feels really overwhelming. It feels... [00:39:00]

THERAPIST: What he did do, when you say he talked for about a minute about it, and he acknowledged some things that sound like they're important. Did it feel genuine? Did it hit the

nerve inside you that felt like, "Oh, he's starting something that feels like that's what I need more of?" Or did it feel like it was Band-Aid-ing, too (inaudible at 00:39:23)?

CLIENT: I guess it felt like a mix. It felt inadequate, especially-I feel like my standards are now raised in what I would expect, because it's been over two weeks. I was half-expecting to come home and find that he had written a 20-page explanation, something really-that he had been really dealing with it and thinking about it and processing it.

No matter how genuine and I'm not sure how genuine it was speaking for a minute, really just a few sentences is not... [00:40:01]

THERAPIST: It's just a drop in the bucket...

CLIENT: It's a drop in the bucket.

THERAPIST: ...compared to what you want to hear.

(inaudible at 00:40:06) wonders what actually, if you could say, what would help you to hear from him? What would make a difference right now?

CLIENT: I'm not sure, but I do feel like a part of it would be an explanation. I still, truly, honest-to-goodness don't understand what it happened. I really don't.

THERAPIST: What if he doesn't get it yet? What if he's sort of going, "Why would I do this thing? It's a horrible thing, what I did." You know what I mean? I'm just asking. Maybe he knows, but what if he doesn't-I guess I might more expect that he doesn't know why he did it, that's the long-term, individual work. What if he doesn't know?

CLIENT: Something that my sister said struck a chord with me, because I kept telling her with some of these things, I didn't know if it was genuinely a mental health problem -for lack of a better description that was at the root of it, or it was a passive-aggressive. [00:41:10] It was a choice. It was a willful thing. Not just with him doing that while I (inaudible at 00:41:16). Those reactions from me would be very different, and my ability to give him another chance, very different.

What she said was, "I think there comes a point, Ramona, when it doesn't matter why it's happening. It's happening and it's unacceptable."

And so, I think that's kind of my answer.

THERAPIST: If I'm hearing something that might-if there's anything you could hear from him right now that would make a difference, it's maybe him, even if he said, "Ramona, I don't know why I did this. I know I have to work on figuring that out, but yet, I know that it is absolutely unacceptable and I'm so sorry for the way this impacted you."

Which is different than, "I'm so bad, I'm so bad, I'm so bad, I'm so evil, I'm so horrible, I'm a monster," right? [00:42:04] That's not actually saying, "This is not acceptable," to your face, with eye contact, "I am sorry and I get it."

CLIENT: There's never any eye contact. [laughs]

THERAPIST: (crosstalk at 00:42:13)

CLIENT: I get that he's ashamed, but I need this.

THERAPIST: When is couples' therapy this week? When are you going to start?

CLIENT: Thursday.

THERAPIST: Thursday. (crosstalk at 00:42:28) going?

CLIENT: I guess. I have no clue what to do, I guess.

THERAPIST: The more you can go in not looking to change him but not looking even for the answer right now about-in one session, you don't have to come up with whether you're going to separate or not, unless you really want to. You don't have to.

But go in with trying to get some of your armor away and (inaudible at 00:42:56) sharing how hard and how sad and how sad you are, and what you wish you would hear from him, the kinds of things that you feel like you want to hear that would move you. And how that's different than feeling him whipping himself, that doesn't move this inside. It doesn't actually feel like you're making contact with each other.

Talking about what it is would make a difference for you, instead of whatever's going on with him. I think that has the greatest chance of seeing what could happen inside him, when you're in that place. In some ways, that might be useful for you to know, because then, if you still get any changes when you lead with your vulnerability if he doesn't soften and go, "Oh, Ramona," and look up and make eye contact with you if none of that starts to happen, you also then know some more about what he's capable of and what he's not capable of. Do you know what I mean?

It's speaking from your experience; it's speaking from your vulnerability. [00:44:00] Just come in with that inside you, as saying, "I know I wear a lot of armor and sometimes it comes out as critical. I'm going to try to take some of that off and just share with you how sad and hurt and upsetting," how much your trust is shattered, how confused you are. All those vulnerable feelings, I think have the greatest chance of eliciting of more contact with him.

We'll continue next Monday.

CLIENT: I need to... ugh. I don't have a job and I need to speak with my dad about potentially being on his policy, short-term.

THERAPIST: Because that will be past the 23rd, by then, right? Yeah.

CLIENT: Yeah. [laughs] Three days.

So I need to see what could happen. [00:45:00] So I don't know if that would even-

THERAPIST: You would find out what the coverage is and, yeah. You want to find out specifically if he has (inaudible at 00:45:06) plan.

CLIENT: Okay.

THERAPIST: So that's one of the things, because that will allow you to see someone out-of-network and get some coverage for that.

CLIENT: You're not in-network with-

THERAPIST: I'm not in-network for any insurance, but if he has a PPO plan...

CLIENT: Okay.

THERAPIST: ...which you have now, you've had a PPO, where you're allowed to see somebody out of network and they cover...

CLIENT: Okay.

THERAPIST: ... a significant portion. You've had good insurance, so. You might not be able to start as of the 23rd...

CLIENT: I didn't think so.

THERAPIST: Yeah. Do you want to check with them and see...

CLIENT: Yes, I do.

THERAPIST: ...if you could start for September 1st? Maybe you get in on the 23rd. Let me know, keep me posted.

CLIENT: Okay, okay.

THERAPIST: Okay.

CLIENT: Okay.

THERAPIST: So, do you need this, getting around? Your last bit of cash? [laughs]

CLIENT: Oh, no, no.

THERAPIST: I don't want to take this-

CLIENT: No, no, I have a card. There was another one at home.

THERAPIST: You sure?

CLIENT: Yeah, yeah, thank you, though. THERAPIST: I don't want to leave you cashless, though. [00:46:00]

CLIENT: No. I'll let you know, and then we'll decide whether or not we can meet based on that.

THERAPIST: Let's meet Monday either way, okay? And hopefully you'll know more by then. But just keep me posted once you (crosstalk at 00:46:12).

CLIENT: Okay, okay, I will.

THERAPIST: Okay?

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: It doesn't make sense for you to stop because of this. You got to figure out how to make it work.

How are you? Where are things? I got an update from Emily...

CLIENT: You did?

THERAPIST: ...yeah...

CLIENT: Yeah.

THERAPIST: ...about the last session. You have one I'm sure you had a couple with her since you've seen me?

CLIENT: One.

THERAPIST: Just the one, yeah. So tell me your I'm just curious your perspective on it and what happened, where are you? How are things?

CLIENT: Really, really bad. Really, really, really bad. Probably worse than ever. It's bad.

THERAPIST: "It's bad," meaning your relationship? "It's bad," meaning your depression? "It's bad," your anxiety?

CLIENT: All of the above. [laughs] The session was pretty much her saying, "You need to separate. It was not helpful. [00:01:00] I guess that was helpful, in and of itself, but there was no-that was pretty much it.

And since then, Ivan's not talking to me, avoiding me. If I try to talk with him, he's really mean. He's really angry. He's really, really, really angry, and it's all coming out at me, and I don't understand. And even if I try to... I don't know, tell him how sad I am about it, or how hurt I am, or how much I don't understand why we still haven't talked, really, about any of that, it's just anger. It's sarcasm. It's cruel and I don't understand it at all.

And he's looking for a place to stay, I guess, to sublet. Yesterday, he told me that he doesn't think we should renew the lease. [00:02:00] It's up for renewal October 26th, which means today is our last day-two months in advance is the last day to tell him you're moving out without paying a penalty, a whole month's rent.

Originally, in the session, he said, "Ramona, you can keep the apartment. I will find a place to stay. And then we'll keep the apartment. And then if, at the end of whatever period, I could move back in, we could keep the apartment." But now he said, "I don't think we should renew. I think even if things work out that we should have a fresh start and a fresh place to live." And I said, "Why are you skipping over talking about what happened, working through this operation? Why are you skipping over all those steps to that?"

And he really [laughs] switched gears and said something to the effect of maybe he wasn't being clear but he said that he didn't think it was affordable for me to stay there, in addition to him staying in another place. [00:03:06] That's a very different rationale. [laughs]

And I know I don't have a job yet. And I know he doesn't make much working at Subway. I suggested he could stay in New Orleans for free. He has so much family, and there are lots of Subway. He doesn't want to do that, so he's not doing that.

THERAPIST: So he's looking for a place with roommates, then, when you say, "Sublet"?

CLIENT: That's what he says.

THERAPIST: Like Craig's List or something like that, yeah.

I can't quite tell what you're feeling, Ramona. You're so (inaudible at 00:03:52)

CLIENT: I've been crying a lot.

THERAPIST: (inaudible at 00:03:53) a lot, on top of all of this.

CLIENT: I can't sleep through the night. I can't stop crying. [00:04:00] Thursday, I thought I was [laughs] never going to stop crying. Wake up in the night, I start crying and start thinking about it. Every spare thought is consumed with thinking about it. I'm so sad and so hurt I keep trying to coax him to make this big apology, or this big explanation, or this big plan, even for, I don't know, a way to turn it around or a way-I don't know. Anything, anything at all.

And he stays out until midnight. He won't, he won't...

THERAPIST: It sounds like the part of you is hoping maybe he would come around, if you're both pushed right up close to the flame of separation. Would that be enough for him to say, "I'm sorry and I want to work on this and make it better"? [00:05:03]

CLIENT: At bare minimum, I guess I don't understand why he's not looking for a way to, if we do separate for one to three months, at bare minimum, have some kind of, "This is what we should do during this time," or, "This is what I want to do."

Won't even talk about it. I asked him when he's moving out and he said, "As soon as possible."

THERAPIST: He's really angry.

CLIENT: But I don't understand why he's angry at me. I asked him, I said, "Why are you speaking to me like this? Why are you angry at me? What did I do?" When I try to ask him questions like that, he keeps repeating something that he's already said that has nothing to do with it, like, "I'll be home at 3:30," or, "I've been dog-sitting for my friends, because they're on vacation." [00:06:01] Or he'll say, "I'll take her out when I decide to come home." He would keep saying that, over and-he won't. He won't actually respond to what I'm saying.

He hasn't ever broken down and cried and really been apologetic. He said he told his parents that he's moving out and that they're very supportive of both of us. Emma knows, but I haven't told anyone. I can't. It's too much, and I'm spending all my time crying and being really upset about it.

Emma has been really, really good about-Thursday, she came over after work. She made dinner with me and spent some time with me and was really there for me. [00:07:05] Saturday and Sunday, she did the same thing. She came over, she brought over some ingredients with a plan for dinner and it's really supportive. I was able to work on some job stuff because she was there, and I wasn't able to sit and cry.

THERAPIST: Ramona, this is one of the hardest things people ever go through in their life.

CLIENT: It shouldn't...

THERAPIST: I just want to sort of let you know how normal and ordinary it is that this is one of the most stressful events in people's lives breaking up, moving, having a child. Sometimes these things are good things. Even at the end of the road, there are things that are heading in a good direction but they're an unbelievable amount of stress and pain. [00:08:00]

I hear you just wishing Ivan would be a partner and talking to you about this, even if it's to plan together right now and process that you're going (inaudible at 00:08:10) trying to do this, and talking more about what you hope this did or your fears or sharing your sadnesses together. But it sounds like, once again, he can't, he just can't be there with you.

Which in some ways I mean, I get that's it's surprising, because you wish of all times he would be there now but it's sort of what he's always done. That's the thing you've been having a problem with in him all along.

CLIENT: I'm in so much disbelief. He still hasn't ever asked about my mom. He still hasn't asked—that's not been unusual, but he still hasn't asked, I'm still struggling to find a job. No questions at all. If I ask him why he's not asking or—especially with my mom, I think, no matter even if I had done to him what he did to me, I would still think he would call. [00:09:08] It's such an extreme and he says, "I didn't know when you were going. I didn't..." It happened on Tuesday and he was in New Orleans and not talking to me. I tried to call him on Wednesday and he was with his parents, going out or whatever, he didn't want to talk to me.

He's telling me, "That's the reason," or I gave him short answers when he did decide to text, so that's why he didn't call. I didn't want him to talk to me. He thought it was being monitored. He still has never asked. I really, really, really don't get that. That seems to be a fundamental—no matter what Ivan is dealing with or whatever issue, that seems above and beyond. [00:10:03]

I don't get it. And part of me feels like I'm waiting for him to, I don't know...

THERAPIST: To what?

CLIENT: To be like the person I remember dating? That sounds harsh or it sounds dramatic, but to soften and I guess I would expect him to break down and cry and apologize and explain and talk about it and ask me to forgive him and voice some kind of desire, at least, for a plan or anything.

It almost feels like he's not talking, he's not anything, because it feels like he wants me to keep going down this road. He really said, in couples' therapy, "You wanted this. You wanted to be separated. [00:11:00] You've told me you couldn't put up with this." I can't even begin to express

how hurtful and how unfair I feel that is, because I didn't want him to do these things. I don't want to feel the way I feel. I don't want to be going through a separation. I don't want any of this, but you can't treat someone however you want and then say, "Well, you want to be separated."

He told me he's hurt.

THERAPIST: That's true.

What Dr. Farrow (ph) reports with his experience, and Dr. Bourd (sp) says is that he feels like he can never get it right by you. And I say that not to say, "Okay, so you have to come (inaudible at 00:11:53) with him," but to share how far apart you guys are right now in your understanding of what's happening, do you know what I mean? [00:12:03]

You're waiting for him to apologize for the things he's done, and he feels like he's bent over backwards, trying to do what you need him to do, and that it's never good enough.

He's in a place, it sounds like, where to apologize one more time or to say, yet again, how bad he is and again, I'm not saying this as fact but that's where he is in his mind right now. He's tired of trying to constantly do better and constantly be not-enough in your eyes.

How do you get around that? Because he isn't enough, in your eyes, in a way, right? I mean, it's not okay, what he did. And that's not just in your eyes, it's not okay. But he's in a place where he's feeling like it's yet another person telling him how much he's not okay. He can't find his way through, it sounds like, to take ownership of his part. [00:13:04]

And then maybe you'd meet and say, "Well, I'm sorry about," if there's any part that's yours, to talk about that part and come closer together. It really sounds like you're back in opposite corners, again.

I hear you, Ramona, that this is almost unbelievable. How did we get here?

CLIENT: No, it's completely unbelievable. I don't even know how to respond to what you just said. I told Dr. Farrow, I feel like some things in our relationship-it's absolutely a two-way street and we both play a part.

But then there are some things that Ivan has done that have totally-that I didn't even know that he was doing. And I really don't think it's my fault that he did some of-I really hate saying, in couples' therapy, and being almost reprimanded. I don't have anything to apologize for in that situation. [00:14:00]

THERAPIST: I agree with you.

CLIENT: But it doesn't... Then I feel responsible, when he says things like, "Well, you wanted to separate." When I realized if I had been agreeing to have sex with him, regardless of what he

was doing, that he wouldn't have assaulted me. He wouldn't be nasty to me now. He wouldn't be moving out...

THERAPIST: Ramona. Ramona. You're actually sounding like an abused child right now. That's your own trauma talking (crosstalk at 00:14:28)

CLIENT: But it's true.

THERAPIST: That's your own trauma talking. It's actually not true. (crosstalk at 00:14:32)

CLIENT: If that had been happening, he wouldn't have done this. I'm not saying that what he did was excusable.

THERAPIST: It's as though you could somehow change what's inside him, if only you were different. And that's a fantasy. That's the fantasy you had even as a little girl in your family. "If only I were different, I could change my mother's depression," or, "I could change why my father never comes home to the house." You are not responsible for what Ivan did to you. [00:15:03] For the lying, for assaulting you.

He is responsible for saying, "Well, this is what you want." He's doing that. He's withdrawing actively from the marriage, maybe even more so than you are, at this point. Yes, you've thought about it. Yes, there's a part of you that's wished for this. There's another part of you that's been terrified of this and wants to keep working on it.

He's putting it all inside you, and then taking no ownership of it. That's not true. He's doing that. He's the one backing away. He's the one that's (inaudible at 00:15:35) right now.

CLIENT: But I don't think it's fair to do something like this, and then have the attitude of, "Nothing I do is good enough."

THERAPIST: I agree.

CLIENT: It's the biggest, most-cowardly response I think there could be.

THERAPIST: I agree.

CLIENT: I'm not saying that nothing is good enough, but you can't misrepresent yourself and give your partner reason to have all these expectations, and then say, "Just kidding!" over a year into the marriage. [00:16:01] "Just kidding, none of that's true. That's not who I am," and think that it's all going to be okay.

I think back on these two years and all the issues he's had and all the stuff. I don't want to fall into the all-or-nothing thinking, but I'm thinking I'm not getting what I want out of this relationship.

THERAPIST: You've been very unhappy for a very long time, Ramona.

CLIENT: But is it my fault for being so critical and nothing's ever good enough? I don't know.

THERAPIST: You've been working on that. You've been working on that. You have worked on that. You've done things like decide not to be critical, exactly as you were prescribed to do from work (ph): keep your mouth shut, see what he does. You've repeatedly said to me, "He doesn't do it. He might do it for a week and then he stops doing it." So then you're left with a pile of dirty laundry on Sunday night and no clothes to wear. [00:17:00]

You've worked on this. Then when I say, "Have you tried this? Have you tried this?" You keep saying and I've said to you repeatedly, "Yeah, we've done that. We tried that. We talked about that in couples' therapy." You've worked a lot on your communication in couples' therapy. You have kept your mouth shut about a number of things, right? It hasn't changed the things that are hurting you.

CLIENT: I don't know what to do. I really need some help. I don't know what to do at all. There are some days when I think I can find a way to deal with this, if this is how this is going to end and if he's going to continue to treat me like this. Then there are other days when I really desperately... my thinking can change so quickly and I desperately want him to apologize. I almost literally have this thought of sitting on the couch with him and being comforted by him and him... I don't know. [00:18:02] Or just forgetting that it all happened.

(pause)

THERAPIST: The terror of not being together, of being alone, of facing what that means, makes you also then want to just get him back and (inaudible at 00:18:19) comfort of sitting just (inaudible at 00:18:21) sitting on the couch and being back on the same page.

Here's the (inaudible at 00:18:26), Ramona: it doesn't sound like he's going to apologize any time soon.

CLIENT: He's like, "I have apologized."

THERAPIST: Right, and not in a way even if he said the words, "Well, sorry," right? not in a way that you feel is sufficient, right?

CLIENT: No.

THERAPIST: It doesn't sound like he's working up the guts to start having that kind of conversation with you anytime soon, at least. I'm not saying (inaudible at 00:18:54) year down the line, he will have done his own work and realized and come to a place where he realizes this. [00:19:00]

Am I wrong? Do you feel like that's coming, or you're waiting on a fantasy?

CLIENT: I don't know. [crying] I'm sorry. I really don't know what's going on, and I really don't want to stay with him, because the wrong reasons; nor do I want to leave for the wrong reasons. I want to make sure that whatever I do, that I can be at peace with it.

THERAPIST: Yeah, that makes sense.

CLIENT: I'm going to have to live with this decision for a long time. This sounds horrible, but I don't want to stay with him and go through the separation and try to get back together, and have something like this happen again and the same type of stuff keep happening and go through this (inaudible at 00:19:45), I can't. I can't keep doing this.

THERAPIST: It's been a long time you have been doing this.

CLIENT: He's not a horrible person. Literally, just over two months ago, we had our anniversary. [00:20:02] He took me to dinner. We couldn't afford to go to dinner, we went to dinner anyway. And he did some really nice things for me. It was really, really nice.

That month was also my birthday. Past couple years, he hasn't done anything. This year, he really did and he planned way in advance. He did something so nice and (inaudible at 00:20:29)... I don't know what happened. I don't understand how he can give me a ticket, with my sister, to go see a concert, and then two months later, he's doing this and saying he'll move out as soon as he can.

I can't believe how mean-this is not... I don't get it.

THERAPIST: Where, in the session with Dr. Farrow, where did the idea come from that you really need to separate? [00:21:05] Was he leading that? Were you leading that? Was she leading that?

CLIENT: I think she was. Ivan doesn't ever initiate talking in the session, so I always do. She asked where things were, what was going on, and I said things have been really difficult and I was trying to figure out what to do or where we should go from here. I left the conversation open.

She said a couple times we really needed to separate. She said two people can't live together when they're both in so much pain, it's really toxic. I wasn't able to really be receptive to that, because I feel like she's very sympathetic towards him and not so much towards me.

Again, I didn't feel like we were coming into couples' session the way a typical session might be, where we each talk about-or what I would imagine a normal couples' session would be, where two people talk about their parts of what's going on. [00:22:03]

I don't know. I wasn't able to hear, "This is so painful for Ivan," because I feel like that's what he always tells me, so difficult for them. So, then don't assault your wife! I'm sorry, I know that's not helpful. [crying]

THERAPIST: She also said that you (inaudible at 00:22:27) she didn't ever say that what he did was wrong or bad. She feels like she said that to you over and over again. I'm trying to-also, she said she's very clear this is horrible that he did this. And that she says she's said it.

So there's some discrepancy, too, about what you're experiencing from her and what she thinks-I don't even know what the answer is, because I'm not there. And then that that would only be my perception, but I wonder-maybe you haven't heard it enough or didn't feel so definitive, what she said? [00:23:00]

CLIENT: I don't know if it even matters anymore, but I heard her say several times that when she had spent a whole session talking about physical intimacy, that she wasn't advocating anything like this.

She kept saying that, and I interpreted that as she wanted to make sure that she was clear that she wasn't at-fault for this, nor did she cause it or anything like that.

That felt different to me, from saying to Ivan, "You can't do this to her." Even the other things, I feel like she has said so many times that I need to not be critical, I need to not ask him to do stuff and all this. Why can't she say this is petty, maybe, but why can't she say to Ivan, "You can't do that to your wife?" or, "You need to be honest with your wife. You need to be respectful." Why can't that be just as valid as, "You need to stop criticizing your husband."

I do so much of the talking and Ivan sure as heck doesn't bring up his own stuff in the session, usually. [00:24:06] I don't know. I feel like I'm being held accountable, and I don't feel like anyone's holding him.

THERAPIST: When she first described what happened to Dr. Bourd and me in this e-mail, she called it an assault and said that Ivan assaulted you. "Horrible session. Guess what happened. He assaulted his wife." She was very clear. She said, "I assessed (ph) for safety and was worried about whether she even felt safe in the home anymore."

It sounds like even maybe if that's being given some lip service or some other element you've been picking up, it feels like she just feels these things through Ivan's eyes than yours. It's not in the middle. Her job is to be in the middle, right? I get to hear through your eyes. Dr. Bourd gets to hear from his eyes. But her job is to be in the middle. It sounds like you don't feel like she's been in the middle.

CLIENT: I guess I have a problem with that not being said. [00:25:01] And I have problem with... I know it's not fair. I'm sure that Ivan is in pain, but I really had a problem with, "You're both in so

much pain. This is so difficult for both of you." I was not in a place where I could hear that. I don't think I am, even still. I'm sure it's painful for him, but-

THERAPIST: You mean, then, after that incident, or now, about the, "You're both in pain in the marriage"? You mean, after he assaulted you?

CLIENT: Yeah! She said this last session, "This is so painful for both of you."

THERAPIST: Yeah. It didn't feel like it honored that you were the victim.

CLIENT: I'm sure it is painful for him, but I really don't-this is what he does, this is so typical. He takes this attitude of it's so horrible, so difficult for him.

THERAPIST: Yeah, yeah. I get it, I get it. It's not that that you're both in pain isn't true a lot of the time, it maybe has a place. But in the incident where he actually did something is that absolutely his fault, it's not the time and the place to be saying that, right? It's not on (inaudible at 00:25:59) being in reality, then, but he did this.

No matter what was going inside you around sexuality, sexual behavior, sexual intimacy, this is not okay that this was done. It's an assault. You needed to hear that and didn't hear it with clarity. He didn't hear it with clarity. My guess is he needed to hear that, too. He was wanting to hear that. He, himself, called it molesting. He was prepared to hear where the line is that he shouldn't have crossed and have someone hold him accountable. His parents never held him accountable.

CLIENT: But then, if he wants that, why doesn't he want to have a discussion and why doesn't he want to be apologetic? The only form of apology has been now, he's been taking out the trash and doing the laundry without me saying a word. That's the only thing.

He's unbelievable when he's talking to me. I don't understand. [00:27:00]

THERAPIST: Ramona, this is one of those sessions that's going to end in seven minutes and I know you're going to feel frustrated and there's not... If only there was something I could say to you to make this less painful right now, or less confusing. I wonder what it is you want to do today. Where are you and what feels right and protective of you today?

CLIENT: I don't know. [crying] I feel really... He's moving out and I don't know how to feel or deal with that.

THERAPIST: He is definitely moving out?

CLIENT: That what he says. Who knows what that means? But I told him that he can't continue to stay and talk to me like that. So I think, to him, that means he needs to leave soon. I don't think...

THERAPIST: This is what's so horrible, I think, for you, is you hoped and expected, even if you said something like that and laid down an ultimatum, that he would then stop talking to you like that, instead of saying, "Okay, well then, I'm moving out." [00:28:07]

CLIENT: I asked him if he's refusing to talk to me, because I tried to talk to him yesterday, he's silent. Then he's like, "Yes, I am."

THERAPIST: "Yes, I am-?"

CLIENT: "Refusing to talk to you!"

THERAPIST: Okay. Why?

CLIENT: He said he needs time to process. Which is what he usually says after one of these big... It's been almost a month since he last did it not since the first time, even! I'm sorry, you can't do something like that and then say, "I can't talk about it." Maybe I need to process. This is so difficult for me.

THERAPIST: And then shut you up. I mean, it's cruel. It's cruel.

CLIENT: And dealing with that, and dealing with insurance. I'm trying to apply to jobs. I have an interview this week. I have a bunch of volunteer stuff today. [00:29:01] I'm [putting off for] (ph) a leasing agent, because I can't renew the lease right now. I have no clue what I'm... It sounds like Ivan is more or less saying I need to find my own place.

It's a lot all at once.

THERAPIST: Do you feel like it's too fast? Do you wish you could say to him, "Ivan, I don't want you to move out. I would like to keep talking this through together and actually have some more conversation around (inaudible at 00:29:33) then shutting me out." Is that were you are?

CLIENT: I've said that. I've said, "We need to talk about this, we need to talk."

THERAPIST: And what does he do?

CLIENT: He stays out until midnight. He won't.

THERAPIST: What if you say, "I want to talk to you and I don't want you to move out." Instead of, "We need to." One's a command and demand, and one is, "I really miss you and I want to talk to you." One's an invitation. Do you know what I mean? [00:30:00]

CLIENT: I do.

THERAPIST: (inaudible at 00:30:00) do the same thing?

CLIENT: I don't know. He's sleeping in the living-the living room has become his room. I don't even-

THERAPIST: That's a really (inaudible at 00:30:10). You've never even gone through with processing it, assault.

CLIENT: No!

THERAPIST: Yeah.

CLIENT: He still hasn't even asked how I feel about it. There's no basic respect. I don't know what to do. I have no clue.

THERAPIST: How would you feel if you separated?

CLIENT: I don't know.

THERAPIST: Is there relief?

CLIENT: Maybe, in part.

THERAPIST: Yeah, but there's also terror.

CLIENT: It feels devastating.

THERAPIST: Yeah.

(pause)

[00:31:00]

THERAPIST: One thing to know, as you're thinking about this and feeling your way through what you want to do, Ramona, is that separation is not permanent. It's totally undoable, and you wouldn't be the first or last married couple who separated for a time to try to (inaudible at 00:31:46) some things out separately who then got divorced, or who then got back together and actually had a better marriage together after the period of separation. It's quite common.

[00:32:00]

CLIENT: I guess it doesn't feel like he's anywhere close to wanting to even talk about it, let alone make any effort.

THERAPIST: Which might mean something. I mean, that's what I think is devastating, that he's not where you wanted him to be. He's not rising to the challenge of trying to push through the hurt and talk to you about this. He's just not showing up in the marriage.

CLIENT: He said, at the end of the separation, if we discover that we can't live without each other that then we should get back together, and he hopes that's what happens.

(pause)

THERAPIST: You're shaking your head like, "Oof. We can't get there unless we start talking"
(crosstalk at 00:32:53)

CLIENT: You can't do what you did and then say, "Oh, if we can't live without-" Of course, I could live without Ivan. [00:33:00]

I don't know. It feels really unfair to force someone into that situation and abandon them to deal with it.

(pause)

THERAPIST: I worry for you. The feeling this way in the marriage, day after day after day after day. It's been a long time of your being in a tremendous amount of pain, Ramona. [00:34:02]
Something is not (inaudible at 00:34:06) working.

And I get to hear your side, so it's hard for me not to have an opinion about the things he's been doing to you. And it feels like-I mean, I'm listening constantly for where you might be misunderstanding something, do you know what I mean? It doesn't read that way along certain of these incidents and episodes where he's not taking accountability and not rising to the challenge. He's just not there yet in his own work.

And you've been waiting a long time. There have been some improvements with some of the work. I think he's not exactly where he was. There are some things that start to change, but (inaudible at 00:34:57) if they've been enough, quick enough (inaudible at 00:35:01).

And the way he's reacting now to all of this, that's sort of a time where you hoped he would be taking even more accountability, right? (inaudible at 00:35:10) would his progress would start to take off even more. It's more like it sounds like he's regressing back into old ways.

CLIENT: I'm so confused. He was making progress, and maybe it wasn't enough. Because, quite frankly, it wasn't what he led me to believe he was at two years ago. But it's one thing to not be making progress, or not enough, or not enough fast enough, but it's another to do what he did. I don't even know.

THERAPIST: It's very disturbing, (inaudible at 00:35:49), Ramona. It's unusual behavior. It's an assault.

CLIENT: I don't understand. I really, really, really, really don't understand. And I don't want to overreact and I don't want to... I really don't understand. [00:36:03] I don't know if he's abusive, I don't know...

THERAPIST: It's very disturbing behavior, and it is an episode of abusing you. It's not okay, what he did. It's not typical behavior. It is not what should be done in any realm of healthy relationship if you're not having sex.

I see a lot of (inaudible at 00:36:31) couples who haven't had sex for a year. They're in the middle of trying to figure out what to (inaudible at 00:36:36), they're not assaulting each other sexually.

CLIENT: Why, then?

THERAPIST: I don't know, exactly. But I can come up with theories about it. Even if I was sitting with him, we could come up with theories trying to understand. And some of them would probably be true and some of them probably not true. I think that's for him to figure out, over time, what this was in him that came out in this way, that was so destructive to you and so destructive to the two of you as a couple. [00:37:00]

I just want you to know that I am very, very clear in my mind that this was really, really not okay, what he did. It really is an abusive thing. And it doesn't mean all of what's happening in the relationship is all his fault, I don't think that's true at all. There are pieces that are yours, there are pieces that are his, and then there are things that he's done that are very, very clearly wrong and destructive behaviors. It's not a he-said/she-said issue about it, do you know what I mean? It's very clear. This is not okay.

And it's a big deal. It would take a lot of processing and working through for the two of you, emotional understanding each other to figure your way through (inaudible at 00:37:46) that happened and for you to feel safe again, so that it doesn't keep happening.

I think that's what's so disturbing about where you are. He did that and you're getting less (inaudible at 00:37:57) rather than more. It doesn't make you feel very hopeful right now. [00:38:01]

As one outsider, I can't tell you what to do, Ramona. You're the one living (inaudible at 00:38:10) the marriage. What I can tell you is what I observe in you and witness that with you and witness what's actually happening. Witness that you've been very unhappy for a very long time in this marriage. Witness that I can understand a break might give you both some breathing room. And who knows what work he does in the next year? Maybe you have contact and you get your old

Ivan back. And then we know what you need to hear in order for you to feel safe and like the relationship is worth something to you. And if you don't see it, you don't see it. It's not for you.

I do feel protective of you, clawing tooth and nail trying to get yourself back into a relationship that's going to destroy you if it doesn't turn out to be something different. [00:39:02] Do you know what I mean?

I think what's really hard about today is this decision about your place, (inaudible at 00:39:14) tough.

But nothing's permanent today, that's one thing you want to know. Even if he's not processing with you, I'm here. And we will keep processing how you're feeling, how every step of the way, what it feels like if you give up the lease today and you decide you're going to live somewhere else. It doesn't mean you can't live together in the future, right? Couples go over to each other's houses. If you started to get back together, you could get a place in a year. If you kept the place today, you might need some financial help. I don't know if that would mean talking to your parents and seeing if they could help pitch in on the rent. This is going to be your call.

But it's not permanent. Whatever it is, it's not permanent until you're actually filing a legal document in a court. And even then, it's not permanent. [00:40:00]

Give yourself time to feel what it is you're feeling and trust what's inside. And I'm here, okay?

I am probably going to have an opening Friday. I don't know for sure, but I'm almost positive I (inaudible at 00:40:20) something Friday mid-morning. Is there any chance you'd want to do that? It seems like a good idea to me.

CLIENT: [laughs] (inaudible at 00:40:28)

THERAPIST: So I will drop you an e-mail as soon as I know exactly what the time it's (inaudible at 00:40:32). It's possible it's something either [9:00, 10:00-ish, or 10:00] (ph). Later would be better?

CLIENT: No, I mean it doesn't matter. I'm assuming Labor Day, you're not here.

THERAPIST: Labor Day, I'm not here. So all the more...

CLIENT: So there's nothing next week, is that...?

THERAPIST: Let's find something else. We'll find something else.

CLIENT: Thank you.

THERAPIST: Okay? I'll e-mail that (inaudible at 00:40:53) to you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: It doesn't make sense for you to stop because of this. You got to figure out how to make it work.

How are you? Where are things? I got an update from Emily...

CLIENT: You did?

THERAPIST: ...yeah...

CLIENT: Yeah.

THERAPIST: ...about the last session. You have one I'm sure you had a couple with her since you've seen me?

CLIENT: One.

THERAPIST: Just the one, yeah. So tell me your I'm just curious your perspective on it and what happened, where are you? How are things?

CLIENT: Really, really bad. Really, really, really bad. Probably worse than ever. It's bad.

THERAPIST: "It's bad," meaning your relationship? "It's bad," meaning your depression? "It's bad," your anxiety?

CLIENT: All of the above. [laughs] The session was pretty much her saying, "You need to separate. It was not helpful. [00:01:00] I guess that was helpful, in and of itself, but there was no-that was pretty much it.

And since then, Ivan's not talking to me, avoiding me. If I try to talk with him, he's really mean. He's really angry. He's really, really, really angry, and it's all coming out at me, and I don't understand. And even if I try to... I don't know, tell him how sad I am about it, or how hurt I am, or how much I don't understand why we still haven't talked, really, about any of that, it's just anger. It's sarcasm. It's cruel and I don't understand it at all.

And he's looking for a place to stay, I guess, to sublet. Yesterday, he told me that he doesn't think we should renew the lease. [00:02:00] It's up for renewal October 26th, which means today is our last day-two months in advance is the last day to tell him you're moving out without paying a penalty, a whole month's rent.

Originally, in the session, he said, "Ramona, you can keep the apartment. I will find a place to stay. And then we'll keep the apartment. And then if, at the end of whatever period, I could move back in, we could keep the apartment." But now he said, "I don't think we should renew. I think even if things work out that we should have a fresh start and a fresh place to live." And I said, "Why are you skipping over talking about what happened, working through this operation? Why are you skipping over all those steps to that?"

And he really [laughs] switched gears and said something to the effect of maybe he wasn't being clear but he said that he didn't think it was affordable for me to stay there, in addition to him staying in another place. [00:03:06] That's a very different rationale. [laughs]

And I know I don't have a job yet. And I know he doesn't make much working at Subway. I suggested he could stay in New Orleans for free. He has so much family, and there are lots of Subway. He doesn't want to do that, so he's not doing that.

THERAPIST: So he's looking for a place with roommates, then, when you say, "Sublet"?

CLIENT: That's what he says.

THERAPIST: Like Craig's List or something like that, yeah.

I can't quite tell what you're feeling, Ramona. You're so (inaudible at 00:03:52)

CLIENT: I've been crying a lot.

THERAPIST: (inaudible at 00:03:53) a lot, on top of all of this.

CLIENT: I can't sleep through the night. I can't stop crying. [00:04:00] Thursday, I thought I was [laughs] never going to stop crying. Wake up in the night, I start crying and start thinking about it. Every spare thought is consumed with thinking about it. I'm so sad and so hurt. I keep trying to coax him to make this big apology, or this big explanation, or this big plan, even for, I don't know, a way to turn it around or a way-I don't know. Anything, anything at all.

And he stays out until midnight. He won't, he won't...

THERAPIST: It sounds like the part of you is hoping maybe he would come around, if you're both pushed right up close to the flame of separation. Would that be enough for him to say, "I'm sorry and I want to work on this and make it better"? [00:05:03]

CLIENT: At bare minimum, I guess I don't understand why he's not looking for a way to, if we do separate for one to three months, at bare minimum, have some kind of, "This is what we should do during this time," or, "This is what I want to do."

Won't even talk about it. I asked him when he's moving out and he said, "As soon as possible."

THERAPIST: He's really angry.

CLIENT: But I don't understand why he's angry at me. I asked him, I said, "Why are you speaking to me like this? Why are you angry at me? What did I do?" When I try to ask him questions like that, he keeps repeating something that he's already said that has nothing to do with it, like, "I'll be home at 3:30," or, "I've been dog-sitting for my friends, because they're on vacation." [00:06:01] Or he'll say, "I'll take her out when I decide to come home." He would keep saying that, over and over again. He won't actually respond to what I'm saying.

He hasn't ever broken down and cried and really been apologetic. He said he told his parents that he's moving out and that they're very supportive of both of us. Emma knows, but I haven't told anyone. I can't. It's too much, and I'm spending all my time crying and being really upset about it.

Emma has been really, really good about Thursday, she came over after work. She made dinner with me and spent some time with me and was really there for me. [00:07:05] Saturday and Sunday, she did the same thing. She came over, she brought over some ingredients with a plan for dinner and it's really supportive. I was able to work on some job stuff because she was there, and I wasn't able to sit and cry.

THERAPIST: Ramona, this is one of the hardest things people ever go through in their life.

CLIENT: It shouldn't...

THERAPIST: I just want to sort of let you know how normal and ordinary it is that this is one of the most stressful events in people's lives breaking up, moving, having a child. Sometimes these things are good things. Even at the end of the road, there are things that are heading in a good direction but they're an unbelievable amount of stress and pain. [00:08:00]

I hear you just wishing Ivan would be a partner and talking to you about this, even if it's to plan together right now and process that you're going (inaudible at 00:08:10) trying to do this, and talking more about what you hope this did or your fears or sharing your sadnesses together. But it sounds like, once again, he can't, he just can't be there with you.

Which in some ways I mean, I get that's it's surprising, because you wish of all times he would be there now but it's sort of what he's always done. That's the thing you've been having a problem with in him all along.

CLIENT: I'm in so much disbelief. He still hasn't ever asked about my mom. He still hasn't asked—that's not been unusual, but he still hasn't asked, I'm still struggling to find a job. No questions at all. If I ask him why he's not asking or—especially with my mom, I think, no matter even if I had done to him what he did to me, I would still think he would call. [00:09:08] It's such an extreme and he says, "I didn't know when you were going. I didn't..." It happened on Tuesday

and he was in New Orleans and not talking to me. I tried to call him on Wednesday and he was with his parents, going out or whatever, he didn't want to talk to me.

He's telling me, "That's the reason," or I gave him short answers when he did decide to text, so that's why he didn't call. I didn't want him to talk to me. He thought it was being monitored. He still has never asked. I really, really, really don't get that. That seems to be a fundamental-no matter what Ivan is dealing with or whatever issue, that seems above and beyond. [00:10:03]

I don't get it. And part of me feels like I'm waiting for him to, I don't know...

THERAPIST: To what?

CLIENT: To be like the person I remember dating? That sounds harsh or it sounds dramatic, but to soften and I guess I would expect him to break down and cry and apologize and explain and talk about it and ask me to forgive him and voice some kind of desire, at least, for a plan or anything.

It almost feels like he's not talking, he's not anything, because it feels like he wants me to keep going down this road. He really said, in couples' therapy, "You wanted this. You wanted to be separated. [00:11:00] You've told me you couldn't put up with this." I can't ever begin to express how hurtful and how unfair I feel that is, because I didn't want him to do these things. I don't want to feel the way I feel. I don't want to be going through a separation. I don't want any of this, but you can't treat someone however you want and then say, "Well, you want to be separated."

He told me he's hurt.

THERAPIST: That's true.

What Dr. Farrow (ph) reports with his experience, and Dr. Bourd (sp) says is that he feels like he can never get it right by you. And I say that not to say, "Okay, so you have to come (inaudible at 00:11:53) with him," but to share how far apart you guys are right now in your understanding of what's happening, do you know what I mean? [00:12:03]

You're waiting for him to apologize for the things he's done, and he feels like he's bent over backwards, trying to do what you need him to do, and that it's never good enough.

He's in a place, it sounds like, where to apologize one more time or to say, yet again, how bad he is and again, I'm not saying this as fact but that's where he is in his mind right now. He's tired of trying to constantly do better and constantly be not-enough in your eyes.

How do you get around that? Because he isn't enough, in your eyes, in a way, right? I mean, it's not okay, what he did. And that's not just in your eyes, it's not okay. But he's in a place where he's feeling like it's yet another person telling him how much he's not okay. He can't find his way through, it sounds like, to take ownership of his part. [00:13:04]

And then maybe you'd meet and say, "Well, I'm sorry about," if there's any part that's yours, to talk about that part and come closer together. It really sounds like you're back in opposite corners, again.

I hear you, Ramona, that this is almost unbelievable. How did we get here?

CLIENT: No, it's completely unbelievable. I don't even know how to respond to what you just said. I told Dr. Farrow, I feel like some things in our relationship-it's absolutely a two-way street and we both play a part.

But then there are some things that Ivan has done that have totally-that I didn't even know that he was doing. And I really don't think it's my fault that he did some of-I really hate saying, in couples' therapy, and being almost reprimanded. I don't have anything to apologize for in that situation. [00:14:00]

THERAPIST: I agree with you.

CLIENT: But it doesn't... Then I feel responsible, when he says things like, "Well, you wanted to separate." When I realized if I had been agreeing to have sex with him, regardless of what he was doing, that he wouldn't have assaulted me. He wouldn't be nasty to me now. He wouldn't be moving out...

THERAPIST: Ramona. Ramona. You're actually sounding like an abused child right now. That's your own trauma talking (crosstalk at 00:14:28)

CLIENT: But it's true.

THERAPIST: That's your own trauma talking. It's actually not true. (crosstalk at 00:14:32)

CLIENT: If that had been happening, he wouldn't have done this. I'm not saying that what he did was excusable.

THERAPIST: It's as though you could somehow change what's inside him, if only you were different. And that's a fantasy. That's the fantasy you had even as a little girl in your family. "If only I were different, I could change my mother's depression," or, "I could change why my father never comes home to the house." You are not responsible for what Ivan did to you. [00:15:03] For the lying, for assaulting you.

He is responsible for saying, "Well, this is what you want." He's doing that. He's withdrawing actively from the marriage, maybe even more so than you are, at this point. Yes, you've thought about it. Yes, there's a part of you that's wished for this. There's another part of you that's been terrified of this and wants to keep working on it.

He's putting it all inside you, and then taking no ownership of it. That's not true. He's doing that. He's the one backing away. He's the one that's (inaudible at 00:15:35) right now.

CLIENT: But I don't think it's fair to do something like this, and then have the attitude of, "Nothing I do is good enough."

THERAPIST: I agree.

CLIENT: It's the biggest, most-cowardly response I think there could be.

THERAPIST: I agree.

CLIENT: I'm not saying that nothing is good enough, but you can't misrepresent yourself and give your partner reason to have all these expectations, and then say, "Just kidding!" over a year into the marriage. [00:16:01] "Just kidding, none of that's true. That's not who I am," and think that it's all going to be okay.

I think back on these two years and all the issues he's had and all the stuff. I don't want to fall into the all-or-nothing thinking, but I'm thinking I'm not getting what I want out of this relationship.

THERAPIST: You've been very unhappy for a very long time, Ramona.

CLIENT: But is it my fault for being so critical and nothing's ever good enough? I don't know.

THERAPIST: You've been working on that. You've been working on that. You have worked on that. You've done things like decide not to be critical, exactly as you were prescribed to do from work (ph): keep your mouth shut, see what he does. You've repeatedly said to me, "He doesn't do it. He might do it for a week and then he stops doing it." So then you're left with a pile of dirty laundry on Sunday night and no clothes to wear. [00:17:00]

You've worked on this. Then when I say, "Have you tried this? Have you tried this?" You keep saying and I've said to you repeatedly, "Yeah, we've done that. We tried that. We talked about that in couples' therapy." You've worked a lot on your communication in couples' therapy. You have kept your mouth shut about a number of things, right? It hasn't changed the things that are hurting you.

CLIENT: I don't know what to do. I really need some help. I don't know what to do at all. There are some days when I think I can find a way to deal with this, if this is how this is going to end and if he's going to continue to treat me like this. Then there are other days when I really desperately... my thinking can change so quickly and I desperately want him to apologize. I almost literally have this thought of sitting on the couch with him and being comforted by him and him... I don't know. [00:18:02] Or just forgetting that it all happened.

(pause)

THERAPIST: The terror of not being together, of being alone, of facing what that means, makes you also then want to just get him back and (inaudible at 00:18:19) comfort of sitting just (inaudible at 00:18:21) sitting on the couch and being back on the same page.

Here's the (inaudible at 00:18:26), Ramona: it doesn't sound like he's going to apologize any time soon.

CLIENT: He's like, "I have apologized."

THERAPIST: Right, and not in a way even if he said the words, "Well, sorry," right? not in a way that you feel is sufficient, right?

CLIENT: No.

THERAPIST: It doesn't sound like he's working up the guts to start having that kind of conversation with you anytime soon, at least. I'm not saying (inaudible at 00:18:54) year down the line, he will have done his own work and realized and come to a place where he realizes this. [00:19:00]

Am I wrong? Do you feel like that's coming, or you're waiting on a fantasy?

CLIENT: I don't know. [crying] I'm sorry. I really don't know what's going on, and I really don't want to stay with him, because the wrong reasons; nor do I want to leave for the wrong reasons. I want to make sure that whatever I do, that I can be at peace with it.

THERAPIST: Yeah, that makes sense.

CLIENT: I'm going to have to live with this decision for a long time. This sounds horrible, but I don't want to stay with him and go through the separation and try to get back together, and have something like this happen again and the same type of stuff keep happening and go through this (inaudible at 00:19:45), I can't. I can't keep doing this.

THERAPIST: It's been a long time you have been doing this.

CLIENT: He's not a horrible person. Literally, just over two months ago, we had our anniversary. [00:20:02] He took me to dinner. We couldn't afford to go to dinner, we went to dinner anyway. And he did some really nice things for me. It was really, really nice.

That month was also my birthday. Past couple years, he hasn't done anything. This year, he really did and he planned way in advance. He did something so nice and (inaudible at 00:20:29)... I don't know what happened. I don't understand how he can give me a ticket, with my sister, to go see a concert, and then two months later, he's doing this and saying he'll move out as soon as he can.

I can't believe how mean-this is not... I don't get it.

THERAPIST: Where, in the session with Dr. Farrow, where did the idea come from that you really need to separate? [00:21:05] Was he leading that? Were you leading that? Was she leading that?

CLIENT: I think she was. Ivan doesn't ever initiate talking in the session, so I always do. She asked where things were, what was going on, and I said things have been really difficult and I was trying to figure out what to do or where we should go from here. I left the conversation open.

She said a couple times we really needed to separate. She said two people can't live together when they're both in so much pain, it's really toxic. I wasn't able to really be receptive to that, because I feel like she's very sympathetic towards him and not so much towards me.

Again, I didn't feel like we were coming into couples' session the way a typical session might be, where we each talk about-or what I would imagine a normal couples' session would be, where two people talk about their parts of what's going on. [00:22:03]

I don't know. I wasn't able to hear, "This is so painful for Ivan," because I feel like that's what he always tells me, so difficult for them. So, then don't assault your wife! I'm sorry, I know that's not helpful. [crying]

THERAPIST: She also said that you (inaudible at 00:22:27) she didn't ever say that what he did was wrong or bad. She feels like she said that to you over and over again. I'm trying to-also, she said she's very clear this is horrible that he did this. And that she says she's said it.

So there's some discrepancy, too, about what you're experiencing from her and what she thinks-I don't even know what the answer is, because I'm not there. And then that that would only be my perception, but I wonder-maybe you haven't heard it enough or didn't feel so definitive, what she said? [00:23:00]

CLIENT: I don't know if it even matters anymore, but I heard her say several times that when she had spent a whole session talking about physical intimacy, that she wasn't advocating anything like this.

She kept saying that, and I interpreted that as she wanted to make sure that she was clear that she wasn't at-fault for this, nor did she cause it or anything like that.

That felt different to me, from saying to Ivan, "You can't do this to her." Even the other things, I feel like she has said so many times that I need to not be critical, I need to not ask him to do stuff and all this. Why can't she say this is petty, maybe, but why can't she say to Ivan, "You

can't do that to your wife?" or, "You need to be honest with your wife. You need to be respectful." Why can't that be just as valid as, "You need to stop criticizing your husband."

I do so much of the talking and Ivan sure as heck doesn't bring up his own stuff in the session, usually. [00:24:06] I don't know. I feel like I'm being held accountable, and I don't feel like anyone's holding him.

THERAPIST: When she first described what happened to Dr. Bourd and me in this e-mail, she called it an assault and said that Ivan assaulted you. "Horrible session. Guess what happened. He assaulted his wife." She was very clear. She said, "I assessed (ph) for safety and was worried about whether she even felt safe in the home anymore."

It sounds like even maybe if that's being given some lip service or some other element you've been picking up, it feels like she just feels these things through Ivan's eyes than yours. It's not in the middle. Her job is to be in the middle, right? I get to hear through your eyes. Dr. Bourd gets to hear from his eyes. But her job is to be in the middle. It sounds like you don't feel like she's been in the middle.

CLIENT: I guess I have a problem with that not being said. [00:25:01] And I have problem with... I know it's not fair. I'm sure that Ivan is in pain, but I really had a problem with, "You're both in so much pain. This is so difficult for both of you." I was not in a place where I could hear that. I don't think I am, even still. I'm sure it's painful for him, but-

THERAPIST: You mean, then, after that incident, or now, about the, "You're both in pain in the marriage"? You mean, after he assaulted you?

CLIENT: Yeah! She said this last session, "This is so painful for both of you."

THERAPIST: Yeah. It didn't feel like it honored that you were the victim.

CLIENT: I'm sure it is painful for him, but I really don't-this is what he does, this is so typical. He takes this attitude of it's so horrible, so difficult for him.

THERAPIST: Yeah, yeah. I get it, I get it. It's not that that you're both in pain isn't true a lot of the time, it maybe has a place. But in the incident where he actually did something is that absolutely his fault, it's not the time and the place to be saying that, right? It's not on (inaudible at 00:25:59) being in reality, then, but he did this.

No matter what was going inside you around sexuality, sexual behavior, sexual intimacy, this is not okay that this was done. It's an assault. You needed to hear that and didn't hear it with clarity. He didn't hear it with clarity. My guess is he needed to hear that, too. He was wanting to hear that. He, himself, called it molesting. He was prepared to hear where the line is that he shouldn't have crossed and have someone hold him accountable. His parents never held him accountable.

CLIENT: But then, if he wants that, why doesn't he want to have a discussion and why doesn't he want to be apologetic? The only form of apology has been now, he's been taking out the trash and doing the laundry without me saying a word. That's the only thing.

He's unbelievable when he's talking to me. I don't understand. [00:27:00]

THERAPIST: Ramona, this is one of those sessions that's going to end in seven minutes and I know you're going to feel frustrated and there's not... If only there was something I could say to you to make this less painful right now, or less confusing. I wonder what it is you want to do today. Where are you and what feels right and protective of you today?

CLIENT: I don't know. [crying] I feel really... He's moving out and I don't know how to feel or deal with that.

THERAPIST: He is definitely moving out?

CLIENT: That what he says. Who knows what that means? But I told him that he can't continue to stay and talk to me like that. So I think, to him, that means he needs to leave soon. I don't think...

THERAPIST: This is what's so horrible, I think, for you, is you hoped and expected, even if you said something like that and laid down an ultimatum, that he would then stop talking to you like that, instead of saying, "Okay, well then, I'm moving out." [00:28:07]

CLIENT: I asked him if he's refusing to talk to me, because I tried to talk to him yesterday, he's silent. Then he's like, "Yes, I am."

THERAPIST: "Yes, I am-?"

CLIENT: "Refusing to talk to you!"

THERAPIST: Okay. Why?

CLIENT: He said he needs time to process. Which is what he usually says after one of these big... It's been almost a month since he last did it not since the first time, even! I'm sorry, you can't do something like that and then say, "I can't talk about it." Maybe I need to process. This is so difficult for me.

THERAPIST: And then shut you up. I mean, it's cruel. It's cruel.

CLIENT: And dealing with that, and dealing with insurance. I'm trying to apply to jobs. I have an interview this week. I have a bunch of volunteer stuff today. [00:29:01] I'm [putting off for] (ph) a

leasing agent, because I can't renew the lease right now. I have no clue what I'm... It sounds like Ivan is more or less saying I need to find my own place.

It's a lot all at once.

THERAPIST: Do you feel like it's too fast? Do you wish you could say to him, "Ivan, I don't want you to move out. I would like to keep talking this through together and actually have some more conversation around (inaudible at 00:29:33) then shutting me out." Is that where you are?

CLIENT: I've said that. I've said, "We need to talk about this, we need to talk."

THERAPIST: And what does he do?

CLIENT: He stays out until midnight. He won't.

THERAPIST: What if you say, "I want to talk to you and I don't want you to move out." Instead of, "We need to." One's a command and demand, and one is, "I really miss you and I want to talk to you." One's an invitation. Do you know what I mean? [00:30:00]

CLIENT: I do.

THERAPIST: (inaudible at 00:30:00) do the same thing?

CLIENT: I don't know. He's sleeping in the living-the living room has become his room. I don't even-

THERAPIST: That's a really (inaudible at 00:30:10). You've never even gone through with processing it, assault.

CLIENT: No!

THERAPIST: Yeah.

CLIENT: He still hasn't even asked how I feel about it. There's no basic respect. I don't know what to do. I have no clue.

THERAPIST: How would you feel if you separated?

CLIENT: I don't know.

THERAPIST: Is there relief?

CLIENT: Maybe, in part.

THERAPIST: Yeah, but there's also terror.

CLIENT: It feels devastating.

THERAPIST: Yeah.

(pause)

[00:31:00]

THERAPIST: One thing to know, as you're thinking about this and feeling your way through what you want to do, Ramona, is that separation is not permanent. It's totally undoable, and you wouldn't be the first or last married couple who separated for a time to try to (inaudible at 00:31:46) some things out separately who then got divorced, or who then got back together and actually had a better marriage together after the period of separation. It's quite common.

[00:32:00]

CLIENT: I guess it doesn't feel like he's anywhere close to wanting to even talk about it, let alone make any effort.

THERAPIST: Which might mean something. I mean, that's what I think is devastating, that he's not where you wanted him to be. He's not rising to the challenge of trying to push through the hurt and talk to you about this. He's just not showing up in the marriage.

CLIENT: He said, at the end of the separation, if we discover that we can't live without each other that then we should get back together, and he hopes that's what happens.

(pause)

THERAPIST: You're shaking your head like, "Oof. We can't get there unless we start talking"
(crosstalk at 00:32:53)

CLIENT: You can't do what you did and then say, "Oh, if we can't live without-" Of course, I could live without Ivan. [00:33:00]

I don't know. It feels really unfair to force someone into that situation and abandon them to deal with it.

(pause)

THERAPIST: I worry for you. The feeling this way in the marriage, day after day after day after day. It's been a long time of your being in a tremendous amount of pain, Ramona. [00:34:02] Something is not (inaudible at 00:34:06) working.

And I get to hear your side, so it's hard for me not to have an opinion about the things he's been doing to you. And it feels like-I mean, I'm listening constantly for where you might be misunderstanding something, do you know what I mean? It doesn't read that way along certain of these incidents and episodes where he's not taking accountability and not rising to the challenge. He's just not there yet in his own work.

And you've been waiting a long time. There have been some improvements with some of the work. I think he's not exactly where he was. There are some things that start to change, but (inaudible at 00:34:57) if they've been enough, quick enough (inaudible at 00:35:01).

And the way he's reacting now to all of this, that's sort of a time where you hoped he would be taking even more accountability, right? (inaudible at 00:35:10) would his progress would start to take off even more. It's more like it sounds like he's regressing back into old ways.

CLIENT: I'm so confused. He was making progress, and maybe it wasn't enough. Because, quite frankly, it wasn't what he led me to believe he was at two years ago. But it's one thing to not be making progress, or not enough, or not enough fast enough, but it's another to do what he did. I don't even know.

THERAPIST: It's very disturbing, (inaudible at 00:35:49), Ramona. It's unusual behavior. It's an assault.

CLIENT: I don't understand. I really, really, really, really don't understand. And I don't want to overreact and I don't want to... I really don't understand. [00:36:03] I don't know if he's abusive, I don't know...

THERAPIST: It's very disturbing behavior, and it is an episode of abusing you. It's not okay, what he did. It's not typical behavior. It is not what should be done in any realm of healthy relationship if you're not having sex.

I see a lot of (inaudible at 00:36:31) couples who haven't had sex for a year. They're in the middle of trying to figure out what to (inaudible at 00:36:36), they're not assaulting each other sexually.

CLIENT: Why, then?

THERAPIST: I don't know, exactly. But I can come up with theories about it. Even if I was sitting with him, we could come up with theories trying to understand. And some of them would probably be true and some of them probably not true. I think that's for him to figure out, over time, what this was in him that came out in this way, that was so destructive to you and so destructive to the two of you as a couple. [00:37:00]

I just want you to know that I am very, very clear in my mind that this was really, really not okay, what he did. It really is an abusive thing. And it doesn't mean all of what's happening in the

relationship is all his fault, I don't think that's true at all. There are pieces that are yours, there are pieces that are his, and then there are things that he's done that are very, very clearly wrong and destructive behaviors. It's not a he-said/she-said issue about it, do you know what I mean? It's very clear. This is not okay.

And it's a big deal. It would take a lot of processing and working through for the two of you, emotional understanding each other to figure your way through (inaudible at 00:37:46) that happened and for you to feel safe again, so that it doesn't keep happening.

I think that's what's so disturbing about where you are. He did that and you're getting less (inaudible at 00:37:57) rather than more. It doesn't make you feel very hopeful right now. [00:38:01]

As one outsider, I can't tell you what to do, Ramona. You're the one living (inaudible at 00:38:10) the marriage. What I can tell you is what I observe in you and witness that with you and witness what's actually happening. Witness that you've been very unhappy for a very long time in this marriage. Witness that I can understand a break might give you both some breathing room. And who knows what work he does in the next year? Maybe you have contact and you get your old Ivan back. And then we know what you need to hear in order for you to feel safe and like the relationship is worth something to you. And if you don't see it, you don't see it. It's not for you.

I do feel protective of you, clawing tooth and nail trying to get yourself back into a relationship that's going to destroy you if it doesn't turn out to be something different. [00:39:02] Do you know what I mean?

I think what's really hard about today is this decision about your place, (inaudible at 00:39:14) tough.

But nothing's permanent today, that's one thing you want to know. Even if he's not processing with you, I'm here. And we will keep processing how you're feeling, how every step of the way, what it feels like if you give up the lease today and you decide you're going to live somewhere else. It doesn't mean you can't live together in the future, right? Couples go over to each other's houses. If you started to get back together, you could get a place in a year. If you kept the place today, you might need some financial help. I don't know if that would mean talking to your parents and seeing if they could help pitch in on the rent. This is going to be your call.

But it's not permanent. Whatever it is, it's not permanent until you're actually filing a legal document in a court. And even then, it's not permanent. [00:40:00]

Give yourself time to feel what it is you're feeling and trust what's inside. And I'm here, okay?

I am probably going to have an opening Friday. I don't know for sure, but I'm almost positive I (inaudible at 00:40:20) something Friday mid-morning. Is there any chance you'd want to do that? It seems like a good idea to me.

CLIENT: [laughs] (inaudible at 00:40:28)

THERAPIST: So I will drop you an e-mail as soon as I know exactly what the time it's (inaudible at 00:40:32). It's possible it's something either [9:00, 10:00-ish, or 10:00] (ph). Later would be better?

CLIENT: No, I mean it doesn't matter. I'm assuming Labor Day, you're not here.

THERAPIST: Labor Day, I'm not here. So all the more...

CLIENT: So there's nothing next week, is that...?

THERAPIST: Let's find something else. We'll find something else.

CLIENT: Thank you.

THERAPIST: Okay? I'll e-mail that (inaudible at 00:40:53) to you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: So yes, there's something settled with the insurance (crosstalk at 00:00:07).

CLIENT: Yeah, completely.

THERAPIST: That we'll work on year round.

CLIENT: We'll start on September 1.

THERAPIST: All right.

CLIENT: He told me he couldn't tell me.

THERAPIST: Yeah, it's very common.

CLIENT: But I told him the other insurance had been able to, and he told me that they had actually joined earlier in the year, so he would try again.

THERAPIST: Okay.

CLIENT: But I think at this point, since I have a policy, I can call customer service soon.

THERAPIST: Yeah.

CLIENT: It's what I've done before.

THERAPIST: Yeah. And if even if it's the minimum of what-the least that I know about out there right now, we'll still make that work, so I think we're in the clear.

CLIENT: Oh, yeah. Let's hope!

THERAPIST: I'd hate to keep-

CLIENT: \$90 plus. I would hope it would pay at least \$100.

THERAPIST: Yeah.

CLIENT: So...

THERAPIST: Yeah. The insurance was able to pay \$72 right now.

CLIENT: [Oh, wow] (ph).

THERAPIST: So they pay 80% of \$93 or something like that. So if we're assuming at the least it's that, we'll be good, so you don't need to worry about keeping (inaudible at 00:01:03) about that. [00:01:05]

CLIENT: Okay.

THERAPIST: [Take that] (ph) off your list.

CLIENT: Thank you.

THERAPIST: We'll just-

CLIENT: I was really (crosstalk at 00:01:08).

THERAPIST: Something off your list, at least, right now.

CLIENT: [laughs] Yes, yes!

THERAPIST: So where are you? How are you? What's on your mind?

CLIENT: [sighs] Well, I did the-you said write down your feelings in the context, so I did that.

THERAPIST: Yes. Okay, great.

CLIENT: And [I've done] (ph) some journaling, too.

THERAPIST: Great.

CLIENT: So...

THERAPIST: Do you want to start with-

CLIENT: It's totally up to you.

THERAPIST: What's the (inaudible at 00:01:33) for you? Where are you?

CLIENT: The reason I was looking for something else is because things were overwhelmingly really, really bad. I can't be sobbing every day. So that's been the case, but...

See, yesterday, I guess I felt like things-yesterday I had an okay day. Some things came together. [00:02:00] My insurance plan; my leasing agent, she got back to me and said, "That's fine, we can have that conversation whenever you're ready," about renewal or not.

THERAPIST: In other words, that you have some more (crosstalk at 00:02:12) don't have to tell her.

CLIENT: I have some more time. I mean, I'll still pay a month's rent if I have to leave, but... So that was taken care of, and I (crosstalk at 00:02:21).

THERAPIST: She's going to let you do month by month, you mean?

CLIENT: She said we could put off the renewal discussion.

THERAPIST: For a month.

CLIENT: For a while.

THERAPIST: Okay.

CLIENT: Because October 26th is the deadline for renewal.

THERAPIST: Okay.

CLIENT: But the deadline is passed for letting her know that I'm not renewing, so if I have to make that decision, I'll have to pay a penalty.

THERAPIST: Got it. Pay a month.

CLIENT: But if I had, I would have to pay the penalty, anyway, so at least I have a little more time. And I could go on a month to month basis, if I had to, so that's something off.

THERAPIST: Very helpful, yeah, yeah.

CLIENT: And I had two job interviews this week, so I felt like that was something.

THERAPIST: Wow.

CLIENT: And someone that I was setting [an informational] (ph) up with me next week got back to me and said, "Actually, now I've heard of this study coordinator job. [00:03:04] Let's talk about that next week," and we set up a meeting, so that's (crosstalk at 00:03:07).

THERAPIST: Wow, still some possibilities!

CLIENT: No, I mean, [laughs] there should be! I've done a lot of applications, but... So I'll hear about second interviews I guess next week.

And there's another contact who is-he was pretty interested in me taking the study coordinator position, but he was waiting on funding for his study.

THERAPIST: Okay.

CLIENT: So that's been out of his hands, but he's like, "Get back to me the beginning of September," so next week hopefully we can talk again.

So some movement on the jobs; I'm continuing my job workshop every week. She was on vacation for a bit, but now that's happening again, so that's been helpful.

THERAPIST: Yeah. So getting a few things, feeling a little better, I'm sure just totally helps the overall picture (crosstalk at 00:03:57).

CLIENT: Even that tiny, tiny-I mean, that's nothing concrete, but that tiny bit was a big... [00:04:01]

THERAPIST: It's like having hope again.

CLIENT: Yeah, it is. So that's something. And I talked to the Assistant Dean who does the workshops, I talked to her. I said, "I need to be making money. I feel like I'm at that point." She thinks that I'm close to getting a job with the number of outpatients (ph) I've done, the interviews... Because I have a pretty good ratio, interviews to applications.

THERAPIST: Sounds like it.

CLIENT: Because in the scheme of things, I haven't done that many.

THERAPIST: Yeah.

CLIENT: So it's been a good ratio, so she thinks I should be fairly close to getting something. But I told her it could be a week, it could be another few weeks, I have no way-so we talked about a temp agency, a staffing agency...

THERAPIST: Uh-huh!

CLIENT: ...that I could go to. [sighs] So that was something.

THERAPIST: And those, you can pick up one-week jobs, even, (crosstalk at 00:04:53).

CLIENT: Right, and they know I'm leaving, so...

THERAPIST: Even a day job! Yeah, yeah, you can decide if you want to take something or not take something, but [they do] (ph) really short-term stuff. [00:05:02]

CLIENT: Yeah, and I think I could...

THERAPIST: (inaudible at 00:05:04) income.

CLIENT: ...just do days a time, which is good, since I have volunteer days. So, yeah, it's a little bit... Little bit of something.

THERAPIST: Some movement. And also some space to keep-not to feel like you're under the gun about insurance, not to be under the gun about your apartment.

CLIENT: Yeah, that's a little-yeah.

THERAPIST: Just to have some time more to be figuring out what you want to do, yeah.

Does what you wrote down, then, feel less relevant now, because it was-no, it doesn't. Okay. [laughs] Do you want to go there, then?

CLIENT: I need something that's related to the jobs, which I mean... But most of it's not.

THERAPIST: Let's get into it, then.

CLIENT: Okay.

THERAPIST: Okay.

CLIENT: So the feelings I came up with were disbelief like an overwhelming sadness or hopelessness; shame or ambivalence; desperation; denial; [laughs] anxiety; and confusion. [00:06:02] And I didn't include it, but agitation goes with maybe some of the sadness, feeling really agitated.

THERAPIST: And are these feelings sort of pervasive throughout a day right now, for you like they're always with you?

CLIENT: They weren't yesterday, which I guess is part of what-I don't know, I had some space, but...

THERAPIST: Yeah.

CLIENT: Maybe they're more situational...

THERAPIST: Yeah, okay.

CLIENT: ...to some extent? But there are times when I'm not able to sleep through the night, and I start crying, and I... So it's not always in the midst of something.

THERAPIST: So what's the context? Let's go into the context of where these feelings are really strong. I mean, one of the things I could imagine is that they could be simmering at a two or a three or [build up] (ph) to five and four as your day's going on, but that there might be a [context or situation] (ph) where all of the sudden they're back up to an eight or a nine. [00:07:04]

CLIENT: Yeah.

THERAPIST: And that's the kind of unlivable place where you get really overwhelmed and we want to figure out what's happening that gets them there.

CLIENT: I think that's pretty accurate.

So, disbelief that we still haven't had that conversation. Ivan recently told me that this is a mutual thing, that we both have things to work on. And he pointed out that my stress levels and anxiety were unhealthy. So I guess I felt disbelief in that.

Sadness: thinking about positive memories with Ivan, he [sic] wrote, "Especially our wedding." Hearing anger or defensiveness from Ivan, like the opposite of an apologetic tone, I feel really sad when I feel like I'm hearing that. Thinking about the violation, thinking about what he did, I feel really sad. [00:08:05]

Thinking about how hard I-I mean, it's in my perception and I own that, but thinking how hard I think I've been working not just on the marriage, but in the past couple years. I've done a lot and

worked really hard. And how far this has set us back, even if it felt we were making-I felt like I was doing a lot, but I felt like we were making some progress as a couple. Now I feel like the grad school thing is [laughs] that's not even an issue! I know it's relative, but it feels like it's set us so far, far back. Feeling really fundamentally disrespected, I feel really sad about that.

Thinking I had to the end of November, she had suggested that-at least a month Dr. Farrow (sp?) at least a month, up to maybe three months, and that would put us at the end of November. And I know it's silly, and I don't know why some of these little things or these little memories make it so, I don't know, so emotional. [00:09:08] But that's right after Thanksgiving and that's usually when we would get a Christmas tree.

I know that's silly. You don't get upset because you're separating and because (inaudible at 00:09:18) Christmas tree, but I guess it's representative of so much more to me. So I get that that's not a rational [laughs]...

THERAPIST: Ramona, there's that (inaudible at 00:09:28) again! It seems so understandable to have something symbolic. That Christmas for people or whatever it is the holiday people celebrate, especially Christmas in Christianity it is this incredibly loving, connected memory for a lot of people, where you share tradition together and come together in a giving and-I mean, why would that not bring up a lot of feeling for you?

CLIENT: I think it's more that it's Ivan and I never lived together, so since we got married, we had our own tree in our own little apartment for the first time. [00:10:04] And it's, I don't know, it's always tradition with my family and now it's our own and I don't know.

So anyway! [laughs]

Shame: I'm thinking about it and not telling my friends, I feel kind of ashamed. One of my friends has a birthday today, and so we were all going to get together at a friend's apartment to celebrate. And I am saying that Ivan is working today. And he is working today, but he gets off in time that he could go. I haven't told any of my friends here anything about what's going on, so it feels like I'm lying. And it feels like... [sighs] I feel ashamed of what happened, because I feel like I couldn't tell them. Or what if they wouldn't understand? Or what if... So that's some shame and some ambivalence, I guess.

Desperation: I feel like there's been a lot of coaxing him to talk; coaxing him to apologize; coaxing him to take accountability; waiting for some kind of big, grand, last ditch effort, almost something to turn it around. [00:11:10] And I've definitely been coaxing a lot for that, and I know I need to stop doing that. That's not healthy and it's not helpful.

And even trying to force interactions, Ivan has been staying out really late, not talking, not looking at me, trying to-I guess I don't know what he's trying to do, but it seems that he's avoiding me, pretty clearly. And I'll try to, "When are you getting back?" Or I'll try to initiate conversation. I feel desperate.

Denial: yesterday, he went to look at an apartment, and I knew we were talking about this, I knew this is going to happen, but it was-I felt, almost inside me, like, "Why are you going to look at an apartment?" This is so bizarre. It's so surreal. [00:12:00] Especially, maybe, since there isn't discussion around it. So I ended up asking him last night about it, but I don't think he would have said anything so some denial.

And I think I'm almost trying to deny what happened, the whole actual situation. I don't want to talk about. It's now been a month, it's been over a month, and we still haven't had that big conversation. And now it's getting to the point where it has, with some other things, are we going to have that anymore? Or do I need to move on? Part of me wants to move on.

THERAPIST: Yeah. But there's another part of you that wishes he would somehow come through with having a conversation, (inaudible at 00:12:50) to, even that some days, the hope's getting smaller and smaller and smaller, that he'll show you some things or come through in the end that makes you feel like, "Okay, we could stay and keep working on this right now." [00:13:02]

CLIENT: Yeah. Yeah. And I still have-I know it's very bizarre, but I still have this fantasy of him almost being the one to comfort me, almost like a-I've heard of a rescue fantasy, almost. It's weird that I'm sleeping in the bedroom and he's still out on the couch. And sometimes I feel bad. And I want to say, "You can sleep in the bed," even though I don't particularly feel comfortable with that. But I want to push it.

THERAPIST: You want to pretend this didn't happen (crosstalk at 00:13:37).

CLIENT: Because if we're not going to deal with it, how am I supposed to...? So there's some denial! [laughs]

THERAPIST: (crosstalk at 00:13:43), yeah. And also, Ramona, I think you're terrified of losing him. As much as there are all these other things, that part of you that's terrified of what this means on so many different levels, it's scrambling right now. "Maybe if I just pretend none of this ever happened, we can go back to how things were." [00:14:01]

That feels like the child part. That's kind of what you did. That's what you had to do, was sort of cover up for your parents foibles (ph) as best you can. Cover up for all the things, their deficits, to try to pretend it wasn't really happening, to make it be in a way like the fantasy [of yet] (ph) you were getting something that you weren't getting.

And I'm worried for you, with that strategy. Because I think that you will know inside yourself what happened. You can't get it away fully for good. And I think it will come back inside and haunt you. I think you know too much, now.

That's not to say I think you and Ivan are going to have to separate and get divorced. I don't know what's going to happen with that. But I don't know that getting back together is going happen through pretending none of this happened.

CLIENT: I'm worried it won't happen through...

THERAPIST: Any other way. You are worried about that.

CLIENT: I am. And I am also trying to reach a point, and it's a constant-I can convince myself one way just as easily as the other that... [00:15:10] There's the, "How can we work on this, what ways would be helpful or healthy?" or, "What can we do?" And then there's the, "Should we?" "Should we be working on this?"

And I think that's a really tough question, because the answer in my mind has always been, "Yes." But I wonder if there is a point at which that's actually-I don't know. I wish it was black and white.

THERAPIST: Yeah. Is your gut telling you something about that question, "Should we?"
(inaudible at 00:15:44)

CLIENT: Part of me thinks that we shouldn't. Part of me looks back on these past two years and sees more than even the really big things, sees more than that, and a lot of struggles. [sighs]

I was struck last session, you said I'd been unhappy in my marriage for a really long time. [00:16:05] And you wouldn't think, given what I've been saying in these sessions and given what I've been, that that would be-

THERAPIST: Surprising (crosstalk at 00:16:11).

CLIENT: Right! You would think I'd be the one saying that. But it was. And yesterday, I went to journal and I looked back at some of my old entries months old a lot of the same stuff. Very unhappy very critical, but also very unhappy, and I wonder if this isn't just-it's not an isolated thing. So I don't know.

THERAPIST: Yeah. If it were only this incident but things were otherwise going along okay, that would be a different story. Things have not been okay and not been okay. And you're working on it. You guys have been working-I think he's been working as hard as he can, too. But it hasn't brought you together enough to feel like it's more okay than not, these days. [0:17:06] And then this happens.

Not to mention that you already haven't been feeling safe or trusting after everything with his schooling, and that that never got explored; it's sort of just layer upon layer upon layer upon layer right now.

Your gut sounds like it knows something. It's feeling something about this. But it's also really [scary in] (ph) what it's feeling. And I think a lot of-in some ways, to summarize, all of these different thoughts, they all converge on trying to take [him in] (ph) a reality where things are-that this is really happening. [00:18:03] And that they might really be that you've been unhappy for a very long time; I think that's even hard to take. You just [sort of] (ph) know that it's hard. You almost don't want that to be true.

CLIENT: I don't, but I also don't know if it's valid. I do think it's okay to say you're not unhappy, but what if that's been just as much my fault?

THERAPIST: So it's a really important question. What if one of the reasons you've been unhappy, what if one of the primary reasons is because you're going to be unhappy with just about any person you'd [be with] (ph), are you going to be critical, angry at that person?

That's a kind of question that I think the reason why separation might be valuable for both of you is then you get to know a little more, when you're apart, what-if you start to look at someone else, then, and say, "What would I feel towards this person?" [00:19:02] Could you walk yourself through, imagining you're in a relationship, imagining you're living together, and he doesn't clean the house the way you want him to clean it, either even though he has a better job or more ambition in a certain way.

As you start to try on things for size, it could be that you say, "Oh, this would come up anywhere for me. This is somewhat my stuff." That might allow you to then go back to the relationship, even more working through and owning your own part.

My hope would be for Ivan, the same thing would happen to him. Like, "Oh, wow, if I go date somebody else, that person's going to be validly critical of I'm working at Starbucks," and, "Do I want to do anything else with my life?" And that, "I don't talk to them about anything." And that, "I avoid every time there's a problem." Or, "That person's going to be critical if I assault that person in the middle of the night." But (ph) that's him. [00:20:01] There are things he's doing that are actually problematic and will be problematic for him in a future relationship.

CLIENT: And what if it's both?

THERAPIST: My guess is, Ramona, that it's some of both. And I say that not just because of-in your particular situation. It always is both, when couples are trying to negotiate, "Is this the right relationship for me or not?"

So I would anticipate for you that you will have some-you will feel critical of any partner you're with. And that's more of us to understand what's underlying the criticism.

I think, for example, you're incredibly critical of yourself. That is the starting point. And I think as we help you become less critical of yourself and more accepting of yourself as good enough,

that a partner could have-you could feel the same towards a partner. As a human being, who has strengths and weaknesses and differences. [00:21:01]

What we don't know is how much Ivan is sort of the worst case scenario for you. Even though you might not be the worst case scenario for somebody else, but does it-would you feel better, less critical, for the real reasons? That someone else who had goal directedness through a higher degree or something right now, who didn't lie to you about things, would that feel like, "Okay. Now I start to know. I feel less critical. And now when I know I'm getting, that must be my stuff." So that they are born and [working in place] (ph) with each other.

This is the central question that people are considering, if they're being really thoughtful about the idea of breaking up, separating, getting divorced. It's dangerous when you have a fantasy that, "Oh, this would never happen with someone else. I would never feel these feelings." That's a fantasy for every person. Not just you because you're critical. [00:22:00] Every single person, the thing they're irritated with in their current partner guess what. They would feel that towards somebody else, too, because half of that is something going on inside themselves.

But there are partners who really draw that out in us, and there are partners who draw it out a little bit. And that, I think, is what you're trying to figure out with Ivan.

There may also be ways that the things that you loved about him when you first got married, that you appreciated, that balanced you out. You might start missing those things. And you could even date someone else and say, "It's not the same. It's that I actually really like what Ivan provided me in this department," so that the loving feelings towards him would start to grow again. Again, same for him with somebody else or even just imagining somebody else!

Sometimes separation allows us to find why we wound the person to begin with, and start appreciating that in a different way that then allows you both to come back in (inaudible at 00:23:00).

The reason I keep saying "separation" is I think it's been hard for you guys to find that, doing the work together. Sometimes, it doesn't take separating to find that. You can really work through. But you've had enough setbacks and this one, of all. It's, ugh, after all this work you've been doing, he goes and does this? It's a setback. It's a pretty major setback. I think having some space might be the way to (inaudible at 00:23:40) realize whether they want to be together or not.

CLIENT: I don't know if I knew it was real (ph). It was necessary, before our last session with Dr. Farrow. But in this past week, it was absolutely necessary. In fact, there was a point, which I was like, "Do you think you could stay at a friend's tonight?" like another coworker. [00:24:00]

It's like I can't do this anymore, because I felt like he was-I don't know why, but for him, this is turning into so much anger so much anger. Really (inaudible at 00:24:12) anger.

That wouldn't make sense to me. You would think if anyone was mean (ph), [laughs] you would think it would be me, given the situation. But he's been incredibly angry, incredibly not apologetic.

Up until the other night, he came back to the apartment crying, pretty much. And it was for a number of reasons, but it still wasn't, "I really want to work on this." It was more-I texted and said, "When do you think you're going to be back home?" And the fact that I used the word "home," that made him sad.

He got a notice from the library that one of the marriage books that Dr. Farrow recommended was-that we had placed-we put on reserve, was finally available. [00:25:01]

I guess the fact that he set up this appointment to go see the apartment-but, again, I guess I wonder... People would be upset about that. But is he upset about that because that's upsetting, or is he upset about that because it's indicative of the marriage ending?

And he told me how he was clinging to he used the word "clinging," which I hate to the hope that we would get back together after this trial. That he wants to do couples' sessions during the separation, even though Dr. Farrow said, "No." It felt like desperation from him.

He did say, "I know this is my doing and I'm really sorry for what you're feeling." But I said, "Ivan, that's not the same as," maybe this is me being too critical and too harsh, or maybe it's a mix, but I said, "That's the not the same as-we still haven't had that conversation where you say, 'I am sorry for,' and really talk about what you did and offer an explanation and offer some kind of place to go with it. [00:26:09] Some kind of plan, a way to deal with it; that's not the same as saying, 'I'm sorry we're separating, I'm sorry you're feeling this.'"

THERAPIST: You feel, still, that the way he says it is kind of like, "Woe is me. I'm the cause of all of this"? Or was it a little more related?

CLIENT: I think it's both, and I think it was a little bit more related, but it's still not-

THERAPIST: Maybe not enough.

CLIENT: I don't think that accountability [is still] (ph) happen and I swear, if I [laughs] use the word "accountability" one more time, I think I'm going to scream.

But it still hasn't happened, and I think I let it go with some other big things. We eventually stopped talking for months! about the whole grad school thing, and the loan thing, and the... This one, I think-it might be unhealthy, but I think I need to hold on to that happening, because this is too big. [00:27:03]

THERAPIST: I also just wanted to say that I think him getting-all of the sudden, him getting angry-and you, in a way, have felt more vulnerable. You're the one, now that this is out there,

that maybe you're going to do this separation, you're finding and sharing your vulnerable feelings: "When are you going to come home?" "What are we going to do from this point?" "Can we talk about it?" "Can we have a conversation?"

He's angry. He's been angry and critical and rageful [sic] all along.

CLIENT: No one has ever-he's the first to say. He will say he's frustrated. He will never, ever, ever say that he's angry. I don't get it.

THERAPIST: Yeah. And I think that that would maybe-again, I can't be there. I can't be a fly on the wall. But one of the things that I think got tricky in the couples' therapy is I don't know if his rage was getting named in the way. [00:28:04] The self-chastising, that there's really rage at you underneath that. It's actually really aggressive.

That never came out. Just as underneath your criticism, there's this incredible vulnerability and traumatized littler girl, who's just terrified. The critical exterior, the armor it's just the armor. Just as his, "It's all my fault, it's all my fault, it's all my fault," "I'm so ashamed," is his armor. It's a form of armor. And there are things he's feeling underneath that I think never got to come out. There may even be ways that that's-he knew they were there and doing what he did do you makes it louder that they're there. It had to get known that this is there.

CLIENT: It's not helpful, but I still really, really, really don't get what happened. [00:29:01] And I don't feel like I've ever really mentally processed it, really wrapped my head around it. I don't understand why, I don't-through what happened with my dad and his affairs, someone a counselor presented to me that there are reasons why people have affairs. At the time, I was furious with her because that was the last thing that I wanted to hear.

But it has occurred to me that-not that they're right or that it validates it or legitimizes it, but there are reasons why people do things like that.

THERAPIST: There are.

CLIENT: They're not just horrible people who do horrible things for no reason. It happens for a reason. And I want to know that reason.

THERAPIST: What does it do to know the reason?

CLIENT: I guess I feel entitled to it. Whether or not I should be, I feel entitled. I feel that for me to deal with it and move on and have peace with it whether or not we get divorced, stay together, whatever. I need to have some kind of conclusion, closing, whatever you would call it. [00:30:07] Which is especially hard without that conversation, but I at least want to know why it happened.

Although I come back [laughs] to what my sister said, which is: maybe it doesn't matter.

THERAPIST: Yeah. I think maybe one of the differences is that so [where she's true] (ph) and wanting to know what the reason is can also be valid that maybe it doesn't matter for what you do with it. That she saying, "Look, this is bad enough that there isn't a reason we could come up with that would make it feel okay that it happened." Like, "Oh, he did it for that! So then I'm going to stay right now," or, "I'm going to stay even if he doesn't explain it to me."

And yet, as part of the-we call it even post-mortem, when something has occurred that really changes a system (ph). Understanding why and understanding what happened and looking back, I think is important for people to put it in perspective. [00:31:07] I think that's a part of mourning it. I think that's a part of what will really allow you to move on. I think that's a part of what you, then, look out for in the future so that it doesn't happen again whether with Ivan or with someone else. No matter where that goes for you, I think that makes sense to [that you want to know] (ph).

That's something I think we'll continue to understand over time, and can talk about front and center when you really want to. I can't tell you exactly why, as his actual statement...

CLIENT: No, I know.

THERAPIST: ...because I don't know his mind nearly as mind as you do, even for one. And certainly, I don't-I'm not here [to be talking to him] (ph) every day.

I do know that Dr. Bourd (sp?) had some similar ideas that I shared with you. He and I were saying similar things about our guesses about some of the reasons why he did this, even though they're guesses. [00:32:02]

He said that Ivan-he just couldn't go there, in thinking about the reasons. [It's not like] (ph) he said, "Oh, I get it, that's why." He sort of heard them but couldn't take it up too much. So it's not like we've heard this confirmation from Ivan through Dr. Bourd, that he knows exactly why he did this.

I think the reasons why he did it are unconscious. I mean, it's going to take him time to figure that out and to come to terms with what it was in him that's very deep. And that came out in this very disturbed and disruptive way [to you] (ph).

CLIENT: Even in talking about it for a month, I feel like I'm overreacting. I feel like I'm creating a bigger problem than there is. I'm tired of continuing to say, "I don't know why it happened, I'm so upset about..." [00:33:01] I'm tired of it.

But I guess part of me feels, I don't know, I think it's healthy to let things go and not hold a grudge. But part of me feels like there is something in me that it's important to hold onto this until that conversation happens, or we decide to end the relationship. I just can't... I don't know.

THERAPIST: I think that's hell for you, Ramona. I mean, "Not holding a grudge," is an interesting expression. It sort of puts a grudge as a negative thing, (inaudible at 00:33:36) grudges. I think there's something in the middle between not holding a grudge and forgetting it ever happened. Honoring that this occurred and this was not okay.

CLIENT: I don't want to, in another month, still be sitting here and saying, "Aw, it's so difficult. Aw, I still can't (inaudible at 00:33:56)." I don't want to be stuck. Even if he's stuck and not able to talk about it and we can't move forward with it in any way as a couple, I don't want to stay stuck in this forever. [00:34:07] I need to, I don't know, find a way to deal with the feelings but I don't want to not move on.

THERAPIST: Yeah. That's why I say to you I think we'll get to the, "Why?" continuously over time. Some people, even in therapy, talking about their parents and childhood, you could be talking about it for years, trying to understand why from back then.

CLIENT: Oh gosh. [laughs]

THERAPIST: But that's different than, I think, what you're saying your goal is right now, is really getting a new frame that you feel comfortable with around this relationship, with what you're going to be doing with the relationship. That feels good enough. That you trust enough is the right thing to do for right now.

Again, I (ph) saying separation is not permanent. There are-

CLIENT: We need it.

THERAPIST: Yeah, it's a...

CLIENT: I just-

THERAPIST: You're clearer.

CLIENT: I'm very clear. I'm very clear on this. I don't know if I'm ready to tell my friends, but I'm so clear that this has to happen. [00:35:01] I am desperate for it, at this point.

THERAPIST: Okay. (crosstalk at 00:35:04)

CLIENT: It's going to be really-I'm sure I'm going to fall to pieces again when he leaves, and it's not going to... But we need it.

Something that I would like to rely on you for is making sure that along the road of it being difficult, or having positive memories come up and all these different, confusing emotions, that I don't look the other way. Or that he doesn't come back to me because I am the person who's

taking care of him or been there for him. And I don't go back to him because I couldn't forgive myself. I guess I don't want to continue for the reasons, that's this.

THERAPIST: You don't want to be allowed to slide back in to something that continues to destroy you, just because you're feeling too guilty or too scared. That's not worth destroying your life. And I absolutely hear you on that, that's kind of where I was thinking, anyway. But it's helpful to me to hear that know that. [00:36:01] It feels clear enough right now, but yet you know it could get a little foggy in the months to come...

CLIENT: Yeah.

THERAPIST: ...and that you need help being reminded about why you're doing this and what you need in order for the relationship to feel like something you want to pursue again.

And I think you're doing a great job, Ramona. The way you described saying to him, "Ivan, I hear you and that's helpful that you're some... But it's still not the same as actually apologizing for what really happened and talking to me about it in a thoughtful and a thorough way."

That's your voice, right now, saying, "I'm taking in some of what you're trying to do. And I'm not going to lose myself just because you're doing just a little bit." It's keeping the boundary around yourself and not letting so much of him permeate you that you lose yourself.

You could also lose yourself over fear and shame, and that's the other work we have ahead is why, help you understand, or why it's so hard to tell your friends, for example. [00:37:03] I could imagine you really using their support right now. As scary as it is, it may be that once you say this out loud to people, it actually might feel better. It becomes more real, and it is. You can get support. Do you know what with friends is the most frightening or the most embarrassing? What's the...?

CLIENT: It's a shameful, embarrassing thing, to me. How do I describe what happened? I could use the word "abusive," but that-I think for most people for me, anyway I picture Ivan punching me. I don't want to depict him as that not that what he did is better or worse. But I don't know how to describe it. And I also know that even with really close friends, I think there's-for their sake, there's an appropriate barrier into what you share. [00:38:01] And it could be for a positive thing in the bedroom, but you don't share-I don't know. I was brought up in a very-we don't talk about those types of things at all.

So I don't know how to explain what's going on, and I also don't want to be that friend who is so down and who doesn't have a job, and her husband's living somewhere else, and he was abusive, and she-oh, and her mom... [laughs] I think, at some point, that can be exhausting for friends or it can be uncomfortable. I don't want to lose the positive time I have with my friends, because I'm so down or they think that I'm so down, or they don't want to talk about it, they do want to talk about it. I don't want to make them uncomfortable, I think.

THERAPIST: I also struck that, in a way, it has to be in your mind that he was abusive in order for you to be separating. [00:39:00] I think that (inaudible at 00:39:01). People separate all the time because they really are not getting along and not because one or the other was abusive. And I think it somehow doesn't feel like that's enough for you.

CLIENT: Yes.

THERAPIST: Your parents stayed together and it had a horrible relationship, to this day.

CLIENT: Yeah.

THERAPIST: It's not a connected, loving relationship. It's incredibly antagonistic and avoidant and daggers thrown all the time. I don't think it was good for you or your sister that they stayed married in that way.

You might have actually felt better and healthier had they separated. And happier people maybe your father would have come home more, then. Maybe part of what he was avoiding was your mom.

CLIENT: I feel a tiny bit of maybe it's progress that divorce is unthinkable to me. And so much of it associated with that and how horrible that is than breaking a promise. [00:40:00] But then, thinking about their situation or maybe even mine is that better? Is that more loving and more honoring to a promise? I don't know.

THERAPIST: Right. You can start to see it even when kids are involved, when you draw the line that this staying together ethic and morality actually starts to lose it being the most moral and ethical thing to do. When you're destroying each other, when kids get hurt by the level of aggression, anger, frustration; is that better, in terms of taking care of what is the most loving thing to do?

I think it's a complicated question. But it sounds like there's some room for you to say, start to consider that maybe it isn't-people can stay together aggressively, as a way to destroy each other. Sometimes, the most loving thing you can do for another person is separate from them. [laughs] And for yourself.

Again, it's not that that's the prescription here, either. [00:41:00] But I think just-you're saying it's loosening some, but what is love? And what kinds of commitments are worthwhile? And which ones are destructive commitments? There's (ph) a question now (ph).

With friends, Ramona, I imagine there's a lot more room to talk about things than you know. On the one hand, because of your upbringing, there's so much you're not used to being able to share about daily troubles and foibles. You didn't have parents who said-talked about these kinds of things with you in a way that made it feel safe and loving and knowing.

And yet I also understand you might feel safer having something clear in your mind that you want to say, and not say more until you want to. [00:42:00] Until maybe you're having a heart to heart with someone and more comes out, so that you really get more into the details.

And so what is that thing that you're going to say when you first say it that feels like it feels like a good things to say? That you'll be able to say, "I feel good and honest and safe having said what I just said, that that was a way of explaining it that makes me feel better."

CLIENT: I also really don't want anyone to pity me. I don't want someone that's like, "Aw, the victim," or, "Oh, the jobless." [laughs] I don't want people to look at me and think that.

So tonight, I can go over to my friend's apartment and we can talk about-we can talk about I'm looking for a job. Some of my friends still are, too. We can talk about that type of stuff. But we will laugh. We'll have a good time. Nobody will be thinking, in the back of their head, "He's not here because..."

It's an easy out, I guess. But I don't know. The only thing I can think I could potentially tell a couple of my really close girlfriends, maybe? [00:43:05] I could never tell any of my guy friends. I think that would be way too-I don't know why, but...

THERAPIST: You also should feel free to do it when it feels comfortable for you. You don't have to tell anyone tonight if you're not ready. You (crosstalk at 00:43:21).

CLIENT: No, there's no [laughs] (inaudible at 00:43:22) I am tonight.

THERAPIST: You have an out. You're still coming to terms with this. We can't start telling people until we've had some time to process it inside ourselves, whatever it is. "I have cancer," whatever is the thing that you're-you have to kind of have it inside in a place that feels good enough to start telling people. And I think you're still working on inside. So it makes a lot of sense. But you might one day feel like you could say something.

Ramona, I don't think you're only leaving him because he assaulted you in bed. I think, if I were telling your friends, I might say something like, from your perspective, you did not feel like you and Ivan were on the same page, repeatedly. [00:44:12] That you felt like he avoided things all the time and you couldn't talk to him after a while about just about anything. There were a number of things he did that maybe you don't want to get into right now, but that were pretty significant lies or acts or led you really, really not to trust him. And that your trust is feeling broken right now. And that you need some time apart to think about what steps you're going to take next.

So that keeps it-it doesn't mean you have to say that, but I'm just giving you an example of some of the language that validates some very significant things happening that made you feel like you just can't-this is not enough to stay, right now. [00:45:02] Without having to get into the

details of "what," if you don't want to. And then you can pick and choose, as you feel like. Actually talking about school. Actually talking about having been sexually assaulted.

CLIENT: That's the thing. It's hard to go from zero to a hundred. Because, with my friends, I've mostly shared the positives. And a lot of my friends in relationships, they mostly share-I'm sure Helen and Kevin, as much as they look really awesome and they're wonderful people, I'm sure that it's not the perfect relationship. I'm sure they have fights and have issues that they don't share, and that's fine. It's hard to go from that to, "Ivan's looking at apartments."

THERAPIST: I totally get it. "By the way, I'm separating."

CLIENT: Yeah! [laughs]

THERAPIST: So it might be that you plant a seed first. Maybe tonight, you said, "Things are not good with us and I don't really want to talk about it," if you don't want to get into it. But, "We're just having a really hard time." That could be all you say, as a starting point, that even just gives you exposure to sharing vulnerable things with other people. [00:46:05]

It might lead someone else-you're not alone, Ramona. Someone else might say, "Oh, I've been having a hard time with my boyfriend, too." People who aren't saying that to some degree are all lying to some degree. [laughs] Everybody's fighting, everybody has insecurities, everybody has stuff. You're not alone.

And you might start to feel like, okay, just-it's like dipping your toe in the water, about what it's like to start to share a little bit of this. And then you could eventually let in people more. You're doing that here, too.

[I'm going to stop] (ph). What are we doing next week?

CLIENT: We don't have anything yet.

THERAPIST: (crosstalk at 00:46:44) because of Monday.

CLIENT: I know that you said you had something on Thursday, but it's at the same time as...

THERAPIST: Yes.

CLIENT: ...it's from 12:30 to 2:00. And I feel like it's pretty important.

THERAPIST: Yep. Sounds really important. [00:47:00]

(pause)

What time is your-12:30 to 2:00. I was going to say I think I could also do 1:40, or maybe that was the time I told you about.

CLIENT: I think that is.

THERAPIST: That is the time I told you about.

CLIENT: It's in Hartford, [that's the other thing] (ph). If that's truly the only time you can meet, I can try to meet with her individually instead of going to the workshop, if that [is the only thing] (ph).

THERAPIST: No, I'm going to see if there's something else I have to take care of.

(pause)

What about 12:00-12:10 on Wednesday?

CLIENT: 12:10 on Wednesday...

THERAPIST: It's not a time I usually see people, so that's why I... But given where things are... No? [00:48:00]

CLIENT: So I'm supposed to volunteer at 1:00 and then take a break at 3:00 to have that meeting and then go back to volunteering until 5:30, so that's all in Hartford.

THERAPIST: So that's not [a go] (ph).

CLIENT: No, no really.

THERAPIST: Okay.

CLIENT: I mean, I could try to see if I could-that's my only day to volunteer next week, because of Labor Day...

THERAPIST: Yeah.

CLIENT: ...but I could try to see if I could... I would have to be there by 3:00. I have nothing on Thursday other than the workshop, I think. I know that might not be helpful.

THERAPIST: I'm totally booked up besides that appointment time.

CLIENT: Okay. Okay.

THERAPIST: Do you want to cancellations come up, so I will let you know if something happens in the next couple days.

CLIENT: Yeah! Yeah!

THERAPIST: If nothing does, do you want to check on the Wednesday?

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: Yeah. That absolutely has to happen. He said he was free 2:00 to 5:00 and we said 3:00, but I'm sure I could move it to 4:00. [00:49:03] And then that would be fine, if I could call off the volunteering or even go in for a little bit after my meeting.

THERAPIST: 12:10, you wouldn't get there by 3:00, in time. Or you're saying (crosstalk at 00:49:13).

CLIENT: 12:10...

THERAPIST: On Wednesday.

CLIENT: Oh, 12:10. That'll be fine.

THERAPIST: That'll work?

CLIENT: Yeah. I need to (crosstalk at 00:49:21).

THERAPIST: [laughs] Did I say something else?

CLIENT: I was thinking 1:10, I don't know why I was thinking 1:10. Yeah.

So I can talk to my supervisor about volunteering.

THERAPIST: So I'll put that in with a question mark. If anything else comes up...

CLIENT: Sure.

THERAPIST: ...I will let you know anyway.

CLIENT: Okay.

THERAPIST: Do you want to just confirm with me?

CLIENT: Yes.

THERAPIST: Okay.

CLIENT: Okay. And I'll anticipate for the other copay. I can give them a call, but I'll anticipate that, because that's what they said.

THERAPIST: Okay. Okay.

CLIENT: Okay. Okay. Thanks. [00:50:00]

THERAPIST: Oh, you have help with that?

CLIENT: I have (crosstalk at 00:50:07).

THERAPIST: I mean, that's a lot for you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I'll show you a few rides (ph). It's a trek for you to get here.

CLIENT: It should have, even including the walk, I should have been here before noon, but (inaudible at 00:00:12).

THERAPIST: Are you sick?

CLIENT: Yeah, I'm getting over it.

THERAPIST: On your way to volunteering today?

CLIENT: I have an interview meeting this afternoon. It's for a job I haven't applied to, just someone I was going to meet with for an informational e-mailed me preemptively and said actually he knew of a coordinator position. Wanted to talk about that with me. But I might (crosstalk at 00:00:43) after that, yeah. Yeah. [sighs]

THERAPIST: [Poor you] (ph). I did get your journal entries; I actually had a second to read them, (crosstalk at 00:00:55).

CLIENT: Oh, I wasn't expecting that, but okay.

THERAPIST: I'm brought up-to-date some. How are things? [00:01:01] How are you? Where are things with Ivan?

CLIENT: He's not moved out. So I'm not sure what to do with that.

THERAPIST: His plan is to.

CLIENT: Yep. Supposed to be. Dr. Bourd (sp?) evidently told him, "You know, it's not a separation if you're sleeping on the couch. You need to set a date by which you're going to move out." That date was the 2nd. So I guess they picked it out together as the 2nd and he still doesn't have a place.

THERAPIST: Where are you right now? What are you wanting? How are you doing? This is so much tumultuous change.

CLIENT: It is. I guess the best answer is I'm not it's a terrible answer but I'm not sure where I'm at, because I really cannot do this anymore. And Ivan, in my perception which is clearly biased I don't receive that he's making efforts. [00:02:05]

There are a lot of days that he's not speaking to me, even from the start of the morning. This morning, I'm like, "Are you not speaking to me again?" And he says, "Well, my mouth isn't moving, so clearly I'm not speaking to you."

THERAPIST: Really?

CLIENT: Yeah. I don't even know where it comes from. Not that I'm trying to analyze him, but I would guess that all the anger is maybe a bit at himself, but I'm getting it. I don't know. I don't know.

But most days are like that. Or if I try to initiate conversation which I need to stop doing but I really tried, because I really want... Five days feels like a really long time to just not talk about it and not deal with it. [00:03:03] And we're not making progress, but we're not saying, talking about steps further than him potentially moving out. We're not going either way, I feel.

And he's really mean, really cruel. He told me he's exasperated the way that I have dealt with him molesting me. And I, "How are you exasperated with my response?"

THERAPIST: Why does he say that? I'm curious even what his if I'm hearing his experience, what is he exasperated with?

CLIENT: That's what I asked. And he just said he's exasperated with the way I've responded. And that's all he'll say. I don't understand.

So I feel like I spent a lot of time begging him, essentially, to apologize, to be different, to make efforts, to talk to me. He won't look at me, even. [00:04:01] He's doing the moping, just staring at the floor, folding his arms. Won't say anything, it's just totally shut down.

It feels like it's not okay. But there's this bizarre... There's a part of me that says, "I can't tolerate this. You have to move out." What he did was really unhealthy and the aftermath has been almost I don't want say worse than what he did, but it's really compounded it, I think for me, for my experience.

But then there's part of me that's taking care of him. And so when he doesn't bother to call and it gets late into the night and I know he was out with his bike, I worry about where he is. And he doesn't answer his phone. [00:05:00]

So I guess I was wondering, you had started to explain, I think you called it a sadistic or masochistic I don't know if you used the word "pattern" or "cycle" but part of me felt like, "Why am I doing this? Why am I chasing after him, wondering if he's okay? Why don't I say, 'The heck with it, he's a grown man.'?" That type of a, "Why am I doing this?"

THERAPIST: That's a great question. In other words, starting to look at what you're-what is your unconscious, psychological investment in continuing to chase after him? He's sort of beat you down with, "No." He beat you down again. He's ignoring you. He's keeping his head down. He literally says to you, "My mouth isn't moving so I guess I'm not talking." That's so immature sort of laughable, almost, its level of immaturity. And obnoxious and rude. [00:06:00]

But you persist. So I wonder what you think about that. What is in it for you to keep trying and keep trying and keep trying?

CLIENT: It doesn't feel very helpful in this space, but to me, I feel so confused and so terrified. And I keep thinking of this kind of analogy of if you fall into the pool and you want to get to the top but you open your eyes and you're disoriented and you don't know which way is up. And if you could just see which way was up, you would be fine. That's how I feel in this situation, in this marriage, right now.

One minute, I'm convincing myself, "We can work through this. (inaudible at 00:06:48) a lot of effort, but..." And then next minute, I'm saying, "Look at all of these really extreme things. This has been really unhealthy. We've been in couples' counseling for half of our marriage." [00:07:01] Which I know, too, that's different when it's only two years that you've been married, but it's like...

So I keep going back and forth and back and forth, and the only thing I can figure out is that it would maybe be natural to care about him still, regardless of what he did you can't just turn that off because someone abuses you or hurts you.

THERAPIST: No, you can't.

CLIENT: But I'm also is it coming more from the I don't know what a good... the drive to have... Not the perfectionist thing that I do, maybe, but the not failing, not giving up. It has to work. And

that's not a good reason for anyone to stay together. But I can't figure out what it is or what's going on exactly. [00:08:01] There's something wrong with that.

And yesterday, in the morning, he's telling me how exasperated he is with me for the way I've responded. And I really kind of wanted to, I don't know if I was ever angry enough to, I don't know, hurt someone, I felt angry enough. Clearly, I did not.

THERAPIST: The fantasy (inaudible at 00:08:24).

CLIENT: Not helpful, but it feels like that.

THERAPIST: It's ordinary, actually, Ramona. You have urges to hit, punch the urge to (ph) is a normal thing that comes along with an intense feeling. It's very different if you do it, that's not helpful. But the urge, the fantasy, the feeling, these are ordinary feelings.

CLIENT: It definitely came out, then. So the bewilderment and the disbelief really highlighted. But then, last night, he... [sighs] I called him around 9:30, because he should have been back by then. [00:09:01] And I was, like, I'm not going-the past two nights, I spent chasing after him, finding out if he was okay or what he was doing. It's like, I'm not doing that again.

THERAPIST: Are you chasing after him literally, you mean?

CLIENT: Yeah, yeah.

THERAPIST: Like, driving around, looking for him?

CLIENT: Yeah. Like I described in the journal.

THERAPIST: Oh, I think I must not have gotten to that part, then. I must have read half of it.

CLIENT: I'm not doing that again. And he actually called me and I thought, "Fine. He's going to tell me what his (ph) night is, whatever, and then I don't have to deal with it." And actually, he's like, "I have a migraine. I wouldn't ask, but can you come pick me up? I rode my bike and I can't ride my bike back."

So of course I did. And then, it's like, "Oh, I'm sorry I was rude earlier." I was just like...

So I don't know. I guess I feel I'm not supposed to use the word "manipulated," but I feel kind of jerked-around. [00:10:00] And I feel like it's very, very, very aggressive both refusing to speak and look at me, that feels very passive-aggressive, and being so full of rage and saying things like that. I don't even know where it's coming from.

THERAPIST: I wonder what you need to hear from him right now that would feel like he's getting it right. What would make a difference? Is there anything that would make a difference that he could?

CLIENT: Yeah, and I think I've been very, very, very crystal clear with him. I've actually said it many times, "We need to have that conversation." He needs to initiate it. It needs to come from him. And it needs to really happen. I've said it at least a half a dozen times, and what he says is, "Oh, I've said I'm sorry."

But the other day, I said, "You know, Ivan, saying, 'I'm sorry you feel that way,'" which is what he's said to me, pretty much, "is very different from, 'I'm sorry that I..." actually going into it, actually trying to explain it. [00:11:08]

THERAPIST: Taking ownership of it, (crosstalk at 00:11:13).

CLIENT: Yes. I've used the "accountability" so many-I've used that word so many times I never want to hear it again. I've told him he really needs to do that and explain it and actually talk about it. And I would expect if someone actually felt remorse for something that big that it would be accompanied with some kind of form of a plan. Like, "I want to work on this," and, "These are steps I can take," or, I don't know. Something like that has needed to happen. I've been very, very clear about that.

I've been begging-I mean, that's what I feel like initiating all these conversations, when he's refusing to speak to me, it's pathetic. It's pathetic to chase after someone who did that to you, is treating you like this in the aftermath, and to say, "Please apologize, I want to take you back." [00:12:04]

THERAPIST: Well, it's a very powerful repetition of your childhood where you would beg your mother, like literally be begging her for forgiveness sometimes, to clean the house, to come out of her room, to speak to you again. You know what that feels like, that desperate, pleading with someone you love to come closer to you.

And that's the part that if you're talking about something sadomasochistic that you're involved in is that you get pulled right back into that childhood place of begging him to be someone else or do something different.

And I don't think it's ever going to come from you begging.

CLIENT: No. On an intellectual level, I know that if someone wants to change something, they have to want to. You can't force them to. Something that I learned on an intellectual level, growing up or from that experience. [00:13:05]

For whatever reason, it's still ingrained in me, to a large extent. I guess a lot of people, you could be a fly on the wall, you'd look at the situation and say, "Why does she keep pursuing?"

Why does she keep pushing? All of his signals say, 'No relationship, no conversation,' they say, 'No,' to all of that."

THERAPIST: See, I don't think that's true. I actually don't think all his signals are saying, "No." All his signals saying, "No," would be that he had already moved out. And he said, "I'm done with this relationship. I am so sick of this. I'm tired. I'm out of here." That's very clear. It would actually be pretty easy for all your signals to say, "No."

I think he's sending you some mixed signals. And I think if his signals were totally clear, you wouldn't even be begging anymore. It would just be happening. But I think there's a dance you're playing together, where he withdraws and you chase. [0:14:00] And you both are in that. He's invested in your chasing him right now, I think. I think you're invested in chasing. But it also doesn't get you either of you to where I think you want to be.

I think also it's not only that people change when they're ready to change. Certainly, that's a piece of it that helps. But the middle ground of begging between begging and just waiting for somebody to change is to have limits where you say, "If this doesn't happen, I'm not going to tolerate it anymore." That sometimes does get people to change quite a bit.

There's a limit. It's a sense (inaudible at 00:14:42) sounds like all this is sort of floating around without a limit right now. He tried to come up with a limit with Dr. Bourd, who even said to him, "You guys need a limit," or at least, "You need the limit, Ivan. The limit came and went September 2nd."

CLIENT: I don't know what I'm supposed to do about that, because he literally didn't send this person an e-mail, so he lost the apartment. [00:15:02] Of course he lost the apartment. I think the only reason he's staying is because he doesn't have another place to go, it's not because...

THERAPIST: Yeah. But do you think he lost the apartment by accident or on purpose, unconsciously, do you know what I mean? Just because of...

CLIENT: I don't know. Yeah, I don't know.

THERAPIST: ...being careless, or is it motivated by something. Do you know what I mean?

CLIENT: I have no clue. I mean, it sounds like typical Ivan. Not returning an e-mail, that's typical. But I have no idea if-I guess what I'm saying, if he's staying because he's not quite ready to leave, what the heck is he doing? Because there's been no form of apology. Why? Unless he's still feeling dependent and he's scared to live on his own.

THERAPIST: He sounds scared. You're scared. [00:16:00] You're not so ready to leave that you've put down an ultimatum or have left, yourself. I think you both sound scared.

Ramona, what's the side of you that's saying, right now-you started off as saying, "On the one hand, sometimes I feel like we should keep working on this, we can keep working on this, we'll work it out. On the other hand, sometimes I feel like I'm just done, we need some space, we need a break and we're sending each other all the signals that say we need a break."

The first side of you, where is the information, the data coming from when you say, "Sometimes, I feel like we could keep working on this"?

CLIENT: I don't know if that's realistic anymore, but I guess I have... [sighs] I guess I've wondered if married people who go through this type of thing I'm assuming that Ivan and I aren't the only couple out there who one of them has done this if they are able to go on to repair and work on it and eventually come to terms with it and move on. [00:17:09] If they're not willing to throw the relationship away completely over that.

THERAPIST: I don't think that's why you guys are thinking about breaking up, though.

CLIENT: No, that's not it. That's not the whole thing, but (crosstalk at 00:17:22).

THERAPIST: There's like the straw that broke the camel's back. Maybe it's a branch, because it's a pretty big one. It's not, like, a little straw. But there were lots and lots of other straws.

CLIENT: Yes. But this one's different, if that makes sense.

THERAPIST: It is different. And yet, I think if it's the only one that happens, I don't think you'd be where you are right now.

CLIENT: No. No, agreed.

THERAPIST: You'd be totally confused and angry, but there would be a platform to talk it out.

CLIENT: Agreed.

THERAPIST: I think you're fed up with not just that he did that but that he's not willing to engage with you in a mutual back-and-forth conversation where he's taking ownership of his stuff and you're taking ownership of your stuff. [00:18:04]

Over and over and over again that he moved back to, "I'm the worst person in the world, woe is me, you are too good for me, you shouldn't be married to me." You can't have a conversation with that. It doesn't go anywhere.

CLIENT: No. No, we're not going anywhere.

THERAPIST: To me, that's actually-this is what I said last week, when you were asking me, when we were talking a little bit about what would you say to a friend, even about why. I think

that is the largest why right now, of anything. You're not happy in the day-to-day interaction and working-through of problems with him, period, before this happened.

CLIENT: I did feel like we were making some progress, though, before. Clearly, I was wrong, because there was stuff going on with him.

THERAPIST: No, I think you were right. You were picking up on lots of little things that were starting to happen. They weren't happening all the time, necessarily, or consistently, but they were happening. [00:19:03]

CLIENT: Yeah, but I was under the impression that things were going better and we were making progress around and during the first time he did this, because I didn't know it happened. He must have had some clarity that things weren't quite like-I don't know. We weren't on the same page, that's for sure.

So it feels, I don't know. In that, it felt like there was some progress. It's really hard, because right now, I'm thinking this is horrible, but when I think about it, okay, I admit that I'm very confused when I admit to this, it's not articulate or well-formed or anything like that. But I just think to myself, "I never want to have children with Ivan. I never want to have a house with Ivan. Maybe I don't want a future with him. Two years may be one thing. I don't want to spend the rest of my life with someone who is molesting me in my sleep and freaking not apologizing."
[00:20:02]

I'm sorry, but there's just no excuse for five weeks to go by and that conversation hasn't happened. On top of which, he's really not talking to me. Not that it would be excusable, but you would think if one of us was not going to talk to the other, it would be me. And that's not happening. He's actually the one who's angry and saying really cruel things.

And he's framed this separation as, "Well, we both have our own stuff to work on." Which is true, but around him molesting me in my sleep? Not my fault. Zero accountability in my hand. But he really told me, he's like, "I did it because I was so tired of being rejected." And I said, "Ivan, we weren't-Dr. Farrow said there have to be conversations before there's physical intimacy. You have to verbalize, talk about what you want to do, and then decide if you both agree to part of it or all of it or none of it. [00:21:08] That that needs to be happening." And he wasn't doing that. And I said, "You weren't hearing, 'No,' over and over. You weren't." [sighs]

I felt like he very much expressed-any time we did have any type of physical intimacy, he would complain, very personal. He would complain. It would usually be something along the lines of, "It's been so long since," or, "Wow, that hasn't happened in a long," or, "That wasn't even fill-in-the-blank." I don't know if Ivan has ever appreciated that that's probably the most personal way you can criticize someone, and that I didn't think that that was fair to be on the table, really, when he's not telling me the truth, not talking with me. We didn't have emotional intimacy.
[00:22:01] Which I felt like it needed to come first. [sighs]

THERAPIST: Well, what if, Ramona, what if he does think that for him, that could be on the table while you're still working on it and you don't? What if that...

CLIENT: Then he needed to say that.

THERAPIST: ...works for him and it doesn't work for you? In other words, I think there are ways even of talking about this without there being-there are places where it's very clear that something wrong has been done. Ivan molesting you is crystal clear. There may be roots that have to do with both of you, but it's crystal clear that was 100% his responsibility for that action. It's not acceptable behavior. It's abusive behavior and he has to take ownership for that.

There may be other things, like how you navigate whether or not you have a sexual life while you're trying to work on the relationship and feeling upset with each other. Different couples do that differently. There are some people who would feel like, well, you kind of keep working on that alongside the other stuff. [00:23:00] There are some people who would feel like, "No, I have to reach a certain level of this kind of safety before that can be anything I'm remotely interested in."

So it doesn't even have to be right and wrong, but you could be feeling very differently about something. And that your feelings matter. They're not just feelings to be overridden by him. His feelings matter. His disappointment that that can't be part of the relationship right now matters, but that doesn't mean yours is wrong. Both of your feelings matter.

CLIENT: But what I've never understood, he's expressed a dissatisfaction with that. He's been very crystal clear on that very, very, very clear from the very beginning. But he hasn't been saying, ever, I haven't heard him, "I wish we were closer. I wish we talked more. I wish you could trust me more. I wish I could work on..."

Which, to me, would be the fundamental... I don't know, because you're not always going to have-[00:24:00]

THERAPIST: The basic stuff...

CLIENT: Yes!

THERAPIST: ...in a relationship, he's not saying he wants that, or, "I want to work on that."

CLIENT: I don't get it. Because I guess in my-it's just opinion, and Dr. Farrow was clear that different people have different opinions about it, but I guess I feel like even if you have a healthy marriage and that's a part of it, that's a really small part of your day, a really small part of your week, and a really small part of your life, compared to the rest of the 24 hours, the rest of the year.

And it's not always going to be a component of your relationship. At some point, you grow old together, and that's not the... Things change. So I guess if there's nothing, there's no substance... [sighs] I guess, for me, physical intimacy needs to come from a very different place. And it can't just be physical. It has to be supported by trusting someone, feeling comfortable being vulnerable with them.

THERAPIST: And that's how you feel. And that's really important. And you're not feeling trusting of your own husband. [00:25:01]

CLIENT: No, and maybe it doesn't matter. Maybe it sounds silly, but for me and I mean, Ivan had this perspective too but waiting until marriage to have sex, even when you had boyfriends and just decided that that was your personal value system. I guess for me, it was even more of a... I don't know, like I respected... I don't know how to describe it, but the relationship with sex, for me, is... If it was just something to do because it feels good or because that's a natural thing to do or because you can have those desires, I would have given in to those desires before I got married. But for me, it had a bigger meaning than just that. And I just feel like he's robbed me of, I don't know.

THERAPIST: Yeah. In your value system, maybe even in particular. [00:26:02] It's that much more that it grows out of a bedrock of a committed, loving, trusting relationship, including marriage. I mean, that's a way that is very clear that that was so important to you. And it feels like that's somehow being told to you that that shouldn't be that important.

CLIENT: I told Ivan I thought that he was very disrespectful, which I think is a kind [laughs] like a slap on the wrist, it was a comment to say to someone after he did what he did and the way he's been speaking to me, and he just says, "Do you respect me?" That has been his immediate comment. I've said this a couple times. I don't even know where...

THERAPIST: So maybe he doesn't feel respected. [00:27:01] And maybe there are ways you aren't-I don't know, but maybe your communicating let's say, for a second, you are that you think he's lesser-than because he works at Subway or something. He needs to communicate that with words. That's what couples do when you're being an ordinary, healthy (inaudible at 00:27:21), is you say, "I feel like you don't respect me. I feel like you treat me like I'm the scum under your shoe, and I don't like it. It makes me feel bad about myself."

You talk about it! You don't violate someone sexually in their sleep as a way of getting back at them. There's a big difference.

CLIENT: I don't know if he does feel that way. I don't know if he feels like I've treated him like he's less than me or like I...

THERAPIST: My point being, whether he does or doesn't, that's the thing he says back to you, "Do you respect me?" That doesn't mean anything! What is he trying to say? [00:28:00] As though, if you don't respect him, that then he's entitled to do that? No! Even if you didn't let's say

you didn't respect him, let's say you consciously, overtly had that feeling of, "I don't respect this man."

That happens in couples. That's not a horrible thing to feel, to not respect your partner. They're doing something you really disapprove of or makes you not think highly or feel in love with them and you stop respecting them. That happens. People come into couples' therapy to work through feelings of not respecting each other. That's not a justification for assaulting you.

CLIENT: Part of me does feel bad, because after some of the bigger things that he's done, I guess I feel like I don't have the same respect for him that I did. And the other day, he said, "I want to be loved for who I am, not who want me to be, not who you dream or whatever your expectations are for me." And I felt horrible, because I think that's it's not fair, but, because when you misrepresent yourself to someone and you work incredibly hard to do that and then they're disappointed that you're not who you said you were, it's not fair to say, "Why are you disappointed?" [00:29:13]

But I think, to some extent, that is what's happening. I don't know. I'm so, so, so, so confused, because this is...

THERAPIST: It is, in a way, how you talk about him. And I say that with a kind of—that doesn't mean you're doing something wrong or bad, Ramona. It's important if that's one of the things you are feeling.

Different people have different thresholds for what would make them not respect someone else. There's nothing wrong with where your threshold is.

If you said it were at one extreme, like, "He has to be President, or else I don't respect him"? [00:30:02] Then we're working more on something in you, because that's really unrealistic and you'd never respect any partner you've had, then.

But you're not asking for sort of pie in the sky, dreaming ideals about a person. You're asking for him to be honest with himself and with you. You might feel you'd respect him more if he worked at something that required more of his education than working at Subway.

CLIENT: It's not so much that as it is Ivan had, I don't know, he expressed dreams and ambition and motivation and purpose in his expectations (crosstalk at 00:30:39).

THERAPIST: So if he were following his dreams and ambition, you'd respect him even if it were to be a Subway owner.

CLIENT: He doesn't seem to have any of that anymore. He doesn't even talk about potential—there's just nothing. He could work at Subway for the next ten years, I don't know, because he's expressed nothing. I just don't know what to do with that, and it feels like such a small piece, right now. [00:31:01]

THERAPIST: His statement, "I just want to be loved for who I am," is also an extreme. So in other words, this is going to follow him. Let's say he gets into another relationship. That person's going to be disappointed in him if they catch him lying for a year about something. In other words, that's not you being, "Oh, you're just being crazy and overly demanding." When people get lied to or when people get physically and sexually assaulted, they have very strong feelings about it.

So he's going to get hurt himself, again. It's not going to work if his expectation is, "I should get to assault people and lie and it shouldn't matter that I have any ambition whatsoever to do anything. And I should be loved for that." In a way, that is what his parents did. All of the things that were problems got shoved under the rug, and (inaudible at 00:32:03) was glorified and idealized. That's so not loving! There's not a sort of naming. "Do you need help with this? You're struggling with this part, let's get this known."

Kids who start to lie about things. Starting to lie is such an ordinary experience, but the parents hopefully catch it and help them-the importance of honesty. And it's so much better to face your feelings. You'll feel better about yourself in the long run. Or getting educated about being an honest person with one's self, even.

His parents participated and enabled him to grow this fantasy that what love is, is that you're allowed to lie, cheat, assault, and the person would love you no matter what.

CLIENT: I guess part of it felt like, I don't know. I felt bad, of course, when he said that. But part of me also felt like it was a copout. You can't molest me in my sleep and then treat me like this for five weeks and then you're supposed to be moving out but you're not and then say, "Well, I want to be loved for who I am." [00:33:06]

You can't do whatever you want and still think that the relationship, that my feelings for you are going to stay the same.

THERAPIST: Do you feel like you know what you want yet, Ramona, or are you still-[I mean] (ph), this is so much to process.

CLIENT: I don't know. I've asked a lot, I think, for him to apologize. And it's still not happening. And I think... I don't know. A part of me feels like it's over. Part of me feels like, "Ramona, this is so unhealthy. This is not okay." And this most recent thing, it's not the only significant issues that he's brought to the table. [00:34:00] Not that I haven't. I know that I've brought things into the marriage and I've done things and said things that weren't okay, and I've had stuff to work on.

And I don't want to be easy on myself, but I guess I would view it workable, some of my things, I would view them workable. But if you use them as part of what you might expect, you both need to work on and it's a process. But I wonder if some of these big things are just above and beyond.

(pause)

I feel like I just need him to get out right now, because I can't bear one more day of him not speaking to me and acting like I don't live here.

THERAPIST: It sounds like you might actually feel relieved to have some space.

CLIENT: Yeah. Yes. It's really hard, because he's putting his stuff in a plastic bag. [00:35:02] We have suitcases. We have bags. But he's being dramatic. He's feeling sorry for himself. There are moments when he's saying horrible things to me, and then before I left today, he's like, "Well, have a good day." I was like, "Are you serious?" It's like this Dr. Jekyll and Mr. Hyde act, kind of.

THERAPIST: Are you to a point where you could say to him, "I think it's time for you to leave" (crosstalk at 00:35:40).

CLIENT: I have said it.

THERAPIST: You've said that?

CLIENT: I've been clear. It's all been clear.

THERAPIST: Have you both agreed that he needs to leave?

CLIENT: Yeah.

THERAPIST: Okay. And he's onboard with that, it's not like he thinks, "Oh, well, why am I the one to leave? Shouldn't you leave?" or something like that?

CLIENT: He hasn't said anything.

THERAPIST: Okay. [00:36:00] What if another month passes and he forgets again? I guess I'm asking, this is a logistical question, would you reach a point where you would say, "Well, then, I'm leaving"?

CLIENT: Once I get a job, things might change. But right now, I'm living on loan money and that's crazy. That's crazy.

THERAPIST: Would you live with roommates? (inaudible at 00:36:24)

CLIENT: I would have to, I'm sure.

THERAPIST: Okay. It might be cheaper than what you're paying now.

CLIENT: Oh my gosh, yes.

THERAPIST: So I guess that's what I'm saying, practically speaking, like if you found a place for next month yourself. Are you thinking you're going to move out anyway? Let's say he moves out. Your rent (inaudible at 00:36:42) and it's pretty high for you to pay by yourself.

CLIENT: Yes. Even once I get a job, I could technically afford it, but that'll be a lot of money. The lease expires October 26th, so that's time to renew, and I don't know what to do. [00:37:01]

THERAPIST: What if you were to start to look for a place for November 1st? For example, for yourself. Regardless of what Ivan gets together or doesn't get together, if you don't renew your part of the lease and you start looking for a place with roommates even if it's October 1st and say, "I'm moving out." Has that come into mind, to sort of start pursuing your own place, too? Or does that start to feel scary right now?

CLIENT: It's scary. And it's also the, I don't know, Dr. Farrow said separate at least a month. She laid no ground rules. I don't even know what you do or don't do during a separation. I have no clue. None. But she said at least a month, up to three months, and that would put us at the end of November. So some type (ph) of decision has to be made, but I guess if I thought it was a trial and I pictured Ivan reacting kind of the opposite of the way he's been. And assuming that we come back, we have our apartment again, we go back. [00:38:00]

THERAPIST: So maybe you're thinking, in some ways, if you both find new places, that feels like you're actually giving up right now, as opposed to thinking about it as if it's a trial one to three months, you might stay put for those one to three months. And you see what happens during that time. And ideally, he's moved out at that point.

CLIENT: Yeah. It also maybe feels a little crazy or unrealistic to we both move out, we both get new places, we have a lease, oh, then we'll get a new place together. Probably can't deal with that on top of everything else right now.

THERAPIST: I totally get it. I get it. I get it. Yeah. So he needs a new place. ASAP.

(pause)

We have to stop.

CLIENT: Okay.

THERAPIST: You sound clear, though, Ramona, about what you want to do for the next month, at least, (inaudible at 00:38:58), and I think that's really important.

Doesn't mean you have to be clear about six months from now or three months from now, even. But you sound like you know what you need right now.

CLIENT: Yeah, that's not an option anymore.

THERAPIST: I think the more you can pull away from the role of begging, begging, begging, begging for an apology, I actually think that will help you even in the trial separation. Even think of starting the separation now. You're not separated if you're still begging, begging, begging. You're starting to say, "Okay, I have to let go. And I'm not going to get that this way." And see what happens then. Then you actually get to see what he will or will not do on his own.

CLIENT: He's not going to talk to me or look at am I supposed to talk to him later?

THERAPIST: I think to the degree that you talk to him about the practicalities of what the next steps are, that seems reasonable for you. But if you're begging him for an apology, I'd try to start taking that out of that vocabulary. [00:40:00] Write it down, if you need to. Journal about it.

I actually think it's the thing that would have the most likelihood of him apologizing. If anything's going to happen, I think it's if you let it go and it has to really come from him. I'm not sure that it's going to, but I don't think begging's going to get you there. Talking about the practicalities, though, is important and it's realistic for both you to have to do. Okay?

So even if it means you e-mail saying, "We have to talk about what's next. We have to get you a place. When do you want to talk about it?" or, "Is there anything I can do to help you find a place?" Okay?

I'll see you Monday.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: ...on the train, so it was like...

THERAPIST: Like, you were on the train on the way there?

CLIENT: Right. So I was on the train and I could have gotten off at Amherst to see you or I could have gotten off at Bentley to see them. So it worked out that I was able to turn around come back. But I'm just really sorry. If it was a temp agency, I wouldn't have been as concerned, but this is an actual job, so...

THERAPIST: Oh, it is. That's what (crosstalk at 00:00:24).

CLIENT: But it doesn't matter.

THERAPIST: (crosstalk at 0 0:00:24) to understand.

CLIENT: If that was the only time they could see me then that just had to work.

THERAPIST: Totally get it.

CLIENT: It was just very, very last-minute. I got the offer on Friday and then the last thing before they left the office, HR e-mailed me and said, "Just be here at 10:30." They were supposed to arrange availability with me but they didn't. Sorry.

THERAPIST: It's a lot to expect (inaudible at 00:00:51) to say to you, "You have to be here." Who knows what you have going on Monday morning?

CLIENT: Yeah. I mean, I literally applied to the job on Tuesday, so it wasn't like... This was completely booked before then. [00:01:03] So, anyway. Very sorry, but...

THERAPIST: Yeah. No, I understand. So this is a temporary job but in a real (crosstalk at 00:01:11).

CLIENT: It's a real job. It doesn't matter.

THERAPIST: It's not like admin.

CLIENT: No. The study ends at the end of December, so that's just the nature of the research.

THERAPIST: So you'd want it?

CLIENT: Oh, I took it. (inaudible at 00:01:29), yet...

THERAPIST: Oh, you took it?

CLIENT: Yeah.

THERAPIST: Oh, you got the job!

CLIENT: That's why I'm going to HR.

THERAPIST: Okay!

CLIENT: I wouldn't be going to HR-

THERAPIST: I thought you were going in to interview or something like that.

CLIENT: No, I already interviewed. I already interviewed. I already was offered. HR just needs me to set up payroll and stuff like that. That's why I couldn't blow them off, because I can't accept the job on Friday and then say, "By the way, I'm not coming."

So I know it's not good to cancel you or to cancel them, but...

THERAPIST: I totally get the context.

CLIENT: Anyway, so.

THERAPIST: So this a job job, through at least December. [00:02:01]

CLIENT: Yes, it's a job job. It can be full-time, she said in September it might be more part-time, with training and stuff. The good thing is it's crazy-not crazy, but it's kind of weird shifts. It's like noon to 10:00. And weekends are a good-they want people to work weekends.

I still have other interviews coming up. I have a phone one today, actually. Anyway. So I could probably take on a more-permanent full-time job and keep this and try to do it all.

THERAPIST: Really?

CLIENT: We'll see.

THERAPIST: Wow.

CLIENT: I guess that's kind of the goal, to see.

THERAPIST: So you still could interview, possibly take a temp job (crosstalk at 00:02:47).

CLIENT: I am.

THERAPIST: Okay.

CLIENT: I am interviewing. I have two this week. I had two last week. Two the week before. And I'm going to keep going. So that's the goal, so that I have something once this job is over in December. [00:03:01]

THERAPIST: And this is at least income, also then, in your field, building...

CLIENT: Yes.

THERAPIST: ...experience...

CLIENT: No, it's a fairly good job.

THERAPIST: ...building your r  sum  . What's the job? What are you (crosstalk at 00:03:09)?

CLIENT: It's Amherst Group Hospitals. They're doing... Evidently, I guess last year, Connecticut passed another health reform law that not many people know about including me. And the state, as a part of that law, requires the state to do research. So the state is funding this research study in emergency rooms to find out what people know about insurance and what options are available to them, duration and gaps of coverage versus duration of actual healthcare, things like that.

So it's **interviews with patients in the ER**, which I think...

THERAPIST: Interesting. How do you feel about it?

CLIENT: It's not my dream job, and that's fine. And it's not great money and there are no benefits. [00:04:01]

THERAPIST: There aren't?

CLIENT: Nope. [laughs] Absolutely none, not even travel. But it's money. Not very much, only \$18 an hour, but it's money so I'm going to take it, especially because I could do another job and keep it on.

And it's probably good to learn about healthcare reform, that's an important piece that a lot of researchers just (ph) don't get.

THERAPIST: Yeah. And it's experience.

CLIENT: Yep! It's actually valuable experience, it's not just a job.

THERAPIST: It could help you get your next job, yeah, absolutely.

CLIENT: It's something. And I'm working with doctors, so they know other doctors and they will be supportive of me...

THERAPIST: Networking, connections.

CLIENT: ...getting a job.

THERAPIST: Well, **congratulations!**

CLIENT: It's not a big...

THERAPIST: I know it's not your dream job, but...

CLIENT: It's not a big deal. It's just some money.

THERAPIST: It's something.

CLIENT: Yeah.

THERAPIST: It's (inaudible at 00:04:53) not nothing.

CLIENT: It's not nothing, I guess.

THERAPIST: So we have limited time...

CLIENT: Yep! That's fine. [00:05:01]

THERAPIST: ...where are you? What do you need help with?

CLIENT: I think I feel like I need help but I'm not sure that there is anything.

Ivan moved out.

THERAPIST: He did?

CLIENT: Yeah, but I don't know if he really moved out. Wednesday, he wasn't talking to me again, whatever. And then Wednesday night, he texts me and he's not home and he tells me that his parents are coming to Hartford the next day and that it's not an option and that they are just coming. And that they wanted to be supportive of us. [sighs]

So basically what happened was the next day, he left for work in the morning and took a duffel bag of stuff and said that his parents were going to pick him up after work and I guess take him to dinner, take him to a hotel. I guess he stayed at a hotel with them. For all know, they're still here. [00:06:00] I think they were supposed to leave over the weekend, but I don't know. I guess the goal was to try to help him find a place.

I haven't heard a word.

THERAPIST: So you didn't see them?

CLIENT: No.

THERAPIST: You didn't interact (crosstalk at 00:06:17).

CLIENT: No. They haven't spoken to me since any of this happened. They haven't shown any concern or anything. I don't know if they wanted to see me or if they wanted to-they didn't say

anything to me, he didn't say anything about that to me. I just said I didn't think it was really appropriate for them to come hang out at our apartment when he's supposed to be moving out, especially given the context that they're not speaking to me. I didn't feel like I needed to...

He was a little sharp. He's like, "I think I should be able to keep keys as long as my name's on the lease," and I said, "No. I think if you want to come over at this point, you need to text me, e-mail me, and set up a time when I will be here to let you in and you can get whatever you need." [00:07:04]

THERAPIST: How's that feeling?

CLIENT: Pretty **confusing**, I think is the best word. Never heard a word. He yelled, "Bye!" through the bathroom door, I was in the shower when he left. That's what I got. He was banging on the door, he's like, "I need to get my toothbrush," or whatever. I was like, "I'm in the shower. You can't come in. You know, you could have gotten it earlier in the morning. You can wait until I'm out, but no." And so he's angry about that. He just yelled, "Bye!" and left and I haven't heard a word from him. I never heard a word from his parents.

I have no clue what's going on with him. I'm assuming that he's fine, because his parents clearly took him out to eat and took him to a hotel and stayed with him for at least a couple days, so I'm assuming they wouldn't have just left him [sighs] with no place to stay. [00:08:07]

So I'm guessing he's okay. But I don't know if he took a towel, I don't know if he's living in a hotel, I don't know if they found him a place to stay, I have no clue and I really kind of wanted to... Part of me wanted to call him and make sure he's okay and to find out what was going on. Then I felt like that was just more of me chasing after him.

THERAPIST: It's hard, though. There's not such a basic consideration of saying, "I just want to let you know I'm okay. I'm at this hotel. I'm getting a new place," just so that you're communicating with each other. **He's not communicating with you at all.**

CLIENT: But I think that's **part of the reason we're separating**. I mean, it's not a...

THERAPIST: It's not a surprise, that he's not communicating. [00:09:00]

CLIENT: I guess I can only assume he's okay. And I asked my sister, "Should I find out if he's okay? I'm kind of worried." I mean, he took a bag full of stuff but I don't know if he's... He didn't take that much.

THERAPIST: He didn't take all his stuff (crosstalk at 00:09:17).

CLIENT: No! No, and he didn't even take all his clothes. And he didn't even take all of his bathroom stuff, I don't think. I guess I feel like he should be coming back at some point. And I'm guessing he's okay, because I mean, at least, I'm assuming he's talking to his parents. If they

showed up and scooped him up, I'm assuming somewhat they would at least be in his business and making sure that he's cared for.

THERAPIST: Yeah. In some ways, at least, you know they came and they're in some ways responsible for him right now. If they're here, they probably are going to help him find a place. [00:10:00]

CLIENT: I think that was the goal. He told me that they said they're coming up to support us. But I think they're just getting him a place and (crosstalk at 00:10:08).

THERAPIST: He used the word "us," which is interesting.

CLIENT: I'm sorry. It makes me furious. It really makes me furious. They couldn't bother to even ask if I was okay over a month ago and now they're coming up uninvited and supporting... I know that's not helpful, but I'm just really angry at them.

And I feel... I guess I want to ask you why I feel this way, but sometimes I wake up in the morning and I'm scared. And not lonely, but I just... I have feelings of missing him.

Not at all the way he was. When I actually think about the way he was, of course I would never miss that. And the things he was doing, I would never miss that, the way he's speaking to me, not speaking to me, I would never miss any of that. [00:11:01]

But I guess I miss what I... The positive memories I do have of him, or the expectations I did have. I don't know if I should use the word "fantasy," but... [sighs] What I wanted it to be, I miss that.

THERAPIST: (crosstalk at 00:11:20) that early on, of what you thought your life would look like together.

CLIENT: And even some of what did, in the beginning even with the construction job, whatever. Two years wasn't completely, non-stop horrible. Which, I would assume, no marriage even if there is abuse, even if there is lying, it's not completely horrible all the time.

THERAPIST: No marriage is.

CLIENT: No. And so that's really hard to let go of those positive things. [00:12:01] And it's not fair, I think, even if you end your marriage to make yourself feel better by saying it was all terrible.

THERAPIST: No, that's right (ph). Ramona, (crosstalk at 00:12:11).

CLIENT: That's not fair to just throw the baby out with the bathwater.

THERAPIST: It's not fair, yeah, to you or to him, to [either one of us] (ph), it's actually not grounded in reality. And it will make you regret things later, then.

I mean, I'm struck by your saying that part of you wants to ask me why you're feeling these things. But I can't imagine you not feeling these things, to be honest. It's more dangerous when people can't remember the good. Do you know what I mean?

CLIENT: I guess I think maybe if I wasn't you talk about this masochistic/sadistic cycle, I still don't really understand that. I'm trying, but I really want to understand that. We've talked about if I had, I don't know, more respect for myself or if I liked myself more or if I had, I don't know, I don't know how to... [00:13:05]

But I guess I would think maybe part of me would be he needed to leave. I'm glad he's gone. You can't treat me like that. This is a relief. And part of me has felt relieved. I've gone days days, now! without crying at home, without getting worked-up.

But I can't go back to sleep. I can't stop thinking about it. I feel like...

THERAPIST: I guess I hear one of the questions you're asking better than this is, is that you being masochistic? Is your remembering the positive and sort of longing for that or missing that part of being drawn back into it?

It's a very complicated question. I don't think most of it has to be that, though. In other words, Ramona, if you were leaving right now and saying, "Good riddance. [00:14:03] I'm so happy. What a relief," that the only thing you feel's relief? I would actually be more concerned about that, because it's not true.

In other words, when people decide to get married, it's because they have loving feelings for each other. It means that they care about each other. It may mean other things. There may be other complicated layers. But you have loved Ivan. You've cared about him very deeply. He's been very, very important to you. He is very important to you whether you like it or not right now, he is. He's your husband.

We don't just turn off positive feelings. You can't just say, "Okay, well, he's done a few mean or inappropriate things or he even has these incredible deficits, so therefore, I don't love him anymore." The loving feelings are there alongside the things that are making you really frustrated and really feel like this isn't going to work for you. [00:15:01] Of course they're there.

CLIENT: Then how do you figure out which is-whether you should keep working on it or whether you should say, "I need better and different."

THERAPIST: This is the process that people go through in (inaudible at 00:15:21). They weigh all of the feelings that are there and continue to weigh them and continue to weigh them. And it's

why of course you're not sleeping right now. If this were easy, there would be something you were oversimplifying. Do you know what I mean? Does that make sense?

CLIENT: Yes.

THERAPIST: So how people decide is if-sometimes people go through, "We're going to separate. No, we're not, we're going to get back together. No, we're going to separate, we're going to get back together." They can go through that ten times. Sometimes people even separate and then get back together, and then separate and then get back together over a long period of time because one of the things they're trying to do is say, "Okay, but when we're separate, I miss and I love him," or, "I miss and I love her a lot and I realize what we have that is important to me and I want that back." [00:16:14] And then they get back together. And then you're reminded of the things you don't like.

I think that's what you're doing in your mind right now, Ramona, is sort of weighing what you have and what you don't have with Ivan. And if what you have starts to feel like it's worth what you don't have, that that's when people decide to stay in marriages. And I think even this is not-marriage is like this. People are not perfect together. Everybody has difficulties. Marriages go through really big things and people are constantly thinking, "What do I have and what do I not have?" And if you're deciding at the end of every day that what you have is not worth giving up on, that it's not worth the bad that comes with it, that that's when people are staying together. [00:17:02]

And I think that's one of the things, you've been on that line of feeling like, "What I have and what I don't have, they kind of go back and forth." But ever since this thing where Ivan assaults you, that scale, then, tipped in the direction of what you don't have, I think. Does that make sense?

CLIENT: Yes.

THERAPIST: Now, that's not to say. Another couple even if that happened, let's say there's something else they had that was so, so important and good. And that they both decide, "Even though this happened, this is so worth it, to stick with this."

That's what I think you're trying to look at in your mind, is where's the balance?

CLIENT: But how do you determine whether it's worth it to stick with it or you're just sticking with it because you feel dependent, you don't want to be alone, you're scared. [00:18:06] It's really difficult to face that, even if it's the right thing to do.

THERAPIST: Right. You could stick to it for the wrong reasons, too. You could say, "Oh, well, we're going to work on it," because you're really just scared, even though deep-down you know that you're really unhappy.

CLIENT: I don't know if being really unhappy is justification for getting a divorce.

THERAPIST: I hear you wanting, if I could just give you the right answer.

CLIENT: I'm not asking for an answer. I guess I'm trying to get some clarity in my thoughts to figure out why I'm thinking some of these things, because I guess I think about... For women who are actually in marriages with intimate partner violence, which I don't know if what Ivan did, I don't know if that would even be an act of intimate partner violence. [00:19:06] But it takes them an average of seven to ten times that they leave before they actually leave the marriage.

And it gets frustrating for people who work with them, because how do you-you never blame that person and you feel compassion for them and you support them, regardless, but it's hard to watch them... You want to tell them to snap out of it, that they deserve better, they have to get out of there.

There's a difference, there, between-their marriages aren't all bad. There's a difference. But even though they aren't and can't...

THERAPIST: In fact, their marriages are never all bad, and that's why they go back. In other words, there's love. It could be someone they fell in love with who then beats them once a month or once every couple weeks, but the apologizes and says, "I'll never do it again," and, "I love you so much," and so you remember all the positive feelings that are there, too. [00:20:06]

CLIENT: But I don't know if it's always remembering positive feelings. What if you do go back to someone because it's scary to be alone? That's not the same as going back because you really want to build on the foundation that was good.

THERAPIST: Yeah. Even by the way even when I say remembering positive feelings, if we're trying to draw a line, Ramona, about what isn't acceptable? If you're being beaten it doesn't matter, even if you're in love and there are positive feelings on some days, if you're being beaten on the other days, it's not okay.

CLIENT: Okay, well, I'm not being beaten. I wish what Ivan had done was more clear. But when is the point of no return?

THERAPIST: So it's different for all people. And this is what's hard, is you're trying to look inside and figure out where are you and what matters to you. What is your value? [00:21:00] You know, you ask the question I would ask you. Is that enough? What if you're not happy most of the time? Is it the ethical thing and the right thing to stay in that marriage or not?

CLIENT: I think, for me, it feels like Ivan has no respect for me. I have no clue why he did that. I still don't understand why he did that. I wish to God someone would tell me why, because he just says, "There was no sex," so he needed to be close to me.

And I guess I could never go back to sleeping in the same bed with someone who, if they even thought they might be rejected if they had the conversation, that would be enough for them to molest you. I don't understand. [00:22:03]

I just know that right now, if I had to think in absolutes and I had to make a decision right now, I don't want a future like that. And I don't know if I could sleep in the same bed with him again. I would never want children with him. I would never want... I don't want any more.

THERAPIST: Ramona, that sounds pretty clear.

CLIENT: But I feel like I'm just clinging to the things that... I don't know where this came from. I don't know if this is him all along and this is just a more extreme example.

THERAPIST: What do you think?

CLIENT: It seems, to some extent, you said that for whatever reason, some of these situations he doesn't roll up his sleeves and do the work to get what he wants. He gets it in a really-it's critical, but he gets it in a really cowardly, underhanded way. [00:23:05]

THERAPIST: That his shame and anxiety are so great that they need him to (inaudible at 00:23:18) and sometimes find kind of backdoor solutions.

CLIENT: I don't understand that. I don't know if it's something that can be overcome and forgiven and we could ever really move on. And I could look back on it and ever be at peace. I don't know if would be realistic to say that in another year, he'll be a completely different person and then this will be so, so, so far behind us I'm not sure that that's realistic.

THERAPIST: It doesn't seem like it's been heading in that direction.

CLIENT: What happened? I look back and I think I have been very critical of Ivan, and I think some of it has been from an understandable place. [00:24:08] When you think you're getting into one thing and it's actually very, very, very different, anyone would feel some, I don't know, would feel critical or would feel disappointed, or wouldn't just sit back and say, "Oh, that's fine, too." It's not like that.

But I did feel as though Ivan went-where we started out and where he was getting to with Dr. Bourd (sp)?...

THERAPIST: That he was making (crosstalk at 00:24:35).

CLIENT: In his whole life, he hadn't addressed his depression or-his whole life, they hadn't been named and addressed, much less was he getting education and weekly counseling. Huge, unbelievable-even if it doesn't feel like enough and if it's ten years later than it should have been, maybe, still huge. And even though being manager at Starbucks is not at all where we

thought we'd be, that, for him, going from random construction and waiting tables? [00:25:07]
Huge!

And then even struggling there, and getting to the point where his manager is saying, "Wow, you really stepped up. You're making improvement." That's huge!

[sighs] I don't understand. All those steps. If I'm honest, it did feel way too little, way too late. Even though it felt positive. And it's really hard. I feel like I'm just discrediting it, but I don't know. All of that direction, it feels like...

THERAPIST: People can feel that, though, Ramona. It doesn't have to be discrediting it. People can be in a place where you've made all these changes but it's sort of too late. My heart veered off a while ago. Another person, who's not you? Another person might feel differently. [00:26:01]

I think what's so hard is that there isn't a right and wrong answer here. I can be very clear about the behavior that he did being wrong. That doesn't translate definitively into what you should do being 100% clear. You are the one who's going to know (inaudible at 00:26:24) trust and find what is enough for you to want to stay and work on it, and what is not enough for you to want to stay and work on it. I think that's the question.

CLIENT: I wish I had something intelligent to say, but the thing is, if we weren't married, there is no way I would stay and work on this! I don't know what that makes me, but there is no way on God's green Earth that I would stay with someone who abused me in my sleep and say, "Boy, I really want to keep working on this." No, no! I'm staying because... [00:27:01]

THERAPIST: Because of a commitment you made, which matters to you.

CLIENT: It does matter to me. And I don't know if it's okay to say, "Well, my husband's not perfect, so I'm going to leave him, now."

THERAPIST: So that's the question is, is that what you're saying? "My husband's not perfect, so I'm going to leave him, now."

CLIENT: I know it's not that, because nobody's husband is perfect and nobody's wife is perfect and I know it's not that. I just don't know where there's a separation from the understanding that in a marriage, you're both going to have faults and failures and you're going to disappoint and fall short. And knowing that you're getting into that and that you're going to have to stick it out, even if it's really tough, that you're committing to doing that versus what if something just crosses the line and that, in itself, breaks the vows?

I don't want to overreact to what he did. [00:28:01]

THERAPIST: And you're saying you also don't want to underreact to it...

CLIENT: I don't.

THERAPIST: ...that's what you're trying to find is. what is the reaction that if you, ten years from now, look back on yourself, you will feel like, "Okay. I honored what matters to me."

Because I think one of the things that's complicated is you're saying the vow of marriage matters to you. It's not nothing. It's not something that's the same to you as if you were dating, boyfriend and girlfriend.

And it matters to you that he assaulted you, on top of the bedrock of what was already happening that was making you unhappy.

So these two things both matter. You have conflicting values that both matter. And you're trying to figure out, "How do I put these two together and come up with a decision that I feel comfortable with?" [00:29:00]

That other thing that I want to keep reminding you of is that the decision that you're making right now to separate, if that's where you guys go, is not permanent.

CLIENT: As far as I'm concerned, we are separated. It's not fair, because in one minute, I'm saying, I wake up in the morning and I can't describe it but I feel so anxious and I feel so terrified. There's no one else in the apartment. It's just me and my cat. I don't know why. I'm not scared to be alone, it's not like I don't feel safe. I just can't describe it.

And part of me wants him to be right there next to me and I want to feel safe-that's so stupid!

THERAPIST: No, it's not stupid.

CLIENT: But-

THERAPIST: Ramona, these are common feelings people have, especially if they're separating from someone who's been there all the time. You're used to having company; you're used to having another living being's presence. That when that presence is gone even though you can rationally walk yourself through, "Okay, I'm fine, I don't think something's going to happen, I'm safe, I'll lock the apartment." [00:30:08] It can still feel like there's a void that feels like it should be filled by this old, familiar person.

And maybe that's our next step together, is we start to understand and help you more with those feelings. Because that, to just get him back just to fill that up? That is not so good for you, if that's the overriding reason.

CLIENT: No. And I know that. My sister came over both Saturday and Sunday. And I felt bad, but I just needed, I don't know.

THERAPIST: That sounds so good! I was thinking the same thing, let's hang out with your sister more. This is where often for people even having a roommate sometimes I know you don't want to make it that permanent of a change but sometimes that can help.

I might think, Ramona, of this time as, okay, you and Ivan are separated. You're telling me that feels like that's happened. [00:31:01] You are separated for a time. The more you try to, then, let yourself get used to life without him right now, what does this feel like? How do we help you through the anxiety so that you can find a calm, new reason of Ramona's life without Ivan?

Because then I think you start to get some space to compare, sort of compare lives. Do you feel, for example, one or two months from now, "I miss him." It feels like this terrible hole, that's not so much, "Desperately, I have to fill myself up with something because I can't tolerate being alone," but just simply you liked his company. You like the jokes or you like the same movies. Or when you went out to dinner and were talking about the serious stuff, you really got along. And that that stuff feels like you'd rather keep working on the crappy part in order to get the good part back.

Or you'll feel like, "Wow, it wasn't that good for a long time, and I am increasingly feeling more relieved to have my own life again, and to start not worrying about this stuff." [00:32:08] This is where I think time will tell more and more about how being separated feels to you.

Your task right now is trying to let yourself get used to independent life so that you can start to really take it on in comparison to life with him. If you start to feel like, "Wow, I'm so much happier now," than it was then, or it was for two years. Or if you feel like, "Oh, I'm lonelier and I miss him. I remember all the good things that I wasn't letting myself remember," and, "I would want him back if he did x, y, and z."

That's where sometimes people after being separated for a year have a conversation where they say, "Okay. I miss you. This is what I need from you in order to feel like this is a relationship worth having again." And they go back into couples' therapy at that point, and they see-

CLIENT: People separate for a year? [00:33:02]

THERAPIST: Oh, yeah. Oh, yeah. I'm not saying that's what you'll want to do or even what you should do, but that happens. People take time, Ramona. This is a big decision. This is not-when people do it like that, overnight, it's when they're making an impulsive decision and they could later regret it.

I think the more you let yourself just say, "Okay, breathe. Take a deep breath." This is time that we're start going to take in as data for you, to help you understand what it feels like, over time, to not be with him. And he's hopefully going to be doing the same thing.

Who knows? Maybe it's the separation that makes him finally realize, "Oh my God, what did I do?" and he comes back to you three months from now, knocking on the door and say, "I want to apologize. I want to talk to you." I know, you look like, "Yeah, right."

CLIENT: I know that I'm a critical person, but I just... We're now at a month-and-a-half since it last happened, not even since the first time. [00:34:05] That conversation still hasn't happened. Maybe that says a lot.

THERAPIST: Okay, so you have a data point right now. It's not an answer yet, but that's the kind of thing I'm talking about. If you can just let yourself take a deep breath and say, "Okay." You're gathering some data right now. You've noticed that after a month-and-a-half, nothing changed in him.

Sometimes people get to the point in couples' therapy, they go, "That's it! We're breaking up!" and the moment they say that in the session, that week, the husband and the wife both start changing and they say, "I'm sorry. I don't really want to break up." Now that you realized the thread [sic] of the relationship is at hand, it really motivates you to act in a different way.

This is data, in other words. You're saying, "I'm not going to have this path." And it's not like he finally broke down and said, "Oh, what are we doing? I don't want to do this. Can we talk? Let's talk this through. Let's get a session again, because I'm working on taking ownership of my stuff with you." [00:35:03]

CLIENT: At one point, he had said that. He's like, "I want to still do couples' therapy. I want to read this book that Dr. Farrow (sp?) said your colleague said was good (inaudible at 00:35:12). And then, the other day, he's just like, "I'm not scared anymore. I don't think... Maybe we don't need to do that."

THERAPIST: "I'm not so scared," you mean of separating, is that what he meant?

CLIENT: I think that's what meant. It sounds like I shouldn't contact him. I'm just really anxious because part of me feels-it's so nice to go home and not be treated like that and not hear that. But I'm just anxious, because at some point, he's going to show up for his stuff. And I don't know how to handle that.

THERAPIST: Do you ever text each other? Do you text or no?

CLIENT: I do, but he hasn't said anything.

THERAPIST: He (inaudible at 00:35:53) respond.

CLIENT: So I don't know that I should chase after him. He's making it pretty clear. [00:36:00]

THERAPIST: We're going to have to stop, but something you could say that would address your need to communicate something, Ramona, is what if you were to say (inaudible at 0 0:36:10).

CLIENT: I'm sorry.

THERAPIST: I didn't know if you're there. You looked distracted.

CLIENT: You said it's time?

THERAPIST: We're going to have to stop in a second.

I think something you could think about saying to him right now is, if you were to say, "Because we are married, still, and we've shared a lot together, I'm worried about you. So if you feel like dropping me a line just to let me know where you are, I would appreciate it. I also understand if you've chosen mainly not to communicate. Could you please give me a heads up when you're going to be coming by to pick up the rest of your stuff?" And ask him for that, because that's a very reasonable, justifiable thing to say, "Could you communicate about the comings and goings?" Or, "If you're going to be by the apartment, could you let me know?"

CLIENT: Is there any point in asking that if he's going to have to tell me because he has no keys? [00:37:01] I keep initiating all the contact and I feel like you kind of said that wasn't good.

THERAPIST: He's not initiated any contact recently...

CLIENT: No.

THERAPIST: ...or responded to anything you've said?

CLIENT: Nope. Not since Thursday morning, when he said, "Bye."

THERAPIST: Yeah, so, he's with his parents. He's an adult. There's only so much can outreach (inaudible at 00:37:26). There's only so much you can do. And if he's not responding, it's like you're beating your head against the wall. You want to focus more of your energy and effort on taking care of you right now, then.

And you might reach a point, if he doesn't respond and two weeks go by and you still have all his stuff, you might reach a point where you're saying, "Okay, well, I'm going to be putting your stuff outside your door, if you're not going to come get it." I know you're not there yet, but...

Taking care of you right now may mean sort of pulling back and waiting for him to be in touch if he needs to or wants to. [00:38:00] He doesn't have a key! I didn't know that part. So that makes sense.

Is our time not going to work next week? (inaudible at 00:38:15)

CLIENT: I haven't been given any work schedule, but it sounds like it's usually noon to 10:00 at night.

THERAPIST: Oh! Noon to 10:00.

CLIENT: Yeah. Well, it's an emergency room.

THERAPIST: Long hours.

CLIENT: Yep.

THERAPIST: Great.

CLIENT: I will let you know.

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How are you?

CLIENT: Not good.

THERAPIST: Tell me.

(pause)

THERAPIST: It's okay to cry, Ramona.

(pause)

THERAPIST: (inaudible at 00:00:51) you're crying by yourself.

(pause)

[00:01:00]

THERAPIST: Is it hard to be here right now?

CLIENT: I don't know. I thought Monday morning [at 10:00 a.m.] (ph) would never come. [crying] And now I don't know how to say anything (ph).

THERAPIST: [You mean] (ph) it almost feels like it's how can you possibly, in 45 minutes, get what you need here when things are so overwhelming and emotional and painful right now? [00:02:08] You can wait and wait and waited for this time to come, but then when it's here, it's like a drop in the bucket. It's almost like you can anticipate our ending today, and then you're back with the whole week in front of you again, this time [or not] (ph). Glad we have Thursday.

CLIENT: [crying] I need to talk about it, but I also wonder if there's any way... I'm going to have unrealistic expectations for (ph) today, but if there's any way you can help me, towards the end of the session. I have a second interview this afternoon. I need to have a way to get through.

THERAPIST: Yeah. [00:03:00] So to help you find the container for it so you can leave and feel like you can go on to your interview, with that foot forward. I can definitely try to help you with that.

Just forgive me [that I will be] (ph) peeking at the clock a couple times, I want to make sure we have time to do that. I usually know when 45 minutes is up and I'll try to (inaudible at 00:03:25) earlier.

I got the sense from talking to you on Saturday, though, that I don't know that the only thing you need help with is skills (ph) right now, Ramona. You know what (inaudible at 00:03:36) you saying, "I think I need to talk about it"? Just to get support and presence and company around where you are and that you're not alone with this, I think, is huge.

And I also think you're not used to that feeling good, like you almost don't know what trusting-just trusting me and trusting being here and trusting being where you are and just having that be good and okay to do, I think it's really foreign for you. [00:04:07] It's sort of all-or-nothing, you know?

So you aren't saying that you're so overwhelmed that you need to go in the hospital or feel like you're about to kill yourself. It's not that (inaudible at 00:04:20). So I think just being where you are and having company where you are is really, really important.

CLIENT: I feel like I'm a little concerned, because I feel like I need to rely on you really heavily. Really rely on these sessions and desperately need them. But I'm scared that it won't be enough. For whatever, you wouldn't be able or you wouldn't be there, you wouldn't be able to see me or wouldn't want to-it would be too much for anyone to handle. [00:05:02] It has nothing to do with you, but I-even talking about it, I don't even know if I can talk about it. It's so (inaudible at 00:05:12) [crying], so I don't even know if that's okay that I tell.

THERAPIST: You're worrying a little too much, somehow.

CLIENT: I'm worried that if rely so much on you and so much on my family that at some point, people aren't going to be able to... I don't know what I could do, then. I haven't had any thoughts of hurting myself or even hating myself or being unhappy with myself, so I'm not...

THERAPIST: But you also have these fears that I think run very deep inside you, Ramona. [00:06:03] They're not just about what's happening right now, but about what it means for you to actually rely upon another person really need them. I think you're saying, one of the things you're saying is you do really need me right now. And I think you've worked most of your life to not really need anyone.

You've been so self-sufficient including in your marriage you take care of things, you take care of things, you take care of things, you do the laundry, you do the cleaning, you're doing school, you're doing applications, you're doing Ivan's application, right? You are used to taking care of things taking care of yourself by being very, very, very self-sufficient.

So I think you honestly don't know what to do with being in this place where you really need other people.

CLIENT: [crying] It feels (inaudible at 00:06:56).

THERAPIST: That's the great fear, that you will be abandoned or that you will let yourself finally meet someone and then they won't be there. [00:07:07] As a child, that happened to you in your family. You did need your parents, and you probably let yourself feel that need all the time, early on. And it got hurt over and over and over again. People are not there, in different ways. Your father, literally, was not there most of the time. Your mother was not there emotionally all the time sometimes even physically.

CLIENT: But what happens if I rely on you, and at the end of the day and you're the person I rely on most or you're the person who's able to help me the most and at the end of the day, I understand I'm a patient, a client whatever's the most appropriate term and that's not-I guess it's really important, but that's not a substitute for relationships from people who aren't objective professionals. [00:08:05] I don't want to confuse that.

THERAPIST: Yeah. This is a relationship that has a particular frame around it, that actually exists to protect you. If I became only more of, like, a friendship role, guess what? Then it starts becoming a two-way street, and you don't get your needs met.

It's a weird relationship, admit it. It's very strange. It's not like any other relationship, really, in the world. But it is a relationship. We're two human beings; I'm not a robot, here. You are actually here with me, a person. And there are real feelings that happen, even though it's a professional relationship with a particular [goal and a frame] (ph).

I can't be available to you around the clock, that's part of-even if some therapists can be at different points in their lives, they can be on pager; it's just in the way that I structured my life and my practice. [00:09:04]

CLIENT: [crying] I would never expect it.

THERAPIST: I don't hear you saying that. I am saying that just to say that is part of the frame that I can work with. But I can be there for you in the ways we have in our frame. I'm not going anywhere. I'm just not. I'm not moving (ph). No plans to leave.

And I think you still don't know who you can trust, but this is just your space.

CLIENT: [crying] Because what if it's too much for you?

THERAPIST: What would that look like, too much for me? Meaning that you have a lot of feelings? What's too much?

CLIENT: [crying] Even people like you get burnt-out or can't handle being called by patients after-hours. It's your job. Not to say that that... You're, of course, trained to handle all of it. [00:10:00] But I just worry.

[crying] And I felt that way often with Dr. Farrow (sp), like it was just too much, no one could handle that.

[crying] I guess I want to rely (inaudible at 00:10:17), and I'm worried that... Sometimes I feel bad. I think I start your week off with these really depressing-clearly, you specialize. Somehow, people are able to listen to that. But I just...

THERAPIST: I think that you don't know that your feelings don't scare me or overwhelm me I think you felt your feelings, as a child, overwhelmed your mother. She couldn't stand them (ph). She could not tolerate you being a child with feelings and needs. To me, feelings and needs are fundamental to being human. [00:11:02]

I think you can't trust that that-it's just not how I would experience you. I can't imagine you not having unbelievable levels of feelings right now. Ramona, every person does if they're in this position. It would be very strange if you weren't overwhelmed with feeling right now. It would mean something was getting really cut-off or blocked.

I don't even know which way you're going, but divorce if it's headed in that direction is-literally, studies of the most stressful life events that a person ever could go through, divorce is in the top two, I think. Having a child can be incredibly, incredibly stressful, even though it's supposed to be this positive thing in some ways.

It's up there with losing a parent. You should be having feelings.

CLIENT: [crying] When I talked to you the first time, when I found this list about me, Ivan wrote a list about me and him, about him. [00:12:08] He titled it About Me, and it was a list, Women looking for. He wrote a list there, and then Looking For, and wrote a list of what he's looking for in a woman.

[crying] And I thought that was... I don't know. Reading that was... I couldn't imagine anything. He has a whole folder in Google Documents called LAR, Life After Ramona. And has a to-do list, Life After Ramona (inaudible at 00:12:47). About a job, about where to live, about getting puppies. He has a whole folder called Life After Ramona. [00:13:00] It took me a while to figure out LAR was. Then, the next day, I thought about what else is going on, because the list, as disturbing as it was, I didn't-I don't know.

Dr. Farrow said there are all kinds of reasons why people would write something like that. It's not always they're actually looking for anyone or doing anything like that.

THERAPIST: It doesn't have to be.

CLIENT: So she had talked to me for, like, 10 or 15 minutes. And she told me I had been betrayed so many times that she said that I was getting help and she said that she could maybe speak to me once, individually. So I feel like even she's maybe trying to find a polite way to say, "I'm a couples' counselor, you're not part of a couple." [00:14:00] [crying] Which is fair.

[crying] I know this is wrong, I truly am an honest person, I know this is wrong, I know it's wrong, even if someone gives you their password to go in their e-mail. But I went in his other e-mail.

[crying] He had at the top, September 9th, he had a welcome e-mail for a profile he set up and it's on a website called-I can't even say it, it's F-U-C-K-Book. [00:15:03] [crying] There was another e-mail that said how to reset your password. Evidently, he forgot his password.

[crying] And so I clicked on it and he set up this profile and his username is LookingForFun087, his birth year. And it says-I memorized it, after I saw it, I can't stop seeing it in my head. It says, "Looking for," and it says, "Casual sex, discrete relationship, online and photo fun." It says that his race is white Caucasian, that his body type is "Have some extra pounds." And then his sexual interests are one-on-one sex and online, photo, whatever exchange. [00:16:02]

[crying] And it says, "I'm a 26-year-old male from Waltham. I'm looking for a female." He has a friend on there. And so I think it's a pornographic-it's a sex website. He didn't put any pictures of himself, but she has a picture. And her picture is... It's a picture of everything between her legs, her holding herself open and someone took a picture of her...

THERAPIST: Of her vagina.

CLIENT: [crying] Everything. And says that she is 26 and lives in Waltham, but looking for a female.

[crying] I thought that was-and then I looked through more. [00:17:04] On the day before Valentine's Day, he joined Match.com. It's a real dating website that normal people use. And the day before Valentine's Day! And then seeing he tried making that...

THERAPIST: So this is this past February?

CLIENT: [crying] This year. We had talked about it in couples' therapy. He didn't do anything for Valentine's Day. He tried to bake something but he ruined it so he let it sit on the counter for days and he never said anything, didn't do anything, wouldn't look at me, wouldn't talk to me that. And I gave him something and he...

[crying] And we had talked about that in couples', that that was hurtful, but the day before, he-so he set up-he was such a coward, he used his parents' ZIP code. And he didn't set up the profile, just put in all his basic information. [00:18:05]

[crying] But then shows August 5th, he requested his login stuff. It means right after he molested me, he went and looked for his login stuff. I don't know if he got back on or... There was no profile created but there's that.

[crying] And then I looked more, and I found this website called LiveFreeFun or FunFree and it... He had a Request Password Reset e-mail for that. He tells me that that's a website where you read these typed conversations that people are having between-he says they're prostitutes, they're strippers, they're having these... You can go into private rooms, private chats where there's nudity. [00:19:04]

[crying] And he said he read that for a minute and felt disgusted. And he said with his Book account that the reason he reset his password is because while he was creating his profile, he got kicked off, somehow, so he got back on and accepted this friend request. And then he says he was disgusted and cut-off and went back to look at the list he made of what he's looking for which, according to him, an introspective. And I don't even know what that's supposed to-he says that he created this list when he was angry, and that in creating it, he kept realizing that everything he was-that he just wanted me, that he didn't want all these things. [crying]

THERAPIST: So you talked to him about everything you found? [00:20:02]

CLIENT: [crying] I called my parents when I found all this stuff. I called them at like 12:30 Friday night, because I didn't know what else to do. And my sister had just left me, because she had been there with me because I was so upset over the list.

THERAPIST: (inaudible at 00:20:21)

CLIENT: [crying] And so they stayed on the phone with me and they talked with me. My dad, he's said, "Send me the e-mails, send the pictures, take pictures of it, send it to me, because he's going to delete all of this and you're going to need some kind of..."

[crying] And he would be like, "You can't go over and see him. You can't call him."

THERAPIST: Wait, why-I don't know why they want you to take pictures of it.

CLIENT: [crying] They were worried that there will be a legal component at some point.

THERAPIST: Assuming you get divorced?

CLIENT: [crying] I think so. [00:21:00] And that he would delete all of it and deny all of it and that no one would ever...

THERAPIST: It's not like you have kids where there's going to be a custody battle or large...

CLIENT: [crying] They said that things can get really horrible and I don't even understand. That even if I called him or even if I went to his address, that he could call the police. He could say I was harassing him. He could... Even if it's not true, they said don't, because he could turn all of it around.

THERAPIST: Ramona, even though-let's say (inaudible at 00:21:38)-I just want to say, being in reality for a second, even if he does-let's say he did call the police and say you were harassing. It's not going to really affect you in that as you get divorced. You don't have a large estate you're about to divide up.

CLIENT: [crying] No, but he could have me arrested and then I'd have a record of harassment. And then I can't get a job. [00:22:00]

THERAPIST: You think he would have you arrested?

CLIENT: [crying] I don't know. Clearly, I don't know what he's capable of.

THERAPIST: Yeah.

CLIENT: [crying] He has all these profiles. The one that he made on the Book (inaudible at 00:22:14), he made that on the 9th!

THERAPIST: Of?

CLIENT: [crying] September! Which is two days after when we started dating five years ago. The end of October was when we were first boyfriend/girlfriend, officially. But September 7th, 2008 is when we started dating and started...

THERAPIST: It's deep, deep, deep betrayal, Ramona.

CLIENT: [crying] And June 2nd is when he renewed his password for the online, the Live-whatever. That was the beginning of June! The middle of June, he did the most amazing thing for my birthday. [00:23:03] At the end of the month, we had our anniversary and it was the nicest-we were in such a good place and I thought we were making progress and we were so happy.

[crying] But he's doing this stuff at 3:00 in the morning. And I remember there were nights when he was out in the living room, really, really late, and he would say he couldn't sleep or he couldn't... This is what he was doing, at least some of the time. Those are accounts you need profiles or whatever, I don't know what else he could be on, what else he's looking at.

[crying] I don't understand. And when I went to meet him-Emma, they made me, "You have to meet him at a public place. You can't go alone." He's sitting outside the library, reading a copy of, "His Needs, Her Needs," because that was recommended as a... [00:24:02]

THERAPIST: It's the one Dr. Farrow recommended.

CLIENT: [crying] It's one that I guess that Dr. Bourd (sp) and other people have...

[crying] So he's reading that book. He says that he's told Dr. Bourd about Match.com and about the porn site and that he's told them there's no excuse and there's no reason and, "Why are you trying to connect with other people when your wife supports you?"

THERAPIST: But when you're married, even if you're not supporting him, that's the part-Ramona, people use...

CLIENT: [crying]

THERAPIST: It's an enormous, enormous betrayal. [00:25:02]

CLIENT: [crying] He (inaudible at 00:25:04) tells me that the reason he does that is that he's says he's not looking for anything. And he says all those interests were he had to click on so many to set it up so that he could even see what it was.

[crying] And he says he doesn't-he's done these because he has escape fantasies. Because, he says, he avoids so much that he has to, that (ph) he takes it to these extremes.

THERAPIST: I think that is what it is. But that doesn't mean it's not a betrayal. It's not okay that he's catering to these risqu  (ph) things (crosstalk at 00:25:38).

CLIENT: [crying] He told me that LookingForFun wasn't him. LookingForFun was someone but that he was looking at it for fun. Like that makes it better?

[crying] I'm sorry, I'm not...

THERAPIST: It's okay.

CLIENT: [crying] Over the weekend, I had this deep, deep, deep... I know that people don't-you don't die when your spouse cheats on you, you don't die when they don't love you. [00:26:11] But I felt like I'm dying inside, because I have never felt that level of pain.

[crying] I watched my grandparents die. I have dealt with my dad having an affair. I've dealt with real, serious, actually painful things in life, and I never, ever thought it was possible to feel this much pain.

[crying] And I don't understand. And I've been so anxious. I can't sleep at night. I just shake and shake and shake and shake and I can't... And my sister's been sleeping over. But I don't want to eat, I don't want to anything.

[crying] At the same time, I wonder what happened because I really still love him. [00:27:02] And I go to bed at night and I don't-I understand, but why isn't he there? I don't understand.

THERAPIST: It's enough to take in what's happening. Even if none of this were happening, even if you were just parting ways because you weren't getting along. That's already enough, to look over to his side of the bed and not see him there. It's painful.

CLIENT: [crying]

THERAPIST: And now add this on top of everything. Ramona, it's devastating. It's (crosstalk at 00:27:37) so devastating.

CLIENT: [crying] I made him tell his parents, which isn't going to actually help anything, but... I felt like-like I couldn't be the only-one more thing where I'm the only one that-

THERAPIST: (crosstalk at 00:27:52) it does help, that you know that there are other witnesses right now. Your sister, me, your parents, and now his parents whatever they're going to do with it, (inaudible at 00:28:04) that this is part of what's been happening with him.

CLIENT: [crying] I look at him and his eyes and his face-I don't even know where he (inaudible at 00:28:20).

[crying] And right now I feel like I would give anything, anything to go back to even when he wasn't doing chores and wasn't looking-wasn't working full-time. I would give anything to go

back and sit with him and have him hold me, which is so messed-up. After what he's done, I should say, "I never want to see you again," and be done.

[crying] I can't erase-the night before he left, he wanted to print something for me. The weekend before he left, I was sick. [00:29:01] He brought me Sudafed while I was in bed.

THERAPIST: He has loving feelings, too, for you.

CLIENT: [crying] But this isn't love!

THERAPIST: It's not loving, what he's doing, but he has loving feelings. He feels more like he's like a little boy who is, again, always finding the backdoor, the easy way out of things. He has loving feelings but he has so, so much difficulty being in reality and (ph) life that he retreats to these fantasy places, including sexual ones.

CLIENT: [crying] Why? He said didn't enjoy it. I said, "What are you thinking when you're looking at something like that?" He said, "I had this (inaudible at 00:29:48) reaction that I wanted sex." How do you even...?

THERAPIST: Yeah. It's an ordinary human need and desire. [00:30:02] But it's not integrated in him. It's not a part, sort of something he's wanting to work on in the whole of a relationship, where you establish safety and trust (inaudible at 00:30:13) and where he works on connectiveness [sic] with you.

People look at porn sometimes. It's not extremely unusual. It's very different than if he were actually having an affair. It sometimes becomes the way, when husband and wife are not-something's not getting addressed and above-ground and shared between the two of them, one or the other finds this other way, this outlet for it.

But that's his persistent pattern and theme. Even as things are getting worse, rather than continuing to work on it, he's going further and further backdoor-ish. That's what's such a betrayal.

CLIENT: [crying] But he's not even just looking at porn online. [00:31:00]

THERAPIST: And Match.

CLIENT: [crying] It sounds like he's looking at-

THERAPIST: Dating.

CLIENT: [crying] He says it's not-

THERAPIST: And Match (crosstalk at 00:31:05) to me the biggest betrayal of everything you've said, even besides looking at a picture of a vagina. A picture is just a picture. The idea of actually dating somebody is a very, very, very different thing.

CLIENT: He says that it was a-how do I know that if someone had told him, "I saw that you were looking for casual sex."

THERAPIST: Yeah, it doesn't matter! If you set up a profile on Match.com, he would be totally, totally betrayed. That's a betraying thing to do. You don't do that when you're married.

CLIENT: [crying] But the other one feels so much worse. It sounds like he never did anything with it. But the thought process would be horrific enough.

And with this other one, he not only thought about it and did it, but when he got kicked off which I don't even know if that's true he reset his password and got back on.

THERAPIST: [It's just definitely something] (ph) he was doing. Yeah. He's trying to tell you that it's not something he was really doing or it was accidental, he was disgusted. [00:32:02] I don't think that's true. He may be in part disgusted with himself he's in conflict about it but in part, he's very excited and, again, not finding a way of bringing this as part of a loving relationship with you.

CLIENT: [crying] The worst part is I wanted that to be a part of our relationship.

THERAPIST: I know you did. I know you did.

CLIENT: [crying] He's molesting me in our bed. He can't tell me the truth. It's not even like he was constantly having-

THERAPIST: You're not even close to being there, yeah.

CLIENT: [crying] He's not even having conversations where he'd say, "Ramona, I'm so frustrated. We're not having sex. Is there way we can start to work on that along with everything else, or is there any way we can-just cuddles every-"

THERAPIST: Yes, Ramona. He was not trying in any adult way to say, "Can we talk about this?"

CLIENT: [crying] (inaudible at 00:32:58) And then I think, "Am I that repulsive that he couldn't..." And I look at that picture and I see this woman and her nails and I...

[crying] Yesterday, Emma made me go to the grocery store on (inaudible at 00:33:19) and I thought to myself, I don't know if people are honest on these things. He clearly is. But she lives where I live. She's his age. I could be walking past her at any moment.

[crying] It showed he didn't send any (ph) messages and he says all he ever saw was her picture.

THERAPIST: Responded, yeah. So that's something [to know] (ph).

CLIENT: [crying] And I said, "What do you want out of this?" I told him I thought he was sick, that he had a problem, that there was something very, very, very wrong. [00:34:00] He says he knows that and that he's told Dr. Bourd about all this except for this most recent one, because he said he did it on Tuesday after his session.

THERAPIST: Which one was that? The most recent one? Match?

CLIENT: The Book.

THERAPIST: Book.

CLIENT: [crying] So I guess he's going to tell him about that tomorrow.

[crying] But I said, "What do you want out of this? What are you...?" He keeps saying he wants this separation to be a positive, he wants to work really hard-six days ago?

THERAPIST: But he's self-sabotaging. It's like he's destroying the whole thing, almost unconsciously [on purpose] (ph).

CLIENT: [crying] He says that it was a pop-up ad that he followed. He says Match is the only one that he went to. [00:35:00]

[crying] (inaudible at 00:35:01)

THERAPIST: Yeah.

CLIENT: [crying] I was always asking him to talk. I was there and asking him to talk to me. Going to couples'. You don't start looking for someone to randomly have sex with or to start dating because your wife criticizes you for not doing chores or for not...

[crying] I want to call him. I want explanations. I want answers. I want...

[crying] My family keeps saying, "Don't call him. This isn't going to help you. You're just hurting yourself. He's not remorseful."

THERAPIST: Really?

CLIENT: [crying] I asked, when I met with him, I started by saying, "Is there anything you want to tell me, Ivan? [00:36:00] I'm finding some things out. Is there anything you want to talk about?" Three times, he said no. He shook his head.

He says he's been talking with Dr. Bourd about these other websites and that eventually, when he had dealt with it, he would tell me, when he was over it, that he was going to tell me about it.

THERAPIST: Ramona, we have about seven minutes. I want to just to attend to your requests at the beginning (crosstalk at 00:36:31).

CLIENT: [crying] No, I know. I know.

THERAPIST: ... help you (crosstalk at 00:36:35)...

CLIENT: [crying] I'm sorry.

THERAPIST: Why do you even feel you have to apologize? What are you apologizing for?

CLIENT: [crying] Because I'm usually (inaudible at 00:36:47) a put-together person. I'm not this... And I feel like I'm dying inside because I'm (inaudible at 00:36:57).

[crying] And this is what-and he does and he's like, "I still love you and you're the only one I want. I don't want anyone-" How do you do that?

THERAPIST: [I know] (ph), you're furious. And you're rightfully enraged at him (inaudible at 00:37:16).

CLIENT: [crying] I've never felt so much pain in my whole life. And part of me is so desperate to find any reason to let him come home, to forget about all of it, because I'm just so desperate.

THERAPIST: Desperately scared (inaudible at 00:37:41)?

CLIENT: [crying] I'm so scared. I don't know what's wrong with me but I miss him not like who he is or what he's been doing or any of that, but this isn't always him.

THERAPIST: Yeah, yeah. I don't think that's something wrong with you. [00:38:01] You have heard me say this, I'm going to keep saying this to you: if you were ignoring the good parts and telling me the only thing he is, is a sex addict who has nothing else to him, that's just not true, actually. I think if that were true you never would have married him to begin with.

There are other parts of Ivan that you fell in love with, that were comforting to you that still are even comforting to you.

CLIENT: [crying] I kept staying (ph) with him, having this conversation, and I smell this same deodorant that he uses or whatever. I get all crazy and (inaudible at 00:38:34).

THERAPIST: That's not crazy!

CLIENT: [crying] I miss my husband but I don't know him anymore.

THERAPIST: It's not crazy. Ramona, people get divorced and (inaudible at 00:38:51) hatred, and ten years go pass and they get a whiff of the cologne their husband wore and (inaudible at 00:38:56) them to tears, because they miss that person.

CLIENT: [crying] I don't hate him. [00:39:00]

THERAPIST: That's my point. Even if there's hatred, people can still have loving, missing, longing feelings and tears.

CLIENT: [crying]

THERAPIST: Would it be helpful to you if I checked in with Dr. Board, just to get his two cents?

CLIENT: [crying] He doesn't know about this most recent one.

THERAPIST: And we don't even have to-I think the details of any specific incident is [sic] actually not as important as just the overall (inaudible at 00:39:33) that he does know about, in general.

I wonder if that would just feel a little more containing to know that he and I were going to talk, and I could share with you what he says Ivan is saying and what his understanding of it is now. I think it's still going to be confusing to you. Even if Dr. Board were to write a paper on Ivan's psyche, I think you're still in disbelief. It's almost hard to take in the reality of this being what's happening right now. [00:40:02]

No matter how many times someone explains it to you, I think it's an emotional disbelief. It's like someone telling you the sky is red, you can't understand how the sky turned red. I can tell you it's red, and I can tell you the chemical process about how it turned red, but you still will say, "But I don't get it. I don't get it. I need someone to explain," because it's an emotional, emotional betrayal and disbelief.

This kind of disbelief is what just takes time, and knowing that you have time and people in your life, right now including me, including your sister, including your parents who are going to be there for you and with you throughout this process, to continue to sort out these feelings, until you can start to believe what's happening.

Who knows where that leads you? But I think the first step is just trying to still wrap your mind around the sky being red.

CLIENT: [crying] Please don't let me take him back just because I miss him.

THERAPIST: I don't even hear you saying that you would do that right at this instant. [00:41:01] I hear you missing him and longing for him. I also hear you absolutely furious at him and totally betrayed.

So I think it's a process. And I'm (inaudible at 00:41:13) to keep reminding you to have all these feelings be a part of your experience, including the missing and loving, okay?

I think that's what he's trying to do, when he says to you, "I have these loving feelings and I want it to work out. But I also have this other side of me that I somehow haven't been able to bring in to the relationship." And yes, it's a problem. Yes, it's even disgusting. Maybe there's something he can't manage inside himself that he has to work on before you could have a chance of having a relationship again. He sounds interested in that. He is trying to keep in mind the reality of all the things that are happening.

CLIENT: But it's like he's Dr. Jekyll and Mr. Hyde.

THERAPIST: Yeah, I know. It's totally unintegrated [sic] totally, totally unintegrated [sic]. [00:42:00] And I think you're getting this moral, saintly, "That's disgusting," kind of attitude towards sexuality, "I love you and it's all my fault." And then you get this other side that's like he's [turned his side around] (ph) and all the other parts were there. Like the side that, "I like sex and it's exciting," or the side that's angry, and the side that feels bad for being so criticized all the time.

These are not integrated parts of him. I think Dr. Jekyll and Mr. Hyde is a really, really good explanatory metaphor for a piece of what he's working through and what he will continue to work through. How does he get both of these parts to be all of him? Sometimes being hyper-moral or hyper-self-critical hides another side that's greedy, another side that really wants and desires. It's a defense against all this other stuff. We want to help normal wanting and desire and self-confidence to be part of his personality and not need such a hyper-defense on this side.

So you and I will continue to talk about all of this. I think checking with Dr. Bourd just helps, at this stage, a little more. I can share what he says.

CLIENT: Can you check in with him after tomorrow? After he [treats him] (ph)?

THERAPIST: After tomorrow? Yes. You mean after they have another appointment? Sure, I can definitely hold off. Okay?

And you, in the meantime, are just trying to sort of let yourself have time. Time makes a big difference right now. How you feel today is not going to be how you feel a week from now, is not going to be how you feel a week from then. And the intensity of the feelings will change. Know that this strong intensity won't last forever. You are in a horrible state of shock right now, Ramona. [00:44:01] This is shock. Things happening behind the scenes that you never imagined were going to be happening in your marriage. It's like a different person, it's not who you thought you were marrying.

CLIENT: I'm not making this up. This is all wrong.

THERAPIST: These are betrayals, yes. These are things people have very strong feelings about and are really angry about when they happen. It's a long-standing pattern of betrayal. And things that he's bringing avoidantly [sic] into a secret hole, instead of addressing front-and-center and having be part of the relationship. That's happened over and over and over again. Even when you thought you were working on the relationship and it was getting better, it was happening in a deeper way.

CLIENT: [crying] But that's wrong, really. That's not my fault.

THERAPIST: That is wrong, yeah. That's not your fault. He's responsible for his behavior. He went on Match, that's his responsibility. Even if it was a pop-up ad, it's his responsibility that he clicked on it. [00:45:03]

Again, occasional pornography I have to tell you, in the interest I'm trying to be in the full spectrum of reality happens for people. It doesn't even mean people don't have reactions. I've sat with many couples where one or the other has been caught using pornography, the other one feels betrayed and upset, and there's a lot of feeling about it.

CLIENT: But that's different from creating a profile on Fuckbook.com and telling the world that you're looking for-that's different.

THERAPIST: Ramona, it's very, very different. That's my point. That is the range of ordinary and even when ordinary is extremely upsetting to people, extremely upsetting.

CLIENT: But that's wrong! Looking at porn is still wrong-

THERAPIST: It's a massive betrayal. What he's done is several steps above that. [00:46:01] Even Match, at the level of not just-it's of dating. These are betrayals. What he did about lying to you about graduate school is a massive betrayal, Ramona.

CLIENT: It's already over seven months since he started doing this stuff. He's like, "I was going to tell you eventually." It's the same as grad school, same as the loans. He'll tell you a couple years later and then we won't talk about it, but you need to get over it. I'm sorry.

THERAPIST: It's not okay. It's not okay and it's not your fault. You can be the most critical person in the world, and that doesn't make someone else do something. It's his responsibility to say, "I feel criticized," "I feel emasculated," or, "I feel like there's no room for me," or something along those lines. His responsibility to talk about that and communicate that and bring it above-ground. [00:47:00]

You've been asking. You've been working really, really hard to try and get things addressed and talked about. You got him a therapist, through me. You got yourself a therapist. You got couples' therapy, twice. You've been dragging him there, trying to have conversations about things. You've been trying to talk to him about even the most recent events!

CLIENT: He won't answer calls anymore. The fact that I was critical of those things, the fact-is that why he's doing all-is it my fault?

THERAPIST: He is avoidant in his character. He was this way before you met him, Ramona. I hate to break it to you that bluntly: you don't cause a person to deal with things in this way.

CLIENT: [crying] I just want to make sure that he's not looking for sex or dating or whatever, that he's not looking-I want to make sure that it's not because I really am this horrible...

THERAPIST: No. He finds the backdoor. That is what he does. [00:48:01] That is what he was doing at the very beginning of your relationship even, Ramona, without your knowing it.

CLIENT: I feel like I was critical and I was working on that. But I also supported him getting help and made sure that his problems are getting addressed. And I also was there to thank him every time he actually did do stuff and support him every time he was making progress. I don't understand.

THERAPIST: He's responsible for his own behavior. You're not. Okay?

CLIENT: I think I might need something. I haven't been able to sleep. I think I might need that, and-

THERAPIST: And I know when I raise it, it's really loaded for you...

CLIENT: But I-

THERAPIST: Okay. It's so helpful for people. High-functioning people even can take it sometimes, you're just taking it to help with sleep. If you're having trouble falling asleep, it takes a couple hours to fall asleep, you can take half a pill and it's out of your system. [00:49:01] It's not a permanent thing. It's in your control, it's in your hands.

Even if it got you a couple good nights' sleep, Ramona, there's one thing that I worry about is when people get sleep-deprived, everything feels that much worse. So I think even if we can

help you get a few good nights' sleep in a row, it might then help you have your own better container inside and you won't need it, then, for a while until something else hits you and it feels really strong again. It's an as-needed thing, so you don't have to worry about any permanent thing in your system at all.

You don't have addiction history. It is habit-forming, for some people. You don't have any of that, so I don't think there's going be any problem prescribing it. Sometimes PCPs are even willing to prescribe it. Do you have a primary care?

CLIENT: I do, but she's associated with Northwestern, so I don't know if she can really see me anymore.

THERAPIST: (crosstalk at 00:49:48), yeah.

CLIENT: Maybe I should try a sleep-it's not that I can't sleep, it's the anxiety.

THERAPIST: Yeah, yep! And something like Ativan addresses anxiety and it creates muscle relaxation. [00:50:01] So it does both.

Do you want to see if I can...?

CLIENT: I think, maybe.

THERAPIST: (inaudible at 00:50:09) for you? Okay.

CLIENT: I also want to talk to my friends.

THERAPIST: Okay. Another thing you can try, in the meantime, have you ever tried Benadryl?

CLIENT: Not to sleep.

THERAPIST: Okay.

CLIENT: Should I be?

THERAPIST: I would recommend that-because that's over-the-counter, you don't even need a prescription, might not even need the Ativan. They're starting to prescribe Benadryl in a version called-they call it-full name's called Vistaril. It's the same exact thing as Benadryl, just marketed in a different way for sleep, just as a sleep aid.

It's also not something you have to take all the time. You can take one pill at night. It'll just help you conk out, get a good night's sleep, and then you can reassess the next day. You never have to take it again if you don't want to, it's out of your system.

That's something, if you want to pick up at CVS, just take one 25 milligram pill they usually come in 25 milligrams. [00:51:03] It's an antihistamine, technically. You know it's for allergy reaction, but a side effect is that it makes people sleepy.

CLIENT: Yes, yes, yes, yes.

THERAPIST: So if I were you, I might just try that one night.

CLIENT: Okay.

THERAPIST: Get a ten-pack, take one, see how it feels.

CLIENT: Okay.

THERAPIST: And it might just be some short-term relief. You might not even have to see a psycho-pharm person. That might be the way to start, and we'll see how that works.

CLIENT: Okay. Okay.

THERAPIST: Do you have time to get to CVS today or drugstore?

CLIENT: Yes.

THERAPIST: Okay. Shoot me an e-mail; let me know how it works, okay?

CLIENT: Okay.

THERAPIST: How you felt, how you feel the next day...

CLIENT: Okay.

THERAPIST: ...if it helped you sleep.

CLIENT: Okay.

THERAPIST: Take it about a half-hour before you're planning to go to bed.

CLIENT: Okay.

THERAPIST: And then at about a half-hour, get into bed and go to sleep. So don't take it too early, because it'll make you sleepy and then you'll lose the effectiveness.

CLIENT: Okay.

THERAPIST: You want to take it right as you're getting ready to go to bed and try.

CLIENT: Okay. Okay.

THERAPIST: Okay? Let me know how that goes and I'll see you Thursday, okay? [00:52:01]

CLIENT: Yeah.

THERAPIST: Okay. Good luck today!

CLIENT: Thanks.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: [Why do] (ph) you apologize?

CLIENT: It's so automatic to say, "Sorry."

THERAPIST: (inaudible at 00:00:15) on yourself.

CLIENT: Sorry?

THERAPIST: So hard on yourself.

CLIENT: [sighs]

THERAPIST: So where are you?

CLIENT: I don't know anymore, because things got really bad with Ivan. Trying to force him to talk about it, trying to get some answers, trying to force him to meet. And he was really cold, really distant. I guess I would say not remorseful, not compassionate, not anything remotely in the right direction.

And then yesterday, he's e-mailing me, "These are resources I've found online. I've been researching and I'm reading these books." [00:01:09] [sighs] "Take this survey on the five love languages. I called and left Dr. Farrow (sp?) a voice-mail, I wanted to see if she could meet with us." Polar opposite. [sighs]

THERAPIST: Can I just back up for one second what you were saying, you said the words, "I've been trying to force Ivan."

CLIENT: Mm-hmm.

THERAPIST: So what does that look like (crosstalk at 00:01:34)?

CLIENT: It means I'm calling and he's not answering.

THERAPIST: Okay.

CLIENT: It means I'm saying, "I have to meet with you, I have to get some answers, I'm going crazy," and he's like, "I'm not sure that's a good idea."

THERAPIST: So even just one thing I think you want to try again, "I have to meet with you. I have to get some answers," really has to push him away, instead of saying, "Can we meet? I would really like to talk."

CLIENT: I know, I know, but at the same time, it's not [laughs] if I was in a different place, I wouldn't say this but it's like crap. [laughs] [00:02:06] After everything that he's done and that I had to discover that he couldn't confess to, even? I mean, it would have been bad enough if he had come clean on his own. But he didn't even do that.

So after all of that, and the avoidance, and the... For me to say, "I have to get some answers," I think is fair, even if it's going to push him-I know that it's not getting me what I want, but I think it's fair.

THERAPIST: I agree with you, it's fair. I totally agree that it's fair. It's fair for you to be really, really angry. I'm just saying to you that it's not going to be effective in getting a conversation to happen. So if you actually want to talk to him, if someone asks me, "I have to have a conversation with you," it sounds like a command and it sounds like something I do not want to do.

CLIENT: I don't even know how I put it, at this point. I've been begging him to speak. I've been begging him to-like, "What happened?" [00:03:00] I've been begging for very specific answers, because I'm still trying to wrap my head around all of it and find out what it actually is.

And I've been **begging him to apologize**. And I've been the one still saying, "Ivan, that conversation never happened," and I feel like a broken record! I feel like I'm **holding a grudge**. I feel like he's waiting so long, and now it's like with all the other stuff, [laughs] after so much time goes by, how many times can I keep saying, "Have to have that conversation. Have to apologize. Have to deal with it." How long can you go on doing that?

And it's obviously wrong to do, because even if he did apologize in response to one of those statements...

THERAPIST: How would you believe it, at this point?

CLIENT: ...how would I believe it, and...

THERAPIST: I think he knows that. If you're begging for it and forcing it out of him, it has no meaning. It's a throwaway...

CLIENT: I know that.

THERAPIST: ...you won't believe it, it's not going to help your relationship, (crosstalk at 00:03:56).

CLIENT: And it's not the same as if he had stood up and...

THERAPIST: And that I think he's trying to say to you, "If it's going to happen, I have to work on it privately and come back to you about it." [00:04:05] Which, actually, makes a lot of sense. I think that's the only way you'll and then (ph) it's believable, if it really comes from the more genuine place rather than it being forced out of him. I mean, I think he's right about that. Do you see that?

CLIENT: He doesn't say that. He's certainly not that articulate. He's enraged. I mean, Monday? Just enraged.

THERAPIST: You saw him?

CLIENT: Oh, yeah.

THERAPIST: Okay.

CLIENT: He's looking at me and I'm sobbing and he's like, "What?" And then yesterday, he's like, [laughs] "I'm reading these books, here are these websites that I found that are really great. Dr. Board (sp?) gave me some websites about escape fantasy and I'm working with him, and I'm calling..." It's cruel.

THERAPIST: He has lots of different feelings, just as you do including really, really angry at him and then also crying and vulnerable and just want him back. [00:05:00] He's doing both, as well.

CLIENT: But the difference is-I know this comes from a place of anger, and maybe it's not fair and maybe it is critical, but the difference is he's the one on these websites. He's the one molesting me in my sleep. So of course I would have mixed feelings. Of course I wouldn't know how to react. And, I mean, these websites started so long ago. He has had time to process and...

THERAPIST: I totally agree with you.

CLIENT: ...I'm blindsided. He's known what he's been doing.

THERAPIST: I totally agree. I totally agree. I totally agree. I'm only just sharing he's going to have mixed feelings right now, too.

CLIENT: So I talked with him about what Dr. Bourd had to say. And he said that he did most of the talking and that he was very explicit and told him everything that was going on. And his Life After Ramona folder, the whole [laughs] the whole business.

And he said that Dr. Bourd explained that he's counseled men who've used porn before, counseled men who've done these types of things before, but their reactions have been different what Ivan's reaction is. [00:06:09] And that he thinks it's consistent in that it's the **escape fantasy**, the **avoidance**, consistent with everything else that's been going on.

That he said that Ivan was very angry and a lot of this came from possibly a place of anger from not getting what he perceived he wasn't getting in the relationship. Which is true, to some extent. It doesn't feel fair, because Ivan could have had a one minute conversation with me, even, and said, "I know it's hard for you to trust me. It might be hard for you to be vulnerable, especially in something like having sex or even letting me in further in any way, shape, or form, but I wonder if we can work on it a little bit side by side. [00:07:04] I wonder if we could even talk about what that would look like," anything.

THERAPIST: Yeah, yeah. And I hope you understand, also, that Dr. Bourd is not justifying it.

CLIENT: No.

THERAPIST: In other words, he's just trying to explain that he thinks that's what-because Ivan has such a hard time addressing anything on the surface that what he did when he-of course he's feeling like one of the (inaudible at 00:07:30), it sounds like he was having is really wanting a sexual life with his wife. A marriage with no sex is not really a marriage. There's something awry if there's not sexual behavior happening.

CLIENT: But the thing is, I told-no one's going to believe me or think this, but Ivan wasn't the only one not having sex. And it's not like I wanted to have no sex and no-I got to the point where I felt like I couldn't even kiss my husband, because every time there was any level of physical contact, it was, "But it's not sex, but it's not this, but it's not often, it's been so long since this happened." [00:08:05]

On top of which, this man is lying to me about huge chunks of his life. I mean, you want me to be even more vulnerable to him-

THERAPIST: Yes. Ramona, Ramona, I-I don't want you to. I don't want you to. I'm not saying that.

CLIENT: I'm saying it's not fair, because I was giving that up, too. And it's not like that was-I didn't feel like it was my choice. I felt like, "What kind of idiot lets her husband lie to her and then says, 'Okay, let's go have sex. We can talk about it next month, next year, or never.'?"

Sorry. I'm not angry at you.

THERAPIST: No, I don't think you're hearing that I totally agree with you. Ivan can be having his internal experience and it doesn't mean you should be doing anything differently to accommodate this internal experience. He's only trying to help Ivan understand that he's feeling he wants to emotionally connected. He wants to be erotically, sexually connected and intimate. It's not happening. [00:09:01]

And so instead of what a mature person would do is start taking about why it's not happening and saying, "This is important to me. Can we work on this together? How do we become closer? How do you trust me again? I want to work on it," which he didn't do because he avoids, he avoids, he avoids, he avoids, he avoids at every time, he's avoidant (ph) in the whole story you've discussed. And then he goes-and when he's feeling deprived, then he goes and takes it anyway, in secret.

So it is not a justification. It's a very, very immature, unhealthy thing he did. And it hurts you. He's responsible for it. I think Dr. Bourd is only trying to help him understand that the context is there's something he wants that makes it-of course, what a normal thing to want! He just handled it really poorly. The better way of trying to get what you want is talking about it and working on it with you in couples' therapy, which he never really sounded like he was able much to do. [00:10:01]

CLIENT: No, but he did bring up-I mean, we talked about this recently and he said, "But did have that couples' session where we talked about physical intimacy. And you told me afterward that you were upset that we were prioritizing it." Which I was, because we went all those months and we worked on communications building skills and what to do when Ivan withdraws and what do when I criticize. And we worked on all of that stuff and we didn't work on the elephant in the room directly.

And I understand. Dr. Farrow said, "You guys are having trouble," we couldn't even sit on the couch together. We couldn't dive in to all of that. And I understand that, but I guess I felt so, I don't know...

THERAPIST: This is where it's two different experiences that have legitimacy.

You're feeling like [coughs] excuse me "We didn't even talk about this massive, massive betrayal that started our relationship. How on Earth do I feel like I want to have sex with you, from that place?" [00:11:02] It still feels, to you, sort of artificial, it sounds like, and meaningless to start having this sex conversation when you haven't talked about that stuff yet.

CLIENT: It wasn't even like we had a whole session about that and then said, "Maybe we can start integrating a conversation about bringing a physical," I just-

THERAPIST: I get it. I get it. I get it.

His experience is, "Okay, but I tried to bring up sex. I tried to talk about it. And you criticize me for bringing it up. So no matter what I do, I try to do what you're asking me to do and I get criticized. So I don't do it, and I get criticized. No matter what, I get criticized."

CLIENT: I get that, but she...

THERAPIST: That's his experience.

CLIENT: ...she was very, very clear I mean, crystal clear that anything from if we were going to make out, if we were going to cuddle on the couch, if we were going to have sex, that there needed to be some kind of brief, "How do you feel about doing this?" or "This is what I'd like to do, are you open to that? What would be comfortable?"

THERAPIST: Uh-huh. Words with it, yes, yes, yep.

CLIENT: Any type of words before it happened and we were on the same page with that.
[00:12:03] And Ivan still wasn't doing that. And I surely wasn't going to initiate that, because we're still [laughs] not talking about the issues!

THERAPIST: (crosstalk at 00:12:11)

CLIENT: But I would have-I could have been receptive if he had said-maybe I would have turned him down, maybe we would have negotiated, maybe we would have done something in between, like what he wanted and what I felt comfortable with. That's what's the most upsetting, he never gave me the chance to even...

THERAPIST: Yeah. Yeah. And I think his perspective is that sometimes when he feels like he's doing what you're asking, he still gets criticized.

So there was an exchange you'd written about in your-when you were journaling, last time you [sent me] (ph) your journaling, where you actually said you asked him, "Can you tell me-what are you have problems within me? I want to know what your problems are. What are you mad at? I'm telling you what I'm mad at, can you tell me what you're mad at in me?" [00:13:01]

So he proceeded to tell you what he was mad at and disappointed. And the end of your journaling was, "How dare him [sic]? Doesn't he know this is horrible timing to say such a thing to me?"

So it felt like you asked him to share that, so he says, "Okay, I'll share it." And then you tell him he's awful for having shared, and what is he thinking sharing it now?

That doesn't excuse any of what he's doing. He needs to talk to you about that. "I can't get it right by you, Ramona. No matter what I do, I get it wrong." It does not in any way excuse the back door thing, which is a bigger in my mind much bigger offense. It's not a kind of working through, "Okay, here's my experience, here's your experience. Here's my experience, here's your experience. Let's try to figure out how to get more on the same page."

There's a very, very big set of offenses happening, which include lying and bordering on cheating. And loud, extreme avoidances of having a relationship. And I hear you, that you're saying-the hope is that if he said, "Ramona, can I hold your hand and sit on the couch with you? [00:14:05] How would you feel about that?" Even if you said, "Thank you for asking, that means a lot to me that you said that. I don't know that I feel comfortable today, because we still haven't talked about this. Can we talk about that sometime?" That that exchange would happen.

He might be afraid if he tried to ask you, you'd say, "Are you kidding me? How dare you think you can hold my hand right now?" So that he'd get daggers back at him.

So he already avoids a lot because I think he's afraid, in his own history if he brings things out, something really bad happens. And I think he feels like sometimes that gets confirmed with you. That not matter what, it gets criticized.

CLIENT: I guess I want to-I asked at what he was angry at me about because after he molested, he-I mean, I've never seen him so angry, so cruel. And I'm thinking that part of was he was angry that he did that to me. But he was nonetheless[00:15:00]

THERAPIST: He's angry at himself but projecting it into you.

CLIENT: And I think he was angry and frustrated to some extent, because he-because maybe he did feel-I mean, it's not an excuse for not having a conversation but maybe he did feel like he could never even ask for that. And maybe he was angry that part of what he did led to a position in which I didn't want to be vulnerable. I didn't want to trust him. I certainly didn't want to have sex with him.

But I asked him what he was so angry at me about, and when he said, "I think your stress and anxiety levels are a problem and that they're really unhealthy for you," in that moment, it felt like-I know that's true! My gosh, I'm here, I know that's true. I've been on Prozac in-I know that's true. You've told me I have an anxiety disorder. I know, personally, I take on responsibility for a lot of things [laughs] that aren't mind. I know that I have-I'm not happy when I get a 97. I know that about myself and I know that's not healthy.

But in that instant when I am stressed to the max because my husband is molesting me in my sleep and because I can't trust him, on top of which I thought we were making progress, to say,

"Boy, you're really stressed"? [00:16:05] It's like, "Are you freaking kidding?" I'm sorry. I'm not mad at you. I'm just mad that he-

THERAPIST: Or you might be!

CLIENT: No, I'm not! I know I'm just saying that because I know I'm really emotional right now. I'm mad because I know that it's true. But I'm also mad that I thought that that was the most inappropriate context in which to do it. Because it's not fair to lie to your spouse and have a Fuckbook profile, and then say, "Well, I think you have trust issues."

That's what it is! And it's-I'm sorry.

THERAPIST: What do you want him to say, then, when you say, "So what are you mad at me about?" Is there any answer that's right to that question?

CLIENT: I was trying to figure out why he's-where all this venom comes from. Because I guess in my perspective, I'm not-I know I have faults in the marriage. I know I have faults as a person, before I ever met Ivan. [00:17:01] I know I have tons of things to work on. But I also-

THERAPIST: His venom in the moment didn't make any sense.

CLIENT: It doesn't make any sense!

THERAPIST: (crosstalk at 00:17:08)

CLIENT: And in a situation where he molests me, how could he possibly-where would I have any blame or guilt or anything in that situation? Just like I'm not going to say, "Ivan, I'm so angry that you molested me. And I'm so angry at you because you weren't taking out the laundry." It has no context.

I didn't feel like we were having a conversation about anything you've ever been upset with me [laughs] in this marriage or global things that I need to deal with. You don't get to molest someone and then say, "You do know you have a long history of being stressed and anxious, right? That's a problem and you should work on that." I thought that that was bullshit. I'm sorry.

THERAPIST: You're helping me understand in some ways that's not-your question was not what I was understanding your question was.

CLIENT: No, no!

THERAPIST: You're asking about the in the heat of the moment, the rage.

CLIENT: Yes!

THERAPIST: Yeah. [00:18:01]

CLIENT: Why is there a month and a half after he molests me where he's spewing anger? And there's no remorse, there's no apology, there's no conversation.

THERAPIST: And besides, if your spouse is stressed, anxious, and depressed, you might eventually get angry at them for that. But the starting point would be to be concerned and say, "I'm worried about you. How can we help you with this? What can I do? I'm noticing this. And give me a hug. Let me help you calm down and don't be so hard on yourself." That's the starting point of responding to someone being anxious.

CLIENT: Yes! And I also think-I know that there is a component of me that if Ivan had never existed, I would still have anxiety and I would still be more stressed and I would still have these perfectionist ideals. I would still have those issues, but I don't hear Ivan ever saying, "Anyone would be stressed out and anxious after something like this was done to them, after a huge betrayal. And you already are struggling with this, and I'm so sorry to have..." [00:19:03] It's not Ivan's fault that I'm anxious, but you can't...

THERAPIST: It's not the context for (ph) what's happening right now. It sounds like he has so much self-disgust and shame over what he's doing, that it's so intolerable to take that in that he's projecting it into you. And feeling sort of disdainful and rageful at you, when it's not about you. It's about his own feelings towards himself.

So all of this, I'm just sharing little pieces of some (inaudible at 00:19:39) just to sort of understand. You've asked me, "What's going on with him? I don't understand. I don't understand." And again, I don't ever expect that even I could give you the intellectual explanation and it's not going to settle this feeling of disbelief.

But some of it is just trying to share this is what he's doing inside himself, telling himself, "Well, if I'm not going to get it this way, then I'll take it this way," because he can't. [00:20:00] He doesn't have the capacity yet to talk about it and get it in a mature way, get his needs met through words.

This is one of the things you keep saying, in every example, is there are no words. If he could just share a few words about wanting to be physical. Set an emotional tone with words. If he could just say a heartfelt, "I'm sorry," or, "I understand how angry you are. It's not okay that I did this." And say, "I know (ph). I'm working on it."

He goes back and forth, like he can do that. And then he gets to this enraged and rage projecting place where he's putting it all into you, which is not fair. It has nothing to do with you.

CLIENT: Did you talk to Dr. Bourd at all?

THERAPIST: I didn't yet.

CLIENT: Okay.

THERAPIST: I called him and he actually e-mailed me back and I haven't yet responded to that e-mail. He didn't say, "Let's not talk," but he had some question that I think are legitimate for him to talk about with Ivan that make sense about what kind of communication he and I should have from this point forward. [00:21:04]

I think he's feeling that if Ivan knows that we have an open line of communication that Ivan might not tell him certain things. That he's worried it's almost like he was getting tattled on. What if you find out about something more that Ivan hasn't even told you, because Dr. Bourd has told me?

It doesn't sound, though, like Ivan is necessarily feeling like that. He (crosstalk at 00:21:30).

CLIENT: He's telling me what's happening...

THERAPIST: He's telling you and he's telling Dr. Bourd everything...

CLIENT: Yes.

THERAPIST: ...even though he knows that we have permission at this point.

CLIENT: Yes.

THERAPIST: He may just want to touch base with Ivan to make sure Ivan feels, at this point-one of the reasons is if you're thinking about separating as a couple, it's a different... I don't know how to describe this.

Often, when individual therapists are seeing two members of a couple, there's no communication at all. Sometimes it seems appropriate to have communication between the two therapists, but that's not-I would that's about 20% of the time. [00:22:04] And then if they're not together, it's even less appropriate.

It's more like we still have to just be thoughtful about what our aim and hope is about getting you each to be able to hear about each other's therapies. Does that make sense?

CLIENT: Are you saying it's inappropriate because he's not living in the same apartment, because he's...

THERAPIST: I wouldn't even use the word "inappropriate." I would say we're just trying to think about what the pros and cons are. And one of the cons is if your privacy gets violated. Sometimes when people are apart, they feel like they need more privacy around this experience.

So I think that's what he wants to check in with Ivan about. I (inaudible at 00:22:50) want to check in with you about-if Dr. Bourd asks me, "What's Ramona's experience? How's she doing? What are you sensing from her?" [00:23:00] Does it feel like that is helpful to be shared, or does it feel like, "Oh, this actually feels like I want it to be safely and privately in my experience. I don't want Ivan to hear things about me filtered from me through Dr. Bourd to him."

What I was going to say back to Dr. Bourd I got this message late last night is that I think for you it actually would be helpful for us to touch base at least another time right now and sort of then take it from there. I'm respectful if Ivan feels like it's not helpful to him. He has the right to rescind the communication at any time. But I do feel like-my sense was from you that it would be helpful.

CLIENT: Ivan is telling me everything that's going on in his-and he's saying that he's trying to figure out with Dr. Bourd exactly what is going on and that he's looking for those answers. And so I guess I'm looking to you to help me figure it out, or I'm looking to Ivan to literally tell me what's going on and what's being said. [00:24:00]

I'm desperate to find out what's going on because [sighs] I mean, who wouldn't be? And I know Ivan said he felt very violated that learned all this stuff, that I saw his e-mails.

And I understand that to some extent. If Ivan went in-there is nothing I have ever written [laughs] nothing in any of my e-mails, nothing on my computer anywhere that I would have any problem with him reading. I have nothing to hide. But I can understand that feeling.

But at the same time I feel bad about this, in a way but I'm not sorry. Because Ivan even said, "I told Dr. Bourd about this and I didn't tell him I was going to tell you ever, but in the back of my mind, I wanted to make sure it was never going to happen again and that I was dealing with it before I told you that it had happened."

And I'm thinking to myself, "This is the same bullshit as it was with seminary and everything." How do you do that to someone? How do you let a year go by and say, "By the way, all this happened. [00:25:02] You were completely betrayed and never knew it"? It's just like, "No."

THERAPIST: Yeah. In other words, his learn time and lag time is slow right now, Ramona. It took him three years to tell you about anthropology?

CLIENT: No, it wasn't quite that long.

THERAPIST: Two years?

CLIENT: Um...

THERAPIST: A year?

CLIENT: Yeah, it was over a-I mean, problems started before he left, so maybe a couple years total, from when he started failing classes to when I actually found out.

THERAPIST: Okay. So that's a long time.

CLIENT: That's a long time.

THERAPIST: So this time around, it's how long? When was the first...?

CLIENT: [sighs] It was three days, total.

THERAPIST: [It was] (ph) in February?

CLIENT: It was February 13th, it was June 2nd, and it was August-it was September 9th.

THERAPIST: Yeah. And so maybe this time, it would have taken him a year to tell you, had you not found out this way. [00:26:00] My guess is he would have eventually told you, because that's kind of what he does. It's almost like he feels too guilty that he then has to come out and admit it.

But that's a long lag time, too. It's sort of like, "Okay, then what? What's going to happen and be the next thing that's behind your back?"

CLIENT: It feels like he takes control. In any type of relationship, someone does something that is wrong in whatever capacity. And then you apologize. The other person works on-you ask for forgiveness. The other person works on forgiving you. You process it. You deal with it. You work to move forward.

And I feel like Ivan has always robbed me of that process. And then he's like, "Well, you're really hanging on to that," like, "Oh, you're still asking for that conversation? I tried."

It's insanity. You can't be dealing with stuff from a year ago because you're always finding out...

THERAPIST: It is insanity. Do you hear [how you're] (ph) making your own case? [00:27:00]

CLIENT: I do, it's just...

So part of me thought about what you said about pornography, that you have seen couples who come in and one of them is doing that. And while I think-my personal beliefs, that I know not everyone shares, that pornography is wrong and that there's no excuse for that or need for that, it's different from, I don't know, materials that you and wife would use. It's different. Watching someone else have sex and-I don't think there's any place for that in a marriage, that's my personal belief.

Even if there's no sex, I think-there should have been a conversation. There should have been this and that. But I also think that viewing porn while I think it's wrong is still very, very, very different from setting up profiles.

THERAPIST: It's very different.

CLIENT: So if there was one date at which he had viewed porn, that would be different from three different dates in which he is setting up profiles. And I made him explain...

THERAPIST: [Or having] (ph) online sex. It's a step towards having an affair. In other words, it's very different than pornography. [00:28:00] It's actually having a place where you're having an interaction with someone.

CLIENT: And he said he had no interaction with anyone except for the one site, where he says he watched four fifteen-second videos of people talking about sex. Fully-clothed, holding sex toys, talking about... Click or go to the private room or whatever, "Do you want to do this?" It required no interface from him.

Which is still disturbing. He's like, "My password for that was, 'Why am I doing this?'." He said, "I was so disgusted."

But I need to know in my-I've asked him, "Ivan, I think you're fantasizing about the 'What if?', LookingForFun087, what if you were looking for casual sex and discrete relationships and one-on-one and the online... I think part of you was fantasizing what if I didn't exist and what if you..." [0:29:00]

It means he (ph) wouldn't have been that type of person when he was single, but what if he could have been? And I wonder if that's what the fantasy is. And he says, "I was fantasizing about escaping into sex. I really just wanted to have sex with you. I've been fantasizing about you."

And I said, "I don't know what this is, but this isn't some romantic, 'I'm so desperate to have sex with my wife, I just want to think about having sex, period.'"

So I guess I want to know from Dr. Bourd, I want to know from Ivan, I want somebody who is objective and who understands these types of-to tell me: is he fantasizing about having an affair?

THERAPIST: Okay. That's a very specific question.

CLIENT: First of all, I don't know if I can believe him. And second of all, I don't know if he actually knows.

THERAPIST: Yeah. Yeah, yeah. And it sounds very defensive when he says, "Oh, no, no, no, I was fantasizing about you." I would not believe that, that doesn't sound like it's where it's coming from.

CLIENT: He's saying that in general.

THERAPIST: Yeah. [00:30:00] It feels like he's covering it up.

CLIENT: It does.

THERAPIST: But I don't think that that necessarily means, on the other hand, that he's fantasizing about having an affair. An affair, oddly, is not very avoidant. It is avoidant of the issues (ph) in your marriage, but it becomes this real thing that you then have to address. It's a real, live person who has feelings, who might get attached to you, who's also going to want-

CLIENT: I know that.

THERAPIST: Right? So I just don't think he's there. He's in the place of trying to find secret, private, not-real person place to bring parts of himself that he feels very deeply in conflict about. It sounds like he's interested, sexually, but he may be very critical of himself, like, "Why do I want these things?" or "Why do I find that attractive?"

I think, sometimes, when people have very rigid, rigid beliefs about sexuality, it creeps out in these bubble, secret places. [00:31:00] This is what happens in the church, for example, where there's this rigid, rigid view, in certain religions particularly Catholicism around priests marrying. So that it becomes something that is forbidden in the life. So then what happens is it creeps out in these very inappropriate and destructive ways.

CLIENT: I know that, but Ivan is telling-because I've been asking so many questions and Ivan is saying I wouldn't necessarily believe anything he's saying right now but I saw it (ph) and he didn't message anyone. He didn't respond to any messages. He never actually created a profile on Match. He...

THERAPIST: Yeah. So that also matters to me. So if you're asking me about the spectrum of levels of betrayal? A full-on affair is full, full, full betrayal. Looking at "Penthouse Magazine" where there are boobs? A lot of people do that. It doesn't mean it's good. You may have a different opinion about it than another person, and people have the right to have a different sense of morality and ethics about that. [00:32:05] I'm just saying that a lot of people do that and there are a lot of people who wouldn't feel like that's ending a marriage worthy.

CLIENT: No.

THERAPIST: I don't think you even think that.

CLIENT: There's a difference in the...

THERAPIST: Yes.

CLIENT: I'm sorry, but I'm unbelievably, psychologically disturbed about his Fuckbook profile. And he says he saw one picture and I saw the picture, because it's the person he clicked "accept." And he says, "It wasn't arousing. I was disgusted. Once I saw that picture, I got off of there."

THERAPIST: I just don't think that's true. Do you know what I mean?

CLIENT: I don't know. What do you think?

THERAPIST: I think it probably was arousing to him! [I mean] (ph), that was probably why he clicked on it.

CLIENT: He didn't see it.

THERAPIST: Okay.

CLIENT: He saw he had a friend request, he says, and he clicked "accept" and then he saw it.

THERAPIST: Oh, okay. [00:33:00]

CLIENT: Because I'm saying, "Were you physically aroused? What the hell was...?" Sorry. "What is going through your mind?" And he's like, "It was disgusting." Of course I want to believe that! I'm his wife, I want to think that maybe he does have a fantasy about having sex, in general, and maybe he took it a million steps too far. But there's a difference-I don't know! It's so borderline, almost.

And how do I know if-when he created this profile and he's clicking on this things that he wants, that he's looking for, and I'm pretty sure "discrete relationships" is code for "affair." How do I know if he was just-he's like, "I had to click on it to set up the thing. I just wanted to see what it was. I was just escaping. I was fantasizing." How do I know the difference between that and what he was really thinking?

THERAPIST: And that he's (crosstalk at 00:33:53) have an affair.

CLIENT: Or even he was really planning to have online exchange of any type, any type of contact. [00:34:01] How do I know the difference? How do I trust him? Of course I want to believe this, because it would be the last saving piece.

I also know that for me and I know a lot of people don't share this but for me, the thought process of having an affair, fantasizing about having sex with another person? [sighs] I'm not

saying that someone who-the passing thought of-I don't know, a passing thought would be different from really thinking about it and creating profile that you'd actually use. If he was having online exchange about sex or online exchange about anything, to me, that's just as real, and I'm done.

THERAPIST: That's where you draw the line, yeah, (crosstalk at 00:34:40).

CLIENT: Because I do think that-I'm sorry, but I'm not a very good one right now, but I am a Christian and I do believe what it says in the Bible about looking at a woman with lust in your heart is very much the same as... It's just not okay. [00:35:00]

[crying] Okay, so this is something I want to keep private and personal, because it's so bizarre. But yesterday, when I was thinking about this and I'm thinking, "I really was very critical. I can see why he would feel emasculated." It might have been impossible for him not to have, going from, "I'm going to be a professor," to, "The best thing I'm doing is working at Subway." But on top of which, his wife is saying, "Hey, this isn't what we agreed to, it's not okay. It's not okay." Of course he felt emasculated. He felt criticized.

I think part of what I was-even if it was legitimate, he was still very criticized. And I know I was harsh sometimes with words. And I didn't use the interpersonal, "This is what I need," as opposed to, "I can't deal with this anymore!" And I know that I was anxious and stressed. And I know that I was worked-up about school and very, very busy with school. I know that we weren't having sex after all the lies. I know that he was very critical. He always wanted more and more, and I always felt being criticized instead of complimented. [00:36:00]

But I look back and I had this-yesterday, I just thought. And I thought and I-and the day before, and I thought, "I really want to" this is so bizarre I thought, "I really want to have sex with my husband. I really miss this." He's not the only who wasn't-I wish we could have.

And it feels so unfair, because when you're put in that position, what kind of woman doesn't feel enough respect for herself when she says, "Okay, well (ph), you lied again. Let's get into bed" ? That's a crass way to put it, but yesterday I thought, "I really want those things." I do see my part of it.

I also have this thought, and I don't know if it's accurate and I'm looking for you to be a sounding board. But I definitely contributed to problems in the marriage. I definitely have my own personal-everybody has their own-

THERAPIST: Everyone contributes to problems in their marriage, (crosstalk at 00:37:02).

CLIENT: But I guess I also thought that what I was contributing was manageable. "My wife gets really stressed out and really anxious about things." That's not something you divorce over. Not that it's acceptable to have flaws that go up to the point where you would divorce over them, but

I guess I thought that I wasn't bringing anything to the table that A, I wasn't working on in some capacity and B, that wasn't manageable.

THERAPIST: Yeah. Yeah. Yeah. I think mostly that's been true. There have been times where you've said to me, "I just can't not criticize." So, "I'm not going to use 'I' statements," "I'm not going to speak to [my own] (ph) experience because I'm so mad." So I think there are times when that part has felt hard to manage.

It doesn't mean any of us-think about it, you're so right to bring up his sense of emasculation having nothing to do with you and the marriage, simply about fluking out of school and then working at Subway. [00:38:02] He's probably not feeling like much of a man right now.

CLIENT: He said the day before Valentine's Day, when he got on Match, he said, "I was working on creating profiles for jobs," because I told him about you're supposed to put a profile on your r?sum?, whatever.

And he's like, "I was looking at it and I had nothing to offer you. And I was so-with Valentine's Day, I was so depressed. And I felt so horrible about myself. And I wanted to create a version of myself that..."

THERAPIST: See, I believe that. That I think is more the overriding force in trying to-the desperate searching for something out there. This is often what it is for people. Even when they set up profiles and it feels betraying. [It's the part of it] (ph) they're trying to sort of-a lot of men, for example, if they're feeling inadequate for a wife, will go and find an online partner where they get to feel like they're a man. It's more about their own insecurity in the relationship that actually matters to them, it's not about wanting to have an affair with that person. [00:39:02] It's about wanting to find a sense of being seen as a man, for once and for all.

And it's a fantasy. It's not a real relationship at all. If that woman got to know him, she'd have the same criticisms you do.

CLIENT: But that's the thing. I felt like when he was making progress-I mean, going to the gym, eating a healthy meal, going to-I felt like I was always there, "I'm so proud of you," "That must feel so-" I felt like I was always there.

THERAPIST: You said those things.

CLIENT: Yes! Oh my gosh, all the time. I don't think he heard them.

THERAPIST: Well, he probably didn't feel it in himself.

CLIENT: [sighs] And the one time that I was with him and Dr. Bourd, I think it was about the weight thing or whatever. And I said I was really encouraging and I was going to the gym with

him at 10:00 at night and I was telling him how proud I was and Dr. Bourd was like, "Maybe that feels infantilizing to you, Ivan." What do you want from me? [sighs]

THERAPIST: I'd (ph) pause there, because I don't think just because Dr. Bourd says to Ivan, "Maybe that feels infantilizing to you," doesn't that mean that you are doing something wrong. [00:40:05]

He's just trying to find maybe Ivan, what he does, is feel like, "Aw, that makes me feel even worse!" That's not your problem, though. There has to be a way that you can say something to him that-he may be so filled with his own self-hatred right now, Ramona, and self-disgust and, "I'm such a bad person," that there's nothing you could say that wouldn't confirm that. "That's right, I'm a horrible person. That's right."

Even if you were nice and supportive and warm? Even that, he may be twisting into, "Oh, she's condescending to me and treating me like I'm a child who doesn't know anything about the world." That doesn't mean that's what you're doing. Dr. Bourd may have been finding what Ivan's experience is. Do you see the difference?

CLIENT: Yes.

THERAPIST: Okay.

CLIENT: I want to be sure. Because the other day when I met with Ivan and he was... I told him, I don't know how I brought it up, but I said something like, "We still need to have the conversation about what happened." [00:41:03] And he's like, "I wasn't the only one who was abusive." And he's like, "You were controlling." And I guess I want to know, was I abusing my husband?

THERAPIST: I think you may have been controlling. I don't know that I would call that "abusive." It's different than sexual assault, it's just different.

CLIENT: But there are types of abuse where people look for power and control over others. And all they do is ever put them down. And I didn't feel like that was my goal and I didn't... [sighs]

THERAPIST: I'm going to give you something that might be-this may be hard to hear, but I think it might be helpful to hear in the long run.

My sense of you-in this relationship, I have different feelings sitting with all different people, depending on who they are.

I often feel like the main thing that I feel from you is that I am disappointing you. Lately, less and less, because I think there's something that we've been working on that has to do with your vulnerability, trusting other persons. [00:42:06]

But I think, early on, for a long time, it felt like you were usually angry at me, disappointed, frustrated, felt I was inadequate and wasn't helping you at all.

So I use those feelings inside me as sort of-I wonder if that's what Ivan feels like most of the time. When I feel like part of why I'm here is trying to be helpful to you and I'm actually pretty good at what I do. Doesn't mean I'm perfect, I make a lot of mistakes. [laughs]

I think, Ramona, you are so, so hard on yourself, the bar is so high and you have been so betrayed by so many people. This is where I say this is not your fault. You've been betrayed. Ivan has actually betrayed you. Actually has. And yet, there may be something he's speaking to and trying to put words to where he feels like he's constantly a disappointment. [00:43:06] Does that make any sense?

CLIENT: It does. It feels complicated, because on the one hand, I know that I would be hard on anyone that I was with. And I know that I would be not quick to trust. And I know those things.

But at the same time, he set me up with all these expectations that sounded reasonable if what was supposed to be happening was happening.

THERAPIST: And Ramona, that's real and matters. (crosstalk at 00:43:38)

CLIENT: Anyone would be disappointed if you say, "I'm going to teach," and then you go for months without applying-

THERAPIST: Anyone, anyone. Even people who are trusting and don't lead (ph) with criticism would feel so betrayed. Because it's actually betrayal. A number of different things he's done have been immature, backdoor betrayals of you. And lying to you. [00:44:00] And that's not okay. No matter how critical you are, that is not okay.

This is what I guess I'm trying to say is these can be simultaneously true. That he did real things that are not okay. There are lines, the gray area. These things are not gray. They're not okay. They would disappoint any person, unless you were a doormat. And then we'd be working on, "Why is this not disappointing anymore?" because you should be disappointed and critical.

And the basic basis of the relationship is that this may also, then, happen, this dynamic (inaudible at 00:44:35). Now, that's the stuff, that had this big stuff not been happening, you'd be working on in couples' therapy. He'd eventually be finding words and saying, "I feel emasculated. No matter what I do, I can't get it right by you." And then you'd say, "Okay, well, I feel like you often don't do many (ph) things well, a lot of the time." Not the big things, but, like, the laundry. And you slowly work on developing more respect for each other in the relationship, if it was going well. [00:45:00]

These big things happened on top of all that and matter. That's what I guess I'm trying to say. And this is I think what you were trying to say. You know you have your contribution so does he!

Besides the big things. It's not like he's perfect besides the big things. He has just constant avoidance even in things like the laundry, he leaves them to the last minute. So this is something you were going to work on anyway and then these loud, very big, glaring examples have happened that I think you're really justified in being very, very mad and disappointed at.

I do think they're more a kind of shame-based avoidance, though, instead of actually wanting to not be in the marriage anymore.

CLIENT: Then is it real... [sighs] So if I take him up on reading these books, and he wants to go to Dr. Farrow. If I give him this chance to-I don't want to be unrealistic and think that he could overcome that sounds critical but that if that is a real problem, that he could overcome that within... [00:46:07]

THERAPIST: Yeah. You know, we have to stop. Let's revisit that question, because I don't know that was can answer that question even in a session today. You know, I think you have to keep thinking about it and let time unfold and wait and see, a little bit.

Does he get more persistently in the direction of, "I really want to work on this again"? Do you start hearing? Does he start hearing things from you, where you say, "I know this is a piece of me. I'm working on that part, too. But there are some really big parts of you that are part of the equation, also, and I want to see if you can take ownership of that." Do you start to hear more and more signs and signals of that so you can trust it a little bit to try again? But I think time will tell that more than knowing for sure today. Okay?

CLIENT: Is it okay to meet with him?

THERAPIST: I think so. [00:47:00] I think it would be most productive for what you want if you lead with your vulnerability and say, "I feel hurt. And I'm confused. And if you want to talk, I would love to talk to you."

CLIENT: He's like, "Let's go to church and lunch on Sunday and talk."

THERAPIST: Okay.

CLIENT: Is that appropriate or am I...?

THERAPIST: I don't think it's a judgment about it being inappropriate or appropriate. I don't think you're being a doormat if you go in other words, if that's what you're asking me.

CLIENT: Yeah.

THERAPIST: Yeah, I don't think so. You're married right now.

So you can have a conversation. Doesn't mean you're taking him back. You can go to church together. Doesn't mean you're going to take him back. You can figure that out over time.

I'll see you Monday. [00:48:00]

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: This will be a one-hour session, instead of the usual forty-five minutes.

It's started.

CLIENT: I'm sorry?

THERAPIST: It started.

CLIENT: Oh, okay. [laughs] Thanks for having additional time.

THERAPIST: Sure, (crosstalk at 00:00:36) time.

CLIENT: (inaudible at 00:00:37)

THERAPIST: I will definitely let you know as soon as I know if anything else opens up (inaudible at 00:00:41).

CLIENT: Okay.

THERAPIST: What's your schedule for the rest of the week, just so (inaudible at 00:00:43)?

CLIENT: There's going to be something coming up, that I don't know when it's happening yet. It hasn't been scheduled yet. But Wednesday, I think, Wednesday afternoon I'm busy with volunteering. But other than that, I think I'm pretty flexible.

THERAPIST: Are you working (inaudible at 00:01:00)?

CLIENT: I told you about the temporary job at Amherst Group Hospitals. And training was supposed to start this week. It was a pretty slow process, kind of. I honestly got hired a couple weeks ago, but I actually just got a permanent (ph) job, so...

THERAPIST: You did?

CLIENT: Yeah, so, I think I'm going to-if they're able to find enough help, I'm going to try not to do weekends and [laughs] nights on top of that, because that's a lot, so...

THERAPIST: Where'd you get the permanent job?

CLIENT: Hoag.

THERAPIST: Congratulations!

CLIENT: Thanks.

THERAPIST: Which one is this?

CLIENT: I interviewed for a couple weeks. It happened very quickly. It was a coordinator position.

THERAPIST: In what?

CLIENT: In surgery, with the Chief of Surgery and his one associate, who's a hand surgeon, so...

THERAPIST: Do you know what your duties might be?

CLIENT: Yeah. [00:02:00] So I interviewed with six people for a coordinator position and the final title (ph)-

THERAPIST: For this one job?

CLIENT: Right.

THERAPIST: Six people?

CLIENT: Right. [laughs] (inaudible at 00:02:11)

THERAPIST: What?!

CLIENT: I went in several times.

THERAPIST: That's crazy! [laughs]

CLIENT: So it's a (crosstalk at 00:02:19) Coordinator position, but they finally gave me the title. They were happy with that title, but compensation within HR said it needs to be "Research Assistant to," because I didn't have any work experience after undergrad, I went to grad school [laughs] instead.

So even though I worked some during some grad school, and certainly last summer at the law firm and such, it's not enough work experience to make me a coordinator but it's the same job. So I'm doing the same thing, and it's the [coordinator job description](#).

THERAPIST: The same pay?

CLIENT: No. [laughs]

THERAPIST: No.

CLIENT: It's lower, I'm sure. But same job, so I think that's the most important thing. And it's just below a coordinator, so whenever I'm promoted, that's it. [00:03:00]

THERAPIST: So it's not just data entry!

CLIENT: No, there's no data entry, to my knowledge. They said...

THERAPIST: [gasps] Ramona! Sounds like a great job!

CLIENT: ...15% SAS (ph) [laughs] so that's what I'm counting on, and like 20% administrative. The Chief is kind of a big deal. He publishes regularly. He has an MBA. He's an orthodontist and an MD [and a surgeon] (ph). So he does a lot, but he also... Two years ago, he went to abroad to teach them how to do some of these surgeries with their resources. [00:04:01] He flown in people from... He does incredible things. He's really cool. [laughs]

And the hand surgeon that he works with is trying to get a hand transplant program off the ground, which is evidently a crazy deal for children evidently, that's unheard of for children. So they're really cool. [laughs]

THERAPIST: Really exciting, cutting-edge...

CLIENT: Yeah, so I'm excited.

THERAPIST: (crosstalk at 00:04:35) [for his program] (ph).

CLIENT: And it's really good benefits. I negotiated salary; I got an extra \$1,000. It's still not crazy pay [laughs], it's not crazy pay, but it's (inaudible at 00:04:49) good.

THERAPIST: Good for you! Do you mind my asking what?

CLIENT: It's \$41,000.

THERAPIST: That's decent!

CLIENT: Yeah. The average for coming out of my degree is like \$54,000, but I wonder if that includes [laughs]-there are people who are surgeons who come back and their degree, so I don't know... [00:05:05]

THERAPIST: Right, hard to tell.

CLIENT: (inaudible at 00:05:07) Career Services, they said right now that's around what it is. Sometimes, it's slower. Sometimes, it's like \$38,000 for every (crosstalk at 00:05:14).

THERAPIST: [That's what I've seen] (ph), I feel like we've heard a lot of people in \$30,000s for that kind of job description.

CLIENT: Yeah.

THERAPIST: You can live on that.

CLIENT: [laughs] Yeah. It's a ton of money for me. But evidently, I'll still be overseeing people as I would with a coordinator job, it's the same, overseeing some assistants, so we'll see.

THERAPIST: I know you're not (inaudible at 00:05:37) happy, I'm really happy for you that there's something there.

CLIENT: Yeah. [laughs]

THERAPIST: I don't want that to be invalidating. How are you feeling about it? [Is it good] (ph)? (inaudible at 00:05:48), in other words, is this...?

CLIENT: Oh, no. The position itself is maybe one of the best I've applied to. I didn't apply to this job, actually.

THERAPIST: Wow, wow really?

CLIENT: Really. I applied to a couple assistant jobs at Hoag, and the assistant Dean that I've worked with so much at school at Career Services, she had passed on my r sum  to one of the recruiters. [00:06:10]

THERAPIST: Okay.

CLIENT: And so they sent it around, evidently, and they contacted me. So I never applied, because I didn't think I would be interested in plastic and oral surgery, but it's not what I thought it was.

As far as responsibilities and pay and benefits and title and every-yeah, it's not infectious disease, which is what I really wanted, but definitely a very solid skillset that will transfer to that, at some point.

THERAPIST: Absolutely, absolutely.

CLIENT: It's a really good job and I'm grateful.

THERAPIST: So when do you start?

CLIENT: The 7th. That's why I say there's some days that Occupational Health will have me come in at some point this week, so that hasn't been set up yet because I just accepted on Friday. [00:07:00]

THERAPIST: [You looked at] (ph) (inaudible at 00:07:05)?

CLIENT: I guess it's a good thing, and it's a relief in some ways, but I haven't been happy. Not because I'm ungrateful, I just haven't been happy. I haven't told my parents.

THERAPIST: Really?

CLIENT: They haven't [laughs]... They didn't...

THERAPIST: It's hard to be celebratory (inaudible at 00:07:31).

CLIENT: Yeah.

THERAPIST: (inaudible at 00:07:36)

CLIENT: Yeah. It feels cruel, kind of, because I worked so hard all summer. I've been working so, so, so hard, and volunteering, and I've been doing (inaudible at 00:07:49) interviews and I've been doing all these things.

When I thought things were getting better with Ivan and I, around June and July-and even before then, I thought when I finally got a job and he has a job and we both had money, I pictured no more struggling at the grocery store, "What do we need to put back?" [00:08:11] No more I can never go out with my friends and I have to make up a reason why I can't go out. No more-we never went out. I thought we could finally do some things, go to dinner just because.

THERAPIST: (crosstalk at 00:08:28), have a life.

CLIENT: And have evenings and weekends free to do whatever I wanted. Because in grad school, every day whether it was the weekend or the weekday it was the same schedule.

Ongoing, and there was never a set-it was never done. But with a workday, you're done, and you get to go home. I thought that would be so wonderful for us.

My advisor at one point, she-I told her I was thinking about doing another program at some point, but I wasn't sure and I didn't quite feel ready yet. [00:09:03] And she said, "Well, you're really young. You haven't had a break from school yet. Either way, you need to get in some research if you want to another program of any kind. I'm sure you and your husband would like to have a life, just enjoy being married."

I felt like crap, because the Dean in Career Services who's been helping me so, so much. I've been at her workshop every week. She's been helping me with everything. She helped me with negotiation on Friday, actually she prepared me for that. [laughs] So clearly, I haven't negotiated salary before.

Anyway, when I got off the phone, I told her, "It's done, I accepted," she's like, "Your husband must be so excited for you." And I thought... She's like, "Go tell your advisor. Go up to her office right now and tell her you finally..." So I did, and she's like, "Bet your husband's really excited!" She's been-I don't know. [00:10:01] She is exceptional. She remembers where I live, she remembers that I'm married; she remembers my career path, how old I am. "Well," she's like, "I guess that's a little bit of a commute, but you could move. I know Waltham's less expensive, but ..."

She's talking about that. She's like, "Where does your husband work?" And I'm like, "He works at Subway." And she's like, "Oh, where?" "(inaudible at 00:10:20)" She's like, "Well, maybe he could transfer to another Subway. I mean, you never know, maybe you could move closer." It's so...

Part of me wanted to tell her even that probably would not have been appropriate to say, "Actually, no. He's not excited for me." It felt horrible.

Again, I'm not trying to diminish something positive finally happening. It is... I don't know.

THERAPIST: Yeah. I mean, I think that's what I'm wanting to sort of hold in my dialect of (inaudible at 00:11:00) is that on the one hand, of course you cannot feel as overjoyed right now as you would have otherwise. It's such a different set of circumstances. In fact, your marriage, in some ways, would (inaudible at 00:11:13) the most important thing of all. To be on your mind about doing something, that's it.

At the same time, Ramona, I really hope for you that what's happening with Ivan doesn't have to take away from every single part of your life all day long, all the time. Meaning I really hope there's a way, when you find it inside yourself, that you can celebrate this, too. Regardless of whether Ivan's happy, not happy, knows, not knows this is a huge step for you. I'm really, really happy for you.

I also know there's so much else going on that trumps this, in a way. But you really need to (inaudible at 00:11:58) to celebrate and give yourself a pat on the back for this part. The fact that you've done this amidst everything that's going on also is so impressive, continuing to push on and apply for jobs.

I hope you can celebrate with your sister, or call up and tell your parents. (inaudible at 00:12:13) a little conversation, (inaudible at 00:12:16) where people get to be proud of you and happy for you is actually happening, alongside all the other stuff that you're (inaudible at 00:12:23) right now.

(pause)

CLIENT: My sister knows, only because she's been so-she's been incredibly supportive through all this. After my interview, after every step of the way, she's always, at the end of the day calling and asking.

So she knows, and she's like, "I want to go out to dinner this weekend and celebrate," and we did, because I just-

THERAPIST: (crosstalk at 00:12:50)

CLIENT: So Saturday, I didn't eat anything, I didn't drink anything, I didn't move, barely. I was so depressed, so upset, so... [00:13:02]

But [Friday night, I saw my friends briefly.](#)

THERAPIST: That's (inaudible at 00:13:11).

CLIENT: I haven't seen them in a while, and they've been after trying to get together. So I did, and I told my friend Helen that I got something but I said, "I don't want to talk about it tonight," because one of my other friends from school, he hasn't gotten anything yet. I said, "I don't want him to know." That would feel bad. We only talked about it for five minutes. That felt better, because I didn't want anyone to make a fuss or to say, "Ivan must be so happy."

As it is, they're-a bunch of them, they're like, "Where's Ivan?" "Oh, he's working, he can't make it, and..." (crosstalk at 00:13:47).

THERAPIST: (inaudible at 00:13:48) say anything?

CLIENT: How do I...? I cut myself off, I haven't been talking to them, I haven't been hanging out with them, I haven't-how do I, all of the sudden, say, "Actually, he moved out and he assaulted me and he is on all these websites"? [00:14:04] [laughs] How do you drop that into conversation [laughs] without making them feel incredibly uncomfortable and...

THERAPIST: Would you feel that way if one of your friends told you? Said, "I've been going through a hard time, this is (inaudible at 00:14:22) going through with my husband"?

CLIENT: I would obviously feel concerned. I'd obviously be worried about them. I wouldn't blame them, but I would also feel blindsided if, for months, it was, "Ah, he's working at Subway." And that's not so great.

I had told Helen at one point about the grad school thing, but I really downplayed it and said, "He's been struggling with depression, I'm trying to get him help for that."

THERAPIST: You'd feel blindsided, as though someone is hurting you? (crosstalk at 00:14:54)

CLIENT: No, it's not as (inaudible at 00:14:55) being hurt, it was out of the blue. If you didn't say that there are any problems for months and months and months and months, and it was, "He's not here because he's at work"? [00:15:04] Then instead, it was, "Just kidding. He's not here because of all of these huge, huge, huge things." Where did that come from?

THERAPIST: But wouldn't you also understand-I would understand if someone I knew kept that from me and all of the sudden you find out, actually, he's (ph) been doing horrible for a year. Sometimes people have a hard time talking about it, and sometimes it takes reaching that point for that them to start admitting (ph) and saying, you know?

CLIENT: Yeah, no-

THERAPIST: I think your fears about how they would react are probably a lot worse than how they would react. My guess is they'd be empathetic and feel for you.

CLIENT: I told one friend. I told my closest girlfriend from college, I told her. Not all the gory details, but what was happening.

THERAPIST: How'd that go? [00:16:00]

CLIENT: She was incredible. I was very surprised. This is a girlfriend who-she's been looking for something-she's not dating anyone, she lives at home right now, she's just in very different situation-

THERAPIST: (crosstalk at 00:16:12)

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: She's in a very different situation. She was one of my bridesmaids. She's a very close friend. I think I started off by telling her we're taking a break. She's like, "There's nothing wrong with taking a break, Ramona." I was so surprised that she could handle that.

THERAPIST: Good!

CLIENT: And then, at one point, I told her as much as Ivan's been on some websites that aren't for married people, [laughs] that's how I put it. And I said Match.com was one of them, because I couldn't-there's no way I could talk about the other ones, I felt, in a-she could get the gist of it. But eventually, she said, "Well, I don't know what's best for you, if you should stay or you should go, but make sure it's your decision." I was very, very surprised that she had that-not that she's immature, but that she had that insight, without having gone through anything... Like a long-term relationship, let alone one with problems. [00:17:09] I was very surprised.

THERAPIST: An openness, non-judgmental, really hearing you and thinking about what's in your best interests instead of making some snap judgment.

This is what I think you will find, Ramona. I think the person who's the most judgmental of all, in all of this, is you, your own self. I'm quite sure if you told people who care about you, this is what's happening, that they would get it. I don't think they'll have an answer just as I don't about what you should do, because that's ultimately your decision. But that you could feel her being supportive of what is going on for you. It's so important. [00:18:00]

You said in your e-mail that there were some things from our last conversation that were staying with you (inaudible at 00:18:07). I don't know if it was bothering you, or... Yeah. Tell me.

CLIENT: I'm taking accountability and this is my perception. I felt horrible [laughs] about myself, which is not something that I didn't feel, ever before I ever even saw you. I felt really, really horrible about myself, because I kept thinking over and over about what you said.

That I have this tendency to treat people as though they are disappointing to me or that they will disappoint me or that they will inevitably let me down. That I am controlling, in some ways. That there was a portion of time with Ivan that I couldn't stop criticizing, remember that phrase you used? [00:19:02] I felt horrible about that, of course.

And I remembered what you said about a marriage without sex isn't a marriage. And so I felt like crap. I felt absolutely horrible about myself, because I stopped thinking about all the things that he's done that I think I are horrible. And I started thinking about those things about me.

I felt maybe I'm not in a place to even be in a relationship, if all that's true about me. And maybe that dinner didn't bring us to where we are. But I went back from that-I feel like in a portion of our time, we've talked about making the transition from other people's things, making them my responsibility.

I felt I completely went back. I felt I went-and all the work on not hating myself when someone else does something horrible, I felt I went back after that session. [00:20:06] I went back to putting it on myself and hating myself for what was happening and blaming myself, and even thinking, "If I had been having sex with my husband, maybe he wouldn't have assaulted me twice in my sleep. Maybe he wouldn't have been looking at all this stuff and making these profiles." Maybe there's a tiny part of that that's true. Not that that makes it okay or excusable or every man whose wife isn't having sex with him can do these things without judgment.

But that's how it felt. And I guess regardless of the problems, whose fault they are or who's supposed to be accountable... I felt really bad about myself. And I also felt like I wasn't [hearing right] (ph), still haven't heard from anyone. This is any form of-I'm sure it's critical for me, but any form of, "It's not okay under any circumstances to do what he did." [00:21:06]

THERAPIST: Ramona, I've said those exact words to you multiple times. Do you not remember that?

CLIENT: I remember you saying that about the assault. You said some things are gray and this is very black and white, and this is very wrong. And you said it was abusive and aggressive.

But with regards to the profiles I know this is my perception and I'm not blaming anyone I'm saying I remember you saying that [sighs] you've counseled a lot of couples who one of them is looking at porn. And that it's not uncommon. And that that happens. And I don't know if that was meant to-

THERAPIST: That doesn't mean that's okay, though. Do you hear the difference? Do you know what I mean? Just because it happens-a lot of people have affairs. It doesn't mean it's an okay thing that happens, right?

I would never condone that as the way people should work things out, is to go find [some kind of secret] (ph). [00:22:01] It's not okay that that happens. I think I'm only getting the context that it does happen a lot, because people have a hard time addressing things front-and-center. Or it's a symbol that there's something that's not going well in the relationship. It is always a two-way street.

So backing up for a second, I just want to say, first of all, that I'm so glad you are telling that this is your reaction and that these are your feelings and being honest with me about all this is really, really important. And I'm so glad you can tell me.

I think there are things you're hearing that I'm saying that I am saying. I think there are things you might do with what I'm saying that twists it a little bit to become something that's not actually in my head, to be what my intention was. That might be a place to start just trying to help clarify a little bit about sort of what I was thinking or what I was not thinking. [00:23:03]

If the only story you get out of this is it's all Ivan's fault, I think whether you stay with him or leave him you will regret something about that, because that is not a reality. In any single couple, there's never a situation where it's only 100%, all the time, someone's responsibility, not the other person's.

CLIENT: I know that.

THERAPIST: You know that. That's all I was trying to share, that I think the more you know and understand the relational conflicts you got into, what's yours, what's his. It will allow you to make more and more and more of an informed decision about what you want to do for yourself.

If we make the decision only from my kind of saying, "It's all, all, all, all, all, all his fault," you'll know, one day even if it's three years from now that that wasn't entirely true. [00:24:06] And you'll regret not (inaudible at 00:24:08) or something like that. Do you see what I'm saying?

We're trying to keep the whole picture in mind. You are absolutely, Ramona, working on blaming yourself less and less and less. You are so self-critical. One of the things I get the sense of, though, is here's what happens, this is what feels like the two options: either it's 100% your fault; or if you start to let yourself not feel that which is, I think, what we've been working on it sort of feels like it's hard for any piece of it to be your responsibility, without the whole thing [ending up] (ph) being your responsibility again. Do you see what I'm saying?

CLIENT: I don't feel that way. I feel that way with him making profiles and with him assaulting, I feel like those instances, I'm[00:25:04]

THERAPIST: You're not responsible for those.

CLIENT: And I feel angry, because I feel in couples' and I feel even in here, it's my perception and I take responsibility for that. I feel those are completely his fault and I am beyond furious when anyone suggests, "If you had just been having sex with him, he wouldn't be on Match.com."

THERAPIST: Ramona. Okay. I want to be very, very clear with you right now. Can you hear me? I do not think the answer is that you should be having sex with him so that he won't do that. It is not, at all, not even 1% your responsibility that he was on Match.com, none.

CLIENT: That's the problem. I feel there are instances where I feel it's not at all my fault. But I feel I actually do a pretty good job of saying that I know that-even aside from what you said last session; I know that I was critical at times. I know that I was hard on him. [00:26:00]

I'm not defending it, but I do think there is a part of what I was saying and what I was voicing that anyone who had certain expectations and then found out that the reality was down here is going to say something, in some tone, and it's not going to be praise. It's going to be, "What happened?"

THERAPIST: You should be critical. If you aren't critical, you would be being unhealthy.

CLIENT: I know that I am a hard judge, in general. So I'm sure that aside from the normal amount of criticism, or the amount of criticism that almost anyone would have had in that situation, I criticize too much.

THERAPIST: That's what I think happens. You are so unbelievably critical of yourself, first and foremost, that then the bar gets held that high for everyone else. In a way that there's constantly someone who's not going to be perfect.

I also think when you get anxious, you're comfortable getting more critical. Whereas someone else might get anxious and withdraw, right? [00:27:02] You get more activated.

That does not make you responsible for what Ivan did. That is Ivan's responsibility, 100%. I want you hear me saying this. Never, ever, ever would I say to you or to a couple, "If you were only having sex, he wouldn't do this." I might be interested that you're not having sex; we need to understand what that's about, because I think that's important in a marriage. It's a basis of what makes a couple a married couple instead of just friends. What's happened that there isn't that kind of physical intimacy is important. That's really important. But it doesn't mean if it's not happening it gives any one of the people a right to go do something else in secret, at all.

I think we're on the same page, but you're clarifying for me that maybe there's a way I was saying something around my (inaudible at 00:27:58) of your part that you just don't need to hear right now because you know it already, and you're an expert at taking on your part. Maybe it was too harsh, the way I said it. And I'm sorry.

CLIENT: No, I'm not upset with you. I felt like crap. And I already felt like crap because, quite frankly, my husband is on these websites. I feel inadequate. I feel less-than. I feel, "What's wrong with me? Why am I not enough?"

I feel like crap, because I feel for two years, I did exactly what I said I was going to do in those two years. I worked my butt off. I've been honest. I've been faithful. I've been trying. I'm the one who says, "Let's go to couples' counseling," who gets us two couples' counselors! I'm the one who says, "I'm concerned about you, that you are so depressed. The stove is on for hours. Maybe it's time to talk to somebody about this. You don't need to feel ashamed." I feel-

THERAPIST: And I've said that always (ph) to you, Ramona. You've been the one who's done this. [00:29:00] I agree with you.

CLIENT: But after all that hard work, this is the other end. I feel I've never been the perfect friend to him or the perfect wife or the perfect girlfriend or fiancée. I've never been perfect in any way, shape, or form. I'm the best person at saying that.

But I do think that even my problems while part of them, I think, were understandable: trying to control somebody who's sitting on the couch all day. A part of it's understandable, but part of it was too much, or anyone would have trouble listening to that. Even if there really was a factual basis for it, it would be hard to hear.

THERAPIST: Yeah, yes. So that's this, right? Then he went and did this.

CLIENT: I guess what I'm trying to say is I think I recognize, pretty well, my parts. But at the same time, I don't think and this is where I'm worried that I'm letting myself off too easily I don't think that that brought us to this. [00:30:00] I don't think that we're separated and I don't think that all the stuff that he's doing and the way we feel, I don't think that that even brought us necessarily-couples' counseling, I don't think I contributed elephants in the room.

THERAPIST: [You didn't] (ph). You didn't.

CLIENT: That's the part of me that feels, actually, like there are parts of this that are his fault and those parts are maybe bigger or very different from the parts that are mine.

THERAPIST: How about there are these parts that are in you and parts that are in him that are both this stuff? There are parts in me, right? Parts in every person that would make-we all have strength and weaknesses in a relationship, right? You could have worked on those parts. But he (inaudible at 00:30:46) and with his things that he struggles with, suddenly he went into these very, very loud, damaging things, right?

The equivalent would have been you saying, "I'm so unhappy with Ivan that I'm going to have an affair with someone who is successful and has a good job and is more what I'm looking for in a man," or, "I'm going to start setting up websites," right? [00:31:12] That's the equivalent of what he did.

CLIENT: I told him that. Clearly, I wasn't doing that, but I told him-he's pointing out that we weren't really having sex very often, that it was very infrequent. And I said, "Ivan, you know, I could have been going on Match.com."

I told you about the time I thought about my friend Gary and how he's starting his Ph. D. program, he works full-time, he has own apartment, he takes care of all his own bills, he's all put-together. He manages to shave every day. He has it together, and how much I liked that about my friend. We're clearly only ever just friends. He's such a good friend. I thought about that one day, and I thought, "Wouldn't that be nice to have in my husband?" [00:32:03]

I thought that was a betrayal, because that's how it's felt for me before, when I look at other people. But I didn't do that!

THERAPIST: I said that it wasn't.

CLIENT: Right! You said it wasn't, but that's why it would feel like it, to me.

THERAPIST: But there's a big difference between-see, this is what you did. You had a fantasy for a second. You had a thought. You had feeling.

CLIENT: But it was about Ivan! It was about I want him to be that! It wasn't, "I wish I could be with him."

THERAPIST: It was about Ivan, yes. Even if you had, "I wish I could be," if it's an internal thought for a second, everybody-we can't control what we think and feel, right? We can control what we do.

You had that thought, and it didn't then make you go, "Okay, I'm going to go set up a profile." Do you see that there's a big difference? That's where I draw the line about thinking, feeling, and actually taking an action (inaudible at 00:32:50) overt betrayal.

If you find yourself fantasizing about him all the time, right, and had nothing to do with Ivan? Then that might be something we'd talk about, "Okay, what does that mean? How is your heart getting pulled in that direction?" [00:33:02] That's not what was happening, either! It was a moment, or moments from time to time, where you look at this person and wish your husband were more like that, and to want to work on these parts in him.

It's a big difference between that and lying.

CLIENT: It feels horrible, because Ivan then says things like, "I want someone to love me for who I am, not who they want me to be." Part of me feels horrible, because there are huge things that I thought Ivan was that he's not. It's not fair to say you fell in love with this, now be as in-love with this. That's not fair.

I also feel it's this huge-this is critical of me, but I feel it's this huge, cowardly cop-out. "No matter what I do, it's never enough," and, "I just want you to love me for who I am"? No! You don't get to lie. You don't get to assault me. You don't get to set up these profiles, and then say, "I just want to be loved for who I am." [00:34:02] "Nothing I ever do is good enough," "I can never..."

THERAPIST: It's a total cop-out, Ramona. It's a total cop-out. Listen, if he wanted to be loved for who he was, he would have told at the very beginning, "By the way, I'm dropping out of grad school." He lied to you, instead. He told you he was something else! So you fell in love with that! He lied to you, for a long time!

And furthermore, "I want to be loved for who I am," is sort of like you could go murder someone and say, "But you need to love me for who I am." Where do you draw the line about actually someone's allowed to have a reaction to some things you're doing that they don't like?

I can't imagine another person he's dating who gets sexually assaulted and then he sets up these kinds of websites who is not going to have feelings about that, right?

CLIENT: Right.

THERAPIST: You're not an anomaly in having a reaction to that. You're actually a healthy person having a reaction. If he finds someone who doesn't have a reaction, she has problems. [00:35:00]

CLIENT: I think he doesn't realize, though-I've told him how hurt I am and how devastating it is to find out about all this stuff? Especially, it's always so far after the fact, with him. And I don't think he realizes that if I had no feelings for him and if I really thought that he was this slacker who had no potential and I didn't love him after I found out that he lied about so much, I wouldn't be upset.

THERAPIST: You wouldn't be here!

CLIENT: I would just be done. I don't think he grasps that.

THERAPIST: That's the other side of things. You're seeking the same thing.

When he says, "I love you. I want you to love me for who I am," you love a lot of him for who he is, or else he would have been gone already, Ramona. He would have been gone when you found out about school, if there were no loving feelings. You do love a lot of who he is. You very much don't like some things that he's done to you that were really hurtful that he did in secret, that he lied about, that were betrayals of you, and that you find out about a long time later. [00:36:00]

It's an odd thing to ask you not to have feelings about that, if that's what he's saying. That's very strange. You can have strong feelings and be furious at him and feel betrayed. And still love him, too.

Actually, I think that is what you feel. Wouldn't hurt this much if you didn't love him.

CLIENT: It's very, very, very bizarre, and I think I need help-I don't know how to articulate what I need help with, but when I got the job and my advisor's like, "Well, maybe you could move," because it's a little over an hour to get there one way [laughs] so that's a long time to do for at least a year, probably a couple years.

I thought, "I could move. There's no reason why I couldn't move. That would be nice, to not have a crazy commute. Maybe there are places relatively comparable in price and quality." [00:37:00]

THERAPIST: Sure.

CLIENT: And then I started thinking. So the lease is up October 26th. I haven't given them any notice, but I also haven't signed a renewal. And I started thinking maybe I really need to find a place with him. Then I started thinking-I looked at a couple studios, just to see what they even cost, and I thought I could get a little single bed...

I had these weird, parallel visions of what I'm going to do. Part of me feels like it's the end of the world if, at the end of October, I'm moving into a studio or a place with roommates. And then part of me feels like how could I possibly be looking for an apartment with him when he's telling me-he internalizes everything, so he can't have that conversation about accountability. And he can't break down and cry about what he did. And he can't... [00:38:00]

It's these parallel-

THERAPIST: (crosstalk at 00:38:04) to work with.

CLIENT: One minute, I'm holding on to, "This is going to work. It has to work. Even though I feel all these things right now, I'm not going to feel it forever."

On the other hand, I'm, "Maybe I'm just so upset because I'm mourning what I've lost and I'm mourning what I thought I had versus-it was a deception." Anyone, when they leave a marriage and they didn't have a say in those things would feel those things. And maybe that's the process.

I can't figure out which it is. I feel like I'm going crazy.

And then I talked to him Saturday night. I insisted that I talk to him, so he came over. And he was concerned about me. He put in a load of laundry. He took care of Eloise. He's like, "Here, you need to eat something." What is that, exactly? [00:39:00]

And so we're talking, and I'm asking more questions, and I'm asking, "Why?" Within (ph) every question, it's a variation of, "Why?"

THERAPIST: Which he doesn't know the answer to yet, I don't think, (inaudible at 00:39:11).

CLIENT: He's like, "I wanted more. I wanted to have more sex with you. I wanted that to be a part of the relationship." And I said, "Then..." And he...

THERAPIST: See, I don't think that's an answer, do you know what I mean? If that's all he can come up with right now, but if you want more if you actually want more you go about it in a different way.

CLIENT: And I said that you didn't say that. He's like, "Well, don't you remember?" He's very angry that I was angry about that time we had a whole couples' session about physical intimacy.

I told him this so many times, "I wasn't angry that we had the discussion. I was angry that [I didn't know context] (ph) of the discussion." Did he or Dr. Farrow (sp), I feel, say, "With everything going on, this isn't the absolute most important thing on the table and we're not going to sweep the other things under the rug and we're going to keep talking about them. [00:40:05] But if you want to work on other parts of it alongside, we can have this discussion."

After that, when she made it clear that there needs to be conversation, for him to have said to me, "Honey, I know that we're working on these big things. I know I messed up," the grad school or in any way to acknowledge that and honor that and say, "We're not sweeping it under the rug. I want to keep talking about it. I want to keep working on it. I miss having physical intimacy with you and I wonder if we can work on that slowly, in a way that's comfortable for both of us."

I told him, "Why didn't you ever say that to me?" Because that might have been difficult, and I might have needed to go much more slowly than he did, and it might have been really scary for me I know it would have been very scary for me.

THERAPIST: (crosstalk at 00:40:53) a sense that he was trying to make (ph) emotional contact, to set some stage for being physical. [00:41:00] That's emotional contact: you were asking for him to reach out, understand what you were feeling and going through.

So you asked him, "Why did you never say something like this?"

CLIENT: Yeah!

THERAPIST: And what did he say?

CLIENT: "I really wish I would have. I wish I could go back and do that. I wish I would have said that." But he's like, "I felt like I couldn't say that because I knew I messed up so much and I knew that I had to find a way to deal with it before I could..."

THERAPIST: That's his problem, is he's using, the shame is so great that he can't even acknowledge something like that, which is a minor thing, to say, "I know I messed up, but can we work on all these things all at the same time? How would you feel about this? How would you feel if I sat on the couch (inaudible at 00:41:40) a conversation?"

He has so much shame; he continues not to give you the little things, even just baby steps towards what you're looking for.

CLIENT: I told him I wish he would have said that. Actually, when she had that conversation with us, I thought about having a conversation with him or initiating something. But there was no way I was ever going to do that, because, first of all, it's really hard when the other person-when you feel like they're not talking about things, to-I felt like it was reinforcement. [00:42:11]

I felt like you can do whatever, and I will still be honest to you. I will still work hard. I will still have sex with you. I will still fulfill all of my roles, and there's no-I feel like there is an implied agreement. There is an implied, "You contribute this, and I will contribute this."

THERAPIST: Yeah. You know, you weren't feeling like he was your partner. (crosstalk at 00:42:35)

CLIENT: He wasn't, no.

THERAPIST: Yeah, he's not meeting you halfway in the obligations in a relationship, including taking ownership for things, inquiring about your experience, trying to talk about things rather than shutting them down.

You were tired of being the one constantly-you still are the one trying to get him to talk. This is the part of you that's concerned about the (inaudible at 00:42:58) back together right now, because the same thing's happening. He's not coming over to you and saying, "Ramona, I'm so ready. I have an apology prepared. I want you to hear me out."

CLIENT: But that's the weird thing. Saturday night, he didn't do the-he's like, "I'm clamping up. I'm withdrawing because I internalize all of it. I'm not showing it to you, but I'm internalizing all of that breaking down and, 'Oh my God, what have I done?'"

Earlier in the week, he left a voice-mail for Dr. Farrow. He has set up an appointment. He left me a voice-mail yesterday and said, "Hi, honey. I want to let you know I'm so proud of you for getting this job, and I'm so excited for you. Would it be okay if we met Tuesday at 4:00 at the cafe?"

"I've been reading all these books: "His Needs, Her Needs," and, "Touch Me," these books that Dr. Farrow recommended, Dr. Bourd (sp). I've been reading these and I wondered if we could exchange them and I wanted to see what you think about them." [00:44:02]

"The five love languages, what your needs are, what your language of love is versus your partner's. I wonder if we can talk about those and the activities they recommend and how we could do some of those." He's like, "I know this is a complete 180, but I'm wondering if we can do any of this."

And part of me feels like-I told him at this point, I feel... It's hypocritical, because it's exactly what is not okay but I'm telling him I don't feel I like I can initiate effort right now. I feel I've been doing that for so long, and this is how he responds?

THERAPIST: Yes!

CLIENT: I'm not a total fool.

THERAPIST: Yeah.

CLIENT: And he's like, "That's okay if you feel like you can't put any more effort right now, if you feel like you can't initiate anything." He's like, "I will do that."

THERAPIST: It's his turn to prove it to you.

CLIENT: And so I don't know how to respond, because this could be, "I'm scared I'm losing my wife. [00:45:00] I've been so dependent and reliant on her. Oh my gosh. I'll go to couples' therapy, I will read a book."

Or it could be... What if it's genuine? What if these tiny, little baby steps, what if they are [sighs] genuine?

But I feel disturbed, because when I looked at him on Saturday, I didn't feel the same way when I look at him. I felt it's so distant. It's so dispassionate. It's so... I mean, who wouldn't feel like they didn't know the other person when you find out all these crazy things?

THERAPIST: He's very, very cautious right now. Understand that.

CLIENT: And I'm starting to get comfortable with sleeping in my bed alone and having the apartment to myself. I'm no longer waking up scared in the morning because no one's there and I'm no longer... [00:46:00]

THERAPIST: Has he apologized yet?

CLIENT: [sighs] He says things like, "I am so sorry you are in so much pain. I know that it's my doing. I am so sorry for what I've done. I am so sorry for what has happened." But he can't-maybe this is the critical part of me, but I feel like after the assault before even all this other crap after the assault, I was very, very crystal-clear that not only did he need to apologize specifically for what he did not just, "I'm sorry for what happened," because that's not appropriate as context, I feel. I feel it's more than fair to expect more than, "I'm sorry for what happened."

THERAPIST: "For what happened."

CLIENT: Yeah, right. That's not ownership. He needs to actually get some courage and actually talk about what he did and offer some kind of explanation, even if it's, "This is what's was happening. I'm working to figure out what was really going through my head." So offer some kind of, "This will never happen again, because this is my plan to work on it." [00:47:04]

Or even honoring, "I know you feel this way, so understandable." That conversation never happened. So he's still doing, "I'm sorry you're hurt. I'm sorry..." I think he's hiding.

THERAPIST: It's something, right? What he's doing is something different (inaudible at 00:47:28). What you're trying to sort through is (inaudible at 00:47:31) meeting the needs you have, so that you could [trust getting] (ph) a step closer (inaudible at 00:47:37). And what would you need to hear (inaudible at 00:47:39), what do you need to hear (inaudible at 00:47:41), what do you need to hear in order to have a conversation about-even just the five ways of loving, whatever you're describing.

It feels a little premature to have that conversation right now, that's (inaudible at 00:47:55) the table for a little while, the conversation, until you're back connected again, if that's what you guys wanted to do. It's a little bit sort of jumping around (inaudible at 00:48:06) stuff, on his part.

CLIENT: It feels like reading the books and talking about ways to love each other best, it feels like that would have been appropriate a couple months ago.

THERAPIST: Yeah. I just think, Ramona, you're very ahead of him right now, in development. That's my sense of things. He's moving, but so are you that's the hard part, too. It's like you're in this work, also. But to me, you sound today the healthiest I've ever heard you. In your sense of self-esteem and your capacity to own your part, but also understand the reality of the things he's done as being his responsibility.

I also don't feel-the things I was saying last week, there's something that feels more settled about you today, as you're thinking through what you need, the kind of help you want. [00:49:01]

I guess I'm just describing that you keep growing. He's growing. I think he is growing, with Dr. Bourd. There are some things he's done now that he never did the beginning, when I first met you. He would never be doing them.

But there's a big gap, I think. So the things you're wanting him to do, right now, I don't know if he's capable of doing them yet. He might be -a year or two from now with some more work. That's more, to me, what would be-if I were having realistic expectations, I think the things that you're actually wanting to hear to make the relationship feel like something that you really are wanting to be interested and engaged in again, and that's worth growing? I think you might not be able to hear them for a little while.

So that may be, then, the question: "Okay, so if I'm hearing these things that are a little bit of what I want to hear, but they're still off the mark," they're getting there. They're at least that direction instead of the opposite direction, but they're not quite getting it yet, at all. What do you do with that? [00:50:01] Where do you, then, put him in your life for right now for these few months, even, as you're trying to make your decision about where to live?

The biggest thing, I think, to keep in mind about that is there's nothing that's permanent. There's nothing you have to feel pressure to do. You guys could be apart for a year, living in different circumstances, and then get back together.

CLIENT: I don't think I could do that.

THERAPIST: No? Say why.

CLIENT: Well, we've been married for just over two years. We've been in couples' for half of that. Some of the stuff is pretty recent. And I don't think, after the first year, after the lies, after the year of couples' counseling that I feel this recent stuff kind of says, "I'm not putting any effort," then to go and separate for a year. [00:51:02] I have to keep trying to go to counseling. Then to get back together? It sounds crazy. Even thinking about the long list of the lies, it's crazy to think, "I want to be with this person."

But I also want to feel out, with you, that... I guess I'm thinking the feelings I'm having are totally natural, and no matter what, no one would say, "I'm so in love with my husband right now." But what if that won't always be the case? What if things changed? And what if, in a few months, things felt very different?

THERAPIST: Meaning what if it got better? (crosstalk at 00:51:50)

CLIENT: What if got better? What if things changed with him, and more than the just the absence of assaulting or making profiles? Positive change. [00:52:01]

THERAPIST: You mean what if it got so much better in a few months that he actually was someone you could love again?

CLIENT: It's not that I don't love him.

THERAPIST: So someone you could see yourself having a life with? I mean that.

CLIENT: Yeah. Which is maybe unrealistic.

THERAPIST: But if it happened, then you would do it, right?

CLIENT: Maybe. Right now, the way I feel right now, and with what's been going on so recently, there is no way in hell [laughs] that I want a future with him. And it's not in thinking, "Do I want to get divorced? Do I want to stay married?" I'm young, do I want to spend...

THERAPIST: The rest of your life with him.

CLIENT: Right. I could never have children with him, the way he is-oh my gosh, no! [laughs] I would never go buy a house with him right now. I would never buy anything with him [laughs] right now. I would never take another step forward with him. Why would you? [00:53:00]

THERAPIST: (crosstalk at 00:52:59)

CLIENT: But anyone, right after a huge betrayal of trust like that, isn't going to say, "Yeah, in a few years when I'm over this, sure, we'll have children. We'll start a family." I don't think anyone would be in that mindset. So I guess I'm trying to honor the fact that of course I'm not in that. But what if that changed?

THERAPIST: And you mean what if, in other words, if you stayed with him and kept him in your life right now, that eventually it got better?

CLIENT: Yeah. But is that realistic? And if we did get back together because he kept making these tiny steps that he's started to make recently [sighs] would it be realistic to think that we wouldn't go back to the daily types of avoidances? The less-extreme, less-harmful types of avoidance. Would we still be having conversations like, "Ivan, please talk to me. Ivan, please look at me." Could I bear that, after all of this? Is he going to work at Subway for another couple years? [00:54:01] Is that the dream right now?

THERAPIST: See, I guess one of the things I'm saying is that I don't think he's going to be miraculously a different person in the next two to three months. In other words, if that's what you're picturing, "What if we stay together and I just kind of hung in there right now and in a few months felt differently?" I don't think that's going to happen.

I do think it's possible that he could do work over the next year or two, and you start to feel like this is a different person. Do you know what I mean?

CLIENT: I do. This might be unrealistic and this might be weird, but I think back to June. And clearly, at the very beginning of June, he was on a porn site. But in the middle of June, he did something that he never does! And he took me out to dinner for my birthday. And he got these concert tickets back a month or so in advance for my sister and me to go. [00:55:06] And a week after that, we had friends over for it.

And then, at our anniversary, he went and plans this dinner at this really nice Italian place and-

THERAPIST: (crosstalk at 00:55:19) some of the things he's done that he's never done before, they really were improvements.

CLIENT: They were! I thought that we were in a good place. It wasn't all resolved. And we were finally starting to talk about grad school again. It wasn't where we needed to be, but it was good.

THERAPIST: It was moving.

CLIENT: It was moving, and it was moving in the right direction. And there were some things that hadn't been happening in a very long time that were. So I guess part of me thinks if less than three months later... Is it crazy to think that we're that far from that? Or were we only there in my thinking, because all this other stuff was going with him? [00:56:01]

THERAPIST: See, I actually don't think it's either/or. I don't think it's that you're that far from that. I think those changes are still in Ivan, because of the work he's been doing. That's just more him, right? He's working things with Dr. Bourd so that's he's approaching more and avoiding some things.

I think, [simultaneously, there have been] (ph) darker secrets that have been-the things that are hardest of all to approach that have not been approached, right?

So I think they're both true. Maybe one of the questions, then, Ramona, is how would you feel if you imagined, right now, saying, "Okay, we'll work on it again"? Taking him back?

CLIENT: Obviously terrifying. The thing is, in the beginning, even after the assault? The thought of divorcing him felt like the end of the world. [00:57:02] It felt like a religious-I couldn't live with myself.

After all that he's done? It doesn't feel that way. I don't mean that in a, "Now it's not a big deal, so it's fine, I'll just go ahead."

THERAPIST: Oh, yeah, totally, I totally get it.

CLIENT: It's not like that. But it doesn't feel that way anymore.

THERAPIST: I actually think that's good, in that you know maybe there's space, then, not to stay with him only because you're terrified to leave.

CLIENT: Right.

THERAPIST: So that's good, I think. Now you feel more of the freedom, Ramona, that you could leave if that's what it came to. And you'd be okay. It would be very painful, but it's not a, "My world will end," kind of feeling.

CLIENT: Right.

THERAPIST: That's good. I actually think that's also the healthiest place you've ever been around it. Now you get to say if you're going to be with him, it might be because you want to. [00:58:00] Not because you're terrified to leave, but because you want to work on it.

CLIENT: And that's difficult because if we were dating, no way. If we were starting fresh and I was choosing him, no way!

But that must be the way it is in marriages, because when things like that happen, you don't get to step outside and say, "I'd be breaking up with him over this, right now." That's the whole point of making the commitment.

THERAPIST: A higher level of commitment. If you had kids, it might be an even higher level of commitment.

CLIENT: I am so grateful we don't, which is horrible.

THERAPIST: But that's part of the reality about what people have sewn together, and how much harder it is to take that apart.

You are in a level of marriage, that's different than dating. And it's different than having children together, too.

What's so hard about this is you're trying to figure what you give up, what feels worth it to you to stick through this commitment. [00:59:00] And when it becomes that you're hurting yourself too much in order to stick to a commitment. You very much value the commitment you made, Ramona. That's so clear. In a way that a lot of people leave impulsively are not thinking about this in the thoughtful way that you are, about how this matters.

And yet, does it matter so that it's worth sacrificing your life for it, right, is the question. And I think you're trying to figure out is it (inaudible at 00:59:32) sacrificing my life, or is there a way to build a life inside this where I can be happy [in love] (ph)?

It's hard, I know, that you can't answer that question today. I think you're doing everything you can right now, all the right things, to try to just, again, slow down and think about how you feel. When you're talking to him, how does this feel? "Do I trust him? Do I trust him so that I want to see him again next weekend? Do I miss him? Am I missing him and that's the only thing driving me back and then I'm sort of taking what I can get?" [01:00:02] Instead of saying, "No, Ivan, actually, this is what I have to hear in order for this to even be workable."

I think picturing yourself alone, picturing yourself with him, keep trying those on for size in your mind. And trying to see which one feels like it's the life that you feel better about right now. I know it's hard to imagine, you wouldn't break up and then get back together in a year, but you also can't know a year from now. What you can know is what you're going to do right now, what feels like the right thing to do for yourself.

And it's incredibly challenging, because there are multiple conflicting needs you have. Your need for a commitment to your marriage is very important to you. Your need for Ivan to be more mature in the way he handles things rather than avoidant is very important to you. These things are in conflict. How do you figure, in the sum total of the things that are important for your life, what do you want to do? [01:01:03]

Given that knowing right now, one thing, you give something up; if you do the other path, you give this up. There isn't going to be an answer that means that there's not something you give up. And I think the more you kind of know (inaudible at 01:01:14) exactly what it is, is trying to weigh all the options right now. And give yourself time.

CLIENT: I have this weird feeling. Like I say, I go back and forth from Ivan and I could be moving in a couple-what if that could be happening, in a month-and-a-half, that he and I were moving in together into a new place?

And then there's this other part of me that's like, "I'm going to be moving by myself." There's also this embarrassing but... When he talks about what he did and why did it, he keeps saying, "I really wanted to have more sex with you. I really wondered what that could feel like. I really wanted to fantasize about what it could be." [01:02:01] And I say, "I don't think you went on those sites because you were looking for me."

But that's what he keeps saying, in essence. And part of me feels like I want to have sex with my husband. Which is the most bizarre, insane thing to have cross your mind when your husband is doing all these things and you couldn't possibly actually feel attracted to him. But in a fantasy, think about... It's very bizarre, and I guess [laughs] that's why I'm telling you, because it's very, very bizarre.

THERAPIST: I don't think it's bizarre, and let me tell you why. One of the things that can happen I know this seems like a strange way of (inaudible at 01:02:41) but when one member of a couple has an affair, or gets caught online with porn (inaudible at 01:02:47) or something like that, sometimes that's the moment when it finally gets known to both of them that they really do want to have a relationship with each other.

If, for example, the woman feels hurt, "Wait, I don't want you looking at those women!" [01:03:04] Whereas up to that point, she was mad at him, she didn't want to deal (ph) with him. But all of the sudden, she realized, "Wait, no, I actually want you to want me." Sometimes that is the point when people get caught and are aware of what they desire from the other person.

And this is where I know this sounds strange to say sometimes, this kind of thing leads to greater intimacy in the long run, because it bubbles up to the surface, something that was really hard to address, otherwise. It's painful and horrible for a while, but it becomes a way of becoming clearer, having a conversation about what you want from each other.

I still think, from you, you could say to him, "Okay, if you wanted that, we have to start with having a conversation and talking about cleaning the slate a little bit back. That's the way you get what you want. That's the way you could have gotten me. You don't just get me by sneaking something on the side! Or we don't talk, we don't talk, we don't talk, and then we sleep together? [01:04:00] It just doesn't work that way! Maybe it'll work that way for another woman, maybe you want to have that random relationship with that woman online, but that's not me. That's not who I am, that's not how I tick, that's not how it works for me. So if you want me, these are the kinds of things that need to happen for me."

And that you wouldn't be being crazy for those things, do you know what I mean? That's a pretty ordinary thing.

I think he does want to be with you, but I think he, himself, is terrified of bringing together it all in one relationship. Backdoor-pornography's very easy. You don't have a relationship with that person at all, right? It's very safe.

CLIENT: But here's the thing. Now I know even after last session now I know that he sometimes looked at, I don't know if it's porn, per se, but nude yoga and, whatever, on YouTube, even back when we were dating.

And when we were dating? Ivan and I, we made out all the time. We never had sex, but we had a very, very consistent [laughs] part of our physical relationship, and we enjoyed it. We were [laughs] consistently. [01:05:00]

THERAPIST: We have to stop. So much more to talk about. Ramona, I'm so glad. I just want to you, today, I felt like you could come in and say, "I didn't like what you said," or, "This hurt me," in a way that didn't feel like just scathing criticism. It actually felt like you were communicating effectively and productively and with confidence something you felt to try to get it aired and work it out.

If you're bringing this to him or to any relationship on the outside, it's such a stabler place of getting your own needs met. So I'm so glad you told me. I am sorry if the way or the tone or the focus of my commentary last time really heightened, for you, that you're just working on trying to get over. It's not my intention at all. It's only my intention to try to [keep in] (ph) the whole picture of two whole people, so that as you're continuing to make this decision, it's from knowledge of everything, rather than knowledge of only one part that's easier to know than the other parts. [01:06:00] Does that make sense?

CLIENT: Mm-hmm.

THERAPIST: Okay. I'll call if we have anything open up.

CLIENT: Thank you.

THERAPIST: And I'll see you Monday, either way.

CLIENT: Okay.

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Sorry (ph). How are you?

CLIENT: I guess a little different. I feel a little different than I did last week or the weeks before.

THERAPIST: [Tell me] (ph) more. Why?

CLIENT: I'm guessing in relation to what's been going on with Ivan. So I guess this past week he's made a lot of efforts, and he's been, I guess, different, in his verbal interaction with me. I mean, I understand that he's not-that it doesn't all go away. [laughs]

He did have that conversation with me, finally.

THERAPIST: Really?

CLIENT: And it was in-the context was I wasn't asking for it. I wasn't even mentioning it. We weren't even talking about the problems in the room. [sighs] And showed some remorse, and showed some... [00:01:00]

So I think that was-

THERAPIST: Some ownership over it.

CLIENT: And I was surprised, because I thought when it happened, I would need more and more and more. I think I just needed to hear even the beginning of it.

THERAPIST: It sounds like you needed to know that he really meant it and was feeling, instead of just giving a lip service to get rid of the problem.

CLIENT: Yeah.

THERAPIST: I think that's what was leaving you wanting more and more and more and more, because it was never really the real thing to begin with. So of course you weren't getting it.

CLIENT: So I guess that was kind of surprising, especially since he gave it in-and he's been kind of repeatedly giving the context of, "I know I can't make the past go away. I know I can't undo it. I wish I had never done it but I know this doesn't undo this." So I think that was important to me.

[sighs] I think that started to change some things for me. [00:02:02] In addition, he I think I mentioned he's been reading these books that Dr. Bourd (sp?) and Dr. Farrow (sp?) recommended.

And I met with him on Tuesday. He set up a time and a place and everything on Tuesday. So we met.

THERAPIST: His initiative, you mean? Huh.

CLIENT: And for Ivan, that's huge.

THERAPIST: It is, I know!

CLIENT: Time, place, what we're going to do? That was huge.

So he gave me the one book that he had finished, which is "His Needs, Her Needs." And I don't know if-I think Dr. Bourd is the one who recommended that. So he's like, "I read this. I think it's really valuable. Maybe you'd like to read some of it and see what you think and we can talk about it."

So at first, I was just... [laughs] I don't know. I didn't look at it for a couple of days, but then I started to read it. And I was very surprised. [00:03:00] Because a lot of it sounded like a lot of the things that Ivan and I were encountering, and I started to view what he had done a little differently not that it's okay, not that anything will ever make it okay.

But I started to think about what we were each looking for, or what we were each complaining about not getting differently, because I had never viewed physical intimacy as a need. And I wonder if he never viewed conversation as a need.

But then I realized the more he pushed for that, the more that wasn't what I needed. And the more I pushed for conversation, maybe that wasn't what he needed.

And in fact, I was getting my need for conversation met in a lot of other places. That's okay, in a marriage, and yet it's not okay. It's not the same as what he did. [00:04:00]

But I started to understand that a little bit differently. So I think that changed my thinking a little bit.

THERAPIST: It gives a [play space] (ph) to understand what he's wanting and what he's asking for even what he's doing. Even though it's not okay in the way we structured marriage in society, that it's more about him trying to meet a need that feels important to him that isn't actually about hating you or not wanting to be in the marriage. There's a little more room to think about it from different angles, it sounds like.

CLIENT: There is, maybe. I guess I feel a little-he explains that in pursuing those things, in those thoughts, that it was always in relation to wanting that aspect of our relationship and wanting it with me. [00:05:03] I guess I'm a little reluctant to accept that. It feels scary to... Of course I want to believe that. But it feels a little bit scary, because... Maybe it could be a way of... Maybe it could stem from wanting that with me. But there's no way what he did was... It's not a romantic, like, "I wish I had more physical intimacy with my wife." It's different. It's a little bit different.

THERAPIST: Men and women can sometimes have conflicts and difficulties bringing physical intimacy into their marriage, to have the loving, affectionate relationship also be the one that is sexual. [00:06:02] Sometimes it's very complicated for people and not because they're not in love with the person they're with, but that sometimes they get sort of sectioned off. This can be safe over here, and this can be safe over here, but the idea of bringing them both into the same person, it's a real, deep intimacy.

In some ways, having casual sex with someone out here or pornography is so easy. You don't have to know that person. You don't have to feel emotionally attached to that person.

I guess I'm saying there may be ways-he's right, it is about you, but this was safer, almost, than actually being intimately, fully in the relationship with you. That is an explanation that has nothing to do with him not wanting to be with you and wanting to be with whatever that was. It so doesn't sound like it's wanting to be with a different person. [00:07:01]

CLIENT: No, no, and I actually do believe that. I guess I was a little surprised, because I explained to him and I felt like I had before although the more I think about it, the more maybe I would have thought differently about it. But that I didn't feel like it was possible. I felt like my needs him talking to me, all of that needed to happen first. And any type of physical intimacy would have almost been reinforcing or looking the other way or making myself more vulnerable or... [sighs] And I don't know if it would have been.

But I explained to him that I felt that way. And he said, "I knew that." He said, "I knew that there was," he said, "I didn't even feel like I could have asked you for those things, because I had no place to even be bringing that up because of what I had done and I had broken your trust." [00:08:06]

THERAPIST: So he was with you, actually. He totally got it.

CLIENT: Yeah. [laughs] I mean, he says he does. So I think that's good. I don't know. It's different. At this point, I feel scared and I feel cautious especially because-so I saw him Tuesday and I saw him Saturday.

Then Tuesday we met at 4:00 at a cafe. And we haven't gone out in a very, very long time. So even though it was just soup and sandwich, whatever, it was really nice. And we spent some time talking about the books that he's been reading. And we spent some time talking about what's been going on. But we also spent some time just talking about, "What has been going in your daily life?" and, "What's going on with your family?" and, "What's new there?" And that was really nice. And that had been a while. [00:09:01]

Then Saturday, he actually called me when he got out of work and asked what I was doing. And I was just doing housework. And he wanted to know if he could come over and help. And I felt a little cautious, because [laughs] on the hand, it felt like, "I'm desperate to make things better. [laughs] I'll take out the trash now!" But on the other hand, it felt like if the worst thing that

happened was that he took out the trash in an attempt to make things better, it could be worse. It wasn't so bad.

So he came over and wanted to know what he could do to help. So he did! He did some stuff around-he did a few things. And then, he's like, "I want to make dinner. Let me make dinner." So he made dinner. In fact, on my to-do list for Saturday was, "I want (inaudible at 00:09:57) with my cat." [00:10:00] And he's like, "I will help."

And it was nice! I mean, we sat at the table and we talked about what was going on in our lives. And we didn't-we took some time to not talk about all the problems.

THERAPIST: Just to reconnect, in general, yeah.

CLIENT: Yeah. It was really nice.

And then we sat around for a while, and that's when he really talked about being sorry and taking some accountability and... [sighs]

So we talked for a while and then we sat and watched a movie. And it was weird. It was weird. And it didn't feel quite the same. But it was nice.

THERAPIST: It's not the same. [00:11:00] It's a new relationship, in a way.

You've been working hard, too, Ramona. And I said that to you last week, that all of the sudden, I had a feeling of your being able to assert yourself, even with me, in a way that did not feel like scathing criticism at all. Even though you were saying something that was really important that you said it might even be, if we're categorizing it, critical but it felt so constructive and not from a place of self-hatred, from a place of this appropriate, healthy self-assertion.

CLIENT: I don't know if I want to pat myself on the back too much, but I actually feel really, really good about the fact that when I came to you, I did feel a lot of self-hate and I did feel that was a really important coping mechanism.

And it's been almost absent from my thinking, that, "I hate myself," reflex thought has gone. [00:12:00] I almost never, ever think that anymore. And I feel like [laughs] I guess I just want to say I really appreciate that part of the work that I've done in here, because that's huge.

And that I didn't believe you when you said that that would help me with other relationships I thought it didn't matter, but I think it has.

THERAPIST: First of all, I'm so glad to hear that that's getting even better. And it's not that it won't sometimes creep in (inaudible at 00:12:30) be interested in when that happens, what's happening.

But it's so tied to your even hating Ivan, or hating me, or hating Dr. Farrow and I use that broadly. But if the bar is so impossibly high for yourself, it gets set there for other people, too. And then you don't have room to actually be appropriately, assertively critical to think that are really important to get addressed. [00:13:00]

And I said last week, you came into this and said to me, "You know, that session we had the preceding time was really hard, because I ended up taking it all personally." It just felt like it was coming from such a different place in you. And so it felt so much easier to hear. I didn't even have the feeling of feeling defensive, pushed into a corner. [Which you have to have that] (ph) feeling. I'm interested, and I'm working on, (inaudible at 00:13:24) thinking (inaudible at 00:13:24), I just felt like, "Whoa, you're helping me get to know you more!"

And really, really helpful for me to hear you're being able to be assertive about that. I can only imagine, as Ivan is coming towards with stuff he's worked on, that that's also having an impact on the way you're relating with him, that maybe allowing him to say, "Okay, I really can take ownership of this now, because I think you're going to hear me and maybe it'll be enough." Do you know what I mean?

CLIENT: So I feel like there's been some progress. [00:14:00] I guess I feel, I don't know, ashamed, embarrassed, or what exactly to admit this, but we spent some time kissing [laughs] Tuesday night, just for a few minutes; and Saturday night, for a while.

And it was weird. But he asked me, "How would you feel about that?" and I agreed to it. That felt a little awkward, [laughs] because when we were dating, we didn't really... But it was nice. It did feel weird and it did feel like I was [laughs] doing something wrong. In fact, it felt like-I don't know, I felt like a teenager. [laughs]

And I thought, "Maybe this is wrong." But I thought, "It can't be quite that horrible." [laughs]

THERAPIST: It's a kiss. [laughs]

CLIENT: Right. I mean, there was (crosstalk at 00:14:57).

THERAPIST: How bad can it get? [laughs]

CLIENT: Yeah. There was some kissing. [00:15:00]

Like I say, it was weird. It's weird. And it's weird, too, because I'm ahead of myself but I'm thinking I start work next week and that the lease is up the end of October and that it's a three-hour round-trip commute.

And I'm thinking, "I need to move!" I mean, it's like an hour, hour twenty, maybe, so I need to allow an hour thirty each way. And I start work at 8:30, so I'm-that's a lot of the day. So I'm thinking that needs to happen.

And my parents and my sister, I'm frustrated with them, they're like, "You need to just stay put for a while because you can't move to a place for two people if you don't know if you're going to move in together. [00:16:01] And you can't move to a place for one person if you think that you're going to move in together. And you're not there yet." Which is true.

It's hard because I don't want to take two positive evenings and some positive changes that have happened in just over a week or two and say, "Let's go apartment hunting together," because that would be, I think, a mistake.

But that's just a little, I guess unsettling for me, at the moment.

THERAPIST: Yeah, makes sense. It makes sense of you both of you would want to move closer as soon as possible, and that you'd also want to be cautious and give yourself some time before making that decision.

CLIENT: Yeah.

THERAPIST: It's a bind.

CLIENT: So it's not the end of the world. I can find a way to stay where I am for a while. It's just going to...

Like I said, it is weird, because it feels like some... It feels very different. [00:17:00] It feels like a lot of changes.

(pause)

THERAPIST: Not that you'd be wanting to rush into a decision yet, but I think there is something about what you're describing is happening that does-it's like you're both getting opened up to seeing a different way through thinking about the issues together.

It doesn't mean it won't get dark again or disappointed with each other or get frustrating, but there's a different kind of reflective space, starting to think about being in his shoes or him in your shoes, that is a tool you'll take with you into the future kind of no matter what, at this point. Once you have it, you have it.

And even if you decide it's not going to work out for other reasons, even have that tool as you think about ending it. [00:18:01] Which you didn't have before it's really different.

CLIENT: The thought of giving in to working it out, the thought of giving him the chance, even the thought of if, in a couple months, the progress has continued and we decide to move in together, it feels scary and it feels cautious and it doesn't feel definitive. Even if we moved in tomorrow, it wouldn't necessarily feel for me like Ivan and I are growing old together. [laughs]

And I think maybe it would be hard for anyone to have that thought process right now, with everything that's gone on. But I don't know if I feel comfortable with that thought right now.

Something I want to do in here or, I don't know, keep track of or accountability of is that I don't want Ivan to move in again, for us to move forward again, because it's comfortable or because we've been together for five years and it feels... You know? [00:19:15]

THERAPIST: Yeah.

CLIENT: Or because this sounds silly but just because I love him. There clearly has to be more to the relationship than just that.

THERAPIST: It sounds like you're aware that that-if you're taking a step back and looking at the forest (ph), that's really important for your to stick to right now, not just moving right back in to the relationship even though, in the heat of moment, it could feel like, "Oh, that would be so comforting," or, "I miss him," or how much easier it could be, even, in a way, but you really want to hold onto the separation time...

CLIENT: Yes!

THERAPIST: ...right now.

CLIENT: Yes. [00:20:00] It is lonely. It is weird.

THERAPIST: Yeah, of course.

CLIENT: But I don't think I am ready for him to live in the same apartment yet.

THERAPIST: Wow!

CLIENT: I think those two nights that we spent together, they were really nice. And it felt positive. But I think I would need a lot of that. And I would need to see more-I mean, it's great that he's reading books and it's great that he's going to Dr. Bourd and [he set up] (ph) an appointment with Dr. Farrow and that he's talking to me and doing these things. That's all great.

But I just want to be careful. And I think this is part of my nature, because I wouldn't want to overlook the huge things that happened. And I actually felt a little bit good about myself, because-I mean, it felt weird, but my really good friend female friend from grad school, we're still really good friends. We talk pretty regularly, I guess. [00:21:01]

Anyway, I told her what was going on the other day. And she's like, "I had a feeling that something was going on." Anyway, I told her. And I felt good about telling her, because I know that she really values commitment.

But I felt good about telling her. And I guess I told you I told my really close friend from college. I told both of them, and I felt like that gave me a chance to no matter what happens to keep it in mind and not be able to move in with him tomorrow without my girlfriends saying, "What are you doing?"

THERAPIST: Yep, "Whoa, whoa, whoa." [laughs]

CLIENT: So I felt good about that.

THERAPIST: It sort of develops a little more external accountability, in a way, for yourself around this so other people are witnesses and help support you along the lines of what you want to do. [00:22:03]

It also means you're not so alone with it, Ramona, so that there's not-I think, for a time, in the beginning, it was feeling like, "How could I possibly ever tell anyone this?"

CLIENT: Yeah.

THERAPIST: "I sort of have to paste it and pretend everything's fine." And now you don't.

CLIENT: No, and it also-

THERAPIST: So that that won't be a reason to make you go back, to just wanting to go back in and pretending. You have people who love you, who know, who can talk to about this.

CLIENT: And I feel like they would support me either way. I think that would be-so that's good. But also in telling them what happened, it helped me to sort of process. Some of it is a really, really big deal. Some of it is I don't want to say it's not a big deal, but it's different. When I say it out loud or when I tell someone, it's not... It feels a little bit different than it did in the heat of the moment. [00:23:00]

This might be too bizarre, but even the assault as completely wrong as-Ivan and I are both crystal clear, black and white, very wrong. I guess I'm starting to understand a little bit where it came from. And it's not necessarily this malicious person who I could never trust. And I can maybe understand that it came out of a need, even-I'm never saying that there's anything right about what he did.

THERAPIST: Yeah. Understanding is different than justifying. There's some for it not being justified and understanding...

CLIENT: Yeah.

THERAPIST: ...getting to know it better.

CLIENT: This is a bizarre thought that you would maybe understand but I don't understand, and it's that if things had been going well with Ivan and I and there was no breach of trust and things were going well and that had happened in other words, there was no, "We're at a point where we have to talk about everything," before it happened I wouldn't have been opposed to him doing that. [00:24:14] I wouldn't have been.

In some ways, it feels like a huge, huge, huge deal. And in other ways, it feels like I think he did know the difference. What he did, in and of itself, wasn't horrific, if that makes any sense.

THERAPIST: It does make sense. I mean, I think is when, way back, I was trying to say to you that if the relationship were in a good place and a husband came onto his wife and all of the sudden you find him on top of you, it could be considered a sexy, spontaneous thing. It doesn't have to be a violation. The context of it was violating.

CLIENT: Yes.

THERAPIST: And that's clear. That is absolutely...

CLIENT: Yes. Yes.

THERAPIST: ...black and white. And yet maybe it makes it to know that it wouldn't-it's not globally him being an evil monster assaulter... [00:25:06]

CLIENT: Yes.

THERAPIST: ...that it can soften it a little bit, enough to understand. Put yourself in his shoes, too, and not have it only be so split into good and evil. There's complexity to it now, you're saying.

CLIENT: Is that a realistic...?

THERAPIST: Absolutely.

CLIENT: Okay.

THERAPIST: Absolutely (crosstalk at 00:25:28).

CLIENT: Because I don't want to minimize or justify in order to be able to take him back.

THERAPIST: I don't hear you doing that, because I don't hear you saying, "Oh, I overreacted. It shouldn't really have been that big a deal." It's a really big deal that he did that, in the context of it.

And yet, I think there's also ways, sometimes, because of how incredibly hard you are on yourself, there's that sort of perfect and anything less than perfect is horrible in your history. [00:26:03] That that's sometimes how other people can get categorized, too. Those are the two choices-

CLIENT: Mm-hmm; the black and white, yeah.

THERAPIST: Exactly! So if he does this thing that is clearly not perfect, it sort of rocketed him into this horrible place. And what I hear you doing now is actually saying, "Okay, it wasn't great. It's a bad behavior. It's a bad thing he did. But the context of what it means about who he is, is he's not that horrible, actually, of a person."

He found a really kind of childlike and immature way of addressing something he needs help with. That can't happen again in order for you to feel safe and comfortable in the relationship. But it's not a global either/or statement about his total self anymore. Just as with you.

When the moment of trying to talk about, "Oh, maybe this is just me," and, "Oh, am I being too critical?" No! [00:27:01] I'm saying that's not what I'm saying at all. And yet, it also isn't the answer that you're being too critical wasn't at all part of it. So it's sort of like (inaudible at 00:27:10) the complexity of yourself, the complexity of him, that's what's realistic. People are really, really complicated.

There are some very evil people in the world. And if he were one of those, I'd say that to you. [laughs] I don't think you'd be married to him if he were one of those, actually.

CLIENT: It does change the context of Ivan being this horrible abuser who does nothing but lie to avoid trouble to he really did have a need for physical intimacy that wasn't being met. Not that it's okay, but he felt that didn't think he could talk about it.

THERAPIST: He may have even felt like he didn't deserve to even get that need addressed.

CLIENT: That's what it sounds like.

THERAPIST: Which is coming from his own self-loathing and his own shame, that he feels like he has to get it in secret. That's very different than he's overtly, formally, horribly abusive. [00:28:04]

CLIENT: Yes.

THERAPIST: Such a different person, we're talking about.

CLIENT: I don't know if it's right or wrong or anything in between, but I feel like I almost need-not permission maybe permission but someone to say, "It is okay to kiss him right now," or, "It is okay to do this or that right now, because you're not sweeping it under the rug." Because I feel

like that's part of what, in the physical intimacy, what got us here in the first place. Because I felt like it was all-or-nothing.

And I was always so scared of, I guess, of getting hurt more but of looking the other way.

THERAPIST: Yes. Yes. Yeah. I was wondering what you meant, exactly, when you said it felt sort of wrong. Is that what you mean...

CLIENT: Mm-hmm!

THERAPIST: ...with, "I shouldn't be doing this because it sends a signal"? [00:29:03]

CLIENT: If I told my sister right now that I was kissing him on Saturday, she would be like, "What is wrong with you?" I'm pretty sure. Because he just did these things-this is like a couple months ago that he assaulted me. I wouldn't be surprised if she'd say that. I wouldn't be surprised if a lot of people would say that.

And so I guess I'm back to where I started in some ways, because...

THERAPIST: What do you think, though? It's something that you... Not just say, "No, Ivan, I can't do that yet."

CLIENT: Right. So again, I don't know how I feel about this part of myself, but part of me really has been wanting that lately. And it is confusing, in light of what's been going on it's confusing. And I thought about what you said, you used the phrase "bubbling up" of a closer intimacy. And I'm not sure how I feel about that. [00:30:01]

And part that does think, on one hand, we had sex on our anniversary at the end of June. And that was a long time ago. And so maybe if we are starting to reconnect, maybe it's not natural or wrong for there to be some form of physical affection.

I don't want to be that doormat. And as irrelevant as it may seem, I think back on the way my mom was with my dad right after she found out about the affair. And I think she was telling me how they were in love, they got new rings. [sighs] They were very lovey-dovey for a while. And I was... I guess I disapproved.

THERAPIST: Then.

CLIENT: Yeah. Because I was like, "What are you doing?" [laughs] And of a lot of other things followed. [00:31:01] A lot of anger, a lot of other things followed. It's not like she found out, they moved on, the end.

I don't want to be like that.

THERAPIST: How did she find out? He told her or...?

CLIENT: I don't know. I know the phone conversation, when she confronted him about it is how I found out. And I think that was the first time she confronted him.

THERAPIST: How you found out because you heard it?

CLIENT: Mm-hmm.

I mean, clearly, very different situations. But I don't want to be that woman who, after-even your closest-it's hard to be sympathetic when you're crying about how it's the end of the world to your sister and your friends, and the next minute, you're like, "We're going out on a date!" and "We're going to make out!" I don't want to be that person. I don't know if I'm being that person. But I don't want to just... [00:32:01]

THERAPIST: Yeah. I'm going to stop for a second (inaudible at 00:32:06) that you were within earshot of that conversation (inaudible at 00:32:09).

You're not protective (ph). I know you're so used to it, but it's another place where you get overwhelmed with feeling that you shouldn't be overwhelmed with if you're being well-protective (ph).

Your question: if what we were learning about Ivan, increasingly, was that he really was formally a kind of abusive person who was not changing, your kissing him would mean one thing. But I actually don't think that is what you're telling me you keep learning, right now, about him that in some ways, it's the opposite. You're getting to know that the worst black and white description of him actually wasn't true.

He has complexity. He's doing a lot of things that he needs to work on and do differently. [00:33:03] He hurt you. And yet, he's also not an evil monster, and has been demonstrating a long list of things this week alone about doing something differently.

To me, since I've met you, this is the most intimate set of conversations you've had with each other. Since I met you.

CLIENT: (inaudible at 00:33:26)

THERAPIST: I know that seems strange and ironic to say, [laughs] because you just separated, but this feels like this emotional state from which I could most imagine having kissing, making out, seeing what that even feels like as an experimental step for both of you to grow out of.

Had it happened when he was angry, not speaking to you, withholding things, that would be the doormat behavior. [00:34:02] It grew out of him being more present emotionally and conversationally with you than ever before.

I think it is a form of (inaudible at 00:34:11). He came close to you, and you came a little closer to him. It doesn't mean have to have sex tomorrow. It doesn't mean you have to do it again if you don't want to. Doesn't mean you have to not do it again. I think you're just in that realm of what happens if we both try to start working on getting to know the other person (inaudible at 00:34:30), including physically.

I'd be wary that your sister's immediate knee-jerk feels a little bit like it could be kind of sticking with the polarization of good and evil, that actually is what you're moving away from, some.

CLIENT: I just want to be cautious, not moving away from that because there are a number of reasons why I think any woman would try to do that if she wanted to keep her commitment to marriage. [00:35:03] And I just don't want to do that, especially-I think, for me, a lot of times it's a perfectionist... Things have to happen in a sequence, everything has to be completed, done well.

I don't want [laughs] that to be the reason.

THERAPIST: Yep. Yep. Yeah. That makes sense.

How did you feel after, when it ended? How'd you feel about it?

CLIENT: I felt kind of guilty. [laughs] I felt like I stayed out past curfew or something. [laughs] I felt kind of guilty, and I did feel like, "What if I'm just agreeing to this?"

But part of me also did think back on when Ivan and I dated and when we were engaged, we made out all the time. [laughs] It never went further, but we made out all the time. But it occurred to me that we didn't just make out all the time, we also talked on the phone every day when he was at grad school and I was in college or over the summers. [00:36:10]

We would chat online. There was a lot of conversation. We didn't have a lot money then, either, but we would have dates of some kind. And he would always bring me flowers, even though he could never afford them. He always brought me roses.

And there was every day-there was conversation, there was some romance, there was a friendship. We would do stuff as friends, we would-and there was a physical component. So I think it makes sense that if the conversation went away, for me that the physical intimacy [laughs] would go away for him.

So I think on Tuesday and Saturday, had we not had good, positive conversations, even if I had a wanted that like a physical want I don't think it would have happened. [00:37:04]

THERAPIST: I don't think it would have. That's the part that just doesn't feel doormat-y to me. See, that's what would be a doormat, is if you did anyway. If he came over and didn't offer to do

anything and you had to arrange everything. I just don't hear that you would have done it anyways to try to kind of bring him closer.

The way you talk about it, even, Ramona. The expression on your face as you're talking about it, it looks like it felt good to you.

CLIENT: It was nice! In fact, he's like, "I think we're out of practice." [laughs] "We haven't kissed in a while." And it's true. Part of it was nice.

It's weird. And it doesn't feel the same way. But it was nice.

And he's all clean-shaven and trimmed and (crosstalk at 00:37:56)...

THERAPIST: Really!

CLIENT: ...because he read in the book how actually that's a legitimate thing. [00:38:00]

THERAPIST: [laughs]

CLIENT: [laughs] So I don't know if that would last, but that was important to me. And he weighs the least I've ever known him, actually. He's losing a lot of weight. Well, he's biking to work, so he's lost a lot of which, which is big for him.

THERAPIST: So what I hear you saying is that you want to make sure this continues. You don't want it to be-the danger is of, okay, you move back in together quickly, and then you just go back to old patterns and he's gone back to doing the same thing.

You want to see is: is this for real?

CLIENT: Yeah.

THERAPIST: Or is this just-

CLIENT: To get me back.

THERAPIST: To get you back, right. It's like you want to make sure that there's a proactive part of his development, instead of just the reactive one. Like, is he reacting to the threat of a loss of a relationship so he's scrambling to keep it? Or is this something that's really about a major change in him that's going to have long-term staying power? [00:39:04]

And that you can only tell over time. And yet, the rigidity of, "Well, then, don't touch him until a year has passed of him proving this," I think that also would be a kind of not working with what's happening. Sometimes, that's part of what happens for some people. It's very common in couples to feel like especially the woman is not that into having something sexual. She tries to

do it. And actually, they end up feeling closer after the fact, because there's been something that's been shared that is hard to share another way that allows for further emotional relating, then, to happen that wouldn't have happened had you not had the physical intimacy.

There's a component in this that I think is about trying to keep getting closer. And yet, you'll see! You'll see even this next week. Who's he going to be? What's he going to be to you? Does it stick around? [00:40:01]

You're seeing Emily...?

CLIENT: Tomorrow.

THERAPIST: Tomorrow. Okay. I dropped an e-mail to both Dr. Board and Dr. Farrow...

CLIENT: Thank you.

THERAPIST: ...just sharing a summary of where things have been. Emily was really pleasantly surprised and optimistic and glad to hear. It sounds like both of you have been doing so much work.

Do you want me to still-if something opens up, I'll give you a call for later on this week?

CLIENT: Yeah. That would actually be really great.

THERAPIST: Okay.

CLIENT: And I will [laughs] I will bite the bullet and call and ask if I could come in. I think maybe 9:30, 9:45 would be realistic to get there by, if I was here at 8:20.

THERAPIST: Even if (inaudible at 00:40:49) giving you an hour for lunch, if that's the way it's structured again, people so commonly do that "Okay, I'll cut down, a lot of people don't need an hour for lunch" (crosstalk at 00:40:58).

CLIENT: I'm salaried, so that's the concern. [00:41:02]

THERAPIST: So it's not an hour-by-hour.

CLIENT: Right.

THERAPIST: Got it.

CLIENT: So I think take the whole hour, don't take the whole hour, you're getting paid the same amount, unfortunately.

THERAPIST: It's interesting, then, on salary they would tell you an hour break. That sounds like more like a punching in kind of job.

CLIENT: But I think that's why it's 8:30 to 5:00.

THERAPIST: Yeah.

CLIENT: Otherwise it would be more. I will ask.

THERAPIST: Okay. It's just a question. They can totally say no, (crosstalk at 00:41:27) it's not-

CLIENT: Since I spent so long getting this job, I'm scared. I know they won't, but I'm scared they'll be like, "Do you really want this?" or, "You're going to come in an hour late before you even start?" But maybe they can be a little understanding. I can stay an hour late.

THERAPIST: Yeah. And that fear sounds like (inaudible at 00:41:44) seeing you in very black and white terms. Actually, you do really want the job. You're not saying, "I'm not going to work," in exchange for that hour late. You're saying, "I'd be happy to stay late or not take a lunch break or stay an extra hour another day, whatever would be best accommodating." [00:42:00] It's actually not what you're saying. It's not black and white. [laughs]

CLIENT: All right. Well, I'm going to ask. And I'll ask for Thursday. I'm sure it's not a big deal which day of the week, but I'll ask for Thursday. Thank you.

THERAPIST: Keep me posted, and if not...

CLIENT: I will.

THERAPIST: ...we'll go to plan B.

CLIENT: Okay. Sounds good. Thank you.

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I just charged it, so it shouldn't do that. [laughs]

It sounds like you felt like she was really understanding that you have some things to be very upset about and critical of. There's a validation of your criticism, at last! [laughs]

CLIENT: It did. And it also, I guess, felt good to me to have someone objective, professional, with no personal agenda saying to Ivan, "This is a big deal."

And I additionally felt, I guess, a little-like that was reinforced, because Ivan talked to me about he saw Dr. Bourd (sp?) yesterday and he said that Dr. Bourd pointed out that you and Dr. Farrow (sp?) had both said that I had been doing a lot of work, and that he thought that he should voice that appreciation to me for the way I've been dealing with the situation. [00:01:00]

And then Ivan, after saying, he prompted me-he said that I should say this, he said, "I just want to let you know I do appreciate that you've been working a lot and I do see some changes in you and appreciate that you're letting me make some of these attempts."

That was a big deal.

THERAPIST: That's huge, too!

CLIENT: That was a big deal. So I guess the sum is that we have another appointment with her. I'm going to take, I guess, my whole lunch break on Wednesday.

If I'm truthful, it's a mix of feelings. And I'm actually pretty resentful. Part of me is like, "I really don't want to take my second full day at my new job and not get to eat lunch because I'm rushing across, timing everything out by the minute, and spending money on what's going to be a difficult session and then go back and pretend like it's not on my mind." [00:02:03]

That's a lot. Why should I have to do that?

THERAPIST: That is a lot. That's a lot in your first week.

CLIENT: Yeah, it's a lot. And I guess part of me, even if I feel willing [sighs] or I feel obligated to this, I am-I think it's maybe natural to resent it somewhat, because I felt like we were-I felt like I was doing a lot of work and putting a ton of time and money into these sessions for many, many months.

And to find out that a lot of it was kind of-he was doing these other things along the way that I had no clue about. It feels like, "Why am I doing this again?"

I feel like that's normal. [laughs] I feel like that's like a-I feel okay about having that reaction.

THERAPIST: So understandable. So understandable.

CLIENT: And I feel okay, because it's not completely I mean, sometimes it feels like it but it's not completely overshadowing the-if I am going to give this any type of chance, I am going to-maybe I'm going to have some restrictions. [00:03:08] Like, I will go if this is happening, I will go if... But to consider doing it and continuing...?

THERAPIST: And even for you to be able to say, "There's a part of me that really wants to go, because this is important to me," and, "I simultaneously feel really resentful and angry about the fact that we're now almost getting started, after all this work already."

CLIENT: Right.

THERAPIST: You can have both of those feelings right next each other and not have the one feel like it has to erase or invalidate the other.

CLIENT: Yes.

THERAPIST: They're both your feelings. And they're in conflict, even.

Does it feel to you, Ramona, like it is too much for your first week? I just want to make sure you also feel like...

CLIENT: Yes. No, it's too much.

THERAPIST: Okay. Because that sounds valid. Is it the best idea? Do you want to wait until the following week, even though you might be in a different place? [00:04:00]

CLIENT: I don't know. Because Dr. Farrow has a one-week policy, so we already would have to pay the whole fee (ph). It's almost impossible, because he made the appointment eight days in advance, and she's like, "Well, I need to know by tomorrow, if it doesn't work." [laughs]

So I think I have to go. But I had kind of voiced this (inaudible at 00:04:21). [laughs]

THERAPIST: It sounds like a lot on you, I'm just (crosstalk at 00:04:31).

CLIENT: No, it is.

THERAPIST: Maybe if you'd had the space to really think more about what you need. You do want to have the appointment, but if you'd waited another week, it wouldn't have been the end of the world and you'd have an easier first week of adjustment.

I also think if it's absolutely too much the day of, you cancel. You figure a way to pay for it. That's legitimate, too. That happens sometimes for people. I know it's expensive, but if it makes the whole thing just feel frenetically crazy, it's going to be a waste of your time anyway. [00:05:04] Do you know what I mean?

CLIENT: The other thing is I think the lunchtime is probably the only opportunity. She said she could maybe do it really early Thursday morning, but I already said that's earmarked for me, if that's possible. So I think it's always going to be a lunchtime, if it works.

I guess she sometimes does go 5:00 to 6:00, but she doesn't have any of those available, which I'm sure a lot of people who work 9:00 to 5:00, they took those slots. [laughs]

It's hard, because I think for those sessions especially, right afterwards, I'm so-there's so much going on. It might be hard to go back and... So we'll see, but...

THERAPIST: I also wonder and sort of think that you're being in a different place around your and Ivan, too but what you are able to continue to facilitate so that the dynamic in the room changed. [00:06:01]. So that Ivan, he's working on owning more of his stuff and talking more. And you're also saying, "Yeah, no, I'm actually going to pass the ball to him and he can-I'm not going to lead off. Let's let Ivan talk."

In some ways, I think that's a piece of what I could imagine opened up Dr. Farrow's empathy even more. Had it been just you complaining again and Ivan only, "Look how she shames me by talking this way to me," it's a different kind of feeling.

And just as I said to you, your capacity to feel your complaints are totally legitimate. Not sort of insistently, urgently trying to find that they're legitimate, but yet it feels more like you embody just knowing it more allowed her to have that much more empathy towards you.

And I'm so glad. [00:07:00] It's really important that that space, that that being marked. And it's not coming from me, then, and it's not coming from Dr. Bourd, it's coming from this mutual person that knows both of you. That that is very real.

CLIENT: So I guess on the one hand, I feel like Ivan has continued to make some progress this week. We had agreed that Tuesday, after our session since we were agreeing to see each other twice a week we could do dinner.

Things kind of started off on the wrong foot, because he was going to meet me at the apartment at 1:00. We were going to leave by 1:30 at the latest, to allow an hour to drive there because sometimes with traffic, it can take a long time.

And at 1:20, he's still not there, still not there. In fact, he had asked, "Can I come over at noon? I just want to see you for a little bit. We can get a start on dinner." I said, "No, why don't we just stick with 1:00?"

So 1:20, he's not there. [00:08:00 I call after him, and part of me was so, "I shouldn't be calling after him. If he doesn't show up, he's going to need to pay for the appointment and I'm not going to do it, because this is the classic me chasing after him."

So I called. [laughs] He's like, "Oh, I just lost track of time. I'll be over in 15 or 20." So he shows up at 1:40. So he's 40 minutes late. We were on time for the appointment, we were even a few minutes early. Traffic was good. We were lucky.

But I was so-for whatever reason, it tipped the scale in the moment for me, because I shouldn't have to be doing this. You wanted to be an hour early. Instead, you were almost an hour late. Is this important or not?

And he always uses the, "Time got away from me," or, "I lost track." Mmm. It's not exactly-so if you need to set an alarm if you're doing whatever and you're-

THERAPIST: He's not a child anymore. He can figure a way around that.

CLIENT: Right! [00:09:00] Literally set your phone to go off and there's nothing wrong with that.

So I was really upset, and then at one point, I said, "Let's just start over and pretend like it didn't-just let it go and move on if we're going to do this session."

And so we did. And then afterwards, he came home. He ran to the store for a couple ingredients. He wanted to make-and he's like, "I've got dinner." And I said, "I can help." "No, I got it."

So he made a really nice dinner. He got some roses at the store. He set the table, he put out a candle-I mean, this is huge for Ivan huge.

We had a really, really nice dinner. And we watched some TV afterwards. And we just sat together. And we talked some, and it was good. It was good.

The only thing is, at a certain point, I started saying, "Oh, you know, it's getting close to 10:00. [00:10:01] I think you should probably get going. It's getting late." [He's like] (ph), "Well, I was thinking I could stay a little later," and... [sighs] I don't know-

THERAPIST: He said, "I was thinking I could stay a little later"?

CLIENT: Yeah.

THERAPIST: Is that how he said it?

CLIENT: Yeah, something, like, "I was thinking"-

THERAPIST: As a statement.

CLIENT: Yeah. Yeah, which maybe he-yeah.

THERAPIST: Very different than, "Well, how would it feel if I were to stay a little longer?" What would that be like for you?

CLIENT: I think part of him is so eager to jump into these positive things. I find myself reminding him... But it's good to have positive time and it's good to even have conversations where we don't go near all the issues, that's probably important.

But I think, if we're meeting twice a week, part of those meetings need to be about what's going on. Because I don't want, in a few months, to say, "Oh, well, we made some progress, now let's talk about those problems." [00:11:01] The delayed, it's too much for me.

THERAPIST: And I think it will become artificial for you, this sort of...

CLIENT: Yeah!

THERAPIST: ...if you start just only pretending things are just totally fine, that's actually not true...

CLIENT: Right!

THERAPIST: ...and that you won't want to kiss him anymore. Right?

CLIENT: Right!

THERAPIST: That kind of intimacy was growing out of it being addressed in a real way...

CLIENT: Right.

THERAPIST: ...really being in the issues together.

CLIENT: So there wasn't any-so I think that was hard for him.

So Tuesday night he went to hug me, which I said was fine, he asked about that. But then he kissed my neck, and he's like, "Oh, maybe I should have asked about that." And I said, "Ivan, I'm starting to notice you're doing some things and immediately after, you're feigning, like, 'Should have asked about that,' and that's not okay."

I'm not sure he appreciates so much the act itself might not be a huge deal, but the importance of asking and getting permission and that that's really... I don't trust him. [00:12:03] And these huge things leave me feeling different about it. And this week, I feel different than I did last week about it, even. [sighs]

I let him borrow the car, because I said, "It is getting late." He needed to open, so he needed to be at work at 4:30 in the morning. I said, "Okay, you can borrow the car," which he hadn't done since he moved out, because it's my car.

And I said, "If you want," he-he hasn't had a haircut in months, either, from me, and that's kind of different. So I said, "If you want to borrow it, you can do to that, as well. I won't be home until the evening."

So anyway, he let me know when he-I stayed at the hospital late, volunteering, so I didn't get until after 7:00. He said, "I'll pick you up at the subway (ph). I still have the car, I was going to drop it off, I'll pick you up at the subway (ph)." And I said, "You don't have to." So he volunteered to pick me up at the subway (ph). And he asked, "Did you ever get lunch or dinner? [00:13:01] Are you hungry?" And I said, "No, but just focus on getting your-get your haircut, just focus on yourself."

So he showed up. He picked me up at the subway (ph). He was already waiting for me.

THERAPIST: With a haircut?

CLIENT: With a haircut. [laughs] But also he picked up subs. He picked up dinner, because he knew I was hungry and it was getting late. So that was...

THERAPIST: Thinking about you (crosstalk at 00:13:25).

CLIENT: ...really nice. This was really, really nice, really thoughtful. He wouldn't have had to do that. Even if had said, "Let's go back to the apartment and I'll put together leftovers or something," that was really nice.

THERAPIST: (crosstalk at 00:13:34)

CLIENT: That was all great. And then we did the same thing, kind of. We ate at the table. We spent time talking. And then we watched an episode of a TV show. And then it was getting towards 10:00 again and I'm like, "Ivan, I think you should go," and again, "Thinking I could stay a little later."

He doesn't want to leave. [00:14:00] It is weird. It is weird, but... Then I started about a little bit an element that Dr. Farrow had brought into the conversation, something that I had sort of asked about before, which was... Ivan claims that looking at these websites and even his Life After Ramona [laughs] Google documents folder, his list of what he's looking for in a woman, she's like, "Even if they're all fantasy, at some point, part of you knew that none of those things were ever going to connect you to your wife. Even if that was part of the motivating feeling," and that that bothered me.

And I said I wanted to talk about that and I have questions. It got very frustrating, because at this point, I want Ivan to be brutally honest. And I don't think anything is going to-I mean, it might get worse, but I think whatever it is, I just want to know. [00:15:06]

THERAPIST: You would rather know what's really going on inside him.

CLIENT: Right. So, I mean, if he's painting it in this favorable light of, "Oh, I really want this for my wife"? It sounds different. It's hard, because even with-something that bothers me even maybe more than the profiles is the list he made of what he was looking for in a woman.

And he's like, "I was really angry when I wrote that. I was really frustrated." And there were things that he pointedly-the way he wrote it, it was the opposite of me, like something he was attacking about me personally. "Someone who doesn't have crippling daddy issues," was one of the things that he wrote.

And I'm like, "Do you really think that [laughs] about me? Clearly [laughs] I had a difficult relationship with my dad, but do you really... After all the work I've done and after all the-do you really think that about me?" [00:16:02] He's like, "I was so angry. I was so..." [sighs]

THERAPIST: I think, in some ways, another way of putting what you're trying to say is that, "Okay, he's angry," and, "Okay, in some ways these are fantasies we're talking about." Okay, maybe he wasn't actually going to go do any of these things.

But there still is an action that's actually happening in him making the list. Do you see what I mean?

CLIENT: Right! No, there is.

THERAPIST: [So that] (ph) he actually doing something. He's not doing the even-louder thing, but doing something in making lists. And he's doing something in signing on that is important to you to understand, because...

CLIENT: It is!

THERAPIST: ...it's actually very different than not doing those things. A lot of people feel furious at their spouse and don't go make a list of all the things they'd want in someone else, that specifically is scathing criticism of their spouse. A lot of people would not do that when they're very, very angry. [00:17:00]

CLIENT: And I do think there's even a difference from having the thought being an enraged, "Boy, she has crippling..." thinking that and sitting down and typing it. Even sitting down and write it on a piece of paper and throwing it away, getting rid of the anger? That's even different, maybe. But this is, like, 75 qualities...

THERAPIST: (crosstalk at 00:17:21) file.

CLIENT: ...that he wrote. And some of it was the opposite. And some of them were qualities that I have, very clearly still about me. And some of them were things that even he was angry about

things about me were 5'3" to 5'9" I can never be that tall. And when I point those out to-whatever reason, that height thing bothers me more than maybe any of the others.

And when I point that out to him, he says, "Well, in my mind, I was thinking I wouldn't want someone who reminded me of you. In my mind I was thinking I already lost you. [00:18:00] He's never going to have anyone else, but I don't want someone who would remind me of you."

And I said, "Then you were thinking about what you were looking for. Part of you had that fantasy, even if you were never going to act on it. Even if, say, we..." [sighs] And he says, "I was never thinking about what I was looking for in someone else. I was never looking for someone else." And I said, "How does that go together? You write down a certain criterion that I could never-it's not something you're mad at me about. You don't want to be reminded in a future person, and yet you say, 'The thought about a future person never crossed my mind.'"

So I don't know if the thought about a future person never crossed his mind in, "I'm serious about this. This is something I would do," or if it crossed his mind in an abstract... It's very weird.

THERAPIST: One version of the abstract could be something-which is sort of both, in that sometimes people, if they're really angry at someone they love could have the fantasy of another person. [00:19:06] Not so much about the other person, but it's almost a form of getting back. It's a way of hurting the person you really love.

CLIENT: Which isn't (ph) right.

THERAPIST: Which means it's actually still about you. It's not about-

CLIENT: Which is what a lot of that seems to be. Even, he wrote, "Someone who doesn't think that a group of 12 people for dinner is a big dinner." Because his family, when they have a small get-together, that's at least a dozen people. Sometimes, that's been overwhelming for me. But I've gone to all the family events that's he's-for years!

And so, I mean even, "Someone who has had five or less sexual partners." Why is that? "Because I didn't think I could ever find someone else who waited until marriage." He's saying these things, and I'm like, "So you're not thinking about someone else ever, and yet there are these things that-" They're not criticisms of me...

THERAPIST: Yeah, that's not a criticism.

CLIENT: They're not positives of me. They're just things that would never... That didn't bother him about me, but that I also could never be. [00:20:08]

So I'm like, "Where does that come from? And I got so frustrated with him, because I felt like he kept saying, "I was never looking for someone else. I entitled it Introspection." He's like, "It was

a tool to show me that I was being an idiot and that I didn't want anything else." And I think that's really extreme.

THERAPIST: It's just hard to buy. And that's the part of you that's going, like, "Really? That doesn't sound like what's happening."

CLIENT: All the stories around the-they're all pretty extreme, and yet, Dr. Bourd seems to buy it, in that this is consistent. His escapist, it's very, very bizarre. But maybe it's legitimate. Not that it's okay but that this is actually happening to him.

It's really hard for me, at that point, because I'm not trying to [laughs] find an explanation that is particularly damning. [00:21:02] I'm not trying to find one that paints him as this wonderful, devoted husband who had a lapse of judgment.

But I really want to know what's going on. And it feels like either he doesn't know, or he's really reluctant to come clean, because he doesn't have to, at this point. I mean, no one's ever going to know what went through his mind when he wrote that.

But so I guess the point of the story was I got really, really upset, because he was facing me and talking to me and looking at me, which is huge for Ivan. And using his normal voice. He wasn't moping and the whole-which I can't [laugh] it's critical of me, but I can't deal with it anymore.

THERAPIST: Yeah, no. I don't blame (ph) you. I know what you're talking about it. It's not having a two-person conversation with someone, (crosstalk at 00:21:49).

CLIENT: Right. And I guess, especially given the fact that he-I always hated that he became the victim. He became the person who could barely get words out. Who could only look at the floor. And it's like, "Wait a minute! [00:22:00] [laughs] I'm not beating you up! You did this!"

So it was great that he was talking to me and looking at-this was good, but then there came a point when I kept-when I wouldn't let that thread go. I really wanted to know, "How do you make a list of what you're looking for in a person without ever even thinking what you're looking for in a person? How do you look at naked women and say, 'I never thought about those women'? I only thought about you."

There's a part of me that thinks that that's not all true, maybe. And I don't know. And I don't know. But I guess the point he wouldn't-there came a point where he just wouldn't answer anymore. Started staring at the floor, totally shut down. And I got so frustrated, I said, "Then just go."

And the worst part is he picked up his shoes and walked out the door. And that was it. And didn't call and didn't-and didn't nothing. And I thought...

And I even said to him, "Then we don't need to talk anymore." [00:23:02] I got so angry, because I thought, "Wait a minute. I'm giving you these chances and we are (inaudible at 00:23:07). Things were going well-ish [laughs] as well as they could be and no. I can't accept that you're going to shut down and not answer and we're going to go back to this. Because I can't do that anymore."

THERAPIST: Yeah. What it sounds like would be helpful is if he... Here's what I think, backing up for a second, this is what I'm trying to say. I don't think Ivan yet understand what he was doing.

So I don't think he's in a place where he knows the answer but he's hiding it from you. I think he's still trying to understand it himself. He doesn't get it.

So I don't know that he's going to be able to come up with an explanation. It's not a matter of, "Okay, if I really tell her the real answer." I don't think he gets it yet about himself. It takes sometimes people five years to figure out their stuff in therapy.

So but what he doesn't yet have in his repertoire which I think would feel very different for you is if he said, "Ramona. I think you're asking me questions about things that I just don't actually know the honest answer. [00:24:10] And maybe I'm trying to tell you something that I wish it is, but maybe that's not true. So can we table it? Because I don't want to tell you some things that are not true. Give me some more time to work on this, and we'll talk about another piece of it some more."

That would feel different, right? That's not a kind of shutting down.

CLIENT: Yeah. I mean, I guess in some form of fairness he has told that he and Dr. Bourd are trying to work through it and figure out exactly what's going on and that he, in his words, "Dr. Bourd is very dedicated, very persistent about finding out what's going with it."

[sighs] So I think, on some level, he's aware. It's hard for me, because even if Ivan said to me, "Yeah, I mean, of course, when I saw those pictures and stuff, I thought about it even if it was only brief. Of course I thought about it." [00:25:03] But he's even telling me the YouTube videos, he says, "Oh, I started out looking for how to give a massage. And then it led to this. And then it led to that. And then it led to... And then I did click on it. I didn't watch the whole thing, but..." And it's always this really innocent, really...

And of course I would love to believe that! Of course I would to-but I don't know if Ivan realizes...

THERAPIST: Or even, Ramona, let's say for a second that's even true. It still doesn't explain. Another person might stop continuing to click at a certain point, right?

CLIENT: Right.

THERAPIST: And he didn't. That's still what he has to understand. What was he going after? What is he looking for?

I actually think and this is why I say to you that the only part that's yours in that conversation is how, yourself, to try to bear more of the uncertainty for a little while. Because I just think if we come up with an explanation right now, it's going to be a fake one, no matter what it is.

CLIENT: Right. [00:26:00]

THERAPIST: He just doesn't know enough about it yet. I don't think Dr. Bourd knows enough about it yet.

So I don't think there's going to be any explanation. I even think if he says, "Okay, Ramona, I'll admit to you, it was all about that other woman. I was fantasizing about having an affair. I was fantasizing (inaudible at 00:26:15) divorce." I actually think that would be a lie. That's too clean. That's actually not what's happening. When that's what's happening, it doesn't take this shape.

The list of things! People who are really wanting out of their marriage, that's not what happens. That's not the way it goes!

CLIENT: That's even (crosstalk at 00:26:33) bizarre, because I thought about it from my-could I feel that, because clearly, I guess, I feel like I have a lot of things to be angry with Ivan about.

THERAPIST: Yeah!

CLIENT: But when I think about it, I think what I'm upset with Ivan about it or what I wish Ivan would change or what I wish... Or even I wish Ivan would work 9:00 to 5:00, like my friend Helen's boyfriend. I don't know. It's very weird. It's very bizarre. [00:27:00] And it sounds like a, I don't know.

I don't know if Ivan appreciates that even the thought of him looking at some women [laughs] doing yoga nude, that that's wrong and that bothers me on (inaudible at 00:27:17) level. But it doesn't really bother me in the way that the profiles and the list. And even them, in and of themselves, aren't the-it's more like the thought process behind them.

THERAPIST: Yep. The list, for example, there's very disturbed about it. That's what I'm trying to say. It's not even what people do if they're going to be going to have an affair. Or they totally want to get a divorce. It's just not the way it comes out.

You're trying to get it. What is that? What is this about him? You want to know, like, what are you in for? And is this going to change? What is this thing? That (ph) I think he just doesn't know yet. He's probably working on it. [00:28:00]

What I guess I'm cautious about is it feels like pressuring him for the answer or telling yourself that's being too critical, to want an answer. Or that you shouldn't want an answer which isn't true, either! You're going to need an answer to that, ultimately, Ramona. I think you're going to need to get that and feel that it's moving and changing in a way that you trust in order for you to want to stay in this marriage.

CLIENT: That's the thing. I feel like I do need answers. But the other thing is, even him walking out that night, the next day, he's apologetic eventually.

And I get that. But I think I'm kind of at a point where it might not be fair. But clearly he's not changing overnight, even if there are lots of positive things happening which I hope there are, obviously. [00:29:00]

If there was another betrayal on this level at all, a personal betrayal like that, I don't think I could take it. And I think, at this point, if I left? Right now, I feel like I don't-I wouldn't be leaving because he assaulted me. I wouldn't be leaving because he made the profiles. I would be leaving because he avoids. And that doesn't feel... I guess I don't feel like I have a real reason to leave, at this point. In my mind, I'm like... [sighs] At least with the work he's been doing.

And it's so stupid, [laughs] I know this story will sound so stupid. But the other night Tuesday night while he was making dinner. Tuesday night was amazing. And something reminded me of this time when we were dating and... You know when you go to the movies and the popcorn is as expensive as the movie?

THERAPIST: Uh-huh! [laughs]

CLIENT: It's really expensive, but it's really good, even though it's disgusting and oily and greasy. [00:30:02] Ivan knows that I really like that. And we went to the movies pretty rarely. I mean, it's kind of expensive, whatever.

There was a night we were going to do-we were going to watch a movie at home. We were going to watch a movie on our own. This is back while we were dating. And he went to a movie theater and bought popcorn and soda [laughs] and brought it for the-which was [laughs] so embarrassing. I mean, who's that guy who walks in just to buy popcorn? But it was really sweet that he was-

THERAPIST: It's adorable!

CLIENT: It was adorable.

THERAPIST: I don't think that's stupid at all! I think that's (crosstalk at 00:30:36).

CLIENT: And I thought about that. And I thought... You don't stay married to someone because they bought you popcorn one time. But there's definitely that side. And the side that made dinner and the side that showed up to pick me up from the subway and brought subs.

THERAPIST: And that's really happening, too.

CLIENT: It's hard. And here's the other... It's really, really bad timing, but I need to move, pretty much. [00:31:05]

THERAPIST: You do.

CLIENT: "Need," I don't know if it's the appropriate word. But the point is, my lease is up October 27th. At which point, I can renew the lease and then if I leave at some point, I have to wait for them to re-rent (ph) the apartment. So that's not an option, given that it's definitely going to be a three-hour commute every day. That's kind of crazy. Since there are apartments that are comparably priced that are a lot, a lot closer.

So I even asked my dad, because I don't trust myself to be objective at this point, "Is that...?" He's like, "Well, that's maybe a no-brainer, if you can get a similar apartment, similar money, a lot closer. That's a wise decision."

But the point is, that would put me on a month-to-month, which is over \$300 more a month. So it would behoove me to move sooner than later.

THERAPIST: You're saying if you stayed, it would be month-to-month...

CLIENT: Right.

THERAPIST: ...just trying to figure out what to do next. [00:32:01]

CLIENT: Right.

THERAPIST: Yes, yes.

CLIENT: So starting November, it's going to be a huge, huge increase.

THERAPIST: And where you're looking to moving, are you imagining a studio, one-bedroom, with roommates...?

CLIENT: So that's the thing. That's the thing. Ivan and I are still separated, obviously, and we, I think, need to stay that way for two, three months, at least. And even that feels a little scary, because I want to believe that he's going to redouble his efforts and all this good stuff will continue and I will get more answers and I want to believe that. So I don't know.

But that's the thing. I started looking at one-bedrooms, because...

THERAPIST: If it's comparable...

CLIENT: Right. It is comparable.

THERAPIST: ...if you could afford that, you might want that, either way. Is that right, or...?

CLIENT: It is comparable to what we have. We have a one-bedroom now a 600-square-foot one-bedroom. It's kind of small.

That's the thing. I could technically afford it, once I start working, but it would be much more ideal, much more affordable, if it was for the two of us. [00:33:02]

So I guess I'm looking with (inaudible at 00:33:06) in mind that he would be moving in. It feels scary, because I don't even want to say, "I'm going to be moving on this date and I'm counting on you moving in and picking up half the rent," because then I have this secret worry that he's going to put his best foot forward for that amount of time, knowing that that's what we're working towards. And what if that's just because of that?

THERAPIST: Yeah. You don't sound like you're actually convinced, Ramona, right now, that that is exactly what you want.

CLIENT: So we've had three weeks in which he is pretty consistently aside from the couples' put in a lot of effort. He's been really working with Dr. Bourd, is setting up appointments-lots of good things. He's reading these books. He's showing up. He's making efforts. This is good. I think I need to see that over and over and over. [00:34:01] And I think we would need to get to it seeing each other more than twice a week before I say...

THERAPIST: Move in.

CLIENT: Right.

THERAPIST: And you need to build up more trust that you consistently see that over a long period of time.

So it's dangerous, maybe, to go in thinking, "Okay. I'm renting this place because I'm assuming he's going to move in." I wonder if you could try to say to yourself, "I need to rent a place and know that there is a chance that I'm going to have to pay for it by myself for a year." And that if that happens, it happens. And it might be tight in your budget. And then if you know at the end of the year you're not getting back together, you could move to a different place.

CLIENT: Right.

THERAPIST: Right? In other words, not [bite off] (ph) something that absolutely isn't manageable...

CLIENT: Right.

THERAPIST: ...on your own.

CLIENT: It would be. It just would be tight. And I'm hoping to pay off as much of my loans as I can. An \$1,800 apartment is doable for two people. It's tight for somebody in my shoes.

THERAPIST: Of course. Could you look at a studio? [00:35:00]

CLIENT: I could, but then there's no chance of him moving in.

THERAPIST: No? [Not to a studio] (ph)?

CLIENT: I mean, there could be, but I think that would be really-I mean, [laughs] I guess I learned in a one-bedroom with two separate rooms, basically, that can be...

THERAPIST: Tight anyway, I know. [laughs]

CLIENT: Right! That can be snug, when your option is to be in the bedroom, or in the living room, dining room. [laughs] So I think no.

And the other thing, the studios aren't going to be that much less. So to pay, like, \$1,700 or so for a studio seems silly when...

THERAPIST: Makes a lot of sense (inaudible at 00:35:34).

I think as long as the mind frame is, "He might not move in," and just to be prepared amongst the possibilities. That you want to not feel like it's a way of sort of backing into this. (crosstalk at 00:35:50)

CLIENT: Right, and I don't even want to find myself looking only for the positive and kind of putting on blinders. Because really [need him] (ph) to move in. Really need to get this apartment squared away. [laughs] [00:36:00]

I told my mom what was going on, and she said, "Well, you're not looking towards a permanent separation." She said, "So I think you would be thinking about, eventually, him moving back in." Which makes sense. But then she's like, "Well, then I think you need to take him to see the apartments," which seems fair if he's moving in three months, but...

THERAPIST: I don't agree.

CLIENT: [laughs] It's okay to-

THERAPIST: I don't agree. Right now, you are separated. And he needs to earn his way back into your life. If he doesn't like the apartment, he can deal for a year if it means you're getting back together. That seems like a-the message it sends by having him look at the apartment with you and have a choice in it really puts the message you're trying to deliver to him, really compromises it. For what, so he can like the apartment a little bit more? I'm sure you're going to pick a decent apartment, Ramona.

CLIENT: Okay. That's the thing, because I don't want to, on one hand, saying, "Actually, if these certain things don't happen, forget about it." [00:37:04] Or even, "I'm not going to couples' with you if these things aren't happening."

And on the other hand, saying, "But I'm sure everything is going to be squared away in two or three months, so I really want you to like this place."

THERAPIST: Yeah, exactly. Your mom's saying, "Well, you're not having a permanent separation." I think we don't know that yet, Ramona. So I would not say that statement definitively right now. If you're saying that statement definitively, it means you are doing the thing that you've asked me to help you not do. You don't know. Is this going to be a permanent separation or are you going to get back together soon? You don't know.

CLIENT: I feel like I don't know know. But I guess three weeks is, like I said, it's such a short amount of time. But I feel like if that continued and even redoubled, then I would feel clearly that we were moving towards resolving.

THERAPIST: Yep. It would be huge. That's what you're hoping, is that continues, because that would be enough for you, I hear you saying. [00:38:02] He's making enough changes that you'd absolutely want him back in your life.

So the scale's tipping like this right now. But what we don't want to have happen is as it tips, do you then forget about this? And what if there is still some secret betrayal that you don't know anything about right now? That you're going to find out about three months from now? I'm hoping that doesn't happen, too, [laughs] of course! Or what if, in two weeks' time, all of this starts to fall off again?

You don't want to ignore the data that is going like this. That's really real. And yet, the things that were meant that you separated to begin with are really real and important, too, to not be forgotten.

CLIENT: Right.

THERAPIST: So hopefully it goes to this! And the decision's made. But you're just trying to keep, I think, keeping the, "I don't know, so I'm going to proceed trying to keep both options open."

I do think picking out a place, it's like the-it's not that much skin off his back if he doesn't like the kitchen or something. [00:39:03] You guys will move in a year. If you're happy, blissfully married at that point, great. You'll get a kitchen that he likes. [laughs]

CLIENT: It's a ridiculous question, but then do I put his name on the application? Do I put...?

THERAPIST: It's not a ridiculous question, (crosstalk at 00:39:18).

CLIENT: I need to-

THERAPIST: Yep.

CLIENT: I wonder if I would even need-I don't know if my income would be enough. Somebody's who's only ever been in school, I don't know if my income would be enough. And the other thing is, I don't know if I can in three months in, "By the way, my husband is moving in." So I wonder if I would put him on and then... Take him off. Or if things didn't work out, or...

THERAPIST: Would he need to sign it, then? He would, right?

CLIENT: I think I could-I already saw the application, they already sent it to me for the one place. And I would need-whomever was the primary applicant needs to sign it. And they would probably check my credit and stuff like that.

THERAPIST: Okay. And not his?

CLIENT: Probably not.

THERAPIST: Because I'm wondering, is there a way of putting him and not having him know about it for the time being? [00:40:00]

CLIENT: I don't know if I can-if I'm moving into a place, I don't know if I can say...

THERAPIST: (crosstalk at 00:40:08)

CLIENT: ...you can't move here. [laughs]

THERAPIST: Yeah, yeah. Oh, you mean, you'd let him move in (crosstalk at 00:40:14).

CLIENT: No, no! No, not for months.

THERAPIST: Okay.

CLIENT: The very soonest I could think would be the beginning of December, which is maybe too soon. So no, not for a while. But eventually. His stuff is still at the apartment, [that would move] (ph).

THERAPIST: Yeah, yeah. Yeah. What feels different is that he has to come to the appointment with you and you both are signing this? That feels a little bit too fast for that. But if there's way of, "Okay, my husband is likely going to be here with me, too," but you get to do most of the application, you're the one signing? That makes sense.

CLIENT: Okay.

THERAPIST: Do you know what I mean?

CLIENT: Yeah.

THERAPIST: If you could do it without his income, do it. [00:41:00] I think you can even ask them, "This is the scenario," you may not want to say that, but...

CLIENT: I really don't.

THERAPIST: ... "My husband might move in with me." Yeah, okay.

CLIENT: Yeah. But they would ask his name, his relationship to me, and his other income from the apartment. So I think that would technically be okay. He could stay where he is for at least a couple more months or so.

THERAPIST: And if he had to sign it, you could have a conversation saying, "This does not mean we are going to be doing this. But I'm trying to keep all the options open right now. And I want to be clear that I'm hoping this happens, but I also don't know that it's going to happen. I want to just make sure we have the chance, if that's what we want in the future."

CLIENT: Yeah. I really, also, don't want to-I know myself, and I don't want to get swept up in the notion of, "If he moves in on December, we will be living in the same apartment for Christmas." That idea of... That's appealing to me, obviously. [00:42:01]

THERAPIST: The blissful fantasy that quickly forgets why this happened to begin with, yeah. That's part of my job is to help you stay on-task with that. And we'll do that.

Ramona, I also think-I don't know if you said to him what he said to you, in sort of naming, "Ivan, I want to let you know that I see these changes and they seem," you've said that.

CLIENT: Yeah.

THERAPIST: Okay. Because I think that's huge. That goes a long way. I think, to the degree, that you would say, "You know, next time we have this conversation, it would help me if you, instead of withdrawing, said, 'Ramona, I think I just don't know the answers to your questions,' and told me that with words, if that's what's happening inside you. Tell me that. Because that, I can work with."

You can communicate some of those needs. It's a totally reasonable thing you're asking for and that's actually going to help him grow a repertoire. It sounds like when he starts feeling like, "I don't know, I don't know, I don't know, I'm judging that person," he withdraws. And what he needs help doing is just saying, "I just don't know. Can I get back to you on that one? I'll work on it and get back to you." [00:43:00]

We have to stop. (inaudible at 00:43:03)

CLIENT: Okay.

THERAPIST: Be in touch...

CLIENT: I will.

THERAPIST: ...as soon as you know, and good luck with your start.

CLIENT: Oh, thanks. [laughs]

THERAPIST: I'll send you a new receipt...

CLIENT: Oh, thank you.

THERAPIST: ...later today. Okay, yeah.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: You know about this time, I really appreciate it.

THERAPIST: Sure. I'm glad at least this works and we'll try to keep figuring it out. I know it's a lot to put together right now. I got your e-mail also about the insurance. That makes sense. We'll just keep a running tally of the couple of \$40 copays. Take a breath. And then whatever ends up here. As soon as you know more about your current plan, just e-mail me the details your number and all that.

CLIENT: Of course. The only thing I am I was going to take the PPO, I mean only for you. You and Dr. Farrow (sp) are the only healthcare providers I use. I mean I'll probably go to the doctor once this year but I guess the point is the PPO is exceptionally expensive.

THERAPIST: It is. Really.

CLIENT: Very, very expensive. So I was speaking with one of the HR representatives who coordinates the information about it and he said that a lot of employees take an HMO and pay for an out-of-network provider out of pocket with flex dollars, pre-tax dollars, because it's actually cheaper. So I'm going to look into that because [00:01:16]

THERAPIST: because it's tax free?

CLIENT: It is. Well, of course I'll do the flex dollars regardless, but I might look into doing the medium HMO while we're doing that especially if I don't have a regular time every single week yet.

THERAPIST: And yet, the question is what if we eventually do, is that I think that's our theme, right?

CLIENT: Of course. Of course. It's dependent upon -

THERAPIST: Yeah. How much is the PPO versus the HMO?

CLIENT: The PPO is \$141 every two weeks and that's before I pay for it vision and dental and taxes and everything else.

THERAPIST: \$280

CLIENT: Yeah and that's 26 periods in a year, so it's exceptionally expensive whereas the HMO I think can go \$50 every two weeks to maybe close to \$100? Plus, with the PPO I'd still be paying 20% in co-insurance. So, I think I'm going to look but [00:02:22]

THERAPIST: Yeah. You've got to run the numbers because if it's four times a week, it doesn't sound like it would I mean four times a month It doesn't sound like or eight times a month. Or is Emily in network through the HMO?

CLIENT: Emily's in network.

THERAPIST: She is. Ok.

CLIENT: So she shouldn't be a problem.

THERAPIST: So, we'd have to talk about what actual fee would look like.

CLIENT: And if I was still able to do the research study? I don't know if you have an ending time for the study.

THERAPIST: I think they approved it for at least a year. So, let me double-check with them.

CLIENT: Ok. Because I wouldn't want to if I decided to pay out of pocket I wouldn't want to rely on that and then find that I'm back at square one.

THERAPIST: So if you're estimating \$150 or something like that, that would be \$600 a month. Right?

CLIENT: Yes. [00:03:22]

THERAPIST: That's a week. I'll only be That's what it is anyway because it's going from 50 to 280? Oh no, that's not That's not per week.

CLIENT: That not, yeah. But even \$100 versus \$280, it just I was doing the (inaudible at 00:03:38) and it was coming up to like \$6000 a year for everything and that's a lot for a I mean, I'm healthy otherwise but that's kind of a lot for me to assume.

THERAPIST: And yet, out of pocket for this you'd pay a lot more than that. If you were -

CLIENT: Possibly, but I also have to figure, "Is it going to be four times a month for 12 months?"

THERAPIST: And with your flex money, do they contribute anything or it's just your own money just tax free?

CLIENT: Yeah.

THERAPIST: So you'll run the numbers. You're on top of all this. I know it's hard to if you knew for sure we had a definitive session time (crosstalk) [00:04:17]

CLIENT: I would feel better. I would literally be choosing that plan only to see you, which is fine, I mean well-worth it. I'm very invested, but like I said, when I know if I'm going to be seeing you because otherwise I'm spending all that and not seeing anyone.

THERAPIST: Yeah, it makes sense. What are you feeling about your hopes right now? Let's say we did have a time.

CLIENT: No, my hope is definitely to continue to see you once a week. That's always been the goal and I can be as flexible as I can because I have that mandatory meeting once a week, I have an hour and a half flexible It sounds like things are pretty So I think even if I wanted to stay like an hour late one day, I could leave an extra hour earlier. So I can try to move around but I

wouldn't set up something like that consistently until And I know you're busy and you have lots of patients who have waited long times and also have 8-5, 9-5 schedules. I think everybody has that schedule (laughing). I'm sure that makes it hard for you. [00:05:24]

THERAPIST: Yeah, we'll just keep trying. For now, you think you might be able to skip around? That's what I didn't know. Like if there were an opening, should I be letting you know whenever I have openings that seem like they might be lunch hour, if there was a cancelation?

CLIENT: So that's the only thing. I can definitely do morning or after somewhere early. Lunch might be a little trickier -

THERAPIST: It's in question.

CLIENT: because it would require Ivan helping me out, picking me up and bringing me, because it's at least a 20 minute drive if there isn't too much traffic. So we're talking 40 minutes driving and 40 So, taking a long lunch, which might be permissible, instead of coming in late and leaving early. But it might be easier to work around just morning or afternoon. [00:06:15]

THERAPIST: Sure. And yet, my guess is the lunch hour is going to open up the fastest. So do you want me to let you know of that and we can start there and keep you on the list for the other times?

CLIENT: Yes, because that's something I could definitely approach.

THERAPIST: Ok.

CLIENT: Because it's fair. If I'm coming in an hour and a half early one day, I could maybe take an additional hour and a half at lunchtime.

THERAPIST: Ok. And for now, I'll also let you know about cancelations.

CLIENT: That'd be great.

THERAPIST: You can always feel free to say no, but if there's something that might work, I'll keep you posted. 12:10 on Wednesdays is not going to work. It's a lunch hour time.

CLIENT: So right now, that's what we locked in for Dr. Farrow (sp) because it's literally a five-minute drive, so Ivan picks me up, we go, we come back and I don't get a lunch hour but it works.

THERAPIST: That makes sense. Ok. Because that's the first lunch hour that I think will open up.

CLIENT: Ok. Well, I had asked Dr. Farrow if would change on her end, if she would have another lunchtime or if I could leave earlier for one of hers.

THERAPIST: Ok. Do you want to check with her on that because that's probably the (crosstalk)
[00:07:17]

CLIENT: I see her at lunch today which is why I was like, "That's a lot today" (laughing) but yeah, I will.

THERAPIST: Ok. We'll keep working on it, Ramona. I have confidence we'll find a time -

CLIENT: Ok, good.

THERAPIST: It just might take a little -

CLIENT: I understand that.

THERAPIST: bit of time, but in terms of your decision-making I don't expect it's going to be that we'll never find a time and then you won't be meeting with me.

CLIENT: Ok. Because that's my only I wouldn't want to lock into that and then I have to do that for a year and that's a lot of money if I'm, again, seeing the doctor once a year. I just need the cheapest plan. Anyway, that's good.

THERAPIST: Yeah. We'll figure something out. (pause) How are you? What is going on? How's everything?

CLIENT: Well, a lot, I guess. The job is going pretty well. I'm working with some really good people. It's a really nice environment so that's good.

THERAPIST: Really! You like it so far. That's so great. [00:08:09]

CLIENT: Yeah, I do. I'm still taking on new things, but it's good. So, I'm happy with that. I'm still adjusting to the new schedule but it's nice. In a lot of ways, it's easier than school. I get to come home and I can watch TV, or eat dinner or go to bed early, or whatever. And on the weekend I have no homework (laughing). It's really nice. So that's good. Let's see, we just started going to see Dr. Farrow (sp) again two weeks ago, you know I was telling you last week, but now we have a consistent spot with her once a week. Ivan has-I'm doing this in no particular order. Ivan has, the past couple weeks before that we had just been seeing each other like twice a week, whatever. Since then, he's been pretty consistent coming over, I don't know, four or so nights a week, maybe more, and meeting me after work and picking me up from the subway and making dinner and doing some stuff around the apartment and I'm not asking him to do any of it. So, that's been very, very nice. It's been weird. It's been like and spending some time talking about our days, spending some time, not every day that we see each other, but time talking about the problems -[00:09:40]

THERAPIST: the serious things

CLIENT: Yes, the serious discussions, but it's been nice to have positive time too.

THERAPIST: You've been doing this every day pretty much?

CLIENT: Not every single day but, yeah, **most days**, yeah. And **this has been his initiation**. I've never said, "Would you like to come over and cook dinner? Or "Would you like to do the laundry?" No, he's been asking if he can, so that's-

THERAPIST: Asking even too? Which matters.

CLIENT: Yeah, so that's been nice. It's obvious that he's putting in a lot of work. He recently saw Dr. Bellamy (sp), his psychiatrist, and she now put him on a full therapeutic dose for ADHD. He was on 20 and now he's on 25 mgs. And also added a mild anti-depressant, which he said would take a couple weeks before it would start to be in his system really, but I felt like that was good. He feels a little uncomfortable about it but I thought that was a big deal that he was willing to try that and [00:10:44]

THERAPIST: Yeah. That's huge. So he's taking the ADHD medication daily now?

CLIENT: Aderall daily, yeah.

THERAPIST: Daily.

CLIENT: Yes. She even told him he could take it twice a day as long as it's not keeping him up, so I don't know that he's tried that yet but -

THERAPIST: I know for a while he was only taking it sporadically. It sounds like he's up to taking it more regularly?

CLIENT: I think he's at least taking it every day he goes to work.

THERAPIST: Ok.

CLIENT: I don't know more. I haven't even asked.

THERAPIST: That's something though.

CLIENT: Yes. And he says now it's no longer when he first started taking it he said would like immediately feel like, he would start to get really clear and really focused and things would go really well and then at the end of eight hours he would start to feel "fuzzy", he described it as. And he said now it's more consistent, which evidently Dr. Bellamy (sp) says is normal. So that's good.

THERAPIST: Do you know what the anti-depressant is? [00:11:41]

CLIENT: It's Lexapro, which she said I guess is also somewhat anti-anxiety and goes well with his Aderall. So, I feel really hopeful for him.

THERAPIST: That's very exciting.

CLIENT: It is and I guess it's even more of a big deal because I know with what Ivan's family had kind of what their response to any kind of mental healthcare, I feel like this is a really big deal for him to do that.

THERAPIST: It's been a long time coming and lots of hesitation and a lot of mooning (ph) around it for him so much shame. It sounds like it's just becoming a little more ordinary. Why not try this tool?

CLIENT: Yeah. So I'm really I think he saw at least with the Aderall that it actually really helped him and it wasn't such a big deal. So, I really hope he has a good experience with this medication and he doesn't have to switch and stop. I really hope. That would be great. So, he's seeing Dr. Bourd (sp) regularly. [00:12:45]

THERAPIST: Good. How are the two of you?

CLIENT: So that's the thing. I guess I would say overall things have been going very well. I would say it's at least a solid two weeks that he's been doing the meeting me after I get home from the subway, having dinner ready or mostly ready. We sit down at the table and talk about our days and just spend time together. That's been really, really nice. I want to be cautious because I recognize that's a lot of effort to do all those things and especially to do them without asking but I also want to I guess recognize that even though those things require effort and they're really positive and I've been really vocal about thanking him, it does address some things but it's not a response, a direct response to the lying and stuff. [00:13:49]

So, I don't want to be a harsh critic but I don't want to be too trusting. So I guess I just want to say that that takes a lot of effort and it's really great, but it's also probably relatively easier to make dinner than it is to start being really transparent about everything. So I just want to find a middle ground to acknowledge it but also not take it as, "Everything's going to be great, please move in."

THERAPIST: And knowing it's two weeks or a month now versus years for time of operating in a particular way, so you're trying sort of to take in how deep, how long-lasting the change is going to be.

CLIENT: Yes and I even said to him, "If, when he moved in, I would not expect" and I guess I don't know what really happens in other marriages, but I wouldn't expect that four out of five

days a week somebody's making dinner and has the laundry done and, you know, is always there and always able to talk about your days. I wouldn't expect that. And I wouldn't want him to do all the cooking or do all the But there would probably be a happy medium from that not happening to it happening a lot consistently over a short period of time. And that would be fine. [00:15:06]

THERAPIST: Yeah. Or for the consistency to be when it's his night to make dinner, he makes dinner without being prompted, without being reminded. If laundry is his duty, he does the laundry once a week. There is consistency even if it's a little more spread out with what the goals are.

CLIENT: And I do feel like if this would continue to happen for I don't know how long and it would start to build more and more of those positive feelings or more and more space that -

THERAPIST: Trust.

CLIENT: it would be ok if Ivan didn't make dinner on his night one time or two times. There would be space for that and that would be ok. So I guess he went from here to here with some of that stuff and I'm saying it's ok that it meet somewhere in the middle. I also said I wanted to talk with Dr. Farrow (sp) about what it would look like to work towards moving in together again, for him to move back, what it would look like to do that and what it would look like to really continue to take in his positive efforts and my efforts to be less critical and allowing it, being receptive to it. To take in all of that with but also with having space to really consistently talk about and work on the elephants in the room in a way that isn't overwhelming but that's consistent and real. [00:16:35]

THERAPIST: One way even to think about it is that even if you decided preliminarily together that Ivan is going to move back in, that doesn't have to mean forgetting, letting things go, a permanent decision either. Just as separating your living spaces, you didn't have to think of that as permanent, rejoining your living spaces doesn't have to be permanent. It could be more just creating more opportunity to get to know each other, to get to know what's there, to get to know how much does this happen now that we spend all our time together. Is there trust there? And that you're still looking at the relationship and working on the issues even though you're living together. That's certainly possible. [00:17:35]

I'm curious what you decide what's up with the living situation right now.

CLIENT: He still lives in the apartment that he's renting.

THERAPIST: And did you move or let go of your house?

CLIENT: No, no. I'm sorry if I didn't I found a way to adjust the commute. It's now down to an hour about, even an hour and a few minutes so -

THERAPIST: So you're still in Waltham (ph).

CLIENT: We renewed actually, because it was time. So that felt fine.

THERAPIST: So you're in a space that you feel totally comfortable if he did want to come back, if you wanted him to come back.

CLIENT: It's the same apartment we had at least. So I mean it's kind of weird because there are times when he gets ready to leave in the evenings it feels kind of weird. [00: 18:17]

I also have been thinking about this and I think there's no way to say it without sounding like a horrible person but it feels great to come home and have him pick me up from the subway and have dinner together and talk about our days and spend time sitting on the couch or watching TV or just-It feels great. It's wonderful. But it also doesn't feel completely-I don't know. In the back of my head there's always all this other stuff and I don't want to pretend that if we have dinner often together enough or we sit on the couch together often enough or talk about our days or that if all that is positive that it addresses or we don't have to talk about all the negative. [00:19:10]

And I also want to be sure for myself, and I hope I wouldn't be capable of this, but I want to make sure that having dinner made after a long day or finally having him do the laundry or take out like that those things feel so good that I'm more appreciating the things than I am him. In other words, if Emma picked me up from the subway and made dinner and we hung out, would that fill the same thing? I don't think that's the case but I guess I just want to be sure because I It's kind of funny because I voiced those basic needs for so so so long and now they're being met and I don't want to be I don't want to make a reality out of his concern that it's never enough whatever he does. But I also want to say And I don't want to be a really critical or hard person on him but I also don't want to say, "As long as you keep making dinner, it's ok that you assaulted me or that you looked at those websites or"because it's not I guess I feel like they're different. [00:20:18]

THERAPIST: It's actually not ok. Yeah. Let me just make sure I'm understanding. The feeling overall is not wanting to have him doing these actions that are kind of the daily grind caring for the household actions, to undo or make up for in your mind, assaulting you sexually or secrets, lying to you about things. Right?

CLIENT: Right.

THERAPIST: Ok. When you're saying what you brought up about if Emma did those things for me and you said something about wanting to make sure I'm appreciating him and not the things he's doing. Can you say more about that part?

CLIENT: I want to make sure that my response to him isn't, "It's so great to have these needs met" or, given my history, that it's so great to be taken care of that I confuse that with -

THERAPIST: actually loving him as a person. [00:21:19]

CLIENT: I feel pretty confident that I can say that I love Ivan without because I felt that I did when he wasn't doing those things even and now he's doing them but I just want to be sure that I don't confuse that because that would be a mistake because then if he moves back in and we went somewhere more towards normal that it would be ok.

THERAPIST: So it's also not in addition to not making up for this separate range of betrayal kind of experiences in a relationship, not wanting it to be that simply being literally cared for every day things taking care of is so powerfully relieving and wonderful that's where you're making your decision-making from that relief and joy at that finally happening for the first time in your life. [00:22:10]

It makes a lot of sense, Ramona, as a caution. You've been so, so deprived your whole life of someone actually taking care of you that this has got to feel like on top of the world almost in a way internally. Someone actually doing this-

CLIENT: It's really nice. I look forward to going home. I look forward to it's really great. I feel loved. I feel taken care of. I feel that my needs are met, even just talking about our days. It's really great. And, again, I don't want to be-I don't know if this is harsh or critical but I guess part of me feels like Ivan could be the model husband of the year from today on and that would be great but I would still need to actually talk about and address those huge things because even if he did have the power-just like this on/off switch-he could no longer be susceptible to doing anything like that ever again, I would still need resolution. [00:23:18]

THERAPIST: Absolutely.

CLIENT: And I really do want resolution. I really don't want-So, I guess after my dad had the affair, even now my mom, years later-let's see, like six years later-my mom will still bring it up sometimes. I don't want that for Ivan and me. Not that it would ever-there would never be a day that I would say it was ok or if he asked me about it that I I don't see that ever happening in the future and I think that's how it should be. But I also wouldn't want every time I get mad at him for it to be about this.

THERAPIST: For it to get dredged up as a weapon.

CLIENT: And I want to actually get over-if I forgive him and move on it doesn't mean it was ever ok but that we don't have to keep going to couple's therapy for years and talking about the same thing. I actually would want to make progress. But that would also involve it not continuing to happen. [00:24:10]

THERAPIST: Yeah this is where I think the word "forgive" gets a little-it's a little tricky of a word because, in a way, you're saying it's not forgivable, it's not ok and yet there may be ways, you

wanted to find a way to have it be processed and understood, known to each other enough that both really trust that you understood what happened and it's part of the past and it's not going to keep happening in the present.

CLIENT: Right.

THERAPIST: which is really different. Yeah. There's so much for you on this, Ramona. It makes me wonder. Did your parents-do you know what they did together around your father's affair? How it got processed with each other or did they go to couple's therapy? [00:25:02]

CLIENT: My mom said at some point they did. I know that I begged them to go at the time and they didn't and then she said somewhat recently, she told me that they did at some point. But mostly it got processed-I talked with my mom. My mom talked with me a lot, a lot, a lot. And even when Ivan -

THERAPIST: Ramona, I'm confused.

CLIENT: This is years, like, so it's not something that I'm actively upset about. But even when I brought up that Ivan assaulted me and I talked to my mom about it and then the second time that I talked to her about it, literally the second time, she's like, "You've got to get over it. You've got to-" She didn't want to talk about it even when I started to think about if I need to move, "What do I do? What do I do?" She was like, "I think you should talk to your therapist or Emma. I don't think I can help." And it was like the same But I felt better because you had talked a little bit about the fact that that happens so I felt a little bit more, "That happens. It's-" It doesn't make it ok. But she did say to me in that conversation, she's like, "But the one thing that I want talk about you, say that it's not appropriate for me to talk about it with you." And that would be the affair. [00:26:10]

So it felt horrible, of course, because I felt that turning to my mom after what Ivan did to me even though it I guess she shouldn't have to hear something like that, but I felt like it was ok to turn to-

THERAPIST: She's your mom.

CLIENT: Yeah. I felt like it was ok and I wasn't pulling her in on gory details. I felt like it was ok and then for her to say, "But you don't want to talk about the affair that your dad had." It felt horrible because I'm not her mom and it's even harder because my grandma has passed away and she reminds me that she doesn't have her to talk to anymore and I do feel horrible about that but I still feel like it's inappropriate for her to talk about problems with my dad with me. [00:27:00]

THERAPIST: Absolutely.

CLIENT: Maybe I'm wrong. I don't know, but I didn't think it was inappropriate for me to turn to her about something with Ivan. So, all I'm saying is I don't know the right way to process that and what my mom went through is different from what I'm going through with Ivan but I don't want to do that.

THERAPIST: It's just remarkable, Ramona, how much you have taken care of your parents. I think one of the things you're saying in everything you're-the articulation of your goals about what you don't want to do right now with Ivan and your cautions to yourself-is that, I don't think you are quite yet in a place of knowing and understanding that being taken care of should be a given with someone who loves you. Does that make sense? [00:28:02]

In other words, there was very little taking care of you. In fact, you were taking care of them. You're cleaning the house, you're organizing, you're reminding of bills, you're helping your mother with her mood, you're helping your mother with their marriage, you're begging your parents to get into couple's therapy or individual therapy, right? You don't know inside you that being taken care of is like the bare minimum. That was never a given. So, the caution you're saying to yourself is not wanting to have it be that Ivan finally doing ordinary, maybe bare-minimum minimizes it too much, but sort of ordinary, expectable daily care-taking of the way you operate with someone who you love. To have that be so exhilarating that that alone is enough-that's your history of not knowing. That should absolutely be there and then you get to expect something even more about connectedness, about relatedness, about how you click together, about what actually works personality-wise in the relationship. You've been so deprived of the care-taking that I think there's a way that can feel like, "Oh my God, I finally have this thing" that actually you should have had all along. [00:29:29]

That's the self-esteem stuff we've been talking about about hating yourself, of like not quite, until relatively recently, feeling like, "Of course you deserve to be taken care of!" That's what loving relationships are and if that's not happening it's not that other people perfectly do that ever for each other everyone screws up for their spouses, even at the healthiest place, but that would be something then that gets justified to be talked about and worked through as a just given. Of course I expect that! Of course that's something I deserve! That has not been there. [00:30:11]

CLIENT: It's been great. It's been really great. The one day I got home and Ivan was excited because-I don't know if you know what Pinterest is-but (laughing)

THERAPIST: Yes.

CLIENT: There are recipes and I pin recipes and I like to try new things but Ivan went on my board and found a couple things and made them for dinner that night and I just like could have about cried when I sat down because it was all made, all on the table, done. He set this-

THERAPIST: And he found what you were particularly interested in.

CLIENT: Yeah, which I it wouldn't have even mattered like the point is -But it was just like the most thoughtful, loving and, in reality, he made dinner so it wasn't like a, you know. But it was huge and it just felt so, so good and I felt very I don't know. I felt really good.

THERAPIST: That's an example, I think, of where there actually is something happening that's beyond the bare minimum of keeping up with responsibilities. He didn't have to do that. It's not that you'd expect every time, but the fact that he's thinking, "What would Ramona like?" and even making an added effort in a way that's about the level of not just meeting your physical daily material scheduling logistical needs, but getting to know you and interested in your preferences, your likes, your dislikes, your mind, that also was not happening for you as a kid. [00:31:33]

CLIENT: It has really gone back to feeling like it did when we were dating.

THERAPIST: It was like this in the beginning.

CLIENT: Yeah. It wasn't always-and we didn't live together and we didn't have the resources in some ways but when we got together it was a special time or it was something planned even if it was-like, "There will be some kind of dinner. There will be-" And really enjoying the time together and then there would always be a point at which one of us would leave and not want to leave and it's felt like that. I also just want to be sure-I guess when Ivan was in school, he came to visit me on the weekends and things were fine. I mean he was happy on the weekends but, obviously, very, very depressed during the week. I want to be sure that's not what's happening because I worry that it is. [00:32:28]

And, not that I want him to not be happy when he sees me, but I want to make sure that he's not depending on me. I do worry. He is still having some suicidal thoughts sometimes; he's still-And he's working on that with Dr. Bourd (sp).

THERAPIST: So he's told you about that?

CLIENT: Yes.

THERAPIST: That's a good sign.

CLIENT: which is good. It's hard to hear and I want-I guess that's another thing before we would move forward-I want to make sure that he's stable and safe. I guess I feel good that it's out in the air and Dr. Bourd (sp) knows about it and is working with him.

THERAPIST: And that he's talking to you about it. [00:33:11]

I mean another thing you're describing is there's a way Ivan and maybe even to some degree you would get into the kind of a bubble of experience together where things look great, they're happy, they're getting taken care of in this aspect of your relationship when you were together

again, early on. And yet, it's in a compartment where in this compartment for him, all this other stuff was going on that you didn't know about and maybe even, to some degree, he didn't know about. He could convince himself everything's great over here and sort of almost forget how bad it is over here and that rigidity of the strong wall between those two compartments I think is part of what's felt like such a betrayal. You didn't know there's this whole other room over here where other things are going on and that's even happened more recently, right? [00:34:11]

You could probably feel eager yourself-the reason you connected in this way-the relief of having someone, even when you first met each other, who was just there and loving you and you're enjoying each other's time, you're taking care of each other, might have meant for you that you just wanted to be in this bubble with him and maybe there were signs or other things that you were used to not looking at too because this was such a relief to be over here and that you're both trying to say, "I want all of you to be known and all of me to be known." This is what I hear you saying when you say, "I want to really appreciate what he's doing and I don't also want to let go of the things right now that I really feel are important for me to have processed more." [00:35:03]

That's you holding on to the whole picture and then I think you're saying, "Ivan, increasingly, I want to make sure that I know what's going on in its entirety." That's part of what builds trust in each other. I actually think he'll trust you more, oddly, by your holding on to the whole thing about your feelings even, your appreciation, your knowing and seeing what's happening in the present and also your caution about the past will help him. It helps him break down the barrier to the degree that you're not forgetting, right? getting everything on each side, each of you, integrated.

CLIENT: So I wonder and it's maybe not-I don't know if it's a good question but sometimes I think about our overall relationship the past five years and I think there are a lot of good memories and a lot of good periods of time that I guess I would say were pretty healthy, pretty normal. [00:36:06]

There was never a year or even a long-where we never had an argument but I would think it was pretty normal, to some extent. And then I guess I would look back on the two years when we had just been married and feel like a big chunk of it-I don't know. There have been chunks of progress but there have also been chunks of low lows, the lowest lows. And I just wonder realistically-I don't want to be I don't know, cynical-we haven't been married very long I guess but I just want to know is there a point at which there is too much water under the bridge or there is too much of an unhealthy experience that's happened in the relationship that it's realistic-I just want to be realistic and I want to be cautious. [00:37:07]

THERAPIST: I wonder how you feel about that question right now. Is there too much water under the bridge to recover? What is your gut telling you right now about that?

CLIENT: I guess it feels like we've made progress in a lot of things that I didn't know that we necessarily could. I feel like I've made progress even in the past year that I didn't necessarily

know that I could or should, so I've been surprised but I also sometimes have this feeling that other couples fight. Surely they must fight even though none of my friends talk about ever having disagreements with their significant other-anything significant. I don't know to what extent and sometimes I feel-most times I feel like we're the only ones who have any of these problems and maybe it really is so crazy or so extreme or so-that, if everyone knew the gory details they'd be like, "Don't bother going to couple's therapy. You can't undo all of that no matter how good things got." [00:38:19]

THERAPIST: Yes, it's such a complicated question. I don't even know if you're looking for a concrete answer or not or if it's just something wondering to yourself.

CLIENT: No, I kind of looking for an answer if that is something that happens with couples and it's-I don't know.

THERAPIST: One of the things I'd say is some-Yes, there are couples who never reach the points you two have reached in how bad things have been, but that can be a little bit I don't know what the word is. I want to be careful taking it at face value, so here are a couple things. There are some people who have had healthy backgrounds and it's relatively benign with the ordinary fights and things that come up, right? [00:39:15]

There are couples where they stay in a complementary, very unhealthy relationship for the entire duration of their marriage. In other words, the woman, for example, who's a doormat and the man who's constantly having his way and using her or vice versa. Right? That kind of complementarity. For some people, they never break out of it. So the woman never comes-or the man would never come and say, "You know what, I'm tired of this. I realize I'm getting suppressed as a person and I can't stand this anymore. That's when the big blowup would happen that could last years and get them into couple's therapy. Some people never do enough individual work to break out of an unhealthy pattern. So it looks like they're not fighting but it doesn't mean the problem isn't there. It's just that they live with the problem for ever. [00:40:08]

You and Ivan have been, in many ways, doing a brave thing of actually starting to grow as people and say, "I'm changing. I'm knowing more about myself. I'm knowing more about what was happening years ago, what I've pushed out of my mind and am now starting to let in." And that does create tremendous turbulence in relationships when that starts to happen. I don't think that necessarily means it's insurmountable.

Another layer to add for you-I don't know a ton about Ivan's history, the details of his family history and what really happened and all the exchanges. I do know about yours and I know that there's been a tremendous amount of trauma and when there is for people, they bring what happens to them inside the trauma in their family to their marriage. [00:41:08]

That's what you have inside you-what you thought about yourself as a result of not mattering in your family in so many different ways. You carried around with you, "I don't matter." So that was going to play out in your marriage and is a pretty big thing to change, so it's going to look even

more turbulent in a way when there's a trauma history when you actually really start working on it. It's a lot of work. That, again, doesn't mean insurmountable. Some people aren't up for the task, right? And you start to realize it's just too much. Some people are. Some people realize once they do all the work on their family and their sense of themselves that, "I married this person for the wrong reasons. I was marrying this person for old, neurotic or traumatized reasons. When I feel better about myself, I'd rather be with somebody else." And that's when people part ways and it could even be amicably, that both parties feel that way. "We connected for unhealthy reasons rather than healthy ones." [00:42:13]

It could be that you get to work through your stuff and you find that now we get to know who we are as actual people rather than our unhealthy stuff, there's a lot of healthy connectedness that's there, that's potential in us, that we knew of, maybe, as potential but that never go to fully be and that now that we're-You're both working on it. This is the best-case scenario in some ways. You're both in individual therapy. You're in couple's therapy. There's a lot of work happening simultaneously. If it were just you and he weren't, that's harder or vice versa.

CLIENT: You had said before, if I understood correctly, that sometimes couples find out that the reason that they originally got married was because they met needs, that they-for wrong reasons or for (pause)-and that they choose to stay together and that they can have a healthy relationship. Because sometimes I do wonder that Ivan and I in each of our places not that we didn't love each other because I believe there was a substantial relationship before we got married-but that-what if those needs change and what the reasons for initially marrying-what if our situation changes? I don't know. Is that possible? Would that be a good thing? [00:43:28]

THERAPIST: Yeah, I mean, again, one of the things I'd say about ordinary healthy marriage is that people, if they're healthy, develop until the day they die, right? There is, at every phase of life, every decade, new changes, new growth, new understandings about the world, new understandings about oneself, new relationships, children, right? Or new jobs or-So you are going to keep developing whether you like it or not and Ivan is too. To the degree-I guess one of the things I'm trying to say is that in health, marriage I think is about continuously re-finding new levels of relatedness, right? [00:44:17]

So people start to develop like this and then you say, "Wait. How can we-Can we bring these together? How do we find new ways in which we connect given that we've grown a little bit like this?" And that's, I think, the turning point for people about whether can they find some new contact because you're both more emotionally prepared for something or does it feel like-It really feels like that-It starts to solidify that you're on very different wavelengths and paths. So, again, I don't think that just because development and change is happening in a person, it doesn't necessarily mean that you're not going to be able to work-bring it to the marriage and actually have it work out in the marriage. It might, but it doesn't necessarily have to mean that because I think even when marriage is going as well as it possibly can, it involves growing apart, finding each other, growing some apart, finding each other as people develop. Does that make sense? [00:45:18]

CLIENT: It does. I guess what I sometimes fear since we've been married for such a relatively short period of time compared-we're young, too. And when we've been in couple's therapy for a significant amount of time, is that a really good thing because we are addressing things early on and we're really putting in the work? Is that a good thing or, I secretly often feel like that we shouldn't have any problems or we shouldn't be in couple's therapy until we've been married for like ten years. Most people have problems over a long period of time because they have all this other stuff and they have homes and children and-That's where I wonder, "Oh my gosh, is there hope?" [00:46:01]

THERAPIST: What does that mean? Yeah. This is where I'm not sure there's going to be a concrete answer to tell you, like the stamp of, "Yes, this means your marriage is doomed or no, it doesn't." People do this at different in different ways. Some people It's actually not uncommon for people to say the first year of marriage is the most horrible year of the entire marriage. Probably in about a third of marriages that's what happens, right?

CLIENT: And I felt ok about that especially given the fact that we both made tons of life changes that year and then, on top of which, Ivan finally-I shouldn't say finally-he started getting help for his ADHD and his depression and I started getting help again. And so, in a lot of ways it makes sense that the first year was rough and that that's the case for a lot of people, especially if they move and start a new school, a new job, new everything (laughing) and that, in the second year, we've tackled a lot of big things. [00:46:59]

THERAPIST: So then I hear you looking for what is the outside norm a little bit -

CLIENT: Yeah.

THERAPIST: kind of to tell you whether this is ok enough or not. I think, Ramona, our task is to help you, over time, figure out for yourself, is this good enough or not? Is this working for you or not? And, for Ivan, the same thing Is it working for him? And I could care less, in a way, what works for other people. What matters is what works for you. It matters a lot if you are feeling like you're letting yourself back into something that really isn't good for you. That matters, even if, for someone else, it would be. If someone else thinks it definitely wouldn't be but you're feeling like, "No, this is working. I'm thrilled. This marriage is now better than it would have been had we never gone through all of this." That's what matters. Your experience of, "Do I feel comfortable, loved, safe, happy enough?" [00:48:04]

I think the key is the enough word because there's no perfect, but is it good enough? And holding that question in mind for yourself and for what's good enough for you, we're going to be keeping on keeping in mind when "good enough" for you has been really quite low. That's where you started so the concern will be how do we continue to work on your sense of what is ok enough for you, what is the set of compromises that feel good enough, what's the set that really isn't that's going to make you unhappy for a long time. And I think that's what you're saying. You're holding in mind, "Ok, today felt good enough. Tomorrow and then the next day feels good enough." But there's a lot more that you're still feeling now about it is the past and

understanding with him going to feel like it's good enough for you to feel like you can safely move forward in the relationship or not. [00:49:06]

Or, once you kind of get used to being taken care of, do you feel like even the contact you have with each other is good enough, like the conversation, the what draws your minds to each other. It's a whole other level of question. So, I think you just keep asking that of yourself. "Is this good enough? Is this good enough? What's missing?"

And, stop. It's so good to see you.

CLIENT: Thanks again for letting me-

THERAPIST: Well, we'll keep on being in touch.

CLIENT: (coughing) Excuse me. So Tuesday I should plan on a phone session?

THERAPIST: Yes, let's do that for now and then-Did you say Monday also at 11:40 might be possible?

CLIENT: It might. It's just hard being that I'm taking an early lunch. I'm just trying-I don't know. I'm still very much the new person and it looks like it's ok but I'm just trying to take a relatively normal lunch hour right now. But I have been told I could take a late lunch as long as it doesn't interfere with any meetings.

THERAPIST: Ok, because that's another one that might be one of the ones that would open up sooner rather than later-that, in addition to the Wednesday at 12:10 are the two that could be-

CLIENT: Yeah, definitely let me know because I could ask my boss if I could take a long lunch instead of coming in early or leaving later one day. I don't see the difference. I think as long as I've been there for eight hours-

THERAPIST: as long as you're not missing a meeting or something like that. Ok.

CLIENT: Thank you.

THERAPIST: Talk to you soon.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I don't know if you understood my message about, as far as -

CLIENT: I think so. (sounds out of breath/anxious)

THERAPIST: we agree, from here on out, I'm happy to do the Tuesday phone session time, if you'd like to do that weekly. If that feels like you don't being on the phone is not that useful or helpful, we will do that on occasion. Then, I understand it might make sense until January. You have this dilemma of you have to pay the deductible now and then again in January, is that right?

CLIENT: Yes, but I actually worked out the math. It's cheaper to do the HMO, if I'm only going to see you twice in November and December.

THERAPIST: Yes.

CLIENT: Which, the max I would see you would probably be three times anyway. And since we're still working out a time, I assume that two times each of those months will probably be realistic. So if that's true on your end, then I'd probably just (short of breath) go with the HMO and save a couple or so hundred dollars. [00:01:00]

THERAPIST: And then you'd be able to pay \$120 per session here.

CLIENT: That would be cheaper, that's how I figured it out. I've actually brought \$240.

THERAPIST: Oh, last week and this way, okay, \$240.

CLIENT: One-twenty and 120.

THERAPIST: Right, because this won't be (inaudible).

CLIENT: Correct. And if I went with the PPO, it would be less, but either way you're paid for these two sessions.

THERAPIST: Got it. That's a lot of numbers.

CLIENT: It is. I spent hours over the weekend, my poor dad, I was on the phone with him for two hours. But, anyway, I wanted to let you know that I also got another e-mail from the insurance guy, for the September plan. I was on the phone with him yesterday but then he e-mailed me also, and I did fax him the claim, the (inaudible). Anyway, he said that he knew about the he knew about the preexisting condition clause but that it should have worked out. He said the reason that they're asking for my medical records is they need to make sure that it's medically necessary within, I guess that 12 months after having a previous condition. So, (sighs) I think I'm back to square one, with them asking for my records, and that's just, it is what it is.

THERAPIST: But you're supposed to have coverage even if you don't have a medically necessary diagnosis. Do you know what I mean? You're supposed to get ten sessions. [00:02:26]

CLIENT: But that's not that doesn't seem to be what he thinks. He seems to think that those actually justify it as well.

THERAPIST: Even if it's an adjustment disorder. In other words, medical necessity is when you have a very severe diagnosis. You have to justify that you actually have the diagnosis.

CLIENT: Right.

THERAPIST: But if you don't have the diagnosis, your plan says that you still, for a non-bio based disorder. So if you came in just saying, I'm having some stress with school, and that's all that was the problem, so there's no biological condition, it's not medically necessary, but your plan says you're still supposed to have ten sessions.

CLIENT: So that's the discrepancy. So he said at minimum, he could show the statement to someone that he works with that has more knowledge, and see what they say.

THERAPIST: It's so silly because it's eight or nine sessions and we're talking about ongoing care.

CLIENT: So, I think I saw you six times since September.

THERAPIST: That might even be, yeah. I don't know the exact number.

CLIENT: I believe, because there were two weeks when I saw you twice, so that would be four and two, and then October will be covered, thank goodness. [00:03:29]

THERAPIST: Does he know that's what we're talking about, your six sessions?

CLIENT: Yes. I think he does and I told him I want to retroactively cancel October 1st, because even though six days would use less coverage. So anyway, I apologize for all of the hopefully I will never again have to handle three insurance plans at once, but hopefully it will be resolved soon.

THERAPIST: Of course, you've been doing everything you can. You should have been told that too.

CLIENT: Yeah. (laughs nervously)

THERAPIST: I understand that you can't have a previous condition clause. In Connecticut, it's illegal to have that.

CLIENT: Yes, and it will be with the ACA.

THERAPIST: Yeah. So he, you know, if they're operating at a Louisiana lot, he's just used to that big standard, whereas here... I told you I resubmitted with a different diagnosis, so we'll see. I don't know if he didn't have that in the record, we'll see what that does. How do you feel otherwise, about my submitted the medical record? That's also very unusual. Usually people will act for a doc to doc phone call.

CLIENT: Right.

THERAPIST: But to actually be submitting... [00:04:29]

CLIENT: I don't feel very comfortable with an insurance company that I'm not even familiar with, just getting my medical records. All I know is that that feels invasive. I don't know. I mean, I'm sure it would remain confidential but I guess I have some mixed feelings about that, especially when we're talking about literally, \$480 that I would have to pay that's what I would have to pay versus they should have paid that, and after which, they may not pay anyway. So I guess I want to see what he has to say first.

THERAPIST: Yeah. He said maybe he could even do something for you.

CLIENT: He said if it worked out that they wouldn't and I don't know if that means if they wouldn't after they saw the record, or if they wouldn't before seeing the record, but he would work it out with me on a personal level, and I'm not sure what that means. My dad seemed to think maybe try to work something out to compensate for the fact that I paid a premium that did nothing.

THERAPIST: I can also the other option is I can type up a paragraph summary. That's often what I do when people ask when they say the insurance company is insisting on the medical record, so that it's not invasive session by session or month by month. [00:05:35]

CLIENT: That would be very different.

THERAPIST: That would be very different. We still want to be I don't know whether we'd put it in terms of trying to justify depression and anxiety. You know what I mean? Which has been there, but actually, technically, I think that part has gotten better, so it's sort of the adjustment side of things or working on the relationship. I put a V-code for the second round, which is partner, relational problem. So, we'll just cross that bridge when we come to it.

CLIENT: Okay, thank you.

THERAPIST: Keep me posted. It's a hassle for you. So what's on your mind, where are you?

CLIENT: We're going to see Dr. [Farrow?] again this week, tomorrow. Ivan has made a lot of effort, so that's been great. So overall, like that's been pretty consistent. Something that was I don't want to like wash over that or make that really brief, because that's true and that's been really great and pretty consistent, but something that wasn't okay. Well, it didn't feel okay. I

found out after the fact, that Ivan booked a trip to see his parents in the beginning of November, booked flights. I mean, they're paying for the flights but that's not the point. [00:06:58]

THERAPIST: Flights for both of you?

CLIENT: No, no, just for him, and **didn't tell me about it**. So I found out about it after it was done and that felt first of all, it **triggered the kind of severe feelings** of finding out about things and hiding things. So even though, like a trip to see his parents is certainly not the same as the other really big **betrayals**. It's just still, it's like there's no room for that, even in a smaller way than this.

THERAPIST: Had he booked it recently?

CLIENT: Yes, it was very, very recent. But we had talked a few weeks ago. His parents had been really, really, he said very persistent, asking him, they really wanted him to come home. They really wanted to talk about what was going on with him face-to-face, which they've been talking very regularly with him on the phone, so I'm not sure what more he would do in New Orleans. And he had said that he wasn't going to go. He said that he didn't want to, "run home to mommy and daddy," is how he put it, and I kind of thought that that was a good thing, that he wasn't going to go, simply because in the past, when he's gone home around difficult things like this, that have been going on with him, it's been more avoidance. That's kind of been a family coping mechanism, and so going home and going out to the movies and going out to dinner and seeing his grandparents and stuff, and not talking to me while he's there, actually has made things worse. [00:08:31]

THERAPIST: Yeah, that makes sense.

CLIENT: So, (sighs).

THERAPIST: And when you found this out did you talk to him about it? Did you ask why he didn't say what did he say?

CLIENT: I mean that was the **fight**. It did not go well, he shut down, he withdrew. Eventually he said that the reason he wanted to go was because and the reason he wasn't telling me was or he was going to tell me the next day supposedly, the day after it happened, and the reason he wasn't was because he hoped that he would spend Thanksgiving with me, but he didn't feel like he could bring that up because it was too soon and he didn't want to push or be too far ahead, so that he wanted to see his family in early November. And I honestly don't know if that's true or if it's kind of like a best case scenario explanation. I'm kind of starting to feel that way with a lot of his explanations, because they all kind of paint him in the best light possible.

THERAPIST: Yeah. [00:09:32]

CLIENT: So I don't know, it didn't go well. I was really upset because he hid it. I was really upset because historically, the visits are the total opposite of what he says they're going to be. Also, because **his parents will not speak to me.**

THERAPIST: Really?

CLIENT: They will not.

THERAPIST: Still?

CLIENT: Still. Ever since the assault, they will not speak to me, and it's very bizarre and it seems very backwards. I could understand if my parents didn't want to speak to him, that would seem more than fair, although my mom has talked to him a little bit or at least she's e-mailed or texted him. But they will not speak to me and Ivan because point blank, I guess asked them several times, like why aren't you what's going on, you need to, and they will not.

THERAPIST: They don't talk to you why?

CLIENT: Ivan says to some extent, they say that they think I don't like them, or that they feel like I would just reject them or they might say the wrong thing and basically just I feel like they're avoiding. I don't know, but I would imagine they would feel pretty embarrassed, humiliated, ashamed. [00:10:53]

THERAPIST: It's so similar to your and Ivan's dynamic, where you're identifying that they're avoiding, and they're also in a place of feeling like they're worried they're going to get attacked themselves, whether true or not, that's kind of what leads Ivan, in many ways, to keep avoiding or he avoids. I could imagine, for example the trip home, it's sort of it's not even that big a deal of a thing. Like even though, what could you imagine the worst, worst case scenario is not that, it's not that bad. Do you know what I mean? In other words, versus the best worst case scenario justification, but it still sounds like there's something about it that he was afraid to bring up to you and in his fear he then just avoids it and it gets so much worse.

CLIENT: Mm-hmm.

THERAPIST: He'd be so right now, just the more these things could get above ground. You can say, like I really want to do this, you could say I really don't want you doing it. You can say I really want to do it, you can have a conversation, make a decision then. [00:11:58]

CLIENT: We've talked about this and Ivan seems to be aware to some extent, that his fear of confrontation, whether it be confronting himself by admitting something or confronting me by saying I really do disagree.

THERAPIST: Yes.

CLIENT: It's just, it's disabling, or at least it really presents him from being transparent, which is evidently something he and Dr. [Bourd?] are really working on. I mean that's kind of a problem. I also feel uncomfortable because they've been very, very, very supportive of him since what he did, and it feels like supportive to the extent of and not talking to me, it feels like. He says, and I guess I don't really believe, but it feels like they support what he does. In other words, I guess it would feel different if I knew that they were making sure he was okay, but maybe showing even a little bit, any frame of concern towards me, since I wasn't the one who did the like, I was on the receiving end. On top of which his mom, she sent him job descriptions for New Orleans. His dad has yeah.

THERAPIST: Really? [00:13:05]

CLIENT: Which I would think would be over the line. His dad, when I graduated, you know, telling my mom, Ramona can look for jobs in New Orleans. So many of his family members have pushed for him to move back. His whole family lives within 30 minutes of each other, in New Orleans. So there's that.

THERAPIST: So you're aware, they might be trying to get him to come back, to move home.

CLIENT: Yeah, I am, and I almost wonder if they aren't saying you did these things because you're depressed, it's Ramona's fault that you're depressed, because she was critical about you being depressed and having ADHD, and not working and things like that. It feels like they've blamed for the depression, because they themselves have kind of turned away. I mean, Ivan has been struggling with these things since middle school, like his teachers noticed, and they never... So, maybe that's not completely appropriate to feel so strongly about, but I feel very angry at them too. [00:14:15]

THERAPIST: They're in some ways, worse versions of what he's doing, and he's the victim of what they're doing too in this case, right? They're doing it with him, colluding with the avoidance.

CLIENT: It's **frustrating** because if I say to him, I really wish you would have gotten help sooner, I wish you would have gotten help when you were writing those things in middle school, like I really wish. He never says, I'm really angry with my parents or I'm hurt, or any type of he won't confront them. And I guess they just feel angry because now they say they want this visit to be an expression of them supporting him having depression, or like getting help for depression, and I'm really angry because I actually did that these past two years and they have never said to me, we said that you were judgmental when you pointed out his depression, but in reality, we're really grateful that you... I guess I'm really angry and I feel really and him going to visit almost feels like siding with that or prioritizing them.

THERAPIST: Yeah. [00:15:27]

CLIENT: So I guess it's not that I don't want him to see his parents at all. It's that in this context, it feels and in the way it was done, it feels very different.

THERAPIST: Even if he were still to visit, when it felt so different and he could say look, I don't really want to go home right now either, but it feels like, to keep the peace, there should be this trip. How do you feel about that, let's talk about it, you know, kind of needed a discussion and a decision between the two of you, you might have come around to saying okay fine, make the trip. Or I don't want you to make the trip but you're going to do what you're going to do, but at least then it's been above ground. I think that's a big difference in the trust that you're trying to build.

CLIENT: It even would have felt different for me if we talked about it and I voiced all those concerns that I did after the fact anyway, and we at least I don't know. [00:16:29]

THERAPIST: It got aired.

CLIENT: It got aired.

THERAPIST: Who knows what you would have decided together or separately.

CLIENT: Or even for Ivan to say I'm going to go home but this time, instead of, you know, going out to the movies with my dad, I actually am going to have that discussion. I think that's fair.

THERAPIST: Yeah.

CLIENT: So that's been a **tough point**, especially since, I mean they were here the beginning of September. It's not been long since he's seen them. If he lived close-by, they would see him multiple times a week, so this feels like way too long. They've been very **unsupportive of us** living here, I mean they've, multiple times, when are you moving home? I think they viewed it as they're living there because she has to go to school, he has to live there because of her, but as soon as she's done, and it doesn't feel fair. It was such a focal point of when they came up for graduation, that they couldn't handle that he was living on his own, that he was like, it was just such, it's like you never want to see us, we haven't been here before. [00:17:44]

THERAPIST: Saying to him directly?

CLIENT: We have to see the apartment the night we get here, like why don't you want to see us, and a lot of guilt-tripping. And I wish, for his sake and even for theirs, that they could say... I don't know, that they could encourage him to be independent or they could encourage, like you're married, you should live in your own apartment wherever you want, because I feel like there's a difference between saying we want to see you, we love you, we miss you, and why don't you live within the 30-minute radius that everybody else does. When we moved here, Ivan's dad called every single day. Dinnertime, nighttime, any single time of the day, and it's just like...

THERAPIST: It feels unhealthy.

CLIENT: Yes.

THERAPIST: I mean certain I don't know, what's his background, cultural background, in nationality? What are the parents? Have they been in the United States for a long time?

CLIENT: Yes. Yes, this ain't a cultural thing. [00:18:47]

THERAPIST: I know they're not directly from Europe, but there are certain subgroups, even if it's been multiple generations, of Italian family, where it is considered disloyal if you move away from where the family lives. And that doesn't have to necessarily be unhealthy, but I think what you're describing is that it's really quite an extreme that's about making him dependent in a way that inhibits his growth. That doesn't sound like it's culturally based either.

CLIENT: No, I don't think so. His aunt lives next door to his grandparents. It's not like it's very and his grandfather has a joke that everyone needs to live within 30 minutes, but all but one of them do, and that couple gets a lot of, a lot of -

THERAPIST: Grief?

CLIENT: Yes, for living in Texas. So I don't know, it's upsetting, and especially since Ivan's dad has always taken on the friend role, as opposed of the dad role. They're so, so close, and Ivan will not say no to his dad. And it feels like an unhealthy expression on my end, but I often feel almost jealous, because it almost feels like they have such a close emotional intimacy, even though I wouldn't want a relationship with Ivan where he wouldn't say no to me, but it's like... [00:20:06]

THERAPIST: The way he's inserted in between you two in a way.

CLIENT: But that's like even more upsetting, because he said around the visit, that his parents have expressed that they think Ivan chooses me to the exclusion of them.

THERAPIST: You're his wife.

CLIENT: I'm like, why shouldn't I be your priority? Like, wouldn't that be I mean, you don't abandon your parents when you get married, but shouldn't living with your wife be more important than living with your parents at that point. I guess it feels like they force him to choose, and Ivan feels like he has to choose them because he could not say no. I mean, his dad really guilt-trips, and I don't know what to do.

THERAPIST: He's in the middle of his own kind of intense, the heat from them and fear of losing them, you know the kinds of feelings that you could recognize, that make it hard even to identify, how your parents have hurt you in so many ways.

CLIENT: Mm-hmm. [00:21:13]

THERAPIST: Right? You're a lot further along in that. He's so early on in the recognition of their role in his difficulty that it sounds like he was just sort of remaining dependent. Slow steps but it's a long haul in front of him to feel he could separate from them more. A lot of the way you're describing him, Ramona, is I wish that they were this, I wish that they were that, these are such understandable wishes about your identification of what would be healthier in them, in him, in you, in the whole system functioning together. It makes me wonder though, given that for the time being they're just wishes, what do you do with this inside you? If knowing that they are who they are, this is the unless they get into their own intensive therapy, this is kind of the way it's going to be for a little while. Where does that sit with you? [00:22:20]

CLIENT: It feels kind of **horrible**. I've gone to a lot, a lot, a lot, of very large family functions for Ivan's family, a lot. I've done so much with his family and I guess **I feel betrayed**, because they **what Ivan did was horrible**. Ivan's not a horrible, horrible person, but what he did was very horrible, and the fact that they can't face their own avoidance or they can't face their own it feels... I think this is maybe critical of me but it feels like inexcusable. It feels like if I have to deal with this face on, you are twice my age and this is your son, you should definitely have the capacity and the maturity to a minimum... like it might be difficult but at minimum, just are you okay? We're here if you need something. We're making sure that all Ivan's needs are met after what he did but... (sighs) Or even, how is your mom doing? Like, anything, absolutely anything. What I dread is that Ivan says that they I don't know, he brought up, in some context, about the holidays and they said something like they would want to see me and Ivan said he didn't think I'd want to go, and they're not talking to me, which is absolutely true. And maybe that's not fair, for me to impose that, but what I would [00:23:55]

THERAPIST: No, it's fair. It's a question of whether would they start talking to you again, if they're wanting you to come for the holidays. I can't imagine them wanting you to come and then they ignore you?

CLIENT: They would act like nothing is going on, because this has happened before.

THERAPIST: Okay, that's different than ignoring you though.

CLIENT: No, I'm sure if I was there and his 20 other family members were there, they would act like nothing was going on.

THERAPIST: What would you like them to do if you went for the holiday?

CLIENT: Before that, they would need to actually talk to me. I would not feel comfortable with them ignoring me and not talking to me for months after something that I didn't do, and then say well of course, come over for Christmas and we'll just have a great time, and there's never any acknowledgement. Because even around the grad school thing, the loan thing, like other big things that were less I mean those were very personal things but less intensely personal than

the assault of the websites. There was never they acted like I didn't know. They would talk to him evidently, briefly, when we visited, but they would do it in secret, in private, and they wouldn't even say, we want to go talk to Ivan about this. It was like I didn't know, like I'm not the one living with him.

THERAPIST: Mm-hmm. [00:25:10]

CLIENT: And I don't feel comfortable with that arrangement, and I would feel like a doormat if I allowed them to not speak to me for months after something that their son did, and then allow them to act like nothing was going on.

THERAPIST: It's complicated, because I think it wouldn't be out of the range of normal if a husband and wife are separating, for the husband's family to stay loyal to him, in a way. In other words, the phone calls going in that direction and not necessarily wanting to bring everything up with you because in health, respecting that that's in some ways your own business, between the two of you. But I hear you're saying even just something like an e-mail to just say, just to let you know, we're thinking about you, sorry this has been so hard. Something that acknowledges, instead of completely ignores.

CLIENT: That's exactly it, especially because they were doing this before we separated.

THERAPIST: Yes. [00:26:11]

CLIENT: So it wasn't even that. I guess the other thing is I don't feel comfortable with them saying we don't want to get in the middle when they're sending him job listings for New Orleans. Like, either you don't want to get in the middle or you do, when it works for you.

THERAPIST: Yes. That doesn't really make sense.

CLIENT: I hear how critical that is.

THERAPIST: No, it's a very mixed message.

CLIENT: It feels like they're avoiding and I understand that Ivan acknowledges that they avoid and that he has learned that with them. He won't say that to them.

THERAPIST: It's hard enough for him to break through it, so now imagine trying to get his parents not to do that, just impossible.

CLIENT: Which I think to some extent, I hope to a great extent actually, I can acknowledge unhealthy patterns with my parents, and I know that some of them are in me, but I hope that I acknowledge and work on them. But I don't think that should have to affect Ivan and me, nor do I think his parents, you know, like their inability to deal with their children's problems, should have to affect us, I think, if Ivan is working on it.

THERAPIST: Yeah. [00:27:23]

CLIENT: The fact that they avoid it should be a much smaller thing, because I also think we should visit them a few times a year and he should talk to them regularly, but it's okay if they're not able to talk about the tough stuff. It's not okay, but I mean it shouldn't have to affect us to this extent.

THERAPIST: That's also what I think, is even if they were doing nothing different and doing exactly what they're doing and it's infuriating, if you felt Ivan was in a place of saying Ramona, I get it, I'm working on it in me. I can't change my parents but I can change myself and that's what I'm here to do. In a very clear and concrete way, you were a team, I think you can then sort of look at his parents and say, well you know, these are their limitations. You can't change your mother, you're not going to change who she is as a person. You can't be her therapist, right? She is who she is at this point and even if you wanted to, you couldn't as Ivan said, I can't stand the way your mother talks to you and treats you. You can't do anything about changing who she is. What you can do though is your own response to her, your own engagement with it, your own enabling it. That's the part that's your responsibility and I think to the degree that Ivan could feel like you're getting it, you're working on it, you are a team then. But I think your feeling with Ivan, sometimes you're a team and sometimes he's really, really drifting back to being sucked into the way his family operates, and that's when you feel like we're not even on the same page. You don't have the safety of the two of you as a unit going home to New Orleans right now, where he gets it, you get it, and you're together, and you're seeing the same thing.

CLIENT: And that would be okay, and to accept the visit for what it is.

THERAPIST: Yes. [00:29:10]

CLIENT: Which is what I try to do with my parents. It's great to see them.

THERAPIST: Exactly, exactly.

CLIENT: But I would not go home and depend or rely on my parents to really support me, or I guess I wouldn't expect them to meet needs that I know that they haven't been able to meet, but I would go home to visit them and take it for what it is.

THERAPIST: If he were stronger and could stand up to them and not as enmeshed, you would take the visits more sort of in some ways, that's what visits with in-laws and family are for people eventually. Your family is who they are and there's the good, the bad and the ugly, and you go home and have a visit. But it sounds like he's not in a place where he's able to stand up to it all the time.

CLIENT: No. I at least feel like that's a tiny bit good, because I don't have the expectations of this visit that I've had before, and then he's gone home and they don't talk about any like, I

mean, and he can't answer the phone because they're always out doing, you know? So I guess I hope that that's not the case this time, but I don't have the expectations of that really happening. They also have another person living with them. They took in an exchange student, so Ivan doesn't even have the guest room any more. It's a very weird situation. I said, like how many serious conversations are you going to have, like it's not even just your family in that house. It's just... (sighs) If he doesn't spend Thanksgiving with me, which right now, I don't know that that could happen. My sister has not I don't think it would happen. [00:30:56]

THERAPIST: Your sister has not...?

CLIENT: Spoken to him. They haven't seen each other since the assault, back that far, and she's still very angry, hurt, upset. I think it would take a lot for me to think that he's going on a different path. I think it would maybe even, in some ways, take more for her. She's protective. I guess the point I made to him was, are you going to go home the beginning of November, at the end of November, at the end of December/beginning of January? Is that necessary, you just saw them in the beginning of September.

THERAPIST: What do you want right now, in how you're spending time and holidays coming?

CLIENT: It's weird, because I've said in here before, I would not want us to get back together, because for me the holidays are really important, or events around that would so I guess, I (sighs). I don't know, I guess I want to back up and say when he like the past few weeks, he has consistently been meeting me, picking me up from the subway when he's not working that evening, and he made dinner, doing things, taking care of me, being supportive of my job, asking about my day, spending time talking with me. He's been definitely proactive about the couple's sessions. These are all great things, I mean these are impressive things, so I feel really good about that and it almost has gotten to the point where if he's there each evening and there have been, I want to say three nights in total, where it's been close to ten, and he works at four-thirty, and I have just said, "Why don't you sleep on the couch." You're going to be gone before I wake up, I don't care. That's felt a little weird but it's also felt a little comforting, because it was such an adjustment to get back to nobody being in the apartment. So it's almost gotten to the point where I'm like when is he going to move back in, because he's here each evening. This is like more effort actually.

THERAPIST: Yeah, yeah. [00:33:12]

CLIENT: It would maybe be easier for some of these things to happen. And I've said to Ivan, would he be interested in talking with Dr. Farrow about what that would look like, to do that in an appropriate way or a healthy way. He says he doesn't feel like he can bring it up because he doesn't want to push moving back in. He wants to really respect whatever I need.

THERAPIST: Which is really actually quite mature of him.

CLIENT: It's good.

THERAPIST: To wait until it comes from you.

CLIENT: It's good, but I guess I do want to talk about it.

THERAPIST: So you can say that, I would like to talk about it, when you're ready to talk about it.

CLIENT: Yeah, yes, and I brought that up with Dr. Farrow and I felt good because she said I told her I wanted to take in the whole thing, like the really bad things plus these consistent daily efforts, and she said that would look like the effort is continuing, but also setting aside times every single week to talk about it. It's like a special reserve, like appointment almost, to talk for an hour or whatever, at a time. [00:34:20]

THERAPIST: How does that sound to you?

CLIENT: That sounds good. That sounds like what I need.

THERAPIST: Yeah.

CLIENT: I think so and we have talked about it to some extent. I guess I also just, I don't know if it's the critical part of me, but I think in terms of efforts, it could be relatively easy to pick someone up and make a nice dinner and talk about their day. And it's huge for Ivan, but in the scale, in relativity or in relation, I think sitting and talking about the assault or talking about the websites, like talking about all of those things and some serious long-term changes, that might be less attractive or less easy. And I think I've started to feel like when things are good, things are good, if that makes sense? So in other words if I come home and we just talk about our days and we just eat dinner and watch some TV, and then he leaves and I go to sleep. There's not going to be a conflict or a confrontation. But if we sit and talk about some of these big things, he's going to hear some things he doesn't like, I'm going to hear some things that make me really upset and renew those feelings. So in that situation, when it's not going smoothly, how would that go, because that's the part that I guess would need to happen in order for it to be okay for him to move back in. [00:36:01]

THERAPIST: Yeah, I mean I guess the part that I feel like, as you're talking, is the most dangerous for you, is that you might be going into this expecting that he won't betray you again. In other words, he's doing all these things that are very different in the day-to-day, that's really happening, in some ways is the easier of all the things to be done. So, you want to make sure what happens when we bring up the stuff from the past. The other piece, I would say you want to keep in mind for you, is that I think it's extremely likely, and I'm putting it that way to be really clear about it, that there are going to be future things that feel like betrayals. And here's why I say that. No one can completely change their character in even six months, right?

CLIENT: Mm-hmm. [00:37:04]

THERAPIST: It takes years of long-term work. So, what just happened, something like a booking and a flight, it goes right under again. I think things like that are going to continue to happen from time to time, because that's just the pace of which change happens.

CLIENT: Yeah.

THERAPIST: So that's more, I would not want you to move back in on the like, he had an unconscious assumption that that's not going to happen. So, if it's a very big thing that happens again then that's not what I'm expecting. If there's something that has to do with pornography again, that's a real or assault, right? These are the loud things that I think it's going to be very serious if that happens again. But I do want you to know and expect that okay, I'm moving back in with someone who's really working on this, but he's not going to get it right all the time. I'm going to feel disappointed in this part of him. And the question would be not so much does it happen or not, but how you both navigate it when it does. Or, on his part, if he's feeling like he's getting cornered with attacking questions, like I need to know, I need to know, I need to know, or something like that, that's for him, the repetition of the thing that doesn't feel good to him from you. How does he handle that? Like, coming up with different ways to say okay, this thing that I have feelings about is happening. How can we shift this conversation and talk about it in a kind of more even keeled way, so that you get to know each other's minds more. That's, I think what's realistic if you're moving back in now. It would be different if you said okay, let's wait two years, and he does all this work, right? But going in with the expectation there are going to be bumps in the road of the same kind, and hopefully you have more tools now and more awareness, both of you, to begin to talk about it when it happens, in a way that actually is really effective and productive. Does that make sense? [00:39:01]

CLIENT: It does, and I think I'm glad that you expressed that, because part of me would like to think that never again. Part of me also thinks that if they were relatively small, maybe even smaller than booking tickets for a few days, the more he builds up, almost like a credit, (chuckles) by doing all these positive things and having those conversations and going to Dr. Bourd and starting an antidepressant and going to couples. There's a little room and it's not unbearable, especially if I know that he knows that it's not okay and that he's working on it.

THERAPIST: There's room and yet room you also don't want it to be that he then gets away with it, because I think this is something you want to talk about when it happens and say yeah, I do have feelings about it. Even though you've built up a history and the track record right now is I trust you, when this happens it breaks my trust a little bit.

CLIENT: Mm-hmm. [00:40:08]

THERAPIST: I wonder about a possibility of working on a system together where one of the things he's afraid of and the things he's avoiding is your reaction, I think.

CLIENT: Yes.

THERAPIST: So he's afraid you're going to say no, or you're going to get really angry at the request, or judge him or something. And I'm not even saying that's true or not. I'm just describing what his fears are.

CLIENT: Oh, yes.

THERAPIST: So he puts it under wrap. What if you were to say to him, Ivan, it's so important to me that we talk about things. I wonder what would happen if he says okay, Ramona, there's something I'm thinking about that I'm really afraid to bring up with you, could you I just want to name that first, and could you try your hardest to keep your reaction in check, like even just listen for five minutes while he talks about it. That, sometimes, like even working with children, where children are lying a lot. If you say okay listen, if there's something you're scared to tell me, say mommy is here to tell you this, and then I will do my best as a parent to have a very calm reaction, and to applaud you, first and foremost, before I have any other reaction, for being honest with me. It doesn't mean not to have your feelings at all. I don't mean don't react, I don't mean don't disagree, I don't mean even don't judge. You might have judgments of what he's asking, but you will say, for the first few minutes of our talking, I'm going to listen and I'm going to say to you, thank you for saying this above ground. We will acknowledge that first and then we'll have our discussion about what my feelings are and what your feelings are, so that he feels like he'll know that rather than if he names something then.... like this, happens, that you'll say okay, you have two minutes of my just listening and I'm going to first acknowledge that you said it to me and I really appreciate that, no matter what it is that you say, so that even if he says okay, I need to let you know, I was on the website again, you could say first and foremost, thank you for telling me, that's really important that you told me. I do have a lot of reactions to that, that we've got to talk about, we have to sort through. I'm very angry, I'm very upset but the first thing I want to say to you is thank you for telling me, that's very important you told me. Does that make sense? [00:42:27]

CLIENT: Reinforcing the honesty?

THERAPIST: Yes.

CLIENT: Positive reinforcement.

THERAPIST: Reinforcing the honesty but also saying to him like, you could even have sometimes couples can have a catch word, like you come up with some symbol or phrase or something that means all right, there's something I've got to say and I'm afraid for your reaction, so that he could just say that, so that he knows now, you're going to be okay, taking your deep breath and that there's going to be a little space for him to say it without being attacked right away. I think that might help him be braver to start pressing through, and then you'd get to have more of a discussion about it. Does that make any sense?

CLIENT: It does. Can I ask you, what about, so for example his phone?

THERAPIST: Mm-hmm?

CLIENT: I guess it's like I don't know, that's where he is on the websites, his Internet, on his phone. So, the times when I have looked at his phone, I think it's been twice, he's very, very uncomfortable. He says he feels violated if I am reading anything, if I am seeing anything, and my point is, if you have nothing to hide what's the problem? [00:43:42]

THERAPIST: Yeah.

CLIENT: Because if I knew that you were going through my stuff, I really wouldn't care, I have nothing to hide. You can read my e-mails, I really wouldn't care, and the fact that he has that reaction of what are you reading, oh my gosh, is not okay with me. So if he understands the severity of what's happened and the need to be transparent, what's the problem?

THERAPIST: Yeah, yeah. I think you have a very good point. People have to have a coded password from their spouse, why?

CLIENT: Exactly.

THERAPIST: What is happening that you don't want me to know about? It could be something like oh, I had this intimate conversation with my buddy and he told me these things and he doesn't want me to tell anyone, but then he should be able to say that to you, that's all that's there. So this is, I think something to bring up in couples. [00:44:35]

CLIENT: We have, because there was something around that, that happened, but it was mostly so he's, you know, texting his cousin and saying around the separation, he was pretty cavalier about it, like I don't think there will be a reunion, I think I'm looking for a roommate in a few months, would you be up for that, type of thing. And of course when I read that I was like are you kidding me? This was back in August, but he was really like, he's like well I talked to him after that, I promise I did, I told him what was really going on, he said I needed to work on stuff. He wasn't supporting me. He's like I'm worried because you're going to read things and read into them and interpret. And I said, then why don't you sit down and tell me what was going on, you know like you have a chance to I guess the point is, I really do need to know, and I also need to know that I'm not checking and he's just getting better at hiding things, deleting the e-mails.

THERAPIST: Here's where I have a little bit of a counter balance view of that exchange. In the middle of a couple separating or having huge problem, they are going to vent, sometimes to a friend, to a parent, to a sibling, a conversation that is actually not meant for your ears and your conversation not meant for his ears necessarily, right? Things that you sort of say no, you didn't need to hear that, that was me just venting. So to the degree that something was happening around that time, I'd have a little forgiveness for him, like right okay, he's talking to his friend, things were on the rocks. But moving forward is a different story. Now, if you're setting a clean slate here about communication and honesty, you don't really want there to be something at this

point he's venting to someone else, that he wouldn't feel comfortable saying. Even if he's really angry, you want to know that. [00:46:21]

CLIENT: Yes.

THERAPIST: Right? You want that to get communicated, not just vented in some counterproductive, disdainful or mean way to you. You want to know that that's happening and that's not appropriate.

CLIENT: I also, maybe it's not fair, but I do feel like he didn't have any right to vent. And he wasn't so much as saying, you know I'll be moving out or I'll be, you know, it won't end well or.

THERAPIST: Yeah.

CLIENT: I guess I don't feel like he could understand that if it was a mutual problem, but I guess in the context, I feel like what does he have to vent about? What did I do? I mean, I know in the marriage globally, there are plenty of things that he could vent about and justified, but in that situation... So.

THERAPIST: Yeah, and so you'll have to keep holding onto these red flags about what is he not understanding about what needs to be confronted still. How do you hold onto you were talking about the whole, that he's doing that, and he's also making these other changes. That's what you're trying to how you're trying to evaluate what to do about moving in together, about once you move in together, how do have the rhythm work, about the holidays, the whole picture. Again, bracing yourself and knowing, if you're trying to be in reality, that it's not going to be all roses. Right?

CLIENT: Mm-hmm. [00:47:48]

THERAPIST: And I think you're then much better prepared when it happens, rather than it feeling like oh my goodness, how could this happen again? It's not that you're not upset by it, but you get prepared, actually okay, this was going to happen at some point. How do we talk about this now, in a way that actually is productive. And the same thing for him towards you. He's having feelings about your coming at him in some way, or wishes you would talk to him in a different tone of voice or have the dialogue go in a different way, that he has to be able to find the words to talk to you about that and not simply just avoid. Okay, we'll keep playing it by ear.

CLIENT: Okay.

THERAPIST: Okay?

CLIENT: If you could let me know if you have cancellations.

THERAPIST: I definitely will.

CLIENT: I'd appreciate it, the mornings definitely work well. Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: So that's today and then the earlier one in October. I got your e-mail also.

CLIENT: Okay.

THERAPIST: It sounds like you might prefer the 10 am.

CLIENT: So I'm just once we find out that there's a meeting Tuesday nights almost every week for the rest of the year I go to, that means I work 8:30 to 9 on Tuesdays, which means because I can make up those hours as long I can offset those hours as long as it doesn't interfere with meetings that are already scheduled. So there is flexibility and it is a little bit restrictive. So, yes, in terms of travel it would be much easier for me to come here and then go to work instead of go to work for two hours, come here for 45 minutes and go back, because that's two hours on either side. Yes.

THERAPIST: So I think at this point I can do that. I've asked this person if they can switch to 10 o'clock and -

CLIENT: No, I saw that you had sent an e-mail a couple of days before that saying, 'do you want me to '

THERAPIST: Yes.

CLIENT: So, I apologize.

THERAPIST: I was just assuming you were still going with that because you'd said lunch at that point 10 am was not at all possible. I know you're learning this on your way too. So the one caveat I have, I think that's probably possible just to switch you back to 10. If you felt like you were going to miss on a regular basis, though. That's the question I have. You said unless there's a meeting scheduled. Are you feeling like that's going to be twice a month or you just don't know yet?

CLIENT: I don't particularly know. I know that that meeting I'm a part of so I can say to some extent, (unclear). That being said, if it works for five of their people I can't do that for a personal matter. So right now I have to check my calendar again and see it's pretty much December I think when I have Monday mornings, but barring that it's not a problem. Also the few weeks I don't have the Tuesday meetings it might not be a huge, huge deal because I always go in at 7

am on Thursdays. So that's an hour and a half and I can probably work in another hour and a half to make sure that that [00:01:53]

THERAPIST: (inaudible).

CLIENT: So I will do as much as I possibly can. I don't have any calendars starting January so I can't predict right now. I assume the Tuesday meetings would continue.

THERAPIST: Okay. I think it's probably just fine to switch it back.

CLIENT: Okay.

THERAPIST: The only thing, as I say to that as a caveat is that I don't know that I would want to switch it back again.

CLIENT: No, I completely understand and I mean to tell you your first e-mail I needed to say that but basically anything in the morning or the afternoon would work better than a lunch something because unless there's a way to get here that I don't know about it's going to be a solid hour.

THERAPIST: Okay. It sounds like even a 10 o'clock. I had thought you meant like 8:15 that would be a little bit -

CLIENT: It looks like with extra hours, I can.

THERAPIST: That makes sense. Do you need to check on anything? Do you want me to go ahead with that officially or do you want to double check at this point?

CLIENT: Could you let me check what's in my work calendar for Mondays in terms of meetings for the rest of the year at least?

THERAPIST: Sure.

CLIENT: And I can get a better idea.

THERAPIST: So I'll wait to hear from you and then we'll proceed from there.

CLIENT: Okay. Thank you.

THERAPIST: So how are you?

CLIENT: Okay.

THERAPIST: Yeah? How are things with what's on your mind? What's the latest?

(Pause): [00:03:53 00:04:08]

CLIENT: Ivan and I are I'm sorry, is that on?

THERAPIST: Yes, it's on.

CLIENT: Ivan and I are going to see Dr. Farrow (sp?). I think **that's been helpful** to a great extent. I do I think I've voiced this before and I don't know if it's wrong, if it's critical I do feel like we do spend a lot of our time in our sessions talking about my reaction to these things these things being you know. I hear Ivan, he's hurt because I say, you know, 'I don't want to talk to you, I don't want to see you,' or when these things came out, my response, he's upset about that. I feel like we spend a lot of time talking about my reaction so Ramona doesn't trust Ivan. Ramona criticizes Ivan. That type of a thing. And that's true. And it is a problem. I guess I am biased so I can't see clearly and I don't know if it's accurate but I also just feel like I want to talk about why I don't trust that because I think that was actually a bigger I don't just inherently not trust Ivan. If I did I think that would be the meat of the problem. **I don't trust Ivan** because Ivan has broken my trust many times in very big ways so I guess in my eyes, which I understand are biased, that sounds like the meat of the problem.

So while I do think it's important to talk about the fact that I don't trust him and that that can be hurtful to him or problematic to us as a couple, I guess I think that could also be addressed if we talked about the bigger elephant which is betrayals. So I feel like that's not necessarily happening. I don't know if that's Ivan kind of unconsciously kind of deflecting like to redirect to something that he doesn't have any control over.

THERAPIST: And last when you and I met it had sounded like the couples therapy wasn't headed in that direction. So maybe it's changed back some because this is where you were feeling it was -

CLIENT: Before.

THERAPIST: Before you guys hadn't decided (unclear due to external noise). So maybe it's just this last session. It was feeling more like Ivan was taking ownership, that he was leading the conversation. So maybe it's just this last session.

THERAPIST: Uh huh.

CLIENT: So maybe it's just this last session. And I don't want to over react but I am kind of -

THERAPIST: I don't know because it could be sessions in a row because we haven't talked necessarily every session, that's why I'm just sort of trying to feel it out.

CLIENT: And I wouldn't, I guess I wouldn't have the complete objectivity to give a good perspective but I definitely felt it this last session became that and the session before maybe

was a mix but I notice that it does change the tone of the session so the last session I told Dr. Farrow how Ivan hurt himself after he realized that he physically hurt me and I felt threatened. He went off and physically hurt himself. And there was a different tone to the discussion because I brought it up and I think in those cases simply because Ivan is avoiding, or not necessarily whatever he is or isn't doing he's not bringing it into the space and so it becomes Ramona I don't know that I was viewed as being critical in saying that last week, but I think a lot of times the way the issues themselves get brought into the room, they get brought in by the person who's pursuing, and pursuing and pursuing, it comes across as mean, and critical or judgmental or, instead of if Ivan had said the same thing not at all that tone. So it's hard because I think that's important data.

THERAPIST: I think one of the things that's tricky about it, I mean I can't be there to see exactly what's unfolding. If it's only that, if the only conclusion is that if you bring it up you get accused of being critical, whereas if Ivan brings it up that doesn't happen. If that's all that's happening, the couples therapy is not an effective couples therapy. Right? If that's the only thing that's happening there's something not healthy going on in the treatment. As opposed to the possibility that there may be times when the things you are bringing up may have a particular tone that gets taken up. Remember how I said to you like there were times when you've been frustrated with me or frustrated with this process or asserting something that you know that I'm not quite understanding, that sometimes can feel like just enraged sort of self-critically driven anger and other times it just sounds like totally healthy self-assertion, it really is helpful to me in understanding you better, I wonder if there may be I hope this actually, that there may be a piece of that that is getting taken up. Because if it's not that, it's a big problem it's a bias against you, in other words. Do you know what I mean?

CLIENT: Yes. So I think sometimes that I feel, and I don't know because I'm not objective and I can't be that's not my purpose in couples therapy. But I do feel sometimes is that. So if I say even in the most simplistic example, 'Ivan didn't take out the trash.' I'm criticizing. If Ivan came into the session and said, 'I didn't take out the trash even though that was our agreement.' There is no criticism. He's not the victim. He's identified as the person who did something wrong. So sometimes the way it gets brought in is different. And a couple of sessions ago I did feel like Ivan was really taking ownership and that was huge and the fact that he was scheduling the session was huge because none of this ever happened before. But what happened last session I felt like turned it more into Ivan saying, 'it's hurtful that Ramona doesn't trust me, it's hurtful that she -'

THERAPIST: Could you tell me more about how did it go?

CLIENT: We had been talking about when I found out how he booked this trip which he's on in secret, he said that he felt violated that I saw his phone. He went like pretty far in getting his phone back and like putting his foot in the door so I couldn't close it, knocking it out of my hands, really like it' a mixed message from someone who says -

THERAPIST: Wait knocking what out of your hands?

CLIENT: I had Ivan's phone because he booked the trip. I found out that he booked the trip and he said, 'I want my phone back.' And I said, 'no, I want to know what else is going on' which may or may not be fair. But it may or may not be fair, also, that he's in one moment saying how he and I are working towards transparency. He says I desperately need to be transparent. On the other hand he feels violated if I see his phone. So which is it? But he asked for it repeatedly back. I got worked up. I stood up. I started walking towards the bedroom. He walked after me. I tried to close the bedroom door. I felt very unsafe. I felt like he was aggressively pursuing me to get this phone back and he was not upset Ramona just caught me in another betrayal after everything else. She's got to be really upset.

It was, 'I need my phone back,' in my perception and he put his foot in the door so that I couldn't close the bedroom door. And I felt scared that he would hurt me or do whatever and the door like flung back and hit my arm and the phone fell and he finally left and I closed the door and I just sat and cried. And he didn't at any point come and apologize. He didn't admit any and I didn't understand and eventually I went out and he was just being on the couch and staring at the floor and the next day he told me it was because he was so upset with himself for what he did that he went to the kitchen and took the dull end of the knife and hit himself in the arm and once against the throat and this is not okay.

So we told that to Dr. Farrow but that was I'm upset because this was weeks ago and processing it like a couple of weeks later. Like we started talking about the argument the next session but then it took another couples session before I finally brought into the space, actually Ivan did hurt himself and of course I'm concerned about that. And of course I'm worried about him and like this is not okay but even if it's selfish or horrible or whatever it is, I feel very uncomfortable in a relationship with someone who, if they like do something that hurts me verbally or I'm scared of them that they're going to go hurt themselves. It feels sort of like it did after the assault where if I assert any, 'I'm hurt that you did this,' and he really is in the wrong, instead of him apologizing he becomes a victim somehow and he hurts himself and I'm such a horrible person and it really does take away from any hope, I think, of resolving it in a way that really does acknowledge what he says, and instead I'm so worked up that he's hurting himself we talk about -

THERAPIST: If feels like it moves in the empathy -

CLIENT: Absolutely.

THERAPIST: And the original reason, the original (unclear) gets a little forgotten then. [00:14:02]

CLIENT: Yes, and I don't know whether that's the conscious on his part, if it's intentional, if he realizes that after a certain amount of time there doesn't need to be accountability if there's a lot of sympathy. And it's very frustrating because of course I'm very concerned if he's having those thoughts of hurting himself. Of course I am. But I also got to realize, wait a minute, how did I end up so quickly sympathizing and taking care of him when just yesterday he's doing this? Like

hiding a trip, knocking the phone out of my hands, saying that I'm violating how did we go from that to that? And it does make me wonder if it's unconscious, if it's intentional, but whatever it is, it's not okay for me and -

THERAPIST: So in the couples session if felt then like it turned towards criticizing you?

CLIENT: Not necessarily this time. I've felt that way in a number of sessions but this time it felt like because I brought it in, we ended up talking a lot about Ivan's saying that he feels hurt when I say, like, in reference to the assault and stuff, when I said it was disgusting or there was a time when I said, 'I don't want to see you anymore.' Like, 'I don't want to see you again,' and how hurtful that is to him. And I'm sure it is and it doesn't make it okay for me to say those things as much as I think there might not be a person out there who in a moment of those things happening would say, 'I'm really hurt by what you did. That wasn't okay. But I really love you and I want to look at the bigger picture and let's go to couples counseling, call me.' As much as that might be the right thing to do, I don't think that's fair. So I guess what I'm trying to say is I don't think it is okay for me to have, at the time, said, 'I don't want to see you ever again. I'm so angry with what you did. Like, you're so disgusting.' I'm not saying it's okay just to say those things but I guess I'm also saying in the context it wasn't verbally bashing him because, you know -?

THERAPIST: Yeah, it makes me kind of wonder what would happen if you just took simple, plain accountability for that, like in some ways it diffuses it. Like of course it's not ideal to have said it 'I don't ever want to see you again.'

CLIENT: No, and it's not okay to say that to your spouse and I know that, but in the context -

THERAPIST: But that doesn't make you all bad either. It's a mistake and when people are really upset about something they say things they don't entirely mean. So you could say, 'yeah, you're right, I wish I hadn't said that. It was in the heat of the moment.' I don't think that changes, I can (unclear) that, and it doesn't sort of change what happened either.

CLIENT: No. My fear is, or what I guess I felt, but again maybe it was just my feeling but what I was thinking was happening in the session or what I felt was happening was that it became equal almost. Like, 'I assaulted Ramona, and Ramona said she never wanted to see me again and that I was disgusting. I'm so hurt by what she said.'

THERAPIST: Yeah.

CLIENT: I'm sure what I said was hurtful but, I'm sorry, but quite frankly what do you expect? I didn't say that I didn't say, 'I never want to see you again because he didn't make dinner when he said he would.' Like it was huge, serious still is huge and serious and although it's wrong in that sense it's equal, but it's not like I don't feel comfortable equating that in couples therapy.

THERAPIST: So here's one of the things I wonder about you do you I don't know how to describe this. Like to me it's very, very obvious that those are not equal. Those are not equal things.

CLIENT: No.

THERAPIST: But that also doesn't mean that if you apologize for your smaller part, like your 5% relative to the 95%, if you'd say, 'yeah, that's true, I was really impulsive and I'm sorry if that hurt your feelings' that that undoes the 95%. It does not make it equal just because you say that. Are you afraid it does for Ivan or for Dr. Farrow?

CLIENT: Yes. I'm afraid that -

THERAPIST: Inside yourself?

CLIENT: Maybe. I don't want anyone to misinterpret and I also really, really, really and maybe I guess I want to be told that this is off base, but I really don't think it's the problem. I think it is a problem to say to your spouse, even that. Even if they cheated on you like whatever they did, it's still like -it's not great to say that.

THERAPIST: I couldn't agree with you more.

CLIENT: But it's not the problem.

THERAPIST: It isn't the problem.

CLIENT: It also wouldn't have happened without the problem. I'm not doing -

THERAPIST: Totally agree. I totally agree.

CLIENT: That's all I want to be like, I just want Dr. Farrow and Ivan I guess I would like to know that they're on the same page because I just I feel very strongly about that. I do think it's a problem that I don't trust Ivan. But I also don't think I wouldn't trust -

THERAPIST: Oh I don't even think it's a problem that you don't trust Ivan.

CLIENT: Well, in our marriage it's not okay -

THERAPIST: Of course, in your marriage you've got to work on that. But I don't think you're doing something wrong maybe to work on you should be trusting more. You shouldn't be trusting him, actually.

CLIENT: He's not trustworthy. But that's what I'm saying. I don't want to spend the session talking about I don't trust Ivan and that's really hurtful to Ivan. I want to talk about Ivan hasn't been trustworthy and that's hurtful to Ramona and so she doesn't trust him.

THERAPIST: So here's what I'm trying to get at. See if I can try to explain this. I think we are in complete agreement. Your reaction is not the problem. It's not the heart of the matter. It's not the big deal stuff of why you are there and what you guys have got to work on right now. I think that if you trusted that more in yourself, just know, even if I take (unclear) of my small piece that doesn't undo that, it doesn't mean that this is the heart of the matter and just were able to be there. I'm sorry, it's done with. I know we don't know that. Maybe Dr. Farrow and Ivan would then pounce all over it. 'See Ramona, it's all your fault.' But I wonder if there's something that you convey in that it has to be 100% black and white and if you have any single little speck of blackness then it's somehow going to take away that Ivan's responsible. I don't think it does. It just doesn't. That's part of you being a whole person. Yeah, you had a reaction that, maybe, if you were going to do it again you'd say something a little bit different. You're sorry for that. That does not have to undo all of this and if it does for Dr. Farrow or Ivan, we'll talk about that. You have me inside you sitting on your shoulder saying, 'that actually doesn't undo it. They're separate things.'

CLIENT: The thing is I do regret a lot of what I said to him but part of me thinks it never would have been okay for him to do what he did and for me to just say like, 'that really hurts my feelings. I still love you. I have nothing angry to say.' I guess -

THERAPIST: Here, actually, here's might have been if we were scripting and you were in the healthiest place possible you might have said, 'I am furious. I have so much bad feeling and mistrusting feeling right now that I need a break. I don't even know what to think. I don't trust you. I am so disappointed. I'm really upset. I'm really angry. I need some space right now to think through where I find myself in this.' Do you see how that's filled with feeling? It's communicating feeling. It's different than, 'I never want to see you again.'

CLIENT: I know.

THERAPIST: That's all.

CLIENT: And I do know it's wrong to say that but I also, I guess, I'm not -

THERAPIST: It's minor. My point is, I think that if you like could say, 'yeah, I wish I didn't say that.' Then that issue's done. The (unclear) is taken. It's gone. It clears the way for now. Now it's Ivan's turn to take accountability. Do you know what I mean?

CLIENT: I do.

THERAPIST: It doesn't make you a bad person. It doesn't make you responsible for what happened.

CLIENT: No. And I don't feel that way.

THERAPIST: At all.

CLIENT: I guess I just feel kind of bad because part of me does like at the time I said it, I really kind of meant it. Or at least I wanted to hurt him just a tiny, tiny amount of how he hurt me because it was just, and I guess, I feel bad for it but I also can't imagine another woman not saying something along those lines.

THERAPIST: People say all sorts of different, different things. I wouldn't even compare. It's not I don't think it makes it any better or worse if someone would or wouldn't have said that. What you've just said, to me, is huge for your couples work. I don't even know if you know what you just said. But you said something that's a little bit different than what I was saying. Let's say you wanted to hurt him.

CLIENT: A part of me at the time absolutely wanted to.

THERAPIST: How understandable would that be? You could own that and say, 'you're right, Ivan, I could see how that hurt you. I might even have felt so angry that I wanted to hurt you. That probably was my unconscious intention.'

[0:23:32]

CLIENT: No, absolutely, and not even completely unconscious and so much the point of, 'you hurt me so much, I will put up this boundary I don't ever want to see you again because it's inconceivable to be around, to allow sometimes it feels to me and with my parents too, it feels like if I put up the boundary first I don't get abandoned, I don't get hurt again, I don't get betrayed again. So if I know my mom's going to hang up on me if I say got to go to the store, I don't get hung up on it and I don't hang up in tears and call her back and she won't answer. That doesn't happen to me. And with Ivan, right now, it feels so, so mixed and I'm so and there's something I really, really want to ask you about because for weeks Ivan has been picking me up from the subway after I get home from work, he has cooked dinner, he has been taking out the trash and doing the laundry and I never asked him to do either in weeks. Like never asked him. He's consistently doing it. Which is mind-boggling.

I mean it's wonderful but it's confusing. It was like a switch, almost. He asks about my day. It's very confusing and it's gotten to the point where I get home at six. Around nine I start getting ready I go to sleep between then and 10 usually because I get up early and he's still around and there have been times when I've said, 'just sleep on the couch, you have to work at 4:30.' I take the car. It's really cold. Don't ride your bike the few miles. And it's gotten to the point where we've been doing that so often that actually the nights when he's like I have to work the evening shifts, but I could stop by at nine when I get off like, I miss it, and I miss him, and I miss dinner and he expresses like, 'oh I wish I was there. I wish like, the one day he's like, 'oh I didn't get to

cook dinner for tonight because you'll be home alone but I grabbed a couple of things at the store that will be there.' So it's really weird because we're still separated and he still has another apartment but he's been over so often and things have been going in such a different direction, it feels so separate from the other stuff that I started like, 'what are we doing? Where are we going? What are the goals here? Because if you're basically living here every evening it doesn't make sense to have another apartment but also like would it make sense for you to live here to do more of that or to see how that feels even if it meant not sleeping in the same bed yet?'

THERAPIST: Would you do more of that?

CLIENT: What do you mean? Like more of the, I mean we're having dinner together pretty consistently but more of that type of stuff like being around more.

THERAPIST: Yeah. We were even going to keep track of whether it continued or stopped but it sounds like it's -

CLIENT: It has continued.

THERAPIST: Two weeks later it's still happening.

CLIENT: It has been still happening, but it is confusing because he's not talking about moving back in and when I broached that, 'so like what's happening here?' he just says, I don't want to push, I don't want to so it's weird because I just want to be careful that it's not convenient or, of course, things are going to go well as long as we're just eating dinner and talking about our days and watching TV and hanging out for like three hours a day.

THERAPIST: Although the data includes him doing I mean, he's a participant in the household.

CLIENT: Yeah, no. He's been and it's almost gotten to the point where we need to figure up how to split up these bills or how to because you're going to the store for both of us, or, it's really and so it's awkward. But I was so Dr. Brixton, I asked her how to do the whole taken everything, and she you need to have regular scheduled discussions at home and preserve that space just for it. Which I like the idea of, because it is nice to have dinner together and just talk about our days, enjoy it and not pretend like nothing's going on but for that moment, to not talk about it.

THERAPIST: Yes. It's really important. To not have it all revolve around the past. Absolutely.

CLIENT: I like it and it feels like it feeds a little bank so that I can have that negative discussion about the negative thing, but then so he scheduled some but he kind of scheduled some for when he wasn't at home. So we've only had one so that's like -

THERAPIST: So how did the one go?

CLIENT: It went okay. It was supposed to be about he came up with the topics the proposed topics. And this one he wanted to talk about goals because I kept saying, what's happening here? And it went okay. It was like a lot and there was nothing concrete. But it was good overall.

THERAPIST: So scheduling some more of those and they're actually doable. It can make some sense of some scripts at times. I'm sure he's terribly, terribly anxious to have that kind of conversation. It doesn't excuse it but it's a tough conversation. It does sound, and I think it's a great idea, making sure that it happens in a more regular way and that there's also a lot of other times protected from being about that, will continue to give you more information. I understand him not pushing it and it seems appropriate of him as the ball's more in your court. But maybe that's also hard for you like how do you trust yourself like how do you trust yourself that you're doing the right thing. [00:29:21]

Ramona, do you have a sense about what you want to do? Where are you?

CLIENT: It's confusing because there's so much positive stuff. He's been away this past week. And there's been some negative stuff and when you said the other week, that even if Ivan's working really hard on this, I need to understand that there still will be times when he still doesn't tell me about something and it depends on what it is whether to be mindful of it. And it's one thing to be mindful of it but it's another thing to be mindful of it if that makes sense. So I looked through his phone the other day, and this is before he left, and there was a porn site and I asked him about it and he said, and it was like at 6 in the morning and he was at work and he's like, 'I loan out my phone to co-workers, I promise you I was not on that site.' And I said, I don't know that sounds fishy. If he had never said anything before I absolutely would have believed him, but given everything I'm like, 'do you really think a co-worker would do that on your phone?' It's odd, so I don't know and that scares me. I can only hope that that's true. He says he knows who was working with him and he's asking the guy about it but he hasn't gotten back to him to talk to him and so I don't know. And Friday he talked to me after work, he said, 'I'll call you when you get off work and he did. He called me right when I got off and that was nice. Because he's at his parents and he's like, 'we're having lots of conversations. They're really difficult but I'm really having them with my parents and this trip is so different. And I thought well that's great and we had such a great conversation and I felt so much better and then that evening I get on Facebook and see his parents posting pictures of them at the zoo and I'm like, wait a minute. How are you talking about your depression and suicidality and how is all this coming up so seriously and yet you're at the zoo with your sister and the exchange student they took in and I just don't see it at all. It's not quite the same story.'

THERAPIST: So that I would believe a little bit more than the porn one. Just as with the two of you the two of you could be working on something for an hour and then take a break to do something fun together that actually would be really healthy, entertaining. If he were talking to his family I would not want him to be talking about it all weekend so that he couldn't go to the zoo. You actually would want him to [00:32:15]

CLIENT: No. And I'm not upset.

THERAPIST: (Cross talk) something fun.

CLIENT: I'm not like horrified that they went to the zoo for an hour. I'm not its more, I felt misled.

THERAPIST: It doesn't have to be a sign. Maybe if he'd said, 'yeah, we had this long talk and then we went to the zoo.' If he told you -

CLIENT: Exactly. Exactly.

THERAPIST: (Cross talk) of something like that.

CLIENT: Exactly, yes. So if you're hiding that, were you hiding that because you wanted me to think you were talking instead. And he was like, 'I was going to tell you tomorrow. I didn't want you to think that we weren't talking about it but we really did talk before and we really did talk some while we were there and we weren't there very long and I' and it's not, it's like I just at this point, anything that's hidden is like and purposefully.

THERAPIST: So this is a really great example of what probably happens between the two of you microscopically all the time. He's afraid of telling you he went to the zoo because he thinks you're going to think it means that he didn't have a serious conversation. But in fact, had he told you we went to the zoo you'd trust even more that the serious conversation happened.

CLIENT: Yes.

THERAPIST: I actually think because then it's all transparent.

CLIENT: But I told him this. And I said, 'Ivan, even the really horrible things, unlike the zoo, it would have gone very differently had you come clean, had you like, even the worst case would be made better.'

THERAPIST: So one of the things you're having to deal with as you're making your own decision about where you want him, when you want him back in your own life, if you want him back in your life is, what to do if this is in his character. Right? And he's made a lot of headway on it. It's huge, the things he's doing and saying more. But we cannot expect he's a different person so that when push comes to shove, even around stupid things like I went to the zoo. It's not pornography, but there's still a history where what he does, he doesn't believe yet in his mind, 'I will get in less trouble if I tell her about the zoo than if I don't.' He doesn't believe that in certain ways. He believes, if I keep this secret, it will be better. So that's a process of continuing to say, 'you need to understand, I will be much happier if you tell me, than if I find out about anything.' And you're building trust back up. He's building, trying to trust in that. He doesn't trust that yet. He doesn't trust that it would be better to know than not to know.

CLIENT: And that doesn't make sense to me because I don't think I could be more clear at this point no secrets. I don't think it could be more clear about how much that's destroyed. So it's bizarre to me that he's still doing that.

THERAPIST: It's kind of like saying, you know, it's bizarre that a person still has depression even though it's bad for them. Do you know what I mean? It takes time to work it through. People can get a direction, can get that it's destructive for me to think this way about myself or the world, but you do. So he probably gets it rationally even in the couples session, but in the heat of the moment he loses sight of that. It's like an addict who knows I don't ever want to drink again or I'll never use drugs again but then in the heat of the moment he feels that that's the right thing to do, right? So he's working on that. And you're trying to decide, how much progress has he made? How much am I willing to tolerate little kind of blips on the radar screen that are small slips? Are they big ones? Are they small ones? What's your tolerance level for the process of him working on all that stuff? The doing the daily stuff actually is something that's easier than confronting the hard part.

CLIENT: That's the point. Because if Ivan and I can to that really well, that's great. But there's obviously a lot more to a marriage than that. And I do worry I guess I would need to know that we could do the difficult conversations consistently and that he could talk to me about things. The thing is, I would understand that he would still slip up and I understand that this is something that he is working on that will take time but the thing that scares me is that it almost feels like he controls the relationship in a way. She doesn't know this, so she doesn't react, so I'm not in trouble. He controls the information and that's not okay with me. So even though the fact that he went to the zoo is not really a problem, the problem is like it scares me that on any level, be it porn, the zoo, grad school, that he can manipulate my actions by what I know.

THERAPIST: And he can edit things out to get some reactions. It's not okay.

CLIENT: It feels like it takes away my freedom to make decisions. So I don't know. I guess I'm I don't want to be a fool. But I guess I hope that the porn site it was a Tumblr site, was something that someone else looked up. That sounds like such a little thing but at some point it's the straw that breaks the camel's back almost. We've been in couples counseling a long time.

THERAPIST: Yeah. And you sound like you feel like you've spent enough time going over and over this point of, 'you just need to tell me.'

CLIENT: Yeah. And he's even expressed in couples counseling he's keeping a written diary of it because Dr. Bourd (sp?) part of the deal was Dr. Farrow, he asked Dr. Farrow for homework, she said start finding a way to communicate with Ramona why these things happened and Dr. Bourd's response to that was, 'it's going to take time for you to be able to communicate it. Start writing about it.' But then when I say, 'I want to read what you're writing, I want to talk about it, he's like 'I don't want you to read it.'

THERAPIST: That's a place where, if I'm giving you feedback, I would give him a little more leeway. That's a private conversation in a way with his therapist that in some ways I don't know how to describe this feels like a little infantilizing of him to say, 'I want to read your homework.' Do you know what I mean?

CLIENT: I kind of do and at the same time it kind of scares me that I don't know what he's writing. And at this point, him having any secrets clearly would not be okay. Because in a healthy relationship there are things that you could keep a diary and your spouse doesn't need to read it, presumably because the important things they're aware of. But in this situation I don't feel like it's that way and Ivan said I don't want you to read it and at one point he said, 'it's a lot of suicidality and I said, 'if that is the case maybe I don't need to read every word. I understand how that feels but I need to know not looking to punish him or embarrass him, but I actually do need to know if that's part of -'

THERAPIST: It's important. So again, we can't change Ivan.

CLIENT: No.

THERAPIST: The only tiny piece that I think will continue to help you gather the data you need is if you say, 'I need to read that,' versus saying, 'will you share it with me?' And then what he says is, 'no.' then, 'how come?' And having a conversation about it feels more like being you'll get to see you ask him, 'will he?' and then he and then he says yes or no, instead of demanding it. Do you know what I mean?

CLIENT: Um hmm [yes].

THERAPIST: Then he could even placate you and give it to you after you demand but you know actually a little bit less than you'd know if he'd said 'okay, sure, read it.'

CLIENT: And I do understand even the willingness versus the just giving in.

THERAPIST: Yes.

CLIENT: Ivan could create another diary, get a new e-mail. That's clearly not a long term solution and I haven't demanded it but I have said that I think there shouldn't be anything that I can't see, like absolutely could not see because that doesn't feel comfortable at this point. Or at least that you wouldn't know the essence of.

THERAPIST: Exactly. I don't need to know every word but if he's writing about, I really am looking for another woman, I need to know that. If he's writing, I really want to hurt myself. I need to know that.

CLIENT: Yeah. So my ultimate, I guess I was thinking that it's been weeks that he's been making these consistent efforts. I mean some of it does hinge on what happened on with

website, as bizarre as that sounds it is a big deal to me. I had been thinking maybe the end of this month would be three months since we'd been living separately. If he's coming over and sleeping on the couch seven nights a week, maybe it would be time at the end of the month, the beginning of next month to begin thinking about moving back in. He took so little with him anyway he really said that he didn't want to he wanted to and it's scary and I wouldn't want to look at that as a permanent 'we're back together and everything's fine.'

THERAPIST: Yeah.

CLIENT: But I want to see if the progress continued. Right now I guess I want to make sure he's not like working towards it and once he was there it didn't matter anymore.

THERAPIST: You could ask him that. Does that come up at all?

CLIENT: I've said it I've said that I wouldn't want his efforts to be like trying to get me back but of course he says like -

THERAPIST: That's not the -

CLIENT: But I don't know if I trust that. I just want to be really, really cautious.

THERAPIST: Again, I think you're having to make a decision knowing right now what the data is and there are a lot of improvements and there are still a lot of things that make it hard to trust every single thing he says. I think you are setting yourself up for failure if you expect that once he moves back in that that will stop happening.

CLIENT: No. And I guess that's my point. I can handle, I wouldn't like it, but I can handle the stuff like the zoo. If it's stuff like the website and that really was him and he really is going to find a way to do that, I don't think I would be interested. I just really want to honor all the hard work he's doing and recognize it and give it a chance because clearly things have gone really well when he's done that. But I also want to have some space to say that there's really a lot of water under the bridge and the fact that he's addressing that takes time and I get it, but I also don't want to keep going through that for years and not get to where I thought we were until we're 30. I just don't want to live like that.

THERAPIST: The way you just said, 'I don't want to live like that,' I think is so key to your continuing communication. There's a difference between want, need and demand and I think to the degree that what comes out is demand he won't hear you. When you say even around trust to say it's a version of want and halfway between want and need, for me to feel safe in this relationship it's really important that I know that you're being transparent. That is your best chance of being heard. I think when you scoot into demand that in the space of demand he pulls away and feels terrified of being criticized. Overall, Ramona, it's a dilemma. If I'm a betting person, he's the one who's on the porn site. It's highly unlikely a colleague has taken his phone and is doing that. I also don't think, to me, that that means it's as bad as what happened before.

It could be as simple as a quick impulse and he stops, right? It doesn't have to be a long term engagement with it. It could be an accidentally click on it. Who knows? It's worse than the zoo but it isn't as loud as the to me even the worst example of all, in a way, is him on going to a web school. That is the longest term massive betrayal that started your marriage and I think there are signs it's been getting better, and better and better in ways. But there's still a lot of work to be done. And that's why this is a tricky question that there's no, how do you come up with an answer of do I want him back in or not when the data is that things are a lot better but there are still a lot to work on. What do you? You're the one to answer, what do I do with that? Is it enough yet? Someone else might feel like it isn't. Someone else might feel like it isn't. Someone else might feel like it's okay. This is enough to try to get more data together. But it sounds like at least approaching it as if you were going to be moving back in that's the question I have: do you see moving back in as more of a kind of 'we've decided to be back together,' or, as a next step to see what happens?

CLIENT: I would definitely see it as a next step but if I didn't see it as potentially moving towards okay, living apart is off the table, or more progress I guess if I didn't see that then there would be no point in taking that next step. I just want to be very cautious and make sure that I'm doing the right thing but also for the right reasons. I don't want to be overwhelmed with sympathy and taking care of him, that I take him back because I feel bad about him sleeping on an air mattress in this strange man's house. That does bother me.

THERAPIST: But I don't hear you only just wanting to roll over and pretend that nothing happened.

CLIENT: I guess I just don't fully trust myself in making the right I want to know that I'm doing it for the right reasons and not for the wrong ones. And also if I say this was good enough I'd be lying. I could only say it's good enough for now and I could give him more time but there is no way this could ever be good enough long term. I could never accept like it would need to change.

THERAPIST: It would need to keep improving.

CLIENT: Yes.

THERAPIST: So if there's any answer for me like in terms of reality checking you, I don't I think you're in a place in the relationship where you're being very reasonable in saying, 'I need a little more time.' I think you're also in a place where it would be reasonable to say, 'okay, we've had three months. Things have actually it's not that they haven't improved they've improved dramatically in a number of different areas. Taking that in it also would be reasonable for you to day, 'okay, let's try the next step.' The part that would not be reasonable is taking the next step assuming that it would never happen again. So that's where you're setting yourself up and as long as you're not doing that I think saying I need a little more time, I think saying, let's try it a little bit closer, both seem reasonable, but that your expectation is that these things will continue to improve. Or that when they happen that you find language and space to talk about them

immediately with each other and have even sometimes what might be improved is that you could have a dialogue about it when it happens that's different than what you would ever be able to have happen before. That in and of itself is an improvement, right? It's not that couples for the rest of their lives everything goes smoothly. People hit up against bumps in the road or disappointments in each other all the time as part of normal, healthy marriage but that part of what you want to get better at is talking about it when it happens and talking it through so that you both feel better about the situation afterwards. So that's another piece of what you're trying to see when you this. Let's stop.

CLIENT: So we'll -

THERAPIST: I will wait to hear from you and we'll take it from there.

CLIENT: Okay,

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How are things?

CLIENT: Up and down.

THERAPIST: Where do you want to start? What's on your mind?

CLIENT: I guess I'm wondering what I should be plan or something, but what specifically. I feel kind of in a confusing place right now.

THERAPIST: Yeah.

CLIENT: I will say we I don't know. I kind of almost got in trouble. I spent the last couples session talking about what are we doing, where are our goals? Where are we going? Is Ivan sleeping on the couch every night? What does that mean? Should we be talking about moving back in? Should we be thinking about it? All of the above which partially comes out of a place I like to plan, I like to be organized and have control, I'm sure is part of it. Part of it also comes out of our last session before we separated when Dr. Farrow (sp?) said we need to separate one to three months and that was what she had to say and we never set up through her or even through ourselves really guidelines or rules or at three months we will have this discussion, we just never did that. And maybe that shouldn't be important to me but as she said to me, 'you seem to have some pressure within you to talk about this, to deal with it.' And I guess I also wanted to air my thoughts of she said that she she said, 'let me normalize this for you a minute. I have a lot of couples that lead separate lives but they still come in to see me, that don't necessarily live under the same roof,' which I guess makes sense in a way. I guess you'd be going to couples counseling if you were in that situation maybe, but I also Ivan made a comment

and I wanted to kind of just say I wondered at that moment what her views on separation were maybe or her philosophy about it would maybe be different. Not that I mean -

THERAPIST: From yours as a couple, you mean?

CLIENT: Yes. And not to say that if I understand that she's objective and that she's a professional and this is based on different things, obviously as it's personal and it's not an intellectual discussion, it's an emotional one. [00:03:01]

THERAPIST: They could be different value systems, potentially.

CLIENT: But potentially, maybe just a different I don't know, because on the one hand I pointed out in the session and she smiled when I said **the best part of our marriage** has been pretty much **the last couple months** when he's been, Ivan's been **cooking dinner**, we've been **spending time together**, we've been having lots of positive time. That's been consistent of course, on both ends and not just Ivan's been helping out with things without being asked and really talking and **all these positive things** and it is **since we've been separated** and I wonder if it's because we're separated. Is she essentially saying couples who can't get it to work when they're together can work on things when they're apart, or it's better when they're apart. But then I also said maybe it's not fair but I ultimately didn't get married because this would be a goal of mine which, of course, no one does. But she said that she assumed that we got married because we wanted to have some (unclear) where you know, very intimate psychologically and physically and emotionally and really sharing your life and I guess for me, I'd like to not have to choose and for the me the norm would be a couple that's married, living together.

THERAPIST: Hang on just a second. When you say I know it's noisy today. When you said that I didn't get married in order to live apart, do you know what you were feeling at that moment? What's the feeling to say that?

CLIENT: It feels like I recognize a separation was necessary and it's been helpful but I see it as a short term solution. So when I got married maybe this is just me I'm starting to learn that some of these things are just me, but I assumed we live together. I mean that would be a pretty minimal assumption in my eyes.

THERAPIST: As every couple I don't usually make total statements, but I think most people assume that.

CLIENT: Right. Right. So I think it's okay as a short term tool for me. I don't think that marriage could ever look like we live in separate apartments and we get together for dinner every night. [00:05:53]

THERAPIST: So I would have thought and this is based on something that Dr. Farrow communicated to me we're in touch every now and then. When we're often having regular sessions she sends us a summary of that session to me and Dr. (unclear). And something she

added there is my guess is from the way you're describing, maybe she didn't say this out loud and maybe it's something for us to take up individually. I think, driving her comment driving her kind of treatment (unclear) as being separated and working on it was coming from a kind of wanting to protect you from doing something too impulsive which is what you've even articulated that front and center about wanting your own goals for yourself because she had a feeling this could be dead wrong but just to know where she might have been coming from about that I think she was worried that the pressure to get back together and fix things on the kind of day to day surface are we living together? Are we sleeping in the same bed together? Could be coming out of a kind of disavowal of how angry you are at Ivan and kind of wanting to tuck some of those feelings back away and not letting that be a valid part of your experience so in other words, if you really could let in your full feelings all the time you might not be yet in a place where you are ready for that to happen. [00:06:06].

That may not be true so you might say, no I appreciate your concern but that's not what my experience is. But I think she was just simply not wanting you to feel like okay, we've done our assignment, now we have to get back together, but actually there's so much feeling there and until you sort through getting back together will feel like kind of repetition of the same old stuff instead of really feeling that enough has been processed that you're really ready to get back together not just because that's descriptive of marriage. Does that make sense?

CLIENT: It does and I feel like I have voiced those concerns and I've even said explicitly to you, 'please help me make sure that I'm not stuffing it under the rug or that I'm not striving like even in terms of 'close to the holidays' like this is what it should look like. I will make this happen. And even if it means -

THERAPIST: So is that happening?

CLIENT: I guess I don't know. That's part of my processing here. To some extent it's not clear. I'm not ready for him to move in now, but I did **feel ready to start talking about it** because because he's been sleeping on the couch every night and making dinner every night. We should at least talk it's kind of like at least, it seems silly to not acknowledge that that's happening.

THERAPIST: Yes. So maybe then the difference, again, I'm picking up some of your feelings and some from what (unclear) said about the session that transpired is that there's a difference between starting to talk about it and really thinking about what you're feeling, what it means, what ready means and trying to find the answer by the end of the session. Do you know what I mean? [08:57:00]

CLIENT: Um hmm.

THERAPIST: Like I have a feeling that if you found an answer to that question by the end of the session, whatever that answer was it would be premature.

CLIENT: No. I know that. I just feel frustrated honestly because I feel like we've been talking about some things but we haven't talked about the day to day, we haven't talked about the situation in terms of the actual separation and where we We haven't talked about that. And so my thought is and I didn't expect to bring it up and wrap it up in one session. But if I didn't bring it up because it couldn't be concluded in one session then it really wouldn't be concluded in even a month's worth of sessions.

THERAPIST: Totally.

CLIENT: If we don't bring it up then -

THERAPIST: So you weren't expecting a decision.

CLIENT: No. No, no. I just wanted to bring it into the space.

THERAPIST: Because you're talking about it. Makes perfect sense.

CLIENT: It does seem kind of silly to go to couples therapy each week and pretend like nobody knows that Ivan's sleeping on the couch every night and why is he paying for this other apartment? And I'm not saying that that's a good just because he could continue to sleep on the couch for several nights and still have another place, but I still think that we should talk about it because I don't feel comfortable just kind of hanging out here by myself and wondering what's going on and feeling like I can't even talk about it in the couples session because that seems appropriate. [10:25:00]

Especially when Ivan says, 'I don't want to push. I don't want to bring it up. I'm not going to ask about it.' I think that's great in some way, but in other ways it does feel like if I'm in trouble for talking about it in couples and Ivan isn't going to talk about it with me -

THERAPIST: Why did you use the term, "trouble"?

CLIENT: So she kind of said, and this is just my interpretation and I'm not objective but she kind of said, 'well, Ramona, it seems like there's this tension with you where you want to talk about these difficult things, we were going to spend the session talking about one of these difficult things, but instead we're talking about moving in and I raised a question and she said, 'maybe we'll talk about that next week.' And I kind of felt like I left the session feeling and I own that it's my feeling no one makes me feel this way but I just kind of felt like an idiot. I felt stupid because I thought what's wrong with me. I should have spent the whole session talking about the assault, the list like all these things instead of talking about him moving back in because that just makes me the foolish doormat. And it's hard because it feels like there should be some way to talk I don't know.

THERAPIST: I don't think Dr. Farrow doesn't think you should be talking about the status of things at all. I think it's totally appropriate. It sounded like she was picking up more on finally

trying to sort of carve out space to talk about that there are issues that need to be processed in order to consider moving back in together like you said and that, I don't know all the reasons, it doesn't even have to be that you're doing what you're supposed to be doing by not doing that at that session instead of talking about moving in. Maybe that was what was relevant for you that day. Maybe that was the hottest button inside was this issue of what the status of things is. But I think that's what she was picking on, sort of like you've been wanting to talk about this and when we do you want to talk about something that was feeling to her like the kind of thing you were saying you want to not do, like skip over the hard stuff and move back in together.

CLIENT: But it has been frustrating because I feel like about four months ago was the session when we said like we're separating but no guidelines and no structure and I'm not saying that's anyone's fault. But I am saying to me that's frustrating to just and just every session something will always be more important than that and these issues we will talk about them for months. But I don't feel comfortable not talking about the very like that night Ivan is going to sleep on the couch so that because we can't do that for another like five or six months.

THERAPIST: So all you're saying is, it sounds like, is you want to be able to talk about all of the above and have some space to process all of it. And it's so legit.

CLIENT: And I don't like taking up a whole session for that.

THERAPIST: But you might need to in order to get into it.

CLIENT: But I also felt like it was so overdue.

THERAPIST: Yes.

CLIENT: And I felt like it was so overdue. I don't know. And I admit I felt frustrated because the previous session we spent and she engaged spending talking about my reaction to Ivan's things as opposed to the thing. So I did I guess I felt good. I don't know whether anyone noticed but I felt good because I did start the session and I did what you recommended and I just said -

THERAPIST: She did notice. She wrote that you took ownership for that part. [13:48:00]

CLIENT: So I felt good about that. I don't know, I guess the original plan was one to three months and we're getting closer to three months so I thought it was the appropriate time to that and the fact that he's sleeping on the couch.

THERAPIST: Yeah.

CLIENT: I will say that he some things she was kind of firm on was those things are great, like the efforts are great, but the conversations would need to happen, the conversations about the stuff. And so we had a couple of those this weekend and they were really difficult and at the end of them I don't feel like I want to talk about them I don't feel like I want to talk about Ivan and me

then. The things is I think regardless of what Ivan and I do in terms of living situation, I will feel that way for a while when we talk about it and the anger isn't going to the hurt, the pain I'm not going to, we're not going to talk about the assault and those feelings aren't going to come up any time soon. And I don't know if waiting until those feelings aren't so intense for us to talk about his moving back in is realistic.

THERAPIST: I hear you and this is where I think that you and I are just going to have to get into your experience and where things are for you what feels right to you, what doesn't feel right to you. What could be you glossing over something that oddly enough be painful for you to tolerate. There may have been a defensive component to your saying, 'let's talk about moving back in together'. Maybe it's hard for you, too, as much as that could be surprising because its felt like the longest time that it's Ivan that doesn't want to talk about it. This is hard stuff to talk about and bare between each other. And like it's scary for you to really get into some of this conversation. So this is our task in here to help you figure out more and more of what you want.

Before you had those conversations it felt like you were feeling like ready to move back in together?

CLIENT: No. No. No.

THERAPIST: Okay.

CLIENT: I just wanted to start talking about it because again, I just thought it was just kind of bizarre for us to be having dinner every night and for him to be sleeping on the couch most of the nights and for nobody to mention a word. So that felt bizarre.

THERAPIST: So in a way you maybe wanted to check in about what that is, what the function it's serving. What would need to happen in order to move in together what would that look like?

CLIENT: I even wanted to see like should he not be sleeping on the couch? Or should we be talking about moving back in? Which way are we going to go with some of these things? One night Ivan said, "How would you feel if we slept in the bed together night? Just sleep?" Like, 'what do you think?' And I just said well, we haven't talked about that but I you know? So that would be something I would feel we would need to come into couples because, again, if we don't talk about that it's certainly not going to happen and I acknowledge that other things are much more important but how -

THERAPIST: Not necessarily, Ramona. Not necessarily.

CLIENT: But how much should be put on hold for how long?

THERAPIST: Totally. Totally. Even just trying to get a framework again where you are makes a lot of sense. What about? So what about these questions? Without him here for a second,

where are you with all this? What are you feeling? What did you feel when he said, 'can I sleep in the same bed?'

CLIENT: I mean it was an immediate kind of "no." I had actually thought a couple of nights when he stayed, it was just so nice and we were like sitting on the couch together, watching TV before bed, whatever, and it was so nice and I thought, 'it would be nice if we could just snuggle up in bed and it's warm,' but it's scary and it feels like there are all these things that I want but it feels like asking for them or pursuing them is an opportunity to get hurt or for things to go badly.

THERAPIST: When you say it's scary, what are some of the things you're scared of?

CLIENT: Well, in the context of him sleeping in the bed it does feel like a trigger in that we haven't talked a whole lot about the assault. I mean actually talking about it, not just, 'I'm so angry about this.' And I don't know anything about therapy but I do know that it seems like a dumb idea to sleep in the same bed with someone when your last experience with them was so traumatic and you haven't talked about it. That does seem foolish. So I don't know. On the other hand I think to myself, 'it's been months and months since we've slept in the same bed,' and it's been longer than that since we've had sex and clearly I have not prioritized our physical relationship in our marriage but I do wonder what it looks like to make progress and also to work on those things and what it's okay to neglect or ignore, put on hold as it were and what is there damage that's done from doing that for a long time and not talking about it? [18:58:00]

THERAPIST: So what do you think you would need? Like what would if you stripped a picture like okay, let's sleep in the same bed, let's curl up and be closer together. What would you need to get there do you think?

CLIENT: I think I definitely need to know that the efforts are consistent and it actually does build some trust for me with Ivan. I start to trust him again. I see him as reliable. I actually see him as more responsible than I did before and I feel safer. Over and over positive time, positive time he says he'll do it, he does it. And I would need to have more of these conversations with Ivan and I think if we're sleeping in the bed I think it would really need to be about the assault really need to be about probably the website to some extent and there would need to be some discussion about any type of physical contact because there wasn't before and that's in part how we got here. And I would just want a very clear understanding and I think I would need to feel like I had a lot of control over that situation.

THERAPIST: Yeah. I also imagine you would have to trust if you would never, ever do something like that ever again.

CLIENT: Right. Which is hard because Ivan's word at this point, no matter how genuine it may seem, it's hard to take.

THERAPIST: That's what I mean. What would have to happen is not just that he'd say that but that you would trust that that would never happen again.

CLIENT: Right. (inaudible). [20:51:00]

THERAPIST: Starting there. (inaudible). I also wonder when you say, 'that also would need to get discussed.' I wonder what you picture. What would need to get discussed? What would you need to come into the discussion in order for it to feel like you're building trust again?

CLIENT: Right. And I'm not completely sure which makes it hard to get there if I'm not sure what I need to get there. I do think in terms of Ivan explaining it, he has said, he's been very clear in that he didn't mean it to hurt me. He didn't think he was hurting me. He, in fact, thought in a bizarre way he knows makes no sense, but this was a way to be intimate without me getting hurt or pressuring me which is so wrong, of course. But it's not but when Ivan describes it, it's not a malicious I didn't think he would have sex with me and I decided this was going to happen which does change how I could respond to it a little bit. It doesn't make it okay. I'll never be okay with it.

THERAPIST: But it's a different motivation. That does matter.

CLIENT: It does matter.

THERAPIST: Of course.

CLIENT: Because I feel like the motivation can suggest what else could happen.

THERAPIST: That in a way is like this really, it's at a crazy level of avoidance but it's still a kind of avoidant solution to instead of talking about sexual contact with you and bringing it above ground he's sort of finds this where he thinks he's getting his own need without hurting you. It's not true of course. It's very hurtful to you, but if that's the fantasy about what it was it's not trying to hurt you, he's just terribly, terribly terrified and ashamed talking about (inaudible) things.
[23:05:00]

CLIENT: Yeah. But Ivan has said part of why he didn't have the discussion was that he didn't feel like he could, he didn't feel like he deserved to. He didn't feel like it was possible to. He knew a chunk of the reason we weren't being intimate was all these other things that had doubled up and kind of distorted the trust and so in that position he felt like he couldn't. Which is not an excuse, but -

THERAPIST: So it starts to sound like you want to trust even more than he's following through on the daily responsibilities and then he will start to address things that are tough for him.

CLIENT: Yes.

THERAPIST: Even the bumps in the road, if they get spoken, explored together rather than get pushed under the rug, because that's when he's gotten into danger.

CLIENT: And I said to him kind of what we said in here, kind of as long as Ivan had this belief that not telling me was going to have a better outcome than telling me as long as that belief existed and he was able to apply it to a lot of situations, then things would not work. And I tried to express to him that even in the most severe examples it still would have been better, we still would have had a better outcome even with like the grad school, the loan, still would have gone better had he come clean, told me about it, we faced it. It wouldn't have been amazing, it would have been better it would have been much, much better and I would still be able to trust him. It's hard because I sense that at some point I have to let it happen if I want to move forward, at some point would end up letting him sleep in the bed and knowing that there are no guarantees.

THERAPIST: And I think that's even when Dr. Farrow refers to couples who are apart longer times than you are, my guess is I mean I can't read her mind but I don't think she's describing that as a permanent condition, but that isn't a marriage I don't think she would say that but that it takes people more or less time to feel like they're willing to take on the risk of taking a person back into their life. Do you know what I mean?

CLIENT: Yeah. Because she said something that made me stop and think and it was, 'how would you feel if Ivan moves in in a couple of weeks or so and in another month you find another note, another something how would you feel if he was in the apartment and had nowhere else to go versus he was sleeping on the couch at another apartment?' And of course I'd feel horrible, especially since I am trying to make myself believe and understand that if Ivan and I move forward in whatever capacity, there will be times when I am let down again and it will be this type of avoidance like this will happen again because it's a big thing to change no matter how hard you're working. It doesn't happen overnight. And that would have to be okay with me. But I also feel with that logic -

THERAPIST: Just to say, 'it would have to be okay with me,' I don't agree with that. It's not going to be okay.

CLIENT: Not 'okay,' but I would have to accept that as part of the temporary situation. Except that it would happen. Not that it would be okay when it happened.

THERAPIST: Not okay. Not even accepted. You'd want to have room to have all of your feelings about it. Be very disappointed, be very upset, your trust hurt again. And only feeling that from a place of knowing that this is going to happen. You're with each other. You can't suddenly be different people but that it's the most (unclear). [27:28:00]

CLIENT: Yeah.

THERAPIST: So still the question is, 'what happens?' It's one thing if the things you're not trusting are what he did when he was home with his parents if you edited something out like going on a (unclear), right? Versus what if you found another porn site a month from now? [27:31:00]

CLIENT: That's my point. It wouldn't be okay for him to hide anything. But I would expect that there what I've tried to hear in here if I'm taking it in is that these things will happen, that they will manifest in certain ways and some are more extreme examples than others and that it's not okay when it happens but it would be expected as part of his process that no matter how much he wants to this cannot change overnight. It's a long pattern.

THERAPIST: And my question is what is enough for you to feel like there is progress being made, right? So I wouldn't want you heading into it either going, 'okay, Dr. Henderson told me to expect that this is going to happen,' and it just stays like this, right? I don't think you're saying that's good enough for you. If you're feeling like the transgressions, the mistrust examples are getting milder and milder and milder maybe there'll be one that's moderate again because no change is linear. Anyone, even you could be in a different place or in some way you're relating to Ivan and then something gets triggered and you're back to being sort of frantically, urgently pursuing him to make him explain something that's not productive for either one of you. Every person does this when they're changing something about themselves, right?

But if they continue to be severe so this to me should be your question as you're thinking about do I want him to move in tomorrow or a month from now or two months from now, is: what level of regret and hurt would you feel if you move back in and then an egregious example happened again a month from now versus if you didn't try to keep trying to build trust and then that thing happened and now out it's a very different scenario. And I don't think there's a right answer to this. It's that people do different things. People if you feel like you could keep working on it with him and living together in an even deeper way, that's another thing to consider, right?

CLIENT: And I brought that up your example of living apart wasn't necessarily permanent, that if Ivan could move back in it wouldn't necessarily be a permanent acknowledgment of now we're a couple again, now everything's back on track, now everything is permanent and lifelong. It could instead be (unclear) to escalate the efforts or escalate, I mean facilitate the effort I mean it is different. Efforts do look different when they come in three hour blocks in an evening versus living together. [30:44:00]

THERAPIST: Like maybe you feel you'd get different data actually.

CLIENT: Or maybe it would be better and I don't want to set myself up for failure but maybe that would be nice. Maybe that would enable I guess I feel uncertain when she says how would you feel in another month if Ivan moved back in and this happened again? Because whenever Ivan moves back in, that's on the table. That's going to be my thought for a while, like a year or more I'm going to think, what if, and I'm going to be worried. But I don't know that that's necessarily a justification for us living in separate apartments for many more months or a year, right?

THERAPIST: What, as you said after having conversations this weekend suddenly made you feel less ready? Tell me more about that.

CLIENT: I always always is a strong word but I find myself underestimating him. So we log all this positive time, we're going to couples counseling. Ivan is working on things. Ivan is doing all these things and I think that I come to like a certain point within myself where I am no longer breaking into a million pieces the minute I think about one of these things. When Ivan and I sit down and talk about it, I find like all those same questions coming out, like why and what did you think and why is this and how could you possibly feel this way about me but act this way? It opens it all up again and I feel frustrated with myself because I feel I should be above that. But it's very, very painful to talk about it. I almost found myself yesterday was one of the scheduled ones and I was like, 'I don't want to do this,' which is bizarre the person who always pursues the conversations, who wants to confront things, always out in the open, wants to make this progress, wants to give this marriage a chance to do that, to say or even think, 'I don't want to talk about this.'

THERAPIST: I'm so glad you got to find that in yourself, Ramona. I know it seems strange to say but it's really, I think it's really powerful and important for you even as a couple to know this is painful for me, too. You can feel for a second what that avoidance feels like because it's scary to talk about. I do think the way you're just talking about it, maybe even in here, it's scary to get into this stuff. What does it mean? How does it feel? We've talked about it a little bit but you and I even so much more.

CLIENT: That occurred to me the other day.

THERAPIST: So much more about what's really impacting you, how this relates to your history, your feelings of trust, your feelings about your [27:28:00] own sense of self which I think you which I think you're scared to open up even in here because things are going along okay and it's probably such a relief what's happening with Ivan after where you guys have been. You really do want this to work. You don't want to get divorced. And I don't think he does either. That's where both of your wishes are. But if we start to open up all his stuff what's going to happen?

CLIENT: It's painful. And it's hard to hold all that positive stuff in mind just like it's hard to hold all Ivan's positive traits and all the reasons that we wanted to be together. It's hard to think of those. They feel so overshadowed in a moment of talking about these huge and I actually said to him, 'so if we stay married and eventually we have children and we have a home and we have this marriage, can I picture myself one day like sitting down and looking at our children and thinking at one point Ivan did those things. Would that ever be okay?' And I kind of started to think about that because Dr. Farrow said, 'whatever you do, this trouble will always be a part of your marriage.' And that felt hard. That felt really hard to bear. And I don't know how couples do it because clearly couples have hard things. I don't know how they hold it all.

THERAPIST: It's true that just like this challenge can't have never happened. It's more that people grow back together from something like this, to learn to live alongside it, to put it into context, but it doesn't disappear.

CLIENT: And I think that that's okay, but I also at the risk of being critical of my mother, I don't want to what happened there, where seven years later my mom will just still bring it up in casual conversation, will still get explosively angry with my dad over something unrelated and it's about the affair. She'll still make inappropriate comments about the affair to my sister and me. Of course I would never want to do that to my children, I would never want to do that to them, but I don't want to do that to Ivan either and that wouldn't be healthy for me or helpful.

THERAPIST: Yeah, absolutely.

CLIENT: So I just want to know that if we process this and get through it and we move on and put in the positive efforts. But the knowledge that there would be a lot more bumps in the road hopefully nothing like this that I can do it in such a way that I don't need to like keep coming back to it.

THERAPIST: That absolutely is in the reach of this when it works for couples. That's what happens. It's processed enough so that it doesn't remain a kind of constant irritation that keeps bubbling to the surface. What happened to your mother is that it never got processed or discussed in ways that build back up a trust and new foundation together. Couples sometimes when things like this happen, can believe that a relationship gets better than it ever was before. It doesn't mean it shouldn't happen, but sometimes when what has to get opened up and processed allows a new kind of connecting that never could happen before the incident (inaudible). [37:35:00]

So that is possible if that's what the two of you decide that's what you want to do and you're doing, he's doing enough to trust him again. If it's constantly a thing where he keeps losing your trust that's a different thing. That's more about what continues to be happening as opposed to the thing back there. But it can be processed. So we have just a few minutes. So I wonder what it would be like when's your next couples session?

CLIENT: Wednesday.

THERAPIST: Wednesday. To sort of be able to say, 'I realize that there may be a part of me that was even hesitant to really get into it once we finally had the opportunity,' because of how well things are going. And to say, 'let's just do it. This is scary but it's going to happen so that you're not in the situation that your mother's in where it's haunting your (unclear) forever. And really just do it then. And then the next session here really doing it see what that brings up? Does that feel doable? [38:35:00]

CLIENT: Yeah. I must say I do see myself at the slightest hint of this could happen again, or even the slightest hint of 'things are going really well,' a desire to really, deeply push back away because it's just so scary and it's just so hurtful that I don't want anymore and I'd almost rather hurt him and say, 'no, I really don't even care about the relationship,' which it feels like if I could express that emotion it would like it's not true of course or tell him I don't want this relationship, I told him that the other day. I'm like, 'I don't want this. I don't want it.' And it feels like if I could just

push and push and push then this won't happen again. And I won't be set up like even the positive stuff won't happen but I won't be set up for disappointment. It's scary.

THERAPIST: It's terrifying.

CLIENT: And I feel myself slipping back a little bit into the 'it's my fault' or not feeling healthy feelings towards myself which I'm upset about because I don't want to slip back into that.

THERAPIST: How so? What are you saying is your fault?

CLIENT: Like how could someone, thinking that Ivan must not have respected me to do these things; must not have -

THERAPIST: So you're not a respect-worthy person you mean? Wow, Ramona.

CLIENT: I know that that's exactly the thought that we worked so hard on before so I'm sorry to say that I've slipped into that a little bit, but -

THERAPIST: I heard you say that that's exactly what happens.

CLIENT: Right.

THERAPIST: When things get more stressful or scary, people revert back to old patterns that kept them safe. That's a way of thinking about it, actually. I think you're terrified right now. If you really let him in. This is what happened to you as a child. You reverted and created the explanation it must be me and my badness, as a way to protect yourself. I think that's what's important to hold onto about it with Ivan is that this is what you're saying you're scared. If I let him in to be hurt again. You're so tired of being hurt, hurt as a child all the time. And the explanation it's just me and my fault and my badness. If I hold onto this I'll have more control of the situation. I think that's part of what's scary right now is that it's just unknown. It's unknown is he going to hurt you? I don't know if he's going to hurt you again and I think there's a way that your mind is kind of understandably trying to kind of create ways of not getting hurt again including like pushing some of the bad stuff under the rug in the way he's done. I think you did that with your parents too how hard it is to say 'this really hurt me,' to really know it. Will you journal a little bit this week?

CLIENT: Okay.

THERAPIST: Just even not from the necessarily the "coping" journaling but really kind of giving yourself another reflective space where you can take a half hour at some point just to kind of say, to get down what all the feelings about where things are with Ivan and what you're scared of and whatever seems available to you. I also want to encourage you that whenever you have these one on one conversations with him just to try to keep in mind that you're terrified. And I think one of the things you do is scramble for control when you're terrified. Blaming yourself is a

kind of control. Getting him to speak is a kind of control. Withdrawing is a kind of control. Trying to get answers right away that he doesn't have is a kind of control. And the more you can kind of say, 'wow,' to really share with him, 'this is a really scary conversation for me to be having. You're not the only one scared here, Ivan. I'm scared too. I wonder how we can feel our way through this thing without doing to each other what we usually do.' I think you'll get each other even more when you're having that conversation and you'll start being able to own what you do when you're scared. You don't have to do anything that's going to hurt you, Ramona. You don't have to move in tomorrow. We can take this as part of what (unclear) is saying 'let's make this one step at a time and one week at a time.' And right now even a few weeks could make a difference about getting your bearings around this. Okay? [43:40:00]

CLIENT: Yeah. Did you find out if -? [Audio cuts off]

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I haven't heard anything from the insurance.

CLIENT: I haven't gotten anything from them either, so.

THERAPIST: (inaudible).

CLIENT: I guess okay.

THERAPIST: We stopped there.

CLIENT: Yeah.

THERAPIST: What? You're smiling.

CLIENT: I guess I don't know exactly I guess overall I'm anxious sometimes, symptomatically, but -

THERAPIST: Symptomatically, overt symptoms, you're saying are okay.

CLIENT: I think they're okay. I'm more aware of how I deal with it than I had been many months ago. So I did sort of catch myself this weekend but I actually really needed to organize like a lot of things in my file folder box whenever I needed to sort things. But that was actually something that actually needed to happen so we're going to do for the thing for the sake of relieving some anxiety. And I actually feel pretty good because I haven't done that type of thing, like I haven't reorganized half the apartment or anything like that in a long time so I think I've maybe that's good.

THERAPIST: Yeah. I started thinking about it getting organized and trying to get things under hyper-control is debilitating your life that's when it becomes problematic. Or debilitating to your relationship or something like that. But if it's not, it's not a problem, right?

CLIENT: It could be simply getting organized about something.

THERAPIST: Or a minor defense that actually having adaptive (unclear) to get some things done.

CLIENT: I will say sometimes I am, I do notice there are certain things I do that I think are a bit obsessive compulsive and that that's like an underlying it's not debilitating to me or to any of my relationships that I know of, but I guess I am aware that sometimes my anxiety coping with it takes some forms of that. So there's that and lately I have confronted myself with avoiding.

THERAPIST: Confronted yourself with avoiding?

CLIENT: Yes. So you asked me to journal this week.

THERAPIST: Yes.

CLIENT: I didn't journal this week. And there were days when I thought about it and well, most of the days I thought about it but it was usually, 'oh I really need to get this done,' or, 'I worked 7 to 5 and I'm tired,' or like, which had some and then I thought, 'maybe I don't really need to be so hard on myself if I was really productive at work or I got a lot of things settled. I got all my insurance settled for 2014, I started working with my loan repayment. I did a lot of big things that are stressful. And did have two conversations with Ivan. Dr. Farrow is having us do these like scheduled but I did find myself not wanting to have them, not wanting to do the journaling, even like just not wanting to deal with it.

THERAPIST: So there may be something along the line of when things are going okay, almost like why look under the rug?

CLIENT: It's things we actually had a scheduled conversation that was supposed to be about an actual thing one of the things. And I explained to him that I was aware that I was doing this, which is difficult because I could confront him with doing this and I'm usually the one who wants to confront, pursue and resolve and have everything very much on the up and up. But I told him it's kind of difficult for me because I've been very unhappy in the relationship for a significant amount of time over significant things not little things. And so the past couple of months or so when we've had all this positive time, even in chunks and even in pretty normal activities nothing like extravagant, dinners and conversations about our day. There was a time when he surprised me and got pumpkins like close to Thanksgiving for us to carve. There was a **day this past week** when I came home and there **were roses like in a vase on the dining table**. Just so nice and just **having a really positive time with Ivan** and really looking forward to seeing him at the end of the day.

It's been I think I looked forward to it for so long, or I've wanted it or missed it for so long that now that I have it part of me, an irrational part of me kind of wants to just, as long as the things that happened aren't happening anymore, wants to say it doesn't matter or I don't want to revisit it or I don't need to formally resolve it because it's not going to happen again because it's water under the bridge. And I know that's not true. And I know the goal of me doing work in here is to actually deal with it and then move on. But I'm aware that part of me actually has that fantasy essentially, being so desperate for something so good that I'm willing to look the other way and I know that that ultimately isn't good. But it's just (unclear). [00:06:29]

THERAPIST: You know, Ramona, it reminds me of (inaudible). But just thinking about things you told me about kind of scenarios where your mother would identify or something would happen where she'd go in her room and shut the door and not talk to you for a very long time and you're left outside feeling so desperate to get her to speak to you, desperate for her to come out, desperate for something to happen. (inaudible) I was sharing with Dr. Farrow because I was trying to help, just hardwired for understanding about the quality of what's inside you, I think, like the feelings of pursuing Ivan and has some of that old stuff in it for you; what you must have felt towards your mother when you were truly abandoned by her withdrawal in a way that was very, very traumatizing for you. It is not okay for parents to just shut kids out and ignoring you for as long as (unclear). And I think it left you in a kind of frantic place, trying to scramble to get her back. I think that's a little bit of how it plays out with Ivan, too. (inaudible). [00:06:59]

So I'm saying this (unclear) because one of the things I also do know is that you never talked to me about what happened afterwards is that if you're in that kind of, as a child, or even as an adult with that child, it can really trigger that anxiety for someone to not leave you, come here, talk to me, don't go in your room don't shut me out is that once the door is opened in that state and she's back he' back I could imagine the relief, 'thank God the door's open.' Just feeling such a relief of the frantic anxiety that, of course, in a way you'd want to just keep that around for good so that she never goes in her room again. Do you know what I mean? And so the urge to say, 'okay, I don't even need to know why you went in the room and shut me out to begin with. I'm just so happy you're back,' makes a lot of sense to a child. Do you know what I mean? You must have been so relieved when she came back to you. And I think that makes sense then with Ivan. It's sort of like a piece of 'I just want this back.' You don't want to have to go back, like when he's back in the room with the door shut. That feels awful. And what I don't think you know from your relationship with your mother in this context is how do you get through conflicts and (unclear) even with your child? Will the door be open so that you're talking about it? You're directing it? You're having a conversation about it? But it doesn't mean that someone has to go away whenever things get brought up with him. (inaudible)? I don't know if you remember what would happen (unclear) when your mother [00:08:16]

CLIENT: Oh I know.

THERAPIST: You do.

CLIENT: Because it still happens just over the phone. I mean she'll hang up and I won't hear from her for days and then I'll try to call her back and she won't answer. I mean it's ridiculous it's kind of ridiculous but it feels abandoning even though I'm 25 and do not need my mother to survive. I do not need her in that sense at all, obviously. But it's emotionally really difficult and eventually what would happen at home, then eventually she would be like upset still but I'd apologize and in a couple of days it would be more okay.

THERAPIST: You'd apologize.

CLIENT: Yes. And that's not to say that when we did have the argument that it wasn't I didn't say things that I needed to apologize for, but I guess it's hard because I'm clearly not objective and clearly my memory of it is my memory and not the ultimate truth but I guess I do feel like when she would go in her bedroom and shut the door and lock the door or when my dad would storm out and drive away to calls, that they didn't ever say, 'sorry I walked out.' 'Sorry I shut the door.' 'Sorry I left you crying to deal with it on your own.' Or even acknowledge that even if I was put into that role, I wasn't an adult on their equal level where I had the same not that adults should do that to each other -

THERAPIST: Yes, that's true. But you shouldn't do that period because I was thinking I don't think you could keep a friend around who hung up and didn't call you for days.

CLIENT: It's a bit extreme.

THERAPIST: That's not a nice person.

CLIENT: It's a bit extreme especially to happen over something that isn't huge, if that makes any sense.

THERAPIST: It's never warranted, actually, even if you hit and kicked her. It's not warranted to shut you out for that long. Do you know what I mean? The only thing might be, 'okay, I need to go in the other room for a minute to take a deep breath because I'm going to say something that I'll regret,' or something like that where she's just sort of removing herself to get her bearings and then come back and address it with you. Do you know what I mean? Even if you've done something really outrageously wrong kids do that, right? That's actually being a child and part of how kids learn to be adults over time in the world is not to handle it that way.

CLIENT: I think at least it also feels like a repetition is because in my mind most of the fights I had with my parents were along the lines of bringing up topics that were really unwelcome like, 'can you help with the house?' 'Dad, can you please you promised to do this in the yard and I cannot do it. Can you please come over?' And clearly, I mean they didn't always take on the polite voice of 'could you please?' There was a lot of anger but that would result in a fight, not in a and so it does feel like that with Ivan or it did feel like that with Ivan where that would be literally like so similar like, 'Ivan could you please do the laundry?' Over and over and over, argument after argument still not doing it. And it's like what do you do? You do it yourself and

you resent it and you're hurt and it does not feel loving and it does not feel like a partnership with Ivan and it did not feel like a secure one with my parents.

THERAPIST: This is the side of things that actually is human between two people, instead of just being, oh we have to talk about this,' he actually, unlike your parents, is doing it doing the very things he didn't do for a very long time.

CLIENT: He is mostly but I don't want to be overly, I don't want to put everything under a microscope, but over the weekend I realized the laundry is starting to pile up. What if this is going back to the way it was? Ivan hasn't scheduled it was at a certain point a day or two after Ivan hasn't scheduled any conversations. Oh, my gosh. What if Dr. Farrow is right? What if it's the same pattern? I cannot do it anymore? And with Ivan my parents, it was always my mom going back to her bedroom, shutting the door, locking the door, not picking up the phone, not talking for a couple of days or so. With my dad it was, 'I've got to go to work.' Out the door, slam the door. Drive away. And with Ivan it's sitting on the couch, staring at the floor and making himself small or it's refusing to speak, refusing to engage. It's such a trigger for me and it's so difficult. It feels horrible. It feels absolutely horrible for me to see myself as someone who is just like, I don't know. And for me there's so much pain and the people around me, at least most people in my life have been able to I don't know. [00:16:05]

I don't need Ivan to survive. I don't need my parents. It's not as though it's not like that anymore. It feels emotionally like, I don't know it feels like that.

THERAPIST: (Unclear) of course you know intellectually what you need to survive, but you did as a kid. So when these hot buttons get pressed we should just you're not alone in what happens as you get back to the feelings that this is kind of a life or death withdrawal. Do you know what I mean? And I think the more we kind of get to know that feeling, the more you'll slowly find that the emotional part of it that doesn't mean that it's okay, it doesn't mean you're (inaudible) upset by the behavior (inaudible) but it might change your orientation to how you relate to it and how you problem solve around it. This is what I'm try to say. The balance is that Ivan is actually doing that. You're not making that up. This is not your transference you're projecting onto him because of your history. He's actually doing something that's a total repetition of your history. The part of that that is yours is that because it is an exact repetition of your history it hits the hottest button inside you so that your responsiveness to it is pulling you back into a kind of childlikeness. This happens in all (inaudible), right? So the more we keep working on those feelings, I think the more you find okay of what's leading to what he's doing it doesn't have to hit so much of a hot button where your life is on the line the way it actually was as a child. [00:17:46]

CLIENT: I would like that. I guess I would also it's hard because I know it's, I know it's I mean we've talked about this in couples therapy when I present a topic or any type of topic that comes up that is difficult for Ivan, it's his tendency to withdraw into himself, it's my tendency to pursue and I notice in those situations that I sometimes even find myself just saying more things because no one's talking, no one's talking and it's just me and I find, like I wouldn't need to like

the conversation would last five minutes if Ivan would talk with me, but it lasts an hour because I spend most of it trying to get him to talk to me and I get so worked up that he won't talk to me and it seems to someone outside it might seem silly, like would that work out because he doesn't seem to want to talk right now? But it feels like being shut out. It feels just as unbearable as having the door slammed and knowing how upset I am I can't get it to open. It feels horrific.

THERAPIST: So Ramona, here's what I wonder. If you can bring yourself to a session, you bring something up, Ivan does what Ivan does retreats, looks down at the floor, stops talking. What do you feel when he does that? What's starting to happen inside?

CLIENT: I get panicky. Literally, inside, I get worked up. I start getting more upset about the actual topic because it's no longer just about the topic. It's like, 'you did this and you're going to refuse to talk to me about it. Not only are you not apologizing, you're ignoring me which is doubly hurtful. It feels unbearable.' And Dr. Farrow's advice has been well, Dr. Bourd (sp?) has told Ivan to come up with literally like a tool, where when you're having a conversation and Ramona keeps wanting to talk and you find yourself, to Ivan he says, you find yourself not speaking but withdrawing, you take a 20 minute break but verbalize that you will come back after 20 minutes and you're not just -

THERAPIST: To kind of say I need a little break and will come back in 20 minutes. Say that out loud.

CLIENT: Right. Right. And then come back to it and it could be different, more productive. We haven't had a lot of luck with that yet.

THERAPIST: Has he tried it?

CLIENT: There was I was frustrated. Like last week's homework assignment to the conversations so we did one and we got to 40 minutes. We were supposed to go for 40 minutes and I said okay, I think our time is up and Ivan wanted to keep going and I got upset about something we were talking about and it was something that had already happened. It's not like I was upset at him in the moment, I was upset about one of the elephants in the room and at which point Ivan then said I think our time is up. And I'm like -wait a minute that's not fair. So it did not work in that. Ivan says he thinks he said 'let's take a break and come back to it.' I heard him say, 'time is up' and that feels different. And Dr. Farrow said, 'well, Ramona I think you dissociate sometimes and you don't hear things when you're upset' which may or may not be true or Ivan might not have said everything he was thinking but I will say that when those things happen sometimes, maybe it was my parents no definitely it was my parents but also with Ivan to some extent I definitely get to a point where I know that I'm doing it and I know it's wrong, but I'll say to him like, 'then just go, like just go for a walk, please leave, please, please.' Because I sense that I'm being ditched. I'm being abandoned. I'm going to have the door shut or the phone hung up or the like, I just can't bear it and as much as it's like not at all what I want for him to leave, it's actually the exact opposite of what I want I push for it to happen. And Ivan frequently just he's like, 'okay.' And he puts on his shoes and gets ready to leave and I'm like, 'are you'

kidding me?' Like and I know that that's not fair, to tell him to do something and then to be like, 'but what I really wanted you to do was really trying to manipulate or force you to if things got to that point for you to say, oh you're right. Look, we need to talk. I can't just walk out.' It's not fair to do but it does feel like an unhealthy, albeit, but like a coping mechanism, because it's unbearable. [00:23:20]

THERAPIST: It is in a way the taking control of some of those, your, feelings about to happen to you when you get shoved out of the way. (inaudible). Do you know -? I sometimes feel like I don't know that you know (inaudible).

CLIENT: I mean, I know I still feel it. I still experience it sometimes. I know it, but I don't know anything relative to it. So I don't -

THERAPIST: Yeah, you often say, 'yeah, I'm used to that.' And I think that that's part of it. It's like it's so annoying to you that that's the way the world works almost that is the way you're (unclear) works. [00:24:06]

CLIENT: I don't think that that happened to all of my classmates. Like I don't think that that happened to everybody else. But I also, I mean they experienced different things in their home life that worked okay. And I'm saying that everybody does and so it's not a typical thing. There are definitely some elements of it that are above and beyond the normal.

THERAPIST: And it's a particular kind of abuse, do you know what I mean? There are lots of different ways people (unclear) each other. But I (unclear) of me to actually imagine something psychologically worse, in a way, than I could of being shut out. Even being there and hitting you, there's something about the total, the capacity of completely cutting out and not think that you're getting tortured with anxiety. As kids this is your basic survival attachment. If you don't have this person you have nothing inside to rely on. So to me it makes a lot of sense that when Ivan is withdrawing on the couch it is triggering panic in you.

CLIENT: I'm genuinely upset by what he's doing. I'm not sure that I would be as I'm sure my experience would be different had I not experienced things so similar so many times growing up.

THERAPIST: Yes.

CLIENT: It also to me feels like so when my parents would do that it among other things it would feel like they came first, essentially. Their need to walk out. Their need to not deal with it. Like it's too difficult to talk about. It's uncomfortable. It highlights something that's critical of them.

THERAPIST: It's extremely selfish that their discomfort runs the show.

CLIENT: But that's what it feels like with Ivan. It feels like my pain over what you did doesn't come first. Your shame over what you did comes first. And that is not sustainable just as living with my parents would not have been sustainable, maybe.

THERAPIST: So that's the part that gets treated with all kind of rage like, 'how dare you think you get to come first and you get to do this?'

CLIENT: It does feel completely that's the thing. Last week you said the different ways in which I try to gain control in that conversation and I was really struck by it. And it stuck with me because it was kind of like everything I did and I thought what would it look like if I didn't try to get control and wouldn't some of those things be part of a normal conversation in which one person you know, not every person was trying to get control, like expecting or wishing the other person to speak as part of the discussion. Like I understand the way in which I try to force that and that that's part of my controlling it but I also think that there's part of that that's very basic. Like anyone that would have a conversation with someone else you might not feel satisfied if the other person didn't talk and that might not be a control issue. That might be like a -

THERAPIST: Ramona completely. This is where I both and you as a child are actually being the one more mature than your parents, like saying, 'please come out here and talk to me.' Like, so we can call that being controlling in a way, but actually you're begging for something to happen that should be happening.' That's not you being sort of like wildly trying to control everything. I think one of the things it does how do I describe this? You get pulled to the place where in some ways the only thing that could happen is for you to try to control more in that scenario as a child, right? They've gone. The only thing you can do is try to beg and plead at that point, as a protective control thing. And the same thing actually is happening with Ivan, right? The thing that might look different right now with him, that I don't know whether this would change move things in him or not with your parents it wouldn't when you were a child I'm sure of it. I bet you probably tried this when you were really young and decided it didn't work. But I wonder about saying you're in the heat of the moment and starting to look at what happens inside you when he withdraws, and sharing that out loud, with Dr. Farrow, with Ivan by hearing that one of the things that happens inside you is that you get panic-stricken. He right now feels you're coming after him as a kind of controlling attack so he feels you as the aggressor because of his history, my guess is; that he probably has some transference to you where he goes inside to protect what little part of himself he's trying to hold onto and he feels pursued and attacked further. That's his experience of what's happening. I think if you could start to share out loud that actually you are scared when he withdraws you then become less of an abusive figure, right? You're not attacking him because the only thing you're feeling is rage. You are feeling angry that's for sure. It might even be rage there, but alongside it, Ramona, I think the thing that pursues most powerfully, is your panic.

CLIENT: I mean I try to tell Ivan it gets so frustrating and I get so worked up that I don't know what to do. I've tried to tell Ivan that I do feel like it wouldn't result in an actual fight, it would be so brief if he engaged and talked with me instead of me spending so much time trying to get him to the point of talking to me.

THERAPIST: Okay. So we're going to stop right there because the words that you just used as you described to me what you said to him were, 'I told him that I get frustrated and I told him that

I get really worked up and that it would work so much better if he'd just try to engage me.' That reads, as I hear it as anger at him, really worked up with anger and this is what he needs to do differently so that I'm not as angry.' It's a different line to say, 'I'm going to tell you -' Does he know this happened as a child, for example? Does he know about it?'

CLIENT: Yeah. He does to a certain extent because he's even gone through I mean when we were dating at times when there would be a fight, Ivan would hang up the phone and shut it off for the weekend. And for two days I would be so worked up and it was such a complete repetition and it felt so cruel. So, so, so cruel. And I told him like how hurtful and how worked up and how like even, 'like Ivan, I cried for so long after you shut off your phone and I tried to call you and this took so much of my weekend I spent.' I feel it's not your fault, it's not I've tried to if it's not transparent how hurtful it is by now.'

THERAPIST: It's hurtful, Ramona. It's not just to you, it's hurtful.

CLIENT: I can tell him I can use the word panicky, if that can help, but I guess at this point if my parents or Ivan didn't realize how hurtful that is to do that, just to have done to you, I don't know what I can do exactly to but there is something that happens in this process that I'm aware of that's not okay on my end and that's with any of them, turning their back on me or, and it's around a discussion that's really not about something that's my fault so my mom not taking care of the house even though she's really angry at me and yelling at me it's not my fault that she didn't do it and it's maybe not (unclear) of me to confront that. It's like with my dad, never being home it's not my fault that he's never home and he can be angry with me for bringing it up but it's not my fault. Or Ivan can be really angry with me for bringing up housekeeping or the job or grad school or the lies or he can be really, really angry at me and project a lot of rage at me but it's still not my fault that he did. It's not my fault and so when they respond by withdrawing or shutting me out or abandoning me or when I've already perceived that they've put their needs first, their desires first by not cleaning the house, not coming home, putting work first, being too whatever to get up and take care of the apartment or work five jobs or work 40 hours a week I feel like they've already put themselves first and then to abandon me in the actual discussion of what happened feels like an even more powerful example of how unimportant I am or how unloved I am or how my pain doesn't matter and then I know that I have said things in anger in response to that and I've almost come to this belief that I know isn't true and I'm aware is not true but this belief that I can't hurt them.

THERAPIST: (inaudible).

CLIENT: And I know it's not true but it never seemed to -

THERAPIST: Didn't affect them that you're crying outside the door. There's some truth to that, again, of course, you would never do something really extreme (unclear). I think you are picking up on why is your mother not going, 'oh my goodness, my daughter is crying. What am I doing here? I don't know what I'm doing here. I'm going to stop this right now. And come out and say, 'I'm sorry I didn't handle that very well. I'm mad for what you did, but that's not the way I should

have handled it.' That would be the effective and I think this is where your sense of self started to really, really deteriorate as not being of worth. If you can't cry and say you're hurting me and have the person say, 'oh really, tell me. I didn't know I was doing that and (unclear) change. (inaudible). [00:35:47]

CLIENT: It's a hard thing for me to break. It feels like I've done a much better job of it with Ivan in terms of almost trying to say something really, really hurtful because I don't believe that they can be hurt or because I want them to start to experience something in response to the pain that they've caused me, some kind of like -

THERAPIST: (inaudible) effective. (inaudible) effective.

CLIENT: After my dad had his affair there was a point at which I told him I hated him. Like the most hurtful thing possible and like it still haunts me that I said it and I just, like I wanted so desperately for someone to feel pain for what they did to me. Feel some of my pain, acknowledge it. Not that it clearly, it doesn't work that way. You don't get any of your own you don't get anything back by making them feel a fraction of what you think they made you feel, but it's a lie that I sometimes, it's felt almost like a coping -

THERAPIST: Well here's the thing then, Ramona, because you didn't feel like your parents were holding your experience in my mind when there was a quieter version of it, like tear in your eye, crying in a corner, or even looking sad or something, and then to have that affect them and say, 'oh, Ramona this must be hard for you with what's going on between your mom and dad.' You didn't get any of that. This is what happens with kids. They then ratchet it up. If I am invisible here, I can't affect them, what if I do it a little louder? And if they're still ignored what if I do it a little bit louder? This is when kids start resorting to, 'I hate you.' Because, and again I see that, even though it ends up being maladaptive because it doesn't do something effective in the long run, it comes from an adaptive place. What you are wanting is to be seen. If they can't see you when you're this big or when you're this big or when you're this big you have to get really big and loud.

One of the things that I think will start to help with that as a potential shift that you actually have already done in a big way without maybe knowing it and I think if you bring that back into the microscopic exchanges with Ivan it will continue to happen. He responded when you said, 'I made space.' Right? When you guys actually said, 'okay, we're going to take some time away.' Look what happened to you. Again, you undo the past and it's a long term process. He is now seeing you more than ever before, right? Bringing roses without being asked to. Doing laundry. Again, it's not going to be perfect, but he's doing things and recognizing your need and wishes in a way that he was not doing before you took some space. I don't think this has to mean like big we have to separate again in order to get back. But it might be something as simple as in the session if you bring something up and he withdraws that pursuing him right now, he's only experiencing as aggressive because of his transfers. And I think you feel like you feel like you have to get louder and louder and firmer and firmer and clearer in order to wrangle him in order to get him to affect you.

That's you getting triggered like, you're not hearing me. Maybe if I get louder, maybe if I say it again. Maybe if I really, really, really need to hear your talk, then maybe you'll finally be affective. I think he gets affected by you when you say, 'when you get sad, when you get withdrawn,' I actually think he does get affected. When you (unclear) this time he got really affected by you. I guess one of the questions is what would it be like in the session if you sat there in silence? He doesn't say anything. Just be in that place together for a while. See what happens. Don't pursue, in other words. I actually think you can affect by not pursuing much more than you know. It could be this is why I say I don't think this is a minor thing you're sort of dismissive of it when you say 'I could use the word "panicky" but regardless. I think it's a very big difference if you say, 'I feel panic stricken when you withdraw' versus 'I get frustrated when you withdraw.' To the listener it's a very different experience those two states. One feels like an attack. One feels like actually you're saying look at my (unclear) right now. I get really scared.' [00:40:12]

And I think, Ramona, that's the part, the trigger part is the panic part. Of course you're annoyed at him for withdrawing. This is what I'm saying someone who doesn't have this history of vulnerability would be annoyed at this behavior this totally immature behavior, but it would read more as like, 'what are you doing? Can we have a conversation?' Instead of feeling panic stricken. The panic stricken thing I think is the part that gets in your way because it's your history and I think that he reads that because you get more like frantic with trying to get him to come back, that he reads that as aggression and the more you could just sort of say, 'I'm scared right now' and then just tolerate the silence. I don't know what would happen.

CLIENT: No. I'd be willing to try it. Could I ask you about something different?

THERAPIST: Yes.

CLIENT: So Thanksgiving, Thursday, so I kind of brought up, we had been talking about a ton of day to day things in couples, so we've had almost no conversation about what is happening for the holidays. So then Ivan and I started to talk about it on our own and Dr. Farrow said, 'give yourselves some credit and see if you can talk about these things on your own.' Which feels difficult.

THERAPIST: Meaning about what do to about the holidays.

CLIENT: Yeah.

THERAPIST: Are you going home or not?

CLIENT: Yeah, I'm going home. Ivan has expressed he would like to spend it with me but he won't push. So it's difficult. My mom is making comments like, 'if he comes it would really embarrass him if he slept in any room but with you.' Like so uncomfortable. So uncomfortable. And Ivan's parents who haven't spoken to me in four months. I keep asking Ivan like have they said anything about the holidays? What's happening? Because usually they're very, very

expressive about their wish to have us there as much as possible for those holidays. And evidently they mentioned at one point that they'd like to see us and I'm like, Ivan, you're parents still aren't talking to me not in like I've tried to talk to them and they won't speak to me but some very significant things have happened without them even asking if I was okay. Like, just absolutely nothing and it feels like a total avoidance and I told Ivan I didn't think we could transition from months of that to pretending like nothing is going on around the dinner table and I would feel that that would be very hurtful to be to experience that.

So now I feel very uncomfortable because Ivan kind of made it clear to his parents that that couldn't happen and so his dad sends me a text message yesterday saying how I haven't been forgotten and he's so pained that our relationship has become strained which makes me angry because that's not exactly that's not how I see it and that I'm welcome for the holidays. Anyhow, I was so worked up I waited 12 hours or so to read it because I was so worked up that I even had a message from him.

THERAPIST: You're angry that he contacted you?

CLIENT: No, no, no. I'm not angry that he contacted me. I was just worked up because I didn't know if it would say something like because I guess I feel as though because they never asked me if I was okay and they've been overwhelmingly supportive of Ivan and you know, smiling at Ivan, and like being very, very warmed towards Ivan. It feels like not only did they not ask if I was okay, not only like they never acknowledged that it was happening to me. They never acknowledged that like we support our son although we know this isn't okay, and if you need help we're here, like just any type, just anything. It feels almost like they blame me which they've kind of done before for his depression. It feels like when he says I'm sorry our relationship is so strained it feels like I did something. And I know I'm reading this through -

THERAPIST: No, no. I think you're reading it accurately. Here's the dilemma, just to sum it up they, I don't know this is who they're going to be unless they enter therapy themselves and it really is annoying. They avoid. They should be somewhat loving towards their son. He is their son (inaudible). He got an extreme or something, too extreme in some direction. Of course he should be held accountable. They're concerned. Ideally, they would have reached out to you and expressed concern. I think the question is, what do you do if this is who they are and how do you respond right now? We can't turn them into different people. What'll we do with that? Do you know what I mean? Like it seems to me if you want there to be some movement back towards something that doesn't feel as awkward, if that's where you and Ivan are headed, it's something that there's been a point of contact. It doesn't mean it was done wrong or maturely. It didn't (unclear) earlier. That's all true. But if you're goal is trying to get things to be less awkward for the time being, it's a step towards that goal. So this is what I might think of that. What do you actually want to have happen that will make it feel comfortable enough to go back to his home? Or is there nothing that would make it more comfortable? Do you know what I mean? It feels to me, again, this is a doorknob comment because we've got to stop, but it's hard for me to imagine you guys spending this holiday, Thanksgiving, right now together if you hadn't moved in yet together and were sleeping in the same bed. It feels uncomfortable for me for you I feel

protective of (unclear). How does that then work that then you're it would be, in other words, your first step back into being like being a fully together couple. But around your families? It seems like you might need some time doing that by yourselves before you then bring yourselves as a couple to your families, respectively. I think that's totally reasonable for you to say. It's premature right now to actually be a couple for the first time since it happened, around your families sounds horrible. It's almost too much to work on all at the same time. Maybe for Christmas depending on where things are, but that's still weeks away. What will happen to you then, I don't know. Maybe not.

CLIENT: No, my only thought was that it would give Ivan a chance to speak to my parents about what has happened and to have that to do that so that several weeks later it would still be uncomfortable but -

THERAPIST: So that's another side of it. Then you'd want to be together, thoughtful about it. So what do we do? Who are we then on this family trip? We're this here. When the environment changes are we going to be sleeping in the same bed? Would you make up a bed on the floor or something like that? Or is there some way of honoring where things are in other words, not prematurely pushing you guys into something you're not ready for but also bringing the family back in a little bit more if that's what you're both wanting, if that's what you're wanting, especially Ramona, because that's why I'm here, (unclear) your experiences. How to honor where you and what you want if that's what you want to do. Okay?

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I owe you for the session then.

THERAPIST: Out of pocket.

CLIENT: Yes.

THERAPIST: That's fine. Does that make sense?

CLIENT: Yes. I think so yes. Because the last week you're out anyway. I have to look at my (unclear) but I believe there is one week that doesn't work. But I'll call you and let you know for sure.

THERAPIST: But you don't know if it's next week. We only (unclear) for the next couple of weeks.

CLIENT: Yes. There are only two more.

THERAPIST: (inaudible). What do you want to talk about? It just occurred to me that the things that are hard to talk about in couples therapy are hard to talk about in here too. I don't know if you want to go in there or (inaudible).

CLIENT: No, we need to talk about those things. I guess I've been avoiding them to a great extent. I guess it does matter. I went home for Thanksgiving and Ivan went and he stayed in a separate room but he went and he evidently spent some time talking to my Dad and I guess that was somewhat helpful.

THERAPIST: It felt okay to you as a solution.

CLIENT: It was uncomfortable but I guess it felt like an okay step on top of which Ivan we agreed. I think I said it more than he did. He's not re-renting that apartment for this month. On the one hand it feels the same because he's sleeping on the couch and it feels the same I guess. On the other hand it is scary because it's still really, really, really difficult to talk about those things and it almost sounds bizarre but it almost feels like two different relationships or even two different people. There's the part where it's fine and things are not fine but there's a lot of progress and things are feeling really, really good and a lot of positive time and getting back on track and actually a lot better than they were before and then there's the part where we talk about or I think about those things and I get so disturbed, so worked up, so scared, so hurt that it feels like a completely different situation, a different person, a different discussion a very different feeling about him being in the apartment and that's not to say that after having that discussion the next day that I don't feel like okay again, but it's very upsetting and it's very it's disturbing and it's hard to reconcile the two.

THERAPIST: And I also think one of the things that one of the things we were talking about last time is that he's part of what's allowing you to say that out loud, that's what (unclear). But there's a way you've probably kept those parts of what you know about people who are really (unclear) separate to coping. Do you know what I mean? Coping as a child then if you were to have 4 let her back in and kind of ignore or push away out of your mind that this other stuff is happening (inaudible). So it's a new experience I can imagine, and very disconcerting to start to say, 'wait, how do I let the positive parts of Ivan and the not so positive parts which are very disappointing and upsetting to me, to be all (unclear) like to have them both come in to the same room together and sit on the couch together co-exist? You're used to keeping them separate.

[00:04:44]

And something that occurred to me I guess, so with my parents I many, many times confronted them about the big things and that is what led to the arguments more than anything. I wasn't a terrible child. I got in trouble for bringing up their things which is its own situation I guess but I don't feel as though I ever confronted them and said, 'actually, I wish when I wanted to talk about this thing that's upsetting to me that we could do it in a way that or somehow or other express that it's actually very hurtful and upsetting when you retreat to your bedroom and lock your door and don't talk to me for days, or give me the cold shoulder. I feel really panicky when

you just slam the door and drive off to work and it makes it difficult. I don't think I ever voiced that. I don't think I ever felt I had the right to. It felt like it was my fault.

THERAPIST: I also think that even if you had voiced it wouldn't (unclear).

CLIENT: Well no. It probably wouldn't have.

THERAPIST: I'm sure you tried a little bit, I mean probably before you can even remember and this would start to happen. I can imagine you trying to say something. It's not an environment where a parent I wouldn't imagine your mother or your father would say, 'oh, I hadn't thought of it impacting that way and now that I realize, I'm sorry and thank you for bringing that to my attention.

CLIENT: It doesn't go well. Even this past weekend I found myself even with my sisters like, 'there was no point to say that, Ramona.' At one point I told my mom, I said, you know it would be nice to talk about something, not the pets. Because I realized that the vast majority of the conversation with her was about the food, the pets or her mom. And she's still deeply mourning the loss of my grandmother which, I mean, it was still many, many years ago but it's still very painful.

THERAPIST: How many years ago?

CLIENT: Let's see, in college. I'm going to say four years almost.

THERAPIST: Four years ago.

CLIENT: Yeah.

THERAPIST: And she's still -

CLIENT: Several times a day she still mentions my grandmother. She talks about her. She talks about her family. She gets like it's very intense. It'll come out -

THERAPIST: Is she living in the past like a nostalgia, or something, or crying?

CLIENT: No, she's not crying. It's like a very top of her mind, any connection like she was talking about a store that went out of business. And I don't know why we didn't ask about the store. She brought up that the store went out of business and she said, I used to get your grandmother these really nice dresses and they would let me borrow them over the weekend so she could try them on and she got some really nice things from there and it's so sad that they closed. And she really liked that. It's mostly a I don't know

THERAPIST: So lots of things get put in reference to her.

CLIENT: So I feel like the vast majority of the conversation is the pets and my grandmother and it's not -

THERAPIST: And not you.

CLIENT: No and I -

THERAPIST: (Unclear). [0:08:44]

CLIENT: Because we do but it's over early and it's such a long drive and it is kind of disappointing when so we talked about 10 minutes about my new job. I was pretty much there for the weekend and it was really hard because the dogs were like playing, but really loudly. So I would literally, like stop very often because I couldn't be heard and at no point would my mom say, 'this is crazy. I'm going to put the dogs outside.' Like it just hurts my feelings and it's not and my sister said to me later, she said, 'you know there was no point to say let's talk about something other than pets because she's just going to get annoyed. It's not going to change anything.'

THERAPIST: What happened when you said it?

CLIENT: She was annoyed. And then like the next thing she said was about pets. And she said, 'oh, that was about the pets again.' So I guess in that moment she was conscientious again. And the rest of the weekend it was back to mostly talking about the pets. It hurts me that she doesn't want to talk about what's going on with me but she also like at no point -

THERAPIST: Did she ask you like, 'how's your job? How's Ivan?

CLIENT: Yes. She asked once and we talked about 10 minutes and that was like it. And she didn't ask my sister at all, at least not that I was aware of. Nor did she say to me like, 'I know things have been really tough with Ivan. I just want to let you know that I'm here.' Just any kind of vague acknowledgement even if she didn't want to pry if that was like so it's really hard because it's very much the same situation. It's just really hard and I ended up helping her with Barley and that was hard.

THERAPIST: Ramona, when you started to say that as a kid when you would confront your parents it wouldn't be around stuff like, 'you know it's really hurtful when you close the door to shut me out for a long period of time.' What would it be about when you said that? Would it be about the house?

CLIENT: It would be about the house. It would be about the pets. It would be about my dad never being at home or his clients not paying or him not doing bills.

THERAPIST: And what would it look like when you finally confronted them? Was it yelling? (inaudible) down? [00:10:57]

CLIENT: I would say it's very safe to say over the years that it took the form like not mentioning it at all, and retreating, yelling and being furious and angry. Describing it in not graphic terms but I would say like, the house is really filthy which it kind of was but my mom was angry that I didn't say like, it's not clean.

THERAPIST: How would they respond if like you yelled? Sorry.

CLIENT: No, but there was more. Like rational conversations?

THERAPIST: Yes.

CLIENT: Where I would say like, I don't know, I don't know, I felt like I would confront it very rationally. We would have like a calm discussion. I mean it didn't go anywhere and it wouldn't end well, but even to say, and then there was a lot of bargaining. There would be a lot of bargaining like if I clean the whole house, Mom, will you vacuum the stairs? I just don't want to do it. It would just be a nightmare. Or with my dad oh I see that you're so many years behind on bills but if you handed your clients bills every time you went and he would always say no and we would always go back and forth and would take the shape of many different styles of confrontation but in the end -

THERAPIST: And would they respond to like what would happen when you would say -

CLIENT: There would be anger. Very, very, very rarely my mom would say like, it would be almost a depressive, self-deprecating response which would be like the most positive response you could get like, 'I know it's such a mess. I can't believe I've let it go. Like it's just terrible.' Or my dad, 'I know I'm so behind, I know I'm not really home, but I really do care and I really want to be there and you're so important to me and -'

THERAPIST: And no follow through.

CLIENT: Right. And the comments were what they were and you could take them for what they're at.

THERAPIST: Ordinarily, what would be the more typical response?

CLIENT: Anger. Walk away. It would be critical. Or there was the time I came home when my mom was actually doing some cleaning and I would say like, 'wow, it looks great' and that stuff. And then she'd be angry like, 'you're so positive when I do clean and when I'm not you're not happy with me.' Like, it was just really difficult. Of course, they would try to remind me that no matter how much I wanted it to change, they had to want it to change and until they did, it wouldn't happen.

THERAPIST: And where was your sister in this kind of debate?

CLIENT: She was like five years older four and a half. She wouldn't be there when I was in high school.

THERAPIST: So this was in high school.

CLIENT: No, I mean middle school, not high school. And I was helping with the pets even younger than that.

THERAPIST: And did she take on some of this kind of It's very unusual in other words for some I'm impressed, for example by what you were even able to be on top of yourself at that age to know your father's not doing his billing and then to like take it up with him.

CLIENT: It wasn't just, it wasn't like I just caught on to everything. My mom was just very explicit on my dad's faults and to make sure that we (cross talk) first. Yes. She was always very openly critical of him. And there was that but there was also coming home and finding a notice on the door 'your phone will be shut off if you don't pay your bill.' And then my mom would always be, 'I guess your dad forgot about it.' Or he lost the bill. Which was true, sadly.

THERAPIST: But then you were really getting pulled into stuff.

CLIENT: No. It was always, I mean like that's not the question. Getting very pulled in answering the phone and knowing it was like a creditor asking about or my mom going I mean she would go into a lot, a lot of detail that was never okay and we were exposed to so much that we ever needed to know and the worst part is, 'my mom would always say, 'you don't know the half of it.' We would get so drug in and then be like almost guilted for not knowing more.

THERAPIST: You shouldn't have known any of that stuff. Even if that stuff were going on it would be so much better had you been protected from it. Do you know what I mean? So (unclear) between your mother and your father even if the electricity got shut off, the kid who really doesn't understand why is in some ways at that point is in a better place than the kid who is being pulled in and vented to about the other parent.

CLIENT: It almost like better but worse that it was true that when he sent out bills and his clients paid which were two things that he didn't always do the billing. He didn't always have an office so he would do the entire practice and all the paperwork which he was not trained to do the business stuff but not at all. Which wasn't his fault but which is why people have practice managers. But he would not do that most of the time so he would not necessarily do all the bills and then even for a lot of the clients when they did get bills they wouldn't necessarily pay and so we had one client who had tens of thousands of dollars in outstanding bills and my dad would still go into work for him for a very long time. So I guess the point was when something happened like that, when someone called or a bill was overdue, it was better knowing that he forgot or he didn't cash a check or he didn't collect a bill, than thinking my dad doesn't have the ability to support us, but it was worse because it was like my dad actually had a lot of potential

to make an above average living, that would more than cover our needs especially since my mom never supported the house and was like too disorganized to take care of our phone bill, things like that. So it was just really hard getting drug into it. Going home is really hard. My mom has turned my bedroom into her bedroom which is really, really, really upsetting and I'm not allowed to tell her that it's upsetting because she goes into well your dad doesn't get home until midnight and he wakes me up and actually I bought a queen sized bed for your room and moved your old bed out because I like to have the pets with me and now there's more room for the pets and your room has always been my favorite room in the house. It's so quiet. The whole house is quiet. It's in the middle of nowhere. And it's hurtful to me because she's very unkind to my dad, very unkind but then complains that he's not home but I don't think she wants to spend any positive time with him. But it's hard to be critical of that because I know very well from growing up I would so often say, 'like you're never home and this is terrible,' and then when he would like come home at 10 o'clock which would be early for him sometimes and knock on my door and be like -

THERAPIST: Ten?

CLIENT: Yeah. Yeah, no I'm not exaggerating when I say that my dad is a workaholic. People don't understand. This doesn't mean like a 50 or 60 or 70 hour week. It's much more than that. He works seven days a week.

THERAPIST: Very, very extreme.

CLIENT: It is very extreme.

THERAPIST: People use the term workaholic and colloquially they talk about people who have a hard time leaving work at the door. Really extreme.

CLIENT: No, it's his whole life. We grew up watching that but very, very extreme examples of that. He's probably better than his dad was but it's just hard hearing about all of it, it's hard -

THERAPIST: You said he'd come home at 10 o'clock at night sometimes -

CLIENT: Right. And then he'd be like, 'how was your day? How's it going?'

THERAPIST: At 10 o'clock?

CLIENT: Right. And I would be so ticked off and like, 'you know what? I know I said when I want to talk to you and you're never home at 10 o'clock, like I'm ticked off and I don't want to talk and I want to be left alone.' Or if he did come home at a more reasonable hour I was still angry at him for so many things, it was like 'no, it's not a switch that I can turn off.' So I understand to some extent but it just hurts me that with my mom her response hurts me and now she's moving to a different bedroom and that's like even more extreme and it's just hard and I don't want to hear about it.

THERAPIST: What were you feeling? I mean it's just so much.

CLIENT: It was really, really difficult.

THERAPIST: And like what can you kind of ground me in what you're there and what is it like inside what are you feeling?

CLIENT: Probably a lot of anxiety and a lot of anger and hurt and so like so hurt and so darn angry that we had to talk about the pets so much like I could barely talk over the dogs and that didn't bother her. I offered and this is how it goes I offered to help her go through some of her books. My mom has a couple of thousand books. She really has a ton of books. So many. She has a huge den and it's been no one's been in it for over 10 years. It's a total disaster area and it's mostly a couple of thousand books. So I offered to help her go through some because I said at Christmas we could take some there's a place that I like secondhand books that gives you money back. I said that I would do that. So I like worked really hard to do it quickly because she'll only like give so much of her time at a time and she told me at least three different times, 'this is really painful for me, Ramona. This is really difficult for me to go through these.'

And I was like, I just wanted to punch something, I was so angry like, are you kidding me? I am lifting all these heavy books and going through like you're nursing books like from when I was in second grade that aren't even nice enough to be donated to a library because they're so old. You're telling me how tough it is for you. Like this is your job. You should be doing this. It's so unhelpful to say that and my sister always reminds me that that does no good. But it's just so rotten. There was an old TV my parents desperately needed to get rid of. It doesn't work and it needed to be recycled. So Ivan helped me get it into the car and we took it over to a donation center where they take appliances to be recycled. And my dad said, 'well, are you happy now?' Like for that was hard for him to let go of that. And I was just like I felt the same anger inside of me and I was like, 'yeah,' and I was like, 'are you kidding me? This is your responsibility. Do you think I personally enjoy spending my Thanksgiving break hauling your TV to a donation center because if we didn't it would sit outside until Christmas when we would do it?' You know, that's why I did it for Thanksgiving.'

THERAPIST: Something feels important for you inside about taking it up. And I'm not saying actually you know, I'm not saying you shouldn't, but I sort of trying to what happens inside you that you don't just say, 'okay, if this is the way you all want to live, the TV can sit out here for the next five years.' Like it's their property at this point, you don't have to deal with it most of the time.' Do you know what I mean? [00:22:46]

CLIENT: Yeah, and that's what my sisters always ask me about. And there is a balance. I didn't spend the whole time like going to the house. I didn't spend the whole time but there is also it's really hard to explain and I'm not saying that it's not necessarily healthy or right but so in all honesty if we did what a lot of my friends did which was I feel like they go home, they have a meal, they relax, they like play games, they do fun things, they don't have to help, like they don't

have to do major projects around the house, especially ones that are above and beyond what a normal household project would be. It would like us sitting in my room because my mom retreats to her room -

THERAPIST: Sitting in your room.

CLIENT: Yeah, it's her room now. I mean, yes, because she like has -

THERAPIST: Or do you mean you and Ivan sitting in your room.

CLIENT: Me and my sister even. So my mom has agreed, like she will sleep in the master bedroom which is huge and which she refuses to clean up, that she will stay there when I get home.

THERAPIST: So what is that -?

CLIENT: I'm just so angry because my mom has like over the years has slept on the couch and I used to clean up the living room which she like turned into her bedroom and that was wrong, like I shouldn't have had to do that. She used to sleep in the den which was 40 feet long by I don't know it was just a huge room. She had a big bed in there. She used to do that for many years when she and my dad weren't getting along, which they still don't get along. And it's totally trashed. And her bedroom, their the master bedroom it has like never been like cleaned up, like consistently clean and she takes so many pets in there, like four dogs and then a bunch of cats on top of that and then there's a canary in there and it's just insane and then she complains that my dad's not very clean. And so I feel like she has trashed all these areas and now she's taking over my room and it's like the one like, I'm sorry like there are 16 rooms in that house. It is a huge house. Maybe Emma's room and my room could just be left like untouched like because there are that many other rooms. But she won't clean up the den so she is now moving to my room which is clean but she's already moved a ton of furniture in there and she's already started moving her stuff in there and I went home and I found something I found that was breakable like an antique teacup that she gave me many years ago that was hers and it was about to fall on the floor and break because she had it piled on top of stuff that she like had put in I just want one tiny little space that's mine when I go home so I can -

THERAPIST: That's very reasonable.

CLIENT: And I was so upset because it's not just like her destroying my old room like if that happens and she takes four dogs and a lot of cats in there every day and there's nothing I can do about it I guess except it doesn't feel fair, like the one area that I have done to -

THERAPIST: There might be something that you could do because that seems like that's not just you taking on projects that aren't your responsibility. Like remember last time you were home they were talking about how do we help Ramona get protected? How do we help you? What protects you? And when I asked you why you have to take up some of these things, I don't

do it thinking for sure that you shouldn't. I'm interested in like what it does for you, what it doesn't, what it gives you, what it takes away from you. What matters to me in this space is what protects Ramona. You started to say and I'm interested in what the end of the sentence was 'if we weren't to be doing all of these projects in this weird way that most people don't do when they're home (unclear) then we'd be sitting in our room by ourselves?

CLIENT: Right. Because my mom retreats to her room and does her own thing and she's very like -

THERAPIST: Retreats to her room when you're home? Even now?

CLIENT: Yeah. She goes to the bedroom. I mean she'll be in her bedroom, their bedroom most of the time.

THERAPIST: What?

CLIENT: Yeah. Most of the time my mom yes. And most of the time now she says it's because her calcium is low because of the surgery but it's frustrating because we're home and in the morning she's like, 'oh, my calcium's low, I don't feel so great.' And I'm like, 'did you take your calcium?' 'No, and I guess I should do that.' So she retreats to her room a lot and my dad is you know, the first thing the day after Thanksgiving he has calls. So it's not -

THERAPIST: So what does Thanksgiving Day look like? Like when you're forced to be together.

CLIENT: We drove until we got home I guess a little before 1 o'clock.

THERAPIST: Oh you left that morning.

CLIENT: We did, because Emma had to work until 3 on Wednesday so it was crazy. And we had dinner and I was surprised because the house was relatively decent for them and she said, 'your dad helped me this morning.' And I have a feeling he did a ton but she was like, she just had to critique that wasn't until that morning which he works and she does nothing. No, we all had dinner. She talked mostly about the pets and the food and I felt like going crazy. And Emma and I were pretty tired and we started driving at 5 a.m. and we just like went and we were just so overwhelmed, she and I just hung out in my room for a while because it was just so overwhelming. [00:28:23]

THERAPIST: So you guys even went into retreat.

CLIENT: A little bit because like my mom was already in her room. My dad was trying to fix the TV because he never gets a chance to watch football.

THERAPIST: What time did you eat, 2 maybe? So you eat, have a meal for an hour or so and then your mom goes to her room.

CLIENT: Yeah.

THERAPIST: Under the guise of what? Taking my calcium at that point or -

CLIENT: Or just because she does.

THERAPIST: What does she do in there?

CLIENT: She watches TV. She naps. She reads. She's with her pets.

THERAPIST: And with her door open?

CLIENT: It's usually closed. Sometimes it's open if there are pets that are allowed to come out.

THERAPIST: Does she let you in?

CLIENT: No. This is normal. I know it's not normal, but this is the norm.

THERAPIST: And I'm just stunned, Ramona, about the way you talk about it, I'm not even you understand how abnormal -

CLIENT: No. I think my mom's very depressed and she's been very depressed for many years and I think that the isolation and the I think that's a big part of it, but I think that to her it's pretty normal. My dad spent the evening trying to get the TV to work because he wanted to watch football. Eventually we came down and we all played a game.

THERAPIST: What did you play?

CLIENT: Categories? So I mean that was okay but Emma and I were just overwhelmed. But we got through it. Saturday we spent most of the day we went to a memorial for one of my dad's uncles. That was a lot. Friday we did go with my dad to get a tree. My mom did not go. She does not go. But that was at least nice.

THERAPIST: One of the things I think that's really important when I ask clients for details of 'what does that look like,' is that I don't think I understood that she still retreats as much as she does now. I just was sort of thinking of that as a child but this is still messing with your adulthood.

CLIENT: No this has been very like she's thinking about next trying to go to church again. That's like a huge, huge, huge like -

THERAPIST: She hasn't even been going to church?

CLIENT: No. Like she doesn't no. I've been trying to encourage her in a very delicate way to like maybe see someone about her depression especially in the wake of her cancer treatment. That doesn't go well. I've encouraged her to volunteer. She used to, when we were really little, she used to read in the elementary school. They would have volunteers to do reading time. She made a really inappropriate comment about that and -

THERAPIST: She is very sick, emotionally.

CLIENT: I mean this has been like -

THERAPIST: Forever, I know.

CLIENT: A very, very yeah.

THERAPIST: For some reason I was thinking that it sounded like she was getting better as you guys were out of the house, but I guess not.

CLIENT: No. Like if she gets dressed and she makes dinner, like she made dinner even if it was like frozen things that's like huge, really huge. But it's just hard because I would not stop going home because of the pets or the mess or projects or my dad's crazy business. Like I wouldn't stop going home because of all of it. It's just really hard to navigate and it felt especially hard like Ivan, like but I was really impressed because he helped. It's not something I would expect. He like mowed the lawn which is like two and a half acres.

THERAPIST: Wow.

CLIENT: He mowed it. And I was like, you don't have to do that. And he did and that was something that my parents really appreciated because my dad doesn't have time to do it and my mom won't do it and so it was nice. [00:32:03]

THERAPIST: One of the things you were describing getting back to this point that you were thinking of maybe you didn't know you were making is that if you weren't to have these kinds of projects or kind of demanding, 'let's get this thing done together, come out here and let's bring books in' your mother wouldn't be there. Like, in a way, Ramona, I know this isn't at the conscious level, but there may be an unconscious motivation of why you continue to do it is at least gives you something that you're doing together. If the alternative is you go home and she's sitting in her room with her pets instead of her daughters, watching television, I mean, it's your effort in order to make contact with her, to at least have something that is engaging with you.

CLIENT: It's hard because otherwise she won't play a game. I'll play a game with my dad and sometimes it's almost better because she won't be very nice to him. Like she won't go cut down the tree. She won't help decorate the tree. She won't help like its just so maybe it is a way to do something together but it's not the most pleasant activity.

THERAPIST: It's horrible for you but I think just even identifying that that like in some ways for people, sometimes some contact is better than no contact, even if it's bad contact. Human beings thrive on like connection and contact with each other. The idea of an absent, withdrawn, door shut mother is terrifying and horrifying on multiple levels. So if one of the ways to get her to come out is to say, 'come here, I'm going to make you do this project with me.' I'm not saying that you should be doing it that way because I think it does hurt you over time, but I think it's the start of understanding one of the unconscious strands that is trying to kind of keep something in touch with her.

And that comes into play with Ivan. What has that kind of more desperate kind of trying to keep in contact because now there are good things here that you want to hold onto desperately? What is a healthier place of kind of taking the good, not forgetting about the things that aren't so good and keeping his whole self and your whole self right next to each other on the couch having a conversation? There may have been times as a kid that you were so angry at your parents, or even now, that you were sort of like seeing red about it. So the idea of actually having loving feelings alongside angry feelings is just very unfamiliar at least at a conscious level and that's the task in front of you with Ivan. How do you honor your own anger and hurt, the tremendous hurt at the betrayals? And have that be a part of your experience that gets known to you and to him and not have that be what squashes the good and the living things because those are real too.

CLIENT: I am, I felt a little concerned with maybe even last week when you said, like when my mom would finally open the door, my dad would finally come back, that whatever it was, I just wanted it because it was anything would have been better than what I was getting and I don't want to do that with Ivan. I don't want to settle.

THERAPIST: So far I don't think you have been, Ramona, but I think it's because you've been very thoughtful about this very issue and that it does take a holding onto this issue consciously it's at work in a way to try to say, do like where you started the session today you've been having these difficult conversations and they've been really, really difficult and it almost feels like a different relationship than this relationship. But how do you let yourself slowly know that both of these parts of your relationship are true. It isn't just that this one's true and this one disappears when you're in this place. But even when you're fighting or furious or so hurt that there is also a lot of good that is happening. That is still true. And just that when there is a lot of good happening how you still hold onto the things that have registered that won't do away and they need to be understood in the process before you can feel ever more trusting again. How can your conversations go like what is -?

CLIENT: When Ivan schedules them, he tries to set a time and sometimes I find myself reminding him to try to schedule them so it's like a hot button, but when they happen he's very open to what I want to talk about which feels kind of scary but he says, whatever you want to talk about is fine and it seems like he tries to answer questions or sometimes I find myself just needing to tell him what it's like, how it's all together. And he's like he's listening. I find

sometimes he's actively telling me, 'I'm trying not to withdraw, Ramona, I'm trying to stay engaged.'

THERAPIST: Wow.

CLIENT: Which can be hard because like there's still a part of me that's annoyed that he could ever withdraw because it's just such a sensitive thing for me to have someone and the fact that he has something in him that he's withdrawing and it feels the same to me as what my parents did. But I don't think it's the same from him.

THERAPIST: Right. I think that's totally true.

CLIENT: But it's so hard in the moment because it's around so sensitive a topic to not feel the same thing. But it feels productive. It just feels really difficult and at the end of it I'm just reminded of how hurt and angry and how horrified I was when I found out about some of these things that it leaves me in a very different place. Like before the conversation we had a nice dinner, we talked, we were like enjoying each other's company. I feel like the rest of the evening it's hard to like I need time to myself after the conversation because it would be hard to like go back to having a nice evening together, like it's just hard to digest it all.

THERAPIST: I just want to say to you maybe as reassurance that maybe that's okay. In fact, if you were able to get back to exactly where you were before the conversation started that night, it would be weird. It would mean that something was getting dissociated and displaced as awful to hear. When you bring in hard things into a relationship it does affect you. If it's not affecting you in a way that you need a little bit of time to lay low a little bit or metabolize or go in the other room or just think about it some, then you're not really getting affected by it in a way that means it's getting integrated. Do you know what I mean?

CLIENT: I do. I wonder if it's okay, so like we'll have the conversation and in the evening I'll feel like, oh I need some space and really feeling like a flood of all this and then the next day, at the end of the work day Ivan will make dinner. And again I'll feel back to like I'm really glad he's here and I'm glad we're having time together. I look forward to seeing him again. Like maybe it's not as unbearable as it felt last night. Is that normal?

THERAPIST: Totally normal. That sounds like a really healthy (unclear) actually. If you were sealed into rage about it, even 24 hours later, then I would be saying one of the things that would be happening then is that you'd be getting into lockdown with the rage and disappointed part and forgetting about the loving, positive changes loving feelings to begin with and all along in addition to the positive changes. Do you know what I mean? But that seems like a kind of normal pacing for getting used to new feelings getting integrated into (unclear) to a person so that the next day their space begins taking in the positive parts. Yet too quickly only positive is kind of too extreme in that direction; long times sticking to negative feelings is too much for that side, forgetting about the positive. So this what you're describing to me sounds like something I would trust in yourself. It seems reasonable. What you're not wanting is parts of your experience

getting so much locked in a cabinet and throwing away the key so that you're only feeling one thing towards it because I don't think that's actually true. [00:41:28]

CLIENT: It's just really hard to like take it all and be okay with it and I really do like dread the conversations as much as I ultimately want to work through it and not just -

THERAPIST: What do you dread? I know that seems maybe obvious but I'm curious like what if you were to try to put that into words what -

CLIENT: I dread thinking about it. I dread like bringing it up. I dread sacrificing like that positive time to go back and relive something so painful. It's like that already happened not that long ago but it feels long ago. Like I want to have already dealt with this and of course putting it off won't make that happen any sooner, it's irrational. But it's like, this is crazy I can't keep going over this and I dread finally having the space to really deal with it because what if it doesn't resolve as quickly or as cleanly as I hope? Or what if he's not going to respond positively to it or what if there is something else he was hiding or what if I get an answer to one of my questions that's actually very deeply hurtful?

THERAPIST: So you're trying to hold off the negative feelings that come up in facing them together.

CLIENT: I was very panicky.

THERAPIST: (inaudible) and particularly fear of what will happen if you get through this together. I just want to say that dread I think is really important to know in yourself because I think that might help you understand and continue with Ivan's withdrawal. I think it is wonderful that he's saying to you, 'I'm trying not to withdraw because that means he's developing a little bit of the (unclear) of observing people he's able to watch himself now and know what he's doing and feel (unclear) as it's happening which is a huge start in not doing it as much. It's not just automatic he's withdrawn. Right now he's able to say, 'I can feel the tendency and I might want to withdraw right now.' That's huge. I think when he's in that place he's feeling the dread that you're feeling in anticipation you both know how hard this conversation is and for different reasons you feel hurt and it sounds like he feels so much guilt that it's hard for him to (unclear). When you were able to recognize last week that, wow this finally came up and we had this opportunity to talk about it (unclear) I changed the topic. That's your own kind of minor, that's not what Ivan does, but it's a minor withdrawal where there's a moment where you can see in yourself that the feelings are so scary that you really would rather avoid them. [00:42:54]

CLIENT: It even feels like something that Ivan keeps reiterating with the websites and the assaults that he didn't want an affair. He really wanted a physical intimacy with me and he wanted to fantasize about that and indulge in it as much as he could mentally and emotionally and that's hurtful and disturbing and he acknowledged that it was unhealthy and not okay, but he reframes it and then part of me is scared that if we deal with it to trust it but if that's the truth and if we deal with it and move forward there would come a point where I would have to trust

him and be physically intimate with him and it's really scary for me and now it's become such a negative topic it feels unfair and it feels terrifying to do anything but avoid it.

CLIENT: It's finding what lies ahead in a way and yet I might say to you, 'you don't have to do that Ramona until you want to, until you feel like you are ready to trust and you know it's the right thing to do.'

THERAPIST: It's just difficult because I get the feeling that if I'm willing to continue to give Ivan the chance, if I'm willing to go down this road, at some point I have to trust him and know that it might I might be hurt ten times more, that there is no guarantee and that doesn't feel very good.

CLIENT: Yeah, and there isn't a guarantee. And I think probably ever in a marriage even when it's half and half and no one has a guarantee when they say I do. And so there's a lot of leaping of faith when trust has been broken to trust again. I also think, though, Ramona, that I trust in and maybe it's hard for you to trust in is that I think you're doing the work to get to know what your own gut sense about what there is to trust more than you think. In other words, I think when you feel like it's safer, sure there's no guarantee but it will feel safer to do that. You'll feel like my hope is that you and Ivan will get to a point where you feel like you actually feel like you do want to trust him again and that is why you want to be physically intimate. It doesn't mean guarantee, but it can feel like my gut is really telling me, he's here now and we've worked on this in a way that I don't think that would happen again. It isn't that I don't have to trust, I don't have to trust, right? Because that sounds like I don't trust and I have to sort of muscle my way through it and I think that would be destructive to you. Rather than really feeling like wow, we've talked about this enough, Ivan gets it enough and I think I get it enough, then it might be something else happens but I don't think this same thing is going to happen again. I keep saying I don't think because, of course, there are no guarantees. That's what you're working through right now. I don't think you're there yet. But every time you have one of these conversations, every time you're in couples therapy, you're working on it. You're working through what happened to get to a new platform where you can really believe inside yourself that this is really going to be different. Or that you don't. Maybe you'll reach a point where you don't believe that and you'll know that too. But I have faith I guess that there's going to be a sense inside you that you'll trust, you'll trust in yourself more. Do you know what I mean?

THERAPIST: Um hmm.

CLIENT: We've got to stop.

THERAPIST: Let me know I'll understand if you want to do just one of the, for financial reasons, like and then we'll pick up in January for the new insurance at that point.

CLIENT: Oh no. I have the new plan all set.

THERAPIST: Okay. Great.

CLIENT: I'll let you know too as soon as I get a 2014 schedule for my extra (unclear).

THERAPIST: Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Two weeks is (unclear) given everything happening I'm sure.

CLIENT: We were still seeing Dr. Farrow at that time so -

THERAPIST: I don't know how many (unclear) but I did get an e-mail update that it was a really hard session.

CLIENT: Yeah. That was two weeks ago.

THERAPIST: And you saw her again?

CLIENT: Yes.

THERAPIST: (inaudible).

CLIENT: So I guess what happened before that session was I caught Ivan in a lie and it wasn't a significant lie, but the actual handling of the situation I felt went very, very well that evening and then the session talking about it did not go well. So it was almost kind of bizarre. So it was actually a very, very small thing as simple as I was on the phone with Ivan Monday and I said to him, 'just a reminder please put the conversations on the schedule on our (unclear) calendar,' because that's the deal. He schedules like three conversations a week where we take space to just talk about those things and he's like, 'I did it.' And I said, 'oh, that's so great thank you.' And then I think it was the next night, actually. I looked at the calendar and I said, 'wait a minute, I don't see anything on here.' And he's like, 'oh I put it in the wrong dates and I had it in November still and it wasn't updated and so I had to rip it out.' And I said, 'No, because before we left for Thanksgiving I completely erased November and he's like, 'yeah, I had it all in the first week and I realized I had it off and I just had to,' and I said, 'Ivan, I can see that it's still totally wiped clean how I left it for November. It sounds like you might be starting out of a lie and he looked and me and he said, 'I lied.'

So it was like bizarre because like why would you tell three lies about something so little when clearly I'm not going to completely lose my temper because he was a day behind because at that point I didn't ask him a few times anyway. So I told like I thanked him for telling me the truth well, admitting the lie and I told him actually it felt really good, I did what you said, which was like 'I feel frustrated, I feel sad like you didn't tell me the truth in the first place. I'm confused why such a small thing you would go to like telling three or so lies to cover it,' and I said I didn't

understand and that I felt that it was important for him to come to the point where he believed the outcome of telling me the truth was going to be even if it was not good was going to be better than initially lying about it. He said, 'I really didn't want to disappoint you. I didn't want to let you down and that's why I did it. And he's like, 'I meant to do it after I said I did it and I just forgot.'

So we had like a five minute discussion about it and then he sat down and I guess that's when he did it he sat down and wrote it out and then we didn't and it was fine for the night. Then we had dinner. We had a nice conversation. No fight. No nothing. I felt like it went very well.

THERAPIST: Because you had addressed it.

CLIENT: Yes, I yes.

THERAPIST: Do you feel like he could hear you when you said, 'I'd rather you tell the truth -?'

CLIENT: I think so. But I know I've said this to him multiple times now and I think it's just something that he gets but it's really hard for him in the moment for whatever reason to go with that. So anyway, I guess I felt that it went really, really well in the moment but I was scared because I'm like, 'wow, you're lying to me about something so little, it's like' so, I don't know. Well any lie is scary but then the session did not at all go well and I'm not sure why. You know, at one point Ivan said, 'you know I can't come in here and confess every week,' because I brought up the lie in the session which was already like because she asked me, 'if you wanted to bring anything up?' And I'm like, 'are you sure, Ivan?' and he really didn't and then -

THERAPIST: She asked him these things.

CLIENT: Yeah. And then I brought it up because I felt like I feel like if she's going to help us she needs to know what's happening and it's maybe not helpful for Ivan to be able to lie to me and then nobody even knows. It's kind of bizarre to see therapists in a week anyway with that going on. So he said, 'I don't feel like I can confess every week.' And I got very upset and I started crying because it just felt like yet again, sometimes it has felt and I'm not saying that this is how Ivan reacts or what he actually thinks, but sometimes when he goes to a place where he goes to his feelings, where he talks about how difficult it is to have told these lies and how ashamed he is and how it feels like I can almost here like, 'it's so rough on me to be held accountable for lying.' Or like, 'it was so rough on me to get through doing these terrible things.' It doesn't sound like, 'of course, you're upset that I lied to you, that was wrong. Let's talk about how to work on it.' [00:05:24]

So I wasn't okay with hearing that and then Dr. Farrow brought in the conversation. She was like, 'maybe sometimes Ivan's small lies stem from miscommunication.' And she's like she suggested that, she asked if I made eye contact with him when I asked him to put it on the calendar, or I asked him several times. She's like, 'have you were you making eye contact?' And I was like, 'no we were just on the phone for a few minutes and I mentioned it again,' like so that

felt almost a little and I know it comes from a well-intentioned place, but it felt a little frustrating when Ivan lies again and admittedly this is a small thing and I know it's not going to be a perfect process but it's hard when the response is like, 'Ramona, what could you have done better so that he wouldn't lie?' Ramona, if you hadn't been on the phone, and had it been in person and had made eye contact maybe he wouldn't have forgotten and then he wouldn't have lied because he didn't forget. And I was like, this is crazy.

And I know that's not quite fair because I know it comes from a place where she's just trying to help in any way, but it felt like it doesn't feel like Ivan forgetting is the problem. And in fact, Ivan is taking medication for his ADHD now and we're going to talk to Dr. Bourd (sp?) on that so that feels like a very different problem that isn't traumatic to our marriage typically anymore because he's done a lot. So it doesn't feel like I want to address how do I facilitate Ivan remembering better. It feels like I want to address even if he forgets just being honest. So it was a really terrible session.

THERAPIST: One of the things I was wondering is when Dr. Farrow said that, if it might have triggered in you, Ramona, a kind of repetitive experience from your childhood where it feels like you're getting, like everyone's noticed the (unclear) except for you, in a way. Do you know what I mean? [00:07:39]

CLIENT: It feels reminiscent of the I'm not angry at myself that I don't take care of the house I'm angry that you brought it up.

THERAPIST: Yeah.

CLIENT: And you need to find a way not to bring it up. I don't need to find a way to fix what I'm doing wrong. And it feels like I guess we've I don't know, I feel like you've spent so much time with me trying to realize what is my fault and what isn't my fault that how coping, how the coping mechanism of this is all my fault is not helpful or not healthy for me. And then when someone says something like that it feels like, 'wait a minute, I thought you said, this wasn't the road I should go down.' I'm not saying she was trying to do that and I understand that if she if there was any way that Dr. Farrow could make the situation better she is just looking for different ways but again I'm not upset that Ivan forgot. And if he had told me in the moment, 'you know what? I forgot and I'm going to do that when we get off the phone, or I'm going to,' I might have been annoyed for a second because I reminded him again, but it's very, very different.

THERAPIST: I think you would be a little annoyed and that's really different than being really upset because he lied three times.

CLIENT: Exactly. And being disappointed that it didn't happen yet for a few minutes versus being disappointed that there is another lie and actually a couple of layers of lies.

THERAPIST: And there are different levels of disappointment.

CLIENT: Yes. Yes. And one is going to last for a few minutes and the other is going to leave me with like almost a feeling of we're back to square one in some ways.

THERAPIST: So here's one of the things I wonder we'll get back to Ivan in a second. I would guess, Ramona, that you have done so much work around this theme of what's your fault, what's not your fault and recognizing the number of times you've blamed yourself for things and hated yourself for things that actually had nothing to do with you and were not your fault at all. So that when you get into this couples therapy session and the therapist or it even could be here and it's me perhaps in another time, sort of asking I wonder if you could have done this differently or did this have an effect that you asked it this way. I would guess that you could be having a transference to Dr. Farrow as like your parents telling you the only problem is that you're noticing that the house is needing to be cleaned. So the next step for you, there, with Ivan, with me, with any other relationship it could even be a boss or something who is saying that I think, what if this is your fault? Is what if you just think, what if it's not my fault actually and could persist at sharing what's on your mind and what you know about the scenario in a way that would move the other person's feeling about it? Do you know what I mean? [00:10:52]

It's frustrating and disappointing that Dr. Farrow doesn't just get it. At the same time she isn't your individual therapist to get in every way what's in your psyche and to watch what's there. Just like she doesn't get that for Ivan either. Like William Board knows there's a lot more than Dr. Farrow knows about Ivan's experience, too. So what I wonder is what would it feel like to say to Dr. Farrow, I hear what you're saying and I could imagine that being applicable in some context for some people, but in this situation I just think it's not because you can ask Ivan, and correct me if I'm wrong Ivan but it was very clear to you what was supposed to have happened, right? Like it doesn't sound like he would even agree that there was confusion about the goal, right? Like he's admitting, yeah I knew what I was supposed to do and I didn't do it. Right? So it just doesn't apply.

CLIENT: Yeah and I guess I also, I don't know, I guess I didn't think about it going into session but after the session, the way it turned out, I felt so proud of myself I felt really, really proud of myself that I thanked him for telling me that he lied to me, was kind of a bizarre concept for me and it felt really good at the time but it was also a really big deal for me to say, I feel and list off a lot of feeling as opposed to saying, 'this is ridiculous,' or, 'you do this every time.' Or like I asked you for something so reasonable. So I felt really good about it felt really productive. It didn't take up the whole evening. It took up a few minutes and it felt resolved and it felt really good and I later on Ivan said, 'yes, I really did appreciate that, and in the session he didn't. And if Dr. Farrow did, I probably wasn't in a place to hear it because I was so frustrated. And again I felt like, we are trying to target Ivan's forgetfulness. Like we aren't coming to couples therapy because Ivan forgets all the time. That's not a couple's issue.

THERAPIST: Ramona, you're so clear with me about your understanding about what transpired. I think you know a lot about what's happening to you and Ivan. You know a lot about (unclear). You know a lot about (unclear). You even know that it would be helpful for you to have everyone

in the couples therapy sort of pause and recognize that you did this different thing and maybe that didn't happen. [00:13:12]

I wonder what it would be like for you to say to Dr. Farrow exactly what you're saying to me in the tone that you're saying it in a calm, retrospective, wanting to talk about the last session understanding of what was happening; that you could hear her point but you just didn't think that it was applicable and it kind of felt like it repeated for you; you could say more about your childhood in a more direct way to say this is the kind of thing that happened where I got blamed and it felt like this was what was happening. What would that be like to say in that space?

CLIENT: I'm not sure. I tried to say a little bit last session because honestly that session was so bad I left and I was like I don't know if there's a lot of point in coming back because it just felt ridiculous quite honestly I mean to it felt like everything Ivan's done, the fact that I am going to couples therapy I think is significant and the fact that I'm willing to have a calm conversation and work on how to respond to his lying I think that's a big deal because it would be much simpler in some ways to be like, 'no I'm not spending all this time and money and effort on talking about how to deal with my husband's lies. But I mean we did go back mostly because we had a conversation after, Ivan and I, and he kind of said, 'I'm sorry. I said a lot of things I didn't mean. I got very defensive.'

THERAPIST: Ivan said a lot of things, you mean, in session?

CLIENT: That's what he said.

THERAPIST: Oh.

CLIENT: And I was like, 'it's nice to hear that afterwards but it felt like kind of a wasted session because -

THERAPIST: So that came up again in the next session.

CLIENT: Right.

THERAPIST: Did he say that out loud?

CLIENT: No. I said that he had said that. I think it's so -

THERAPIST: So something's happening where you are actually doing more work by yourselves in a way right now.

CLIENT: Maybe. Like we are having like three conversations a week. That's the goal and I will say now that we're doing that more it's more bumpy than having dinner every night without having conversations. It is more bumpy and it is more difficult and after we talk about it like I purposefully schedule it towards the end of the day because I know we'll need some space

afterwards and we're not going to have a nice dinner and talk about our days afterwards I'm just going to need some space to think and be have some space for me. Because I am upset and the feelings do come back. And I kind of also told him I'm like I was upset about the calendar but more than anything I think if I'm going to continue to go to couples counseling with you it's more than fair for you to schedule these conversations and for us to actually do them. So that's part of the deal and Dr. Farrow was helpful actually in our last session. She came up with a not a contract, but like an agreement if Ivan doesn't schedule the conversations, if he misses a couple like I'm not supposed to remind him about them, so if he misses a couple of them on his own there should be then there should be he sleeps on the couch for a couple of nights or something like that some kind of consequence so that it doesn't continue like this.

THERAPIST: How did that feel to you?

CLIENT: It felt weird. Because on the one hand it's hard because I think a lot of times I've come in here and I've said I want there to be clear limitations, but on the other hand it's hard to say like, 'well, if you don't do this you have to sleep on the couch' like I'm punishing him. And she said, 'don't think of it as a punishment, think of it as a consequence if the agreement is not met.' And she also suggested like me not coming to a couples session. She's like, 'but I think I want to take that off the table because it's actually a place where you can talk about the problem.' So I don't know. It felt weird, but it felt good in the sense that she was going to hold him accountable because I had brought up in the session that didn't go well, I said, 'I don't know what to do,' if Ivan's not doing the homework that she gives him and she doesn't remember to ask him about it. I think she doesn't remember them I don't think she's intentionally like and she's like, 'well I don't want to force things. I don't want to make this like school where you have to turn in homework.' And said, 'I want there to be some kind of accountability because if there isn't I think that's such a big part of what we're trying to work on.'

THERAPIST: Once it's assigned, it's important that it gets followed up in some way.

CLIENT: It feels important to me and what I don't want to do is go into the session and say, 'Dr. Farrow, Ivan did not do his assignment, and could you respond to that?' Because that is very, very different from Ivan coming in and saying, 'I didn't do it, let's talk about it.' It completely changes the whole session from the beginning, I think.

THERAPIST: Yeah. He's sounding like he's having a harder time owning his mistakes and his part of things in front of her.

CLIENT: I don't know. I think he's like I don't want to come in here every week and like confess to you and that's kind of interesting because Ivan got he confessed eventually about the websites and the assaults and such to her. Like I think he brought all those into the session like he never confessed to me. I found out about them. So maybe he did do that. But that's pretty much been it. It's not like a weekly -

THERAPIST: That's what I mean. That happens in a kind of momentary time in your relationship, but as the things come up he's constructing it also as "confessing" which is a pretty interesting, kind of religious -

CLIENT: It sounds harsh. It sounds really harsh.

THERAPIST: Yeah, it's like my sins instead of talking about the idea of talking about the issue in a kind of exploratory way he's seeing it only as, let me reveal to you what's really horrible about me so I can get my lashes and then move on. Who wouldn't feel so ashamed it wasn't speakable then, you know? I wonder if there's some way of taking that up about how he doesn't feel like confessing but talking about what's transpired.

CLIENT: Right. And that's something Ivan and I talked about on our own. I said I didn't understand where that was coming from. And he's like I didn't mean for it to come out like that that's isn't what I meant when I said that. I'm sure there is part of him that doesn't enjoy I mean I don't enjoy going either exactly, it isn't a fun activity, but the focus is very much on the big the trials and that is very different than if we both went in to talk about what was a mutual something very mutual. So it is a different dynamic and I can imagine that feels pretty terrible for him, but I'm not quite sure what there is to be done about that. I will say, sometimes I wonder if Ivan can be more so I'm not sure going into the session that he wasn't going to bring up his lie and that he was thinking about it and thought, 'I don't want to talk about this,' or, 'I'm ashamed,' or, 'I shouldn't have to.' I think it's honestly more that Ivan doesn't so he's not doing any of the journaling that Dr. Bourd said to do specifically about the big betrayals like the websites and stuff. He's not doing it. Which is something I brought up that and nothing happened with it. I know that a couple of times he's actually created like talking points for his sessions with Dr. Bourd because he does have trouble remembering and because it can be overwhelming to come up with to remember everything in, you know, 50 minutes time from a whole week.
[00:21:18]

THERAPIST: He's only seeing him every other week. Am I right?

CLIENT: He skipped one week. But no, it's weekly. It should be weekly. So I guess sometimes I wish he would do that for couples, even if he's not willing, or able, or whatever to do the journaling I wish he would almost think about things during the week and come with things to say because I feel like I'm always doing that. And like I say, it does change the tone if I talk about something he did.

THERAPIST: So that's a great idea, to propose in that space. I wonder what like it's another thing to assign him and then there actually is a built-in accountability because it's happening right in front of Dr. Farrow. It's his job to bring up what there is to bring up. What would that be like?

CLIENT: That would be nice.

THERAPIST: Say, I'm going to take back seat in here and I would like him to lead the conversation about what to talk about (unclear). And then if there's nothing you don't go. You know? I wonder if that would like (unclear) a little bit to have to -

CLIENT: Maybe because I guess I thought that's a good idea and for Ivan I think it's -

THERAPIST: (inaudible) and it gives him time to think about it and it comes from him and Dr. Farrow hears it comes from him more instead of you saying here's what Ivan did wrong again this week, right?

CLIENT: Yeah.

THERAPIST: Which is not what you're really saying but I can understand how that dynamic could feel that way to all three of you over and over and over again.

CLIENT: I will say I know he's very, very capable of it because we had one of our scheduled conversations the other night and we talked about the assault and I was floored because for 10 minutes or so Ivan talked. Just Ivan talked. And he told me what he thought, what he felt, what he actually did leading up to the assault. How he felt about it in the moment; how he felt about it afterwards, how he feels about it now. It was so helpful and it was so he didn't stammer, he didn't pause for a minute, he didn't it was really, really helpful. It was really, really productive and he clearly had put in a lot of thought preparing for it. So it is possible and when it happens it's very, very helpful. He didn't shut down, he didn't it was really helpful.

THERAPIST: So he has the capacity. It might be a little bit harder for him from another (unclear) besides you. It does add like another judge, in a way. I don't mean that literally but it can feel like someone else is going to be watching and could tell what's wrong (inaudible). [00:24:07]

But in a way, Ramona, another way of putting what you're saying is that it sounds often like you're there in a couples session trying to do the work. You're muscling through bringing up the hard stuff (unclear) at least, and/or bringing up what happened this week and he's not. He's sitting on the backburner a little bit more just waiting for it to come from you and that can also feel like spinning your wheels for you. Do you know what I mean? Like if you're not feeling like he's meeting you halfway in having a dialogue with you with her and kind of getting feedback about the way the dialogue unfolds, then it's a waste of your time and money.

CLIENT: Maybe. For me it does feel a lot like the I don't know, I guess I just feel like I take the assertive role, the pursuing role however you would put that. I've done that with my parents, I've done that with Ivan. I don't want to hold them accountable. I don't want to "mom" him. I don't want to like I really don't.

THERAPIST: I think this is great. If you leave with this, say, 'what would it be like? I really do want to step out of this role. I've played this role and I really don't think it's productive right now. We're both trying to shake it up a little bit and be in a different way and be able to talk about

things in a different way.' You could try it for four sessions or something like try to be time limited three, four, two or five, where you just say for the next few sessions I'm going to take the backseat and I'll respond to whatever it is Ivan wants to bring up if he thinks it will be helpful for us to explore together. I think that's a really good idea and I bet he will rise to the challenge when he has to.

CLIENT: That would be helpful. Dr. Farrow also last session talked about how to (unclear) about the actual experiences, how to mediate our conversations or how to help with it without she said that she understandably she said that it was understandable, that she could tell it was frustrating to me when she would just speak with Ivan about the things that he did and to try to understand more and more and that it would feel like it was empathetic to me, like she was really sympathetic with him and really I mean I get that, I think Dr. Bourd needs to sympathize with him, to help him, because he's there with a problem. He's not there as so what he did was wrong but it's also hurtful to him and it's also a problem for him. So I get that but in couples it feels different. So we talked about that. [00:27:00]

So that could be helpful. But I wanted to ask you. So we talked somewhat about the assault and that felt very, very productive and very helpful. And we talked some about the list and we talked some about the website and for whatever reason, talking about the assaults maybe not because that conversation was so productive and so helpful and Ivan was so I don't know, he was so compassionate when he talked about it sensitive. And he found a way to explain what he did but also to say like, he said, 'my heart was racing when I was doing this because I knew how horrible it was. I mean how wrong it was. I was so upset and yet I did it and after you found out I felt so horrified that I just didn't say anything in the aftermath.' So I don't know, that was very, very helpful so for whatever reasons, talking about the assault hasn't been as difficult as talking about the list or the websites and Ivan has told me that he and Dr. Bourd evidently are really discussing this and trying to figure out why it happened and why it goes on. And Ivan said that Dr. Bourd used the phrase, 'proxy projection' have I got that right? So Ivan's trying to explain to me that he really wanted that to that he really wanted a sexual relationship with me and he would fantasize about me as he watched these things and I feel scared because when Ivan talks about when he explains websites or he explains, it sounds like a favorable explanation like clearly that's still horrifying kind of, but it so different from I was on this website, I got on Match because I was thinking about dating or I was thinking about leaving you or I really wanted to fantasize about other people or see if other people are interested in me. The explanation of 'I wanted to be a better person for you, I was so sad that I wasn't,' it's like a very "favorable" explanation.

THERAPIST: And it's actually a very uncommon explanation. When this kind of thing comes up between couples it's not even typical of what people will say. And that's why I'm sort of struck I'm struck that there's a chance that it could be true because it's not usually what people would say about it because it's so extremely favorable. Do you know what I mean? So maybe that means that's actually what was happening in this experience or maybe it means he's still protecting something. But even the thing that he's protecting, when I hear this it seems to me not very likely that he's fantasizing about someone else that actually went to the he would be

fantasizing about somebody else, literally trying to fantasize what it would be like to have a relationship with another person. I think that's extremely unlikely from what you've described in everything that's transpired.

The thing that is less favorable but more in the middle that could be possible is something more along the lines of I want this with you but I'm scared to bring it up or make a move or I don't know what to do to make this kind of part of our relationship grow. I'm worried you'll reject me if I bring it or if I push it. I'm ashamed of wanting it. I'm so ashamed I have a hard time even talking about it so that it became a sort of solution for a part of himself like with sexual feelings in parts of people, right? That was just like all the other solutions in like keeping it in a secret (unclear) where he didn't have to do the hard work of discussing it directly with you. Which doesn't mean not wanting it with you. Do you know what I mean? It actually could mean wanting it but being too ashamed and scared to go there. Like it's easier to just look at some stupid porn site, not because of an attachment to that person at all, but because of a fear of bringing that part of him into the relationship with you could feel like he didn't deserve to. [00:31:43]

CLIENT: Oh no, he's said that. He's completely said that. It's just I don't know, it's hard. On the one website he went on he's said so evidently it's the kind of website where people solicit for sex but also solicit for like private online exchanges where there's nudity and payment and all kinds of terrible things and he said he did click on, he said four different people but like they were fully clothed, they were just talking provocatively, trying to get people to go to their chat rooms, whatever. He's like, 'I didn't see any nudity.' And he's like, 'I was disgusted with myself the whole time. I don't know why I felt compelled.' Because I said, so why click on second person if you found out it was so disgusting?' And he said, 'oh I felt so compelled. I knew how wrong it was and I was disgusted. It wasn't even attractive to hear these women talk about give me money for sex.'

And part of me wonders and part of me feels that that can be true, and that could sound feasible, but it also could be very favorable and I wouldn't know the truth. Just like it sounds pretty favorable that I found all three websites that he went on and created mini-profiles. And I said, 'how would I know if there were any others?' And there weren't any others. So it could be very, very true. It's bad enough. I'm not acting like this is a wonderful explanation but it could be so favorable, I just want to be cautious.

THERAPIST: Yeah. And yet, what if let's say I don't know how to describe this? It feels like even if it's less favorable it's not going to be maybe your worst fear either. Do you know what I mean by that?

CLIENT: No.

THERAPIST: It doesn't sound like really wanting to have an affair.

CLIENT: No it doesn't. In fact, the one website the worst website in my mind where it's like a website for sex, essentially, to hook up with people, that he made a profile on, that he said was

a pop up ad that he clicked on, that he said that he spent like 10 minutes on, the whole thing like from start to finish, he literally put in like looking for a discreet relationship.

THERAPIST: He did.

CLIENT: Well he clicked on it. He said I didn't write that, I just clicked on a few things randomly and quickly and I said, you know, how do I know that your explanation of I just clicked on something to finish the profile to see what the website was versus you clicked on discreet relationship and you're a married man and that is very different like how do I know that you weren't seriously thinking about it fantasizing about it, like someone going that far, like what if I could be this person who created a website and I said, how do I know and he was like no the fantasy was always with you and I just wanted these things with you and it's hard, because Dr. Farrow said, at some point part of you realized that these websites were really disconnected from your actual wife, obviously.

THERAPIST: And maybe you're also picking up on there's something more it's not just (unclear) or something like that. It's a website about a discreet relationship.

CLIENT: It's not about a discreet relationship.

THERAPIST: It's not.

CLIENT: No, it's not for married people. It's just a general website, evidently for creating sexual it's not a dating website. It's like a sex website. It's like a Match.com but a terrible version of it.

THERAPIST: For online sex or for actual meeting up?

CLIENT: I think it could be both.

THERAPIST: Okay. But do you see what I mean like how that is a different site than just a porn website where there's not ever going to be contact or even the potential of contact with a real person?

CLIENT: Exactly, right? So when he says it's a pop-up ad that's actually for me like maybe it's not. But that's a really, really big difference from he looked for a website that did that. That's actually a huge difference. It doesn't mean that it's okay or good or it like makes me feel a whole lot better.

THERAPIST: Be more of an impulse than a premeditated thinking that.

CLIENT: Yes, or 'what is this?' versus and he tells me and something else that he has told me because when I found in his You Tube history that there are some videos that were some nudity or some that were like provocative, I don't know, and he tells me that he did used to watch some types of porn clips or maybe porn is the wrong word he would literally be like nude yoga or nude

beaches or doctor's exams or it would be nudity and not necessarily men and women having sex. It wasn't necessarily pornographic, so maybe that's the wrong word even. But he's like 'I did this in high school sometimes. I started like at the end of high school and I would sometimes during college hide it from himself and watch something like a doctor's exam or yoga so that it didn't seem like he was watching nudity but he was like I was curious and I wanted to know and I had like a compulsion to have some kind of thought. I never masturbated to it or anything. I just wanted to see that sometimes. And he was like, 'when you and I got engaged, I never watched anything again.' And he says as long as we've been married I got on those websites but I never watched anything. And he claimed that there was almost no nudity on these sites and clearly there wasn't on Match.com and he never even finished his profile. But it's just [00:37:43]

THERAPIST: And I hear your question how do you trust that this is what it is and not something else?

CLIENT: Right. Because of course I think that anyone who found out their spouse was on a website like that would want desperately to believe that it was a terrible decision in the moment based on really wanting it with them. I just don't want to believe that out of convenience or -

THERAPIST: It's funny also that the it's the easiest explanation, the extremes are easier to grapple with. Like if you knew he actually was clicking on these websites and actually was thinking for a long time about wanting to have an affair. That would be easier, too, because it's black and white more. Do you know what I mean?

CLIENT: Yes.

THERAPIST: Because then you'd know. Then you'd know what it was just as much as I just wanted to be with you and it all came to me passively and I didn't ask for any of this is an easier explanation to deal with. The explanations that are in the middle of those two options I think are messy ones. You know, when he's saying to you, 'all I felt was disgust.' And you say to him, how could you really feel disgust if you then clicked on another one? What does that mean? You're trying to add this up. What if he felt disgusted but also felt excited and titillated, right?

CLIENT: Yeah. What if that's what I said to him?

THERAPIST: And it's not judgmental with himself for feeling excited or titillated like it sounds like it's probably a real nasty mixture of all these kinds of feelings going on which still doesn't mean actually wanting to have an affair. Do you know what I mean?

CLIENT: Yeah.

THERAPIST: And that's a big difference. And I think you're clear about wanting to make sure it isn't that because that's a different category. But even this messiness is a little messier than -

CLIENT: It did.

THERAPIST: Than 'it really had nothing to do with me, almost and the only thing I felt was disgust' which is a pretty clean explanation.

CLIENT: It is which is why I'm trying to be so cautious and I've almost even asked him what is does Dr. Board believe that? Does he buy that? Is that a real thing? And his explanation has been so far that Dr. Board has told him that there is like, with men, there is a I don't know if compulsion is the word he used, but there is like a strong urge for sex that isn't maybe the same in women. But I guess I want to ask you at one point you said, 'these aren't the types of things that people do when they are going towards having an affair.' Or going towards wanting to?

THERAPIST: And so the question is -

CLIENT: I guess I was wondering why you said that or what that means. [00:40:31]

THERAPIST: I don't remember what we were talking about or what my exact words were but -

CLIENT: I think going on the websites. You said going on the websites wasn't necessarily what people do before they if they were really serious about having a relationship.

THERAPIST: Okay, so here just to clarify. It can be in certain circumstances, but the reason I would be less likely to think it was completely about that for Ivan is that it fits so I almost picture him as too ashamed and scared to even ever go down that path in his mind, ever. Do you know what I mean? It feels for him more like symptomatic of the things that are too hard to be known and getting pushed under the rug. And that's very different than, 'I'm really not happy in my marriage and I want out.' Do you know what I mean?

CLIENT: Um hmm.

THERAPIST: It just doesn't have that flavor at all. At a more extreme flavor where it actually resulted in having sexual contact with somebody else I don't mean an affair, but like a hook up, a one night stand or something it could even be I'm so ashamed of myself in the presence of my wife who I love and I really wish we were just in love with each other but I feel like a rat piece of s-h-i-t in front of her that I want to at least have a fantasy of going to someone who wouldn't know this about me. Do you know what I mean? Which is still not about having an affair with a real other person, but about escaping his shame.

CLIENT: But if Ivan wasn't so ashamed about having done these things or ashamed perhaps over other things, would it be possible?

THERAPIST: Would it be possible -?

CLIENT: For him to yeah, is that what this is indicative of?

THERAPIST: It's complicated, Ramona. I don't know if it's a straight forward yes or no and it's so hard to divorce him from his shame because it's so pervasive in who he is. Do you know what I mean? Like I'm imagining for example that his job trajectory and what's come up around school and shaming himself and shaming you and there's so much shame right now that he can hardly stand to be in his own skin. Do you know what I mean? So even like an online website it could even be an online website about a vacation site or some prestigious job. You found him looking at these jobs that you felt he was really unqualified for. Those are other examples just like pornography of like fantasizing about some escape place instead of dealing with the reality of his life, instead of facing his wife and saying, how do we improve our relationship so that we are both into each other in a physical way, too? Which is much harder than looking at a porn site, right? That's easy.

And so that's what it feels more symptomatic of. I'd be most concerned about his having an affair if he were not addressing the shame and things were getting further and further pushed under the rug. That's to me when it feels like to me that he'll be getting more and more and more likely to be retreating into kind of bubble fantasy escape places, of whatever kind that could be. Doesn't have to be a sexual kind. It could be another kind that feels like just as much of a betrayal. Like he tells you he's working. He's got a great job and he's lying to you that he's going to his job every day of something because he's trying to cover up feeling so ashamed of working forever, or say he loses his job at Subway. Can you imagine the shame of coming home and telling you, guess what? I lost my job? And so the more I think that he is bringing this stuff out from under the rug and putting it on top and talking about it, I think the less likely it becomes. Do you know what I mean? [00:44:16]

CLIENT: I do. I don't know. So the websites it's so bizarre, because actually Ivan asked me out for over a year before we started dating. He always very much pursued me. He told me he loved me before I told him. He was like he was always like just a few steps ahead and he was always much more serious about me, like completely he never like dated anyone else while like the minute I got to college he never dated anyone else or asked anyone else out. He was very loyal. I don't know what the best word is, but he was very clear about me. Our first Christmas together we had only been dating like two or three months and he got me a heart necklace with a ruby. Like he always was very I don't know. Ivan was very dedicated to me so the one thing I was sure of was that Ivan was always going to be faithful to me so that even now I don't at all believe that he had an affair, wanted to have an affair. I don't believe that. But at the same time it's hard to wrap my head around the websites because coming from the same person who was like so incredibly devoted to me.

THERAPIST: How do you propose to make it less confusing?

CLIENT: Well, he is putting it together with, 'I fantasized about you. I wanted this with you. But I didn't feel like I deserved to even ask you or approach you.' And I knew why we weren't having sex but I didn't feel like I could change that. I didn't even feel like I could talk about it I was so ashamed of what I did. So it's hard because it seems logical but it also seems clean is the word you used. And I just want to be cautious and there also is this tiny, tiny, tiny part of me that still

has doubt about what like I guess I thought the websites were impossible. I thought the grad school thing was impossible. There are certain things that I thought like Ivan could never be capable of. There's this tiny, tiny part of me that wonders how do I know that he didn't want to have an affair? How do I know that it would never be possible?

THERAPIST: It's understandable that you would question that. Ramona, we've got to stop but I just want to say for the record that as much as it would be a relief if I had an answer for you I'm (unclear) wanting to give you an answer that would alleviate your anxiety and questions but I don't think even if I felt 100% in my own brain that this is not going to happen or going to happen it doesn't mean that that's what you think and what is really important for our work is to be helping you to be trusting you and your own sense of things. Believe in your mind. Find what you think about it. Because my thoughts are based on like other couples, right? And trends and themes, but we're talking about the specifics of your situation and what this means to you, what it feels like to you, what you know, what you sense, what you trust, your mistrust and that is what is going to make what matters for you. Do you know what I mean?

And that's why I think I'm saying the same thing with Dr. Farrow. Like share what you know. Even if she has an idea she could be wrong with her idea. And I think that you don't yet know what it's like could you say, 'I don't agree actually. Let me tell you more about what I'm thinking so that you understand why I think that's not correct. Not in rage but just in kind of matter of fact relating. You never got to have that kind of experience as a child in your family where that went well. So when your mother would say oh, I'm sorry, now that you explain it more I realize more what you're saying. And I can imagine that might be a little bit more space there for that to happen with Dr. Farrow as I would hope it could hope it would happen in here too because I might say something that is just dead wrong. It's happened before and you've come in and said in a calmer way to me, here's my thinking about it. Because your mind matters. You know a lot about what's happening. You are the one who knows at a kind of gut level intuition about the moment by moment process and that's what we have to get to know. So not next week.

CLIENT: Right.

THERAPIST: The week after are you are we on the 30th?

CLIENT: So what I mentioned was I so we have off on New Year's day so because of that I'm not totally, and I don't have that late meeting Tuesday night and I kind of doubt that I have that early meeting Thursday morning so I could put in extra hours throughout the week and that wouldn't be an issue, but I'm not sure. I can check with my boss.

THERAPIST: Okay. So by the time you get back with me I'll hold it for you.

CLIENT: Yeah, because it doesn't sound like that you maybe have other times that week?

THERAPIST: I probably will but I'm not they wouldn't be early afternoon or something like that.

CLIENT: Or early morning.

THERAPIST: I don't know yet. I might but I probably wouldn't know yet until -

CLIENT: Okay, I will ask. It's just a little harder to ask to come in late when I already have a day off that week. But thank you.

THERAPIST: I will e-mail you Friday.

CLIENT: Great. Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: We have **half a session**.

CLIENT: Yeah, no, I'm sorry.

THERAPIST: No, I'm sorry for you, I know that's frustrating. How are you? It's been a long time.

CLIENT: It has, it has.

THERAPIST: Where are you? What's on your mind?

CLIENT: I guess **in the past couple weeks, things have been going fairly well. Going home was a lot**, it was too much actually. It was stressful but I got through it.

THERAPIST: Home to your house.

CLIENT: And to Ivan's.

THERAPIST: And Ivan's, yeah. Wow.

CLIENT: Yeah, so.

THERAPIST: That's a breakthrough.

CLIENT: Yeah, it was. We were there for like literally 24 hours, but it was **we saw over 30 family members**.

THERAPIST: Oh, my goodness.

CLIENT: Yeah, it's the norm for them, but it's just like, it was too much, it was like way too much.

THERAPIST: Do you regret it? [00:01:02]

CLIENT: No. I think it was probably helpful, but it was just like -

THERAPIST: You don't have the strength.

CLIENT: way too much. His parents are (shaky breath) but, yeah.

THERAPIST: We can talk about that at some point, but I want to know where you are, was especially in mind for you.

CLIENT: Yeah, so that actually was what I wanted to, I guess talk about or digest or go over today, but then something happened last night and I'd like to talk about that if that's okay.

THERAPIST: Sure.

CLIENT: I really don't have that much time, but so I guess the point is things with Ivan have been going remarkably well. We've been having scheduled conversations about the stuff, as it were. He's been making dinner every night, he picks me up from the subway when I get home at night. He's largely doing his chores independently, like almost never am I asking him or reminding. Just a lot of improvements, and that's felt really good, and I felt taken care of and I felt safe and secure. We've also had, I mean, I had told you, I don't know when, but we made out a couple of times or whatever. So that's continued to some extent. It's not daily, it's not even multiple times a week maybe, but it's pretty regular and I would say every day, we're either holding hands or there's, you know, sometimes like a kiss in the morning or whatever. So, there's so that's like, it sounds ridiculous, but it's scary for me. That's a lot, that's the vulnerable thing.

THERAPIST: It is. It's not ridiculous. [00:02:47]

CLIENT: So, anyway, that's been happening and it's been I don't know, a very small struggle, but a little struggle, to like remind Ivan. Because sometimes we've made out, we've done more than like just kiss, and so to just remind him to ask about, like, am I okay with things, is it okay, because that still feels very important. I think ideally, we'd get to a place where it's more intuitive, like it was way back when, but right now it feels more safe and secure to just know that and I'm not really saying no, but like to just know that I have some control over what happens and that we're only going to do anything that we both agree to. Ivan has kind of indirectly tried to push that a few times, not in a horrible way, but like just not asking sometimes. So it's, I don't know, that's interesting. [00:03:55]

I don't know what to make of it but this morning, it was like two in the morning, I was just like half awake, and then I became more awake, because I felt Ivan put his hand like on my leg, and that

was fine. I didn't expect him to wake me up to ask me to do that, that was okay. But he continued.

THERAPIST: He did wake you up?

CLIENT: No, no, no, I didn't expect that he would, and that was okay, I wasn't going to make a big deal about it or anything. But he, (chokes up) like it's so embarrassing, but it's similar to what happened before. So, he so, I don't want to I guess I want to back up. So, he put his hand on my leg, that was fine, like over my PJ pants, that was fine, and he put his hand like on my hip, that was fine. He put his hand even like here, like that was okay, and then he like, I felt him put just a couple of fingers, like just under the top of my PJ pants and that made me feel really nervous. And I was still half awake, and I think he was like trying to figure out if I was awake, and it was clear that he was not waking me up and did not say anything, and I felt like, you know, I should stop him, because I didn't know what was going on and I didn't want anything to happen. But on the other hand, part of me wanted to know if he was capable of doing it again, and if I could trust him, and in a moment, I felt so glad that I just let it go, because he did, he put a few fingers, like right under the top of my pants. But he pulled right back and did nothing and it was harmless and it was okay. It was unsettling, given our past, but it was okay and he didn't do anything wrong. [00:05:45]

THERAPIST: So maybe, had the past not happened, it wouldn't have felt so scary.

CLIENT: It would have been I mean to wake up to that, it would have been weird.

THERAPIST: Yeah.

CLIENT: But right, had that never happened, it would have just been like what are you doing, I'm sleeping here.

THERAPIST: Ramona, do you have the feel of like, it's certainly bordering someone in a couple to roll over, put their arm around the other person in the couple, in the middle of the night. Maybe even themselves, half asleep, right?

CLIENT: Yeah.

THERAPIST: Just kind of being close, in an embrace. Did it feel like that or did it feel like he was inching toward, like sort of tempted or something?

CLIENT: Yes.

THERAPIST: More like that?

CLIENT: Because what happened next was, he put his hand like back on my leg and I was like okay, it's okay. I got really nervous and I could like literally hear my heart pounding, because he

then he put his fingers back under the top of my pants again and moved closer and closer. He went further than he should have and not nearly as far as he did before when he assaulted me, but it was definitely not harmless.

THERAPIST: Yeah. [00:06:49]

CLIENT: And I just like got worked up and I so I was like, "You know, I'm awake." He's like, "No, I didn't," and so we turned on the lights and we talked for like a couple of hours or so, and Ivan actually started, like he was almost like hyperventilating. He's like, "I am so sorry." (sighs) And for me, I was like so bewildered and so because what he did was very, very borderline, he couldn't have pushed it any further. But it's still a little I know now, I'm still processing it, and I was obviously like half awake, but I'm like still trying to figure out if it's the same thing, if it's he caught himself and wouldn't have gone further, if it's what it is exactly, because it's like so I told him I almost like didn't want to even tell you, I almost didn't want to even acknowledge that it happened, because things have been going really well. We're making serious progress and it's been very, very hopeful. And I've come to not only feel safe with Ivan in the bed, but to be like are you coming to bed? Like, snuggling up together and it's nice and it feels really, really great. And so, it just feels like it feels bizarre and it feels almost like I guess it did the first time it happened, because it's like where does this come from? [00:08:20]

THERAPIST: How are you feeling about this?

CLIENT: Scared.

THERAPIST: You seem disconnected, like you're telling me a story, without feelings about what you're trying to tell.

CLIENT: No, I'm trying to like sterilize it a little bit and keep it together, because I really need to be together at work today and I can't (sighs) That, and I'm trying to figure out how to really respond. I told Ivan, you know, how I was scared, I was worried, I didn't know what to make of it, I didn't know. Like I said, what he did was borderline but you know, like would you have gone further had I not spoken up at that moment? Would this have been exactly the same, has nothing changed? Or is it, you know, similar but like a temptation, but he was stopping and wasn't going to do anything? I just, it's so, I don't know how to react and what I really don't want to do is react as if it is the same, if it's not, and I don't want to discredit all the efforts that he's made. But I also don't, I don't know, it's not okay.

THERAPIST: It's really not okay. And even if it's sounds good to know, that there is ambivalence in him, even feel out of his mind to decide he wanted to, who knows what would have happened next. He certainly was mixed about it. We don't know if the first time he was mixed about it too. He may have been exactly like that. But that's as real as all the changes that have occurred too. So it's sort of, what he wanted to do. How do you integrate that. You know in a way, this is where we talked a while back, about the fact of the matter is, there's going to be something he

does, probably some small things and probably on occasion, big things, that are a part of his working on this, because it can't be all better yet. [00:10:32]

CLIENT: And that occurred to me, if this was like a version of the time he lied to me about putting conversations on the whiteboard, like such a little thing.

THERAPIST: Yeah.

CLIENT: If it's a version of that, like working on that but not quite there yet. And it was bizarre to me too, because we had one of our scheduled conversations actually like pretty close to going to bed, and part of what I said was, like that I felt good about all the efforts we were making and that there was some physical contact along with it, because that's obviously important to Ivan, and that it was in steps, and I told him that in order to go further or for us to have sex again, like things like that. You know, that the conversations were really important to me and I needed to continue to feel safe and like, those things weren't going to happen again, because not only was it a betrayal, but his betrayals were around things kind of related to sex.

THERAPIST: Yeah, sure, sure.

CLIENT: And so it's like, it (sighs). So, yeah, and it's bizarre and Ivan said to me... I'm like why would you do that, why wouldn't you just ask me, because you've been consistently, like we've been consistently having physical contact, and even more than just like kissing and holding hands, and you haven't been rejected and it's been a positive experience for both of us. So, you know, why, if that's happening during the day when we're both awake, why would it be any different? Why wouldn't you just wake me up? And he said that he felt like he (sighs), like he knew that it was wrong and he was sorry, but that he also felt that behind it was not wanting to disappoint me and that sometimes he feels like even if I'm agreeing to it, physical contact, I'm not really, that he still feels like he's coercing me, that he still feels like he doesn't deserve to ask, **that he shouldn't be asking, that it's wrong to ask**. And he's like, so instead of doing something wrong, like that it might be wrong to talk about it or ask about it, he's like I made it something really evil. And to me it sounded like coming back to his own, like he hurts himself or labels himself as this terrible person. [00:12:49]

THERAPIST: It feels more obviously self-punitive, the act, almost.

CLIENT: And I don't understand.

THERAPIST: But I even was hearing, if the fact that you had this conversation, you're pretty bluntly, honestly talking with each other about what would need to happen in order to have mutual, consensual sex, and that you're heading there, and it's been (inaudible). And that's the night where this happens? It feels so much like sort of undoing something and punishing himself for something, maybe his own fear.

CLIENT: It's bizarre because we did just talk about it and so if anything, I guess I would have felt like Ivan would have been more confident to say, glad you brought up more physical contact, I really want this and I like...

THERAPIST: And yet there's something in him that is much it's so self-punishing, self-flagellating, right? So, there may be something happened about his own conflict, about his own desire and pleasure being evil, that he thinks that too, and so he had to sort of move it back to being a one hundred percent, clearly very bad thing, he's doing something really bad.
[00:14:05]

CLIENT: Which is pretty much what he said, but it's kind of I don't know. I guess, if I could try to see from his perspective, how he would feel pretty terrible about bringing up physical contact, because so many of the trails were directly, indirectly about sex, or you know, something related. So, there would be a lot of guilt and shame and it would, I don't know. But at the same time, I don't feel like I've ever told him it was wrong of him to want physical contact with me, or intimacy, or sex or anything like that.

THERAPIST: This is the part, Ramona, and I think it has very little to do with you at all. It sort of doesn't matter what you could say. You could even say to him, I'm so excited for it, I want to do it tomorrow night, and I actually think the same thing could happen inside him. In other words, it's his own stuff about even sexual his own feeling, I mean sin is probably too specific a word, but that there's a lot of feeling he has about his **inner badness**, that I think he would be carrying around to any relationship, any person, by himself even. Do you know what I mean?

CLIENT: I do but I also, it's still a little bizarre, because in the past number of weeks, when Ivan has made all these improvements at home, I feel like he's also I mean, **he started taking his antidepressant**, he's more consistently, I think, **taking his ADHD medication**. So, I haven't seen him crying or feeling sorry for himself or talking about how terrible he is. [00:15:41]

THERAPIST: Or his self-flagellating.

CLIENT: Or like being really hard on himself when he messes things up, because he has, and he hasn't like withdrawn and really shut down.

THERAPIST: Oh, that's fantastic.

CLIENT: So it's like, it seems like he's made a lot of progress there and that's great. So I just, I'm not quite sure, and **even I felt like our conversation was pretty good** and he's like yeah, I went to bed so hopeful and excited, and I just kept lying there thinking about, you talked about next steps, and that it's a long road but that we have a lot of hope for it, he's like, and I just wanted to be really close to you. And he said he didn't want to have sex, he just wanted some kind of physical intimacy.

THERAPIST: So that makes it sound a little bit more that rather than making it evil, he just wanted to be closer to you and couldn't stop. Do you know what I mean, like wasn't respectful, and he wanted that so badly that he was just crossing the line again about respecting your boundaries.

CLIENT: But again, I (sounds frustrated). I'm still trying to take it all in and it just happened this morning, I've been up half the morning. I don't understand why he wouldn't just wake me up.

THERAPIST: Yeah. [00:16:50]

CLIENT: Unless it's the, I accused him, like it feels cowardly, it feels like you would rather not ask, and not risk me rejecting you. And he says it's not that, but it's just, it's hard to take in and I just want to be really careful with how I respond to it, because I really, you know, when I acknowledge that this isn't okay, where we're at, anyway, it's not okay.

THERAPIST: Ramona, it's not okay. It's violating your body. I actually don't think it's on the same level as the whiteboard. This is a violation of your physical body, and it's not ever allowed by another person.

CLIENT: No, I don't, I don't mean like that. I mean like, if Ivan had never done that, it would be different if in the middle of the night, he tried to initiate something and tried to wake me up, initiating. I guess that could be okay with a married couple. [00:17:55]

THERAPIST: Yeah. Again, if what's happening is I'm trying to initiate something sexual and I really want to be with you and I want you to be with me, that's different than I'm trying to initiate something sexual with your body and I want to make sure you don't wake up when it happens. Do you see what I mean?

CLIENT: Mm-hmm.

THERAPIST: I know, and maybe this is it's almost impossible to tell in a way, but that's a very, very, very important difference. One is a kind of rape, the other one is totally ordinary. Does that make sense? So, if you're picking up on the feeling that he was wanting you not to know, that's the part that's extremely, extremely important to know, that it's not okay. You know?

CLIENT: So, it was again, like I haven't wrapped my head around it exactly, but he didn't he didn't exactly touch me. He came exceptionally close. He said to me, one of the first thing he started to say when we started talking about it was I knew that I needed to tell you in the morning, exactly what had happened. And I want to believe that that's true. I want to believe that if, unfortunately I had like slept through it and he had touched me, like started to touch me and stopped, like that he would have said something. I don't know. I don't know if that's like the truth and he now knows that he needs to be straightforward about that, or if it was as simple as he feels completely horrible and needs to come up with an apology that's going to put us back on track. I don't want to accuse him of that if it's unfair, but um... [00:19:38]

THERAPIST: Even if he did want to tell you, was intending to tell you, that's really important, that's sort of him getting right back on track, in the forward movement. But it also is an indicator that it was something that was intended to be kept a secret. Do you know what I mean? It's not that he was just trying to initiate sex.

CLIENT: No, and he's very clear that he wasn't trying to initiate sex. He just says, I wanted to touch you, I wanted to be close to you. I wanted just some kind of he said the intent was not even for me to become aroused or excited. He's like, I just wanted to be close.

THERAPIST: I don't know what that means, and that may be something to sort through in couple's therapy, like what exactly does it mean. Close is not a person is lying there dead asleep and you're fondling their body. That's actually not close at all. Do you know what I mean?

CLIENT: No, it's very it's actually probably **the most distant thing you could do**.

THERAPIST: Distancing, yeah.

CLIENT: It's hard to I don't really get it, but when he says, like I don't want to disappoint you and I feel like even when you're agreeing to things, maybe you're not. Maybe you wouldn't ever want to like, maybe you would never want me, I could never deserve to ask. So, instead of making it something that's probably wrong to ask for, I make it something completely evil. It sounds bizarre, and he's like, I don't think like this most of the time, this isn't where my mind has been. [00:20:58]

THERAPIST: Maybe the forward progress is he's being (inaudible). That's huge, this two-hour conversation. He's really working on trying to find and say that he hurt himself, about what this is all about. It does sound like he's terrified of trying to move forward, because maybe he's going to get rejected, he's going to get hurt, you don't love him, you don't want his body, you don't want that kind of physical attachment with him, and he's sort of reverted back. I mean, I know it sounds strange, but it really can happen when people are making changes, that sometimes a big leap forward, when you're really doing something differently, can be terrifying. It can lead to a kind of momentary regression back to old behavior. You know the expression, two steps forward, one step back. It sounds like that. It actually has been more than two steps forward. It's been many, many giant leaps forward together. I'm sure, I don't know the half of all the details about what's been changing, but you know, when I last saw you, you were furious at him again, after a couple's session. You had really had it and the fact that you're at this place, where you're talking about so much more forward momentum, it sounds like something got very scared in him so he reverted. And that doesn't make the reversion okay at all, you know, that's I think one thing you want to be. You're trying to balance saying, I have openness to the idea that no one changes in a linear fashion, it's just a fantasy that you could just go forward, forward, forward. It doesn't happen that way, no change happens that way. So you get that and yet, you also want to be really, really, really clear that this cannot happen again. It's even different, Ramona, than him trying to come on to you when you're awake, because then you still have even if he hasn't

asked you and that's when your agreement, let's say he violates that agreement and he doesn't ask, and he sort of just starts with the physical. You're still conscious and you can say yes or no.

CLIENT: Mm-hmm. [00:23:01]

THERAPIST: Right? When you're asleep, all the decision making power is taken away from you, so it's that much more of a violation. I think even between any couple, if it isn't that the other partner wakes up pretty quickly and can indicate, even if it's physically, I'm into this or I'm not, it's a violation. So, you're trying to hold both, that this is like you get that this is part of the past, but this particular thing really, really cannot happen again.

CLIENT: That's the I um, like I say I want to react appropriately, so part of me thinks maybe it's not the end of the world. It's not okay.

THERAPIST: Yeah.

CLIENT: But maybe it's similar, that he's still trying to make the change and it's not quite there yet. And he did not do what he did the last time, it's not the same, but the intent or like the thought process or just, with the history, like not waking me up, that's what's disturbing to me. But on the other hand, I don't want to be that person. I don't want to allow Ivan to do this over and over and over and then consistently beat my head against a brick wall and be like why doesn't this feel good. [00:24:21]

THERAPIST: And that's a little bit and maybe I'm hearing this because you're disconnected from it, going to work right now, but it feels a little bit like the emotional part of being furious at this act is a little bit missing right now. So I think that is the task, is how do you find one hundred percent clarity that this particular thing is not acceptable, and you're very mad that it happened again, and that that exists alongside being thrilled at all the changes he's making. And you could even say, I feel this about this act, but it doesn't undo these other feelings, they're still there. In fact, those are the majority of what my feelings are. You know, how do you have that whole reaction, because it's really important that you not lose sight of being clear with him at this point, and learning from it. As you did sum up, I think the more you can bring this into couple's therapy and really try to get to know maybe more about what's inside of this experience, like what is he afraid of that meant that he had to bring that underground. Like what may be a little bit more of it, is it a rejection, how can I help you even, figure a way of us finding language together so that he doesn't have to be so scared.

CLIENT: I know.

THERAPIST: I have five minutes.

CLIENT: Thank you.

THERAPIST: It's good to see you.

CLIENT: Thank you for giving me another time.

THERAPIST: Sure, sure. Ten o'clock next Monday?

CLIENT: I'm going to try. This past Monday, new employees started, to work specifically for me, specifically for this project that's due February 1st. So that's why there was no way I could not be there. But I'm hoping, I'm really hoping that it's okay, because I can be there like three hours late. I'm hoping that it can. So, can I e-mail you?

THERAPIST: Sure.

CLIENT: I need to check with my boss.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: So you're all set with the insurance then?

CLIENT: Oh, yes.

THERAPIST: Yes, okay. I might need the -

CLIENT: No, you do need the card, I'm sorry. I'll bring that next time. You can't bill anything yet, just because I haven't met my deductible yet, but I'll bring it next time.

THERAPIST: I still should submit those two sessions though, because they won't honor your having met the deductible then?

CLIENT: They won't, no.

THERAPIST: Having met the deductible then. Does that make sense?

CLIENT: Yes. I have the card. Do you want me to just give you the card?

THERAPIST: Sure, that works. We can do a quick photocopy. And then after that, we're doing 40?

CLIENT: Mm-hmm. And like I said, after I paid \$1,000 out of pocket for co-pays and co-insurance, they'll start paying a hundred percent of every single time.

THERAPIST: Yes, which is fantastic. And I got your e-mail. I'm sorry I didn't have a chance to respond -

CLIENT: No, that's okay. [00:01:30]

THERAPIST: over the weekend but we're so we're all set for this time for the rest of this month, as far as you know.

CLIENT: Well, I'd ask if you were open on Martin Luther King Jr. day.

THERAPIST: I am.

CLIENT: Oh, okay, then that's fine, because it's a hospital holiday.

THERAPIST: Okay. I'll be here.

CLIENT: Oh, that's really great. And then next one, I'm not a hundred percent, because the deadline is like the next week, but hopefully.

THERAPIST: So that's the last one that's in question. Do you think you'll be okay after that?

CLIENT: Yeah, it should be, it should be, it's just that the deadline is February 1st, so I'm working like, I worked 60 hours this last week and I'll continue that pattern. So, yeah.

THERAPIST: Ramona, if there were ever a slightly earlier time on Monday, would that be preferable?

CLIENT: Yes.

THERAPIST: I'm sort of assuming that's preferable.

CLIENT: Yes, it would, simply because I had missed last -

THERAPIST: Yes, I figured as much. There's a small chance I might be able to switch things around for the 9:10 time, so maybe you can come a little earlier.

CLIENT: It's not sorry, go ahead.

THERAPIST: Go ahead. [00:02:30]

CLIENT: I was just going to say, it's not actually a huge deal usually, because I have to stay later on Tuesdays and I have to come in early on Thursdays, and because I'm salaried, they prefer that I offset the hours, and it was perfect. Nobody schedules meetings for Monday morning, so it's like the perfect time actually, coincidentally. So, I wouldn't that's not an issue for me.

THERAPIST: Okay, it's not.

CLIENT: No, no, no, it's really strictly just this month, at least that's what I've been told.

THERAPIST: So would you, because after this month you assume, just ten?

CLIENT: That should be fine, yes, it really should.

THERAPIST: You wouldn't prefer to move to 9:10 anyway.

CLIENT: I don't think it's going to end up making I would end up offsetting those hours another time.

THERAPIST: So, how are you? How are things?

CLIENT: They're going. I did do some journaling over the weekend, because I felt super anxious, and so that helped at least. That evening, I sat down and just wrote for a while. That helps in the moment, so that was good. I had another scheduled one of our scheduled conversations with Ivan yesterday, and I guess that helps a little bit. I'm noticing, I'm kind of reaching a point at which, like just with what's going on with work and what's been going on with Ivan. I have no more room for like extra disasters or extra stress. [00:03:52]

THERAPIST: Mm-hmm. Do you have a sense about, when you say you started feeling so anxious that you needed to journal, what was going on inside? How do you locate what the anxiety was about?

CLIENT: Oh, I mean that's always pretty clear, because I'm having basic thoughts and I'm so, Saturday, towards the evening, my sister came over and we were hanging out, and we just had the TV on, and I realized, like I couldn't watch it, like I realized, I'm pulling at my hair, I'm unable to fully sit still. I'm just like worked up about it. And I'm also noticing little things that normally wouldn't stress me out, or like I can't, I can't do it. But I'm never too much in question about what's it about, because it's very clear.

THERAPIST: What's very clear then, this time?

CLIENT: It's about the most recent, I don't know what the right label is, because it's maybe different, but what happened early Tuesday morning.

THERAPIST: Yes, that we talked about.

CLIENT: Mm-hmm. It's just a lot of buildup and it didn't help that that day as well, Ivan came home and said, "Oh, my boss said if I don't correct this she'll write me up for insubordination, which is grounds for termination, and by the way, I accidentally backed into the neighbor's car and by the way..." He had a whole day off on Thursday he's like, "No, I didn't get anything done, like I just slept all day, I had a headache." And I'm just feeling within myself, that if things were

really not stressful at work and he hadn't gotten in trouble at his work, and like none of the other stuff had happened, what happened early Tuesday morning would still be **too much**. And **now it's like really too much** and I'm feeling kind of in that place where I felt before, where I feel like I'm almost like screaming at the top of my lungs, like, "This is too much!" No more, I can't handle any more, and it doesn't really matter. So, **I'm very clear on what the anxiety is about**.

THERAPIST: Did it help to journal? [00:05:57]

CLIENT: It did, **it really did**.

THERAPIST: And how do you think, just getting your thoughts on paper?

CLIENT: Yeah, and it helped... A lot of times, I find the thoughts to not be circular, but they keep going through my head, and to get them down on paper makes it stop a little bit and lets me continue, as opposed to going back over and over.

THERAPIST: Yes.

CLIENT: And it kind of **validates** it a little bit, especially given around this circumstance, I haven't told anyone, because I'm like kind of back to where I was in the beginning, except some of those people I told, like oh yeah, things are getting better, and essentially told, like you don't need to worry so much or you don't need to... And now, I feel like to go back and tell them something similar happened again, it's like too much. Too much for me to go through, too much to put them through.

THERAPIST: And who are you thinking of, your sister and your parents?

CLIENT: My sister and my parents, yeah, predominantly, or even like I told two close friends in a very, very general pass, like what had happened. And it's too difficult to explain, because even putting the label of assault on it, I don't know if that's really accurate for what happened. There's no way to say, like it's not easy to explain. [00:07:15]

THERAPIST: Yeah. It's complicated enough for you and Ivan to understand yourselves talking about it in thorough detail together, let alone explaining it to someone else.

CLIENT: Right.

THERAPIST: So you're **still confused** yourself. You know, I wonder, Ramona, if it sets off both rage at him and a kind of anxiety that is about feeling so angry. You want this relationship to work very badly, many, many parts of you want this to work. You know, the part that you said I'm afraid I might just take him back too quickly and sort of try to forget what happened, that part is terrified of thinking something like this happens. What do I do with this, that this actually happened. Again, it's a subtler form, but it still kind of happens. How do you integrate it? You

almost wish it weren't, so that it would be more straightforward right now, and it's anxiety provoking to try to integrate that he did this thing that really, really is not okay. [00:08:27]

CLIENT: And it's hard to piece out. I don't know, I want to accept all the efforts he has made, and really recognize them and I want to take them in, and I was thinking that we were moving towards them, you know doubling and redoubling, and really moving forward towards that. And so it's really hard. I don't want to suppress this or not tell people or not get too upset or not label it. Because I'm so desperate to embrace all the other stuff, and kind of not deal with this, because I think at some point it's almost like a coping mechanism, like you have to get through and in order to get through, it might not be sustainable to cry about it regularly, or talk about it regularly, or be angry about it even. It might only be sustainable to say I'm upset about it and then day to day, not acknowledge it very much. And I'm worried that I might be forced into that position, because I'm feeling like I've reached kind of the breaking point with the amount of stress. So, like I couldn't get upset and say, well if your boss is really telling you this, that's not okay. And I couldn't get upset and be like, and you still haven't fixed the car. You know?

THERAPIST: Yeah. [00:09:42]

CLIENT: There's just not room to deal with it in the way that would be ideal maybe, and I'm almost afraid to have more conversations with him about it because, like I really want to know, but I almost don't want to know, because I might not be able to handle what's really happening.

THERAPIST: It's funny, it's another way of thinking about your anxiety right now is anxiety can be sort of a signal that there's a lot of affect inside you, right? Like, if you were to let yourself really think and feel about this or about the car or about what his boss said to him, you would have a lot of feelings. Some anxiety, a lot of anger, feelings that would feel like powerfully, almost disregulating right now, and that you don't feel like there's space right now to go there in your life, especially give, my guess is, how busy you've been at work.

CLIENT: Mm-hmm.

THERAPIST: This is an unusually stressful, busy period right now, which will subside, is that right, a little bit?

CLIENT: It should. It should in like three more weeks.

THERAPIST: You won't have to stay for 60 hours.

CLIENT: Yeah, no, it should in like three more weeks. [00:10:44]

THERAPIST: Or else, they've got to pay you for more work.

CLIENT: Yeah, and personally, I might not get paid for any of that. I just realized even at work, they hired a couple of temps to work on some of the administrative stuff for the project and one

of them was just she wasn't following through and I got really frustrated with her and at one point, I just felt within myself, like I was either going to be angry or cry. And I realized, I was genuinely upset about what she wasn't doing, because it was very simple, but it was mostly just like that tipping point where I was like, I cannot handle one more like... and by the way, this isn't going to work and I just can't. I just can't right now.

My sister and I were indecisive over what to do for dinner Saturday night. I couldn't handle it, like it was ridiculous. I was just like, I don't care, I will do whatever you like. I can't make any decisions, I can't (sighs) it's ridiculous but that's where it's at right now.

THERAPIST: It's okay though too. You know, I think even just letting yourself kind of know that that's where things are, is really healthy, especially if you think there's some room three weeks for now, for a little bit more space to open up again. It's not the end of the world if you talk to your sister and say, can you please decide because I can't handle another decision. You know? That's actually good, turning to another person for help in taking care of you right now, when your burden is so high. But I wonder if it feels even here, like to feel all the feelings you're feeling, would unleash something. [00:12:19]

CLIENT: Exactly, like there isn't time for that, there isn't room for that. There's frankly, almost no point to it because I understand that in reality there is a lot of point to it, but it doesn't feel like there is because I've done this with Ivan. I've shown him all the feelings, I think, and we're still here, like it's still happening. So, what is really the point? In some sense, it's just like beating my head against a brick wall.

THERAPIST: So that's part of the feeling that it's happening again, wait, how could we do this again after everything I've described to you about how I felt about it.

CLIENT: And it -

THERAPIST: Why even have all those conversations if you go on this way.

CLIENT: It's just, it's too much. What I keep coming back to in my head, a simple explanation, is it's too much. I felt like a lot of the lies and a lot of the stuff that Ivan, I would say like almost put me through, like his decisions that were not joint decisions.

THERAPIST: Yes, yes. [00:13:23]

CLIENT: That it was above and beyond a typical, like what you would expect for typical marital problems. I understand that these things, that these traumas happen in other relationships, but it's a lot more than I had any right to expect and it just feels like on top of all of those, this, it's just like (sighs) it's not even the straw that broke the camel's back, it's like way more than that. It's just, it's too much and it's too much and I keep saying that and it's like there's nothing I can do to say it loud enough or clear enough to make it stop.

THERAPIST: Too much. It's almost too much, too much more.

CLIENT: It's like asking it's asking too much, it's expecting too much.

THERAPIST: Of you?

CLIENT: Yes. It's not giving enough and taking way too much. It's asking me to I mean, he's not literally asking me every week, but asking me to go to couple's counseling and asking me to have these conversations with him, asking me to give him a second chance, to let him live in the apartment, sleep in the bed, he was. And then to not be giving enough. And I'm not saying that he was and has been, like making significant efforts, and this doesn't erase all of that, but it's not enough. [00:14:44]

THERAPIST: Well, what's funny about it, there's something strange about the fact that it's like, in the other, in some ways less important areas, even though they're still really important for day to day living, he's made these tremendous strides. So, like, doing the laundry or being accountable for having a conversation. But then in the area that in a way, it's like it's only one data point, but it's a really, really, really big important one as far as betrayals are concerned. You'd much rather the slip that he had was that he forgot to put the laundry in, but then that he's violating your body and yourself again in that. It's a really, really big mistake. It's not just a little thing that you're working on, so it's sort of, I think that's part of what's too much, like how do you equate that he's made, in the subtler areas, these massive important changes, but then this big area, it happens again. Like how do you even put those together, it doesn't feel possible, I can imagine. [00:15:45]

CLIENT: It's so confusing. I still feel kind of stuck in disbelief and kind of stuck in like what to make of it. And Dr. [Farrow?] said you don't want to throw the baby out with the bathwater and I thought, maybe that's I don't know how I feel about thinking of it that way, because on the one hand, these changes that he's made are indicative of more than just doing laundry or taking out the trash. Like he's finally being more of an equal partner in the relationship. He's being responsible, reliable, trustworthy, like they're indicative of, I think bigger things, that it's something to build on.

THERAPIST: Right. Actually being a partner with you.

CLIENT: Exactly. So I'm not just excited that there are clean clothes. I'm excited that like -

THERAPIST: He's showing initiative.

CLIENT: And I feel a lot more respect for him when he's doing it, and it feels really, really good. I'm really, really safe, but obviously it feels really unsafe to know that even if he promises me that this is never going to happen again, it still can. So at what point, I mean, at what point is it even worthwhile to have the conversations, if I can't believe a word that comes out of his mouth. (sighs) I did something that I wrote in my journal, which I wrote it on Saturday, so I didn't think

there was a point to e-mail it to you, because obviously, you wouldn't have had time to look at it, but it was striking to me when I asked him at one point, "What has happened exactly?" Because for so many months, I've really felt like I tried everything under the sun, to work with him, to get to the efforts that he's been making. And all of a sudden, when he moves out, and then when he moves back in, they are consistent. I mean almost never is he like not like I wouldn't know what to do at this point, kind of, if I came home and he had made no type of dinner or no effort or no plan for dinner. Like it's really that dramatic of a change and I'm like, how is that possible, when I'm asking you for months and months and you don't. Is it just a refusal? Is it just... Because there were a lot of times when I debated if it was refusal or if it was simply that with, you know, finally figuring out that he had the ADHD and working or, you know, the depression, that those things obviously play a role in your day to day function. And he said it wasn't that I said something like it feels like you started to love me, when you started doing all those things, I felt like you started showing me. And he's like, it wasn't that I never loved you. It was that all the shame and the guilt and the depression, they overshadowed me being able to ever show you. And that feels, I don't know, that I guess that could be valid? But then, if he's alleviating so much of that, which I understand is a huge thing and not something you can do in one day, why would something like this happen? [00:18:42]

THERAPIST: Why would he have a relapse in a way, in the severity.

CLIENT: So severely, yeah, if he's not feeling so much shame and so much guilt and so much...

THERAPIST: Remember we talked about the fact that this happened right on the heels of you both feeling actually quite intimate, and even physically close with each other, talking about getting closer, that I can imagine in Ivan, because of other things he's had so much guilt and shame about, that even, as much as he's saying he wants that, there could be a part of him that's terribly ashamed and feels guilty about wanting that, even with his own wife. Do you know what I mean?

CLIENT: No, and he's said that.

THERAPIST: That's actually not uncommon, yeah.

CLIENT: He has said that a lot and he has said that even when I have said, you know, that I'm agreeing to something, that he feels like I'm not and that he feels like it's wrong to even ask that, it's wrong to want that even, which is complicated because on the one hand, I've never said that there's anything wrong with it. But on the other hand, it would be impossible, I think, to pretend there hasn't been a huge negative association with physical intimacy, given the websites, given some of our experiences together. So it's not this like really good thing that he's just acted poorly around anymore. [00:20:09]

THERAPIST: Yes. And furthermore, Ramona, there may be something inside him about a sexual life and sexual orientation, and being a sexual person, that regardless, or before even any of that happened, he may have had conflict about. He may have still felt, at baseline, guilty

and ashamed. That's not uncommon for people, especially when there's you know, he's grown up with a sense of there being sin and, you know, sex can get really complicated of an area of being intertwined in religion. It can. It doesn't have to but it can get to be an area of tremendous self-torture, that to want it is even a bad thing in some way. So, I guess I'm just saying, even his own psyche, having nothing to do with you, could be filled with conflict about wanting to do this with you.

CLIENT: But I have, I've seen that. Ivan's dad is a pastor and his dad has been very... Before we got married or pretty close to before we got married, Ivan and I, we did not have sex before we got married, and this wasn't something we discussed with our parents or consulted with. I mean, this was our personal decision and we were raised with that value, that it was that that was an important thing. And I don't know if Ivan's parents would have like shunned him had he had sex before marriage, but the point is, that was very clear, and his dad literally, his parents asked him before we got married, if it was difficult for us to wait. And like what an invasive, like inappropriate... So, I would say Ivan has definitely had that experience, but I would also own that I have definitely I have felt a lot of shame or a lot of... Before, before anything to do with Ivan, given that growing up, there was no discussion of sex, no acknowledgement of sex, until my dad had the affair, at which point sex was framed in a very graphic and very disgusting, repulsive, um, disgusting and repulsive way. [00:22:27]

THERAPIST: It was actually talked about, what happened?

CLIENT: Yes, oh yes. I mean, yes, very much.

THERAPIST: By your mom.

CLIENT: Oh, yeah, yeah. And so I wouldn't say that I came into the marriage, viewing it as something that is healthy and normal and good, and something like not to be ashamed of and not to feel uncomfortable about. And when Ivan says that he feels like sometimes when I have agreed to things, that he thinks I'm really not, I could understand where that comes from, because even now, with Ivan, if I am able to start thinking about it, which I'm not sure that I'm there yet, but if I'm able to start thinking about it as a healthy, normal thing. It's not shameful, not that it needs to be publicized, but not shameful, there's maybe a difference.

THERAPIST: A huge difference.

CLIENT: I do feel ashamed or guilty or a little bit... for having any type of physical contact with him, because it feels like I let him the explanations he's given for the websites and such are different from the way they present at first glance, and it's hard to know which is which, which is the truth. But after he's done all of that, to allow him to have physical contact with me or to allow myself to have physical contact with him, or to want that, it feels unsafe. It feels dumb. It feels like I am the doormat. It feels like I am the wife whose husband, you know, who did those things and it may or may not be what it looked like, and still, in a matter of months later, was kissing him and was setting herself up to... (sighs) It's hard. [00:24:18]

THERAPIST: It is hard and in a way you're both potentially then, sharing this feeling right now, that you don't sort of deserve to have sex with each other, like how could that happen after what he's done. You could be certain on the one hand, thinking okay, yeah, this is the next step. But on the other hand, really still feeling unsafe about it or feeling like it means you're a doormat if you do it. And of course at some level he's got to be picking that up in you and potentially then feeling himself, regardless of you, about his own wanting to do this with you. How do I deserve this with her after what I've done. He's constantly self-chastising with how bad he is, so that for both of you right now, it's this sort of, it's this bad thing to do. How can you both, like how can this be good in a way, in your marriage. There's no way right now for it to be good. So that alone could create another sort of stuck scenario where he turns back to some secret way, because the above ground way feels like it's bad, you both feel it's bad. Do you know what I'm saying? [00:25:29]

CLIENT: I do, except I guess I feel still disoriented by what he did, because I would maybe feel some of I wouldn't say I don't feel like I deserve to have physical contact with Ivan, but I would feel maybe some of the similar like it would be hard to move forward with that. But I would never think of doing what he did.

THERAPIST: Yes.

CLIENT: And when he talks about what he did, even last night, he just says, you know, I just really wanted to be close to you and I just really wanted... He also had said something in our couple's session, to the extent of touch is equal and he wants to be equal with me and he wants he doesn't feel like he deserves to approach me. He feels like there's no way for me to even ever want that. I don't know, it's very confusing and you say that some couples, it's not uncommon for people to have the shame or the guilt. Do they act out this way? [00:26:31]

THERAPIST: No, that's, I think a big difference. That's where I said, you heard me say, he's saying to you this cannot happen. It's very different. You wouldn't say to a partner, it can't happen, that you feel shame and guilt, right?

CLIENT: Right.

THERAPIST: Like that's so different, like we'll work on that, let's talk about it together. How could we make this more comfortable together? But the action. What he's not, it sounds like, he's not adding up yet, that the action he did really had was sort of a violence against it being equal.

CLIENT: Which is what is confusing and disturbing, and I almost didn't want to go down the road of conversation further, because he said he feels like when we sit down and talk about our days, that he doesn't feel equal, that he feels like he has very little to add, or what his, you know, whatever he does at Starbucks is pretty standard every day, and he thinks that I always have something new to talk about and he doesn't feel equal. But he thinks that touch is equal and I said then, are you almost asserting, like not being equal but almost being superior, because I'm

asleep? And he said no, and that wasn't what he meant, but it terrified me obviously, to think of that, because that frames it in a very violent, very aggressive, controlling way. [00:27:54]

THERAPIST: Yeah, yeah. I mean, one of the things he's sharing is that he's not feeling like you're equal a lot of the time. Sort of in the normal, day to day living right now, you are coming home and sharing this movement into a higher education based job, and more and more responsibility and more and more new endeavors, and he's sort of feeling where am I, next to you. And then I can also imagine that he enacts this thing again, which makes him feel really bad in a way, like he is beneath you, because it's a really not okay thing to do, and in some ways it leaves him feeling like yeah, there I go again, and probably just you're superior. Do you know what I mean? Or if anything, it's at least, this is another, you know. In extreme examples of abuse, that the idea of doing something in a context where you know someone, like I can't feel powerless here. Like if you're asleep, you can't say no, but in some ways, it seems a little crazy to say it like this, but it's a protected space psychologically, because he can't get rejected. [00:29:10]

CLIENT: Yeah.

THERAPIST: Do you know what I mean? That doesn't make it okay, but if we're trying to understand what the dynamics are behind him trying to move to a space where at least he doesn't have to deal with feeling ashamed in your eyes, because your eyes aren't there.

CLIENT: So what does that mean? So, I don't know how to view what he did then. I don't know if that makes it purely abusive and this is, like Ivan is abusive, Ivan is an abuser, or is it my husband wants to be really close to me and is really ashamed and depressed? I have no idea.

THERAPIST: I wouldn't say it's either of those extremes. I think he's enacting tremendous shame in a way that is not okay, and he probably isn't even aware in the moment, it's hurting you. Do you know what I mean? He can probably get so locked in his own head, that he's just thinking about this safe place that I'm sure he wants to feel close to you. He probably is longing for physical intimacy, with you, his wife, but he's not thinking about, actually, if I do it in this way, it's really destructive to her and to me and to our marriage. I can't do that anymore, I've got to do this the above ground way. The above ground way means dealing with the shame all the time, even in having a sexually intimate contact, he's going to have shame. So, it's like the easier path, do you know what I mean? And this is where, you know again, where I say it's not okay, it's not like saying I have shame, is that he can't do that, it's a violence against you, Ramona. I think that's it feels very clear. But I also don't think the basis of it is that he's a violent, horrible person. Do you know what I mean? [00:31:05]

CLIENT: No, and I'm not saying that all spouses who become abusive towards theirs, are horrible, violent people, but they're still maybe abusive. And if it's a pattern, I don't know if couple's counseling, you know, or like I'm not sure if there's a safe way to I don't know. I really have no clue how to react to this or what it really is. It is different from what he did before and he barely touched me, and I don't know if that makes a difference, if him stopping himself makes a

difference, or struggling with it makes a difference. His reaction to it was different, but I don't all I know is like I can't do this anymore and I can't (deep breath, sighs) have him sleep on the couch for a while and then eventually move back to the bed and then things go well again, and then this happens again. Like I can't set myself up for that.

THERAPIST: You're saying your trust has really been shattered by this.

CLIENT: It just, it doesn't really make sense to me because if Ivan is saying, you know, my shame and my guilt and all these other things are really... They've been alleviated to a point where I'm able to do these things with confidence and feel good about myself in making these efforts. And, we're having physical contact and he's able to, you know, approach me about that during the day. So, like why? Even if he felt like I wasn't really agreeing, I could understand how that could be part of the rationale, but that he feels so horrible about it, and then he almost does something to make it really horrible. But, I don't know. [00:32:51]

THERAPIST: You want to say to him, after all the progress we've had, why would you want to do this again?

CLIENT: And I don't know how severe how much of this undoes that or how much this damages that. It also feels frustrating, because I felt like we were moving towards a place. I mean, we haven't had sex for, I don't know, seven months about. That's a long time and I'm sure it's different for a man as well, but I thought we were maybe moving towards a place where we could approach that and that could be a healthy thing. And now it feels like are we back, like just revisiting that in seven more months? It just feels kind of crazy.

THERAPIST: Is he back on the couch? What happened that -

CLIENT: He's sleeping on the couch.

THERAPIST: Did you talk about that in couple's therapy directly?

CLIENT: Mm-hmm. And after it happened, he didn't I mean there was no discussion, he just moved to the couch. He didn't he knew that that was... [00:33:58]

THERAPIST: It's hard naming... You know, I hear you wanting, like if only there were the right answer about how to respond to this, and I think there isn't, Ramona. It's about turning inside yourself and trying to figure out what you were feeling and what you're feeling. Including the loving feelings, the feelings of momentum, including the feelings of betrayal again. What feels right, I think will take some time. You're trying to incorporate these very disparate sides of him, like how do you bring these two together. Or what do you even do with, what if this is just one of the things Ivan was going to do. You know, you've heard me say to you, just keep in mind, that as you're taking him back, there are going to be bumps in the road. There are going to be some small bumps and there will probably be some big bumps again, that if any person's change, it's not linear.

CLIENT: But is that what this is? [00:34:58]

THERAPIST: I don't know, I mean that's what you're trying to take in. Is this exactly the same thing that happened, so that it's going to happen six months from now and a year from now and two years from now, or is there enough different about this, that you can see, it was a slip back into an old behavior for him. But it's getting handled differently, there's a context, there are words for it that wouldn't have been there before, that you trust. You know, I think that's also a part. You sort of feel this, how do I trust even the words since that last time now, if you said that this won't happen. How are you supposed to trust that it won't happen this time? You must be really, really angry, Ramona.

CLIENT: I am, especially because it feels so more than anything, it feels cruel, because even now, like I'll come home and Ivan wants to talk about our day and he wants to eat dinner. I mean, if I stay until eight or nine at work, he picks me up and it's so nice, and he wants to talk and I want to talk, like I wanted all of this to continue. [00:36:11]

THERAPIST: Yes, of course.

CLIENT: And it doesn't it feels like it was, you know, just ripped out from under me, and it feels cruel, because like I want to do that, but I don't want him to think that it's okay.

THERAPIST: Yeah. What was your sex life like before any of this happened? Was it comfortable?

CLIENT: No. So, I don't know how much I've I don't know how much we've talked about that.

THERAPIST: Not too much.

CLIENT: It was, I guess uncomfortable would be the way to describe it, and I've always been very self-conscious, and it's never been it's still like never really been framed to me as a healthy, wonderful, like in fact, until I read that in that book, (inaudible), that like it's a normal, healthy need, and that men and women respond, like act around it a little bit differently. It's obvious, but I never thought of it that way. So, I would say, when we did have any type of sexual contact, Ivan would he never meant it in a hurtful way, but he would usually say, "Oh, it's been a while," or like, "I wish we would do this more often." Or, there was a time when he's like, "You know, I used to think it would be such a shame if we were one of those couples who had a schedule, like a one day a week schedule." He's like, "And now I wish we had that, because we have sex so infrequently." There was a lot of hurt feelings on my end around our honeymoon, because I don't think it was Ivan's intent, but he so I think one of the things I would discuss, like Ivan is not a planner, or he really hasn't been until these past few weeks, and so he didn't really plan activities for our honeymoon, and so we ended up just spending a lot of time in our room and it became -

THERAPIST: Where were you? [00:38:06]

CLIENT: We went to the Caribbean, which I mean he planned. He surprised me, I knew nothing. But we ended up spending a lot of time in our room and it was the first time we had had sex, and it was physically painful for me because I had never had sex before.

THERAPIST: Usually the first time it is.

CLIENT: It was just also really uncomfortable because not a lot else was planned and we ended up spending a lot of time in the room and it just, I don't know, I didn't feel very good about that, and it wasn't his intent. Again, I feel very clearly, that was not his intent.

THERAPIST: Sure.

CLIENT: But it was what happened as a result of like him not planning anything or really being very organized.

THERAPIST: Did spending a lot of time in the room then mean that there's some extra pressure (crosstalk)

CLIENT: Yeah, oh yeah, absolutely, and there was more expectation around it and there was more like frequency with it because...

THERAPIST: (inaudible).

CLIENT: And it just yeah. And it wasn't that I didn't want to, like I did, but I just wish we could have, you know, spent a lot of time doing stuff as a couple like we had always done, and made it a much smaller part. And again, I don't think that was ever his intent, but it's what happened and it made me feel kind of like not good. It made me feel like that was more the purpose of it and that's not exactly romantic. [00:39:35]

THERAPIST: It doesn't sound like it ended up feeling like sexual contact grew out of loving feelings for each other, like being so madly in love that you want to share your bodies or you want to share everything together, sort of as a natural outgrowth. It instead became the thing you were supposed to do.

CLIENT: Right.

THERAPIST: Which is very different.

CLIENT: Almost an obligation.

THERAPIST: Yeah.

CLIENT: And not that it wasn't I mean a lot of it was very, like we both wanted to, and we were clearly, much more physically in contact than we normally would have been, because we were on our honeymoon, but it still made me feel kind of, not this is the wrong word, but not like cheap, where cheap is the wrong word, but it cheapened the experience, if that makes any sense. It didn't feel like this wonderful romantic getaway to the beach, where we also experienced sex for the first time and had that be a part of it. It didn't feel like that. So, it didn't start out well and I would say, it became difficult, because every time, when Ivan would say, like after that, like it's been a while or I wish we did this more often. It would feel like a criticism. Or when Ivan would say, this is painful for you, or like I enjoyed this but it wasn't even really sex. Like it would feel very personal, and I don't think it was ever Ivan's intent, to like put me down in a very intimately personal way, but it almost felt... I mean, it's hard to explain. Waiting until marriage is kind of like a big thing and kind of an unusual thing, I think nowadays, and it's definitely like a gift that you in my experience, I guess, like something that you choose to save for your spouse. And that's like a really wonderful thing to share just with your spouse, that's like a really devoted thing to do, if that makes any... And so to have his reaction be that, like what, it's painful for you or that wasn't really fully intercourse, or this isn't often enough, it felt like a huge, huge personal slap in the face, because that was the whole thing. Of course I was uncomfortable, of course I was self-conscious, like that was the whole point, because I waited, you know. [00:41:46]

THERAPIST: So not also, then, compassion and understanding and taking care of each other, and kind of making it feel more comfortable, whatever it took, happened.

CLIENT: Yeah, I would say that. And the thing is, Ivan also hadn't had sex before we got married, but he wasn't -

THERAPIST: It's not painful.

CLIENT: No, and he wasn't uncomfortable and he wasn't maybe as self-conscious. He was very like... And it was clear that he had thought about it, you know, before our honeymoon, and planned about it, whereas I really didn't. And so it was just, we both had like a similar experience, but then we did not once we got married, and it just felt I know he didn't ever mean to diminish the value of me waiting, but that's how it felt.

THERAPIST: And so it's never really been an integrated part of your marriage that feels like it's an important piece of the whole picture.

CLIENT: No, no, and even like when we did, I would feel ashamed, I would feel guilty, I would feel like I just did something wrong, because it's not like there is an on/off switch, before you say your vows and after, where it's like oh, this is fine now. [00:42:55]

THERAPIST: Yeah, yeah. We've got to stop. I'm sure there's so much more to talk about in this, but -

CLIENT: I'm sorry, I didn't wear a watch.

THERAPIST: I understand you're also tabling some, to get through the next few weeks, and I think to the degree that you're in touch with your own self-regulation and what's too much and what's enough, hopefully we can help you use this space to bring some of it out in the meantime, in the safety of here. You also have to get yourself on to work too.

CLIENT: I'll see you next week.

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How are you?

CLIENT: Okay.

THERAPIST: You were feeling pretty anxious last week.

CLIENT: Yeah.

THERAPIST: And today?

CLIENT: To some extent but I've been working a lot so I've been able to focus the anxiety on that. It's been helpful as a distraction, even if it's unhealthy.

THERAPIST: How is work going, by the way?

CLIENT: It's going okay. I actually worked Saturday, too, because there was a commission meeting and my boss is a co-chair of that commission, so that was a great opportunity to go and listen. It's okay. There is a really tight deadline for one of his publications, so I'm working on that. [00:00:58]

THERAPIST: Are you enjoying the work? You were uncertain about exactly what the possibilities would be, but it was looking like it was pretty good.

CLIENT: No, they should be pretty good, but right now all I'm doing is administrative stuff, which is not good. It's supposed to be a one-time it's a textbook, actually, on surgery, that he had put together a couple of years ago, but it needs to be wrapped up. He got a new publisher within the past couple of months and I'm e-mailing like 150 people. (chuckles) So I guess it's satisfying that there is a lot of progress.

THERAPIST: And there is a lot of responsibility.

CLIENT: Yeah, there is a lot of responsibility, so I guess that's nice.

THERAPIST: It's not just data entry.

CLIENT: Right, it's not just data entry, but it's not, obviously, what I want or need to be doing. But it is interesting to hear some of their stories. So that should hopefully be done by February 1st and I can get on with research and stuff. [00:02:03]

THERAPIST: It feels like it's working out as a position for you?

CLIENT: It's a really great opportunity.

THERAPIST: Where are you otherwise?

CLIENT: I guess I'm not sure. I kind of go back and forth with still being really unsure. It's bizarre to go unsure about how you want to react to something for so long, but that's still where I'm kind of at. Yesterday Ivan and I both had off and I was just exhausted. I realized I just wanted time by myself. I didn't really want to spend time with him. I think that might be an avoidance of kinds, but it just feels so unfair because I would want to spend time with him because that was what our pattern was becoming. [00:03:03] But now it's kind of taken that from me so now it feels lonely.

THERAPIST: Did you have a couple's therapy session at all?

CLIENT: Yes.

THERAPIST: Was it helpful?

CLIENT: I guess. We talked some more about the assault. Ivan brought in what Dr. Bourd had told him or what they had discussed a little bit. It sounds very bizarre to me. I don't really understand it at all. When Dr. Farrow tried to explain it, it was more unsettling so I'm really unsure what it is about, but I guess Dr. Bourd told Ivan that he was delusional in what he did, that he had a delusion of what he was doing or what he was getting or what the situation was. [00:04:03] I guess kind of detached from the reality. He wanted to be close, obviously, doing something that's very distant.

THERAPIST: Which is what we said.

CLIENT: So the word "delusion" obviously reframed it very much from what you and I discussed, even if it's the same thing. That's scary to me, especially because then Dr. Farrow described it as a pseudo-psychotic state. That's a word way over my head. I don't know what that means. It sounds very scary. It sounds very serious. It sounds much different from Ivan wanted something

but didn't know how to express himself; and I don't know if this is just a clinical term and a layman's term for the same thing or if there is more to it. It's just very scary, obviously. [00:04:57]

THERAPIST: Can you say more of something about those words makes it feel more serious?

CLIENT: It does. Right. In my mind if I could picture one spouse being told, "Your spouse really wants this and they just aren't sure how to express it with you. They're really feeling stuck and they're ashamed." That feels very different from, "Your spouse is having a pseudo-psychotic state when they are assaulting you in your sleep." These are very different and maybe the goal is you're trying to interpret it in a way that it's the same thing, but I reacted to those very differently because one sounds not okay, but very, very different from the other. When it sounds like that, she makes it sound like a condition almost, which maybe it is. My question is "can he even control it?" Is this a mental illness or a condition of some kind that he can't even control? [00:06:03] What does that mean?

THERAPIST: They both sound more serious and also it sounds like it's something that's been more permanent inside him for some time rather than just a blip on the radar screen that won't happen again.

CLIENT: My reaction, again, is different if I know that Ivan can control it or if I know that Ivan has no control over it. Those are different.

THERAPIST: How did Ivan react to this language as it was talked about?

CLIENT: Not so great. I asked her what a delusion meant, what the pseudo-psychotic meant, and she said several times, "I'm talking in general about what it means. I'm not saying this is what Ivan was experiencing." But she just described it the way it would be defined literally, and I could tell Ivan was upset by that because it was unsettling to hear that sometimes medication can help it, to hear that sometimes people can't control it; sometimes it's a learned response that people have learned; sometimes it's a coping mechanism. [00:07:11] She went through a pretty wide definition and some of it was pretty disturbing. I did feel bad for Ivan because he's like, "Is there something I can take so that this doesn't happen?" I don't think that was her intent, to say like . . . Honestly, to hear pseudo-psychotic is disturbing. I'm sure Ivan felt more guilt and shame. I'm absolutely sure of that. He told me that Dr. Bourd just asked him to let it sink in, what they had talked about with the fact that he went through kind of a delusional state and that he should just think about it and let it sink in. [00:08:01] I guess that's also scary for me because I feel like I'm consistently being asked to be more and more patient; and I'm not wanting to be more and more patient any more. I feel like it's just way too much. Everything that happened before the separation, to still be trying to figure out exactly what happened and why and now more? It's like "but you need to wait for answers" and "you need to be patient" and "Ivan might need to journal and he might need to let it sink in for a week at a time. And we have no clue. It's overwhelming and scary.

THERAPIST: I think while I hear you experiencing that it's just asking you to be more patient, I actually know for a fact that Dr. Bourd would completely understand and be empathic with your being done or not wanting to be patient. I think his intervention with Ivan, to tell him to try to let it sink in probably comes more from trying to say to Ivan that he needs to not push this aside in your mind because it's too scary. [00:09:11] You really need to let yourself have this, what we talked about, and try to just learn from it. Let it slowly seep into your understanding of yourself rather than tucking it away. Do you know what I mean?

CLIENT: Right and I completely understand it. For Ivan's process that's all very necessary, but for me it feels like too much to ask. It's very necessary for Ivan, but it just doesn't feel great for me because it has gotten to a point multiple times where it feels like not only do I need to let it happen, but I don't have to get a reason why. In addition, I have to wait and wait and wait and wait and we may or may not have scheduled conversations. On top of which new, big things like this can happen that totally derail the progress of talking about the other things because suddenly it's the most important thing. [00:10:07] It's really frustrating and I do find myself feeling like there is not room for a lot more patience or maybe there is not a lot of point to it because (chuckles) I can't resolve anything because something else is continually coming up and it's all a mystery why it happens. And that doesn't seem right because it's not right that it's happening in the first place and then on top of that to expect me to settle for no answers or settle for . . . (sighs) It's too much.

THERAPIST: Are you saying that you're feeling so done with this and not patient any more around it that you're wanting to make a change with him from where you are, like you don't want to keep working on it?

CLIENT: No, I'm not saying that, but I am saying maybe something has to change. [00:11:03] I'm not saying I am done because, again, it's very bizarre. It's really like two different mindsets because on the one, Ivan really made a ton of progress and those couple of months were really, really, really helpful.

THERAPIST: [Closer and closer to him] (ph?)

CLIENT: They were great and I would say they were great even if we had not had problems before. Even if that weren't the comparison, I would say they were great. And then this happens and so I don't fully discredit all that great stuff. It's not like an on and off switch. I still felt like we were going to watch a TV show that night and have dinner Thursday night and Tuesday morning was when this happened. We're not doing that anymore and I miss that. But at the same time, I can't say that I miss it, really, because what kind of doormat would I be if Ivan does that and I . . ? [00:11:59] It's hard to separate because it does seem kind of like two different people, the person who is making all this effort and then the person who is right back. It's very bizarre. So no, I don't want to let go of all of that.

THERAPIST: What do you imagine would help you with that right now? What do you feel like would be the something different? What do you need for your state of mind where you are that would be helpful?

CLIENT: I guess I need a way to kind of make it stop.

THERAPIST: To make sure that he never does it anymore?

CLIENT: Of course. Of course.

THERAPIST: Is that what it is or is there something else?

CLIENT: There is more, I guess. In our couple's work we started with grad school and the loans and then the websites and the assaults and I have just never been able to really believe, feel like, we got our feet underneath us to really keep moving forward. [00:13:01] In fact, when Ivan started making all those efforts it was like drinking something after being really dehydrated after a long time You just want to keep drinking and drinking and drinking so that you don't feel that way anymore; and I felt like if we could have kept going like that for months and months even with tiny, like the really dumb white board lie even with that, if we could have kept going like that for a long time.

THERAPIST: You were headed on the path.

CLIENT: And I felt like we could really get our feet under us to be able to deal with that, but then if it wasn't happening anymore we could even get to a point where we had more positive experiences than negative ones and that would be maybe what I need. But it's hard to get there if I feel like we're backsliding or something like this is you've used the word loud a lot louder. I just need to stop that in order to make any progress because I think it's already a lot to ask for me to be willing to sit around and talk about why he lied about all these things and why they all happened. [00:14:11]

THERAPIST: Of course, it's a given to me that you need the loud examples to stop happening so you can keep making progress. I wonder what we can help you with or what you're empowered to do around that to help with that. This is what I meant: I can't stop Ivan from doing it again. You can't even stop him from doing it again. That's on him. What do you need to feel held and safe enough right now that you will continue to stay and work on it? Because it does sound like you're not ready to call it quits now.

CLIENT: No, but the second time when Dr. Farrow said, "Most women, a lot of women, would not still be sitting here," I'm starting to feel like the fool (sniggers) for about the millionth time. [00:15:05] Like I said, I don't want to keep hitting my head against a brick wall and then really complain and look for sympathy about how much it hurts. I really don't want to, but I also want to be patient enough and persistent enough that if Ivan is able to keep making these changes what I experienced those couple of months was really wonderful if it's worthwhile.

THERAPIST: So question then: If he were to do this assault again a third time, do you think that would be it?

CLIENT: I don't know because I'm starting to discover or I'm starting to think what if there is something about me and I don't know what it would be or what it would mean but no matter what he does, I won't leave. What if that's the case? [00:16:02] I started to think about that. What if this does happen another time? What if a website happens another time? What has to be the final straw?

THERAPIST: And personally and I know this is just one opinion but I actually consider a website a less egregious offense than assaulting you in bed while you're asleep.

CLIENT: It is. It's a very different type of betrayal, but it's also . . . I don't know how to . . .

THERAPIST: But I get it. You're saying that as you're rattling off the things he's done, what if these things continue? Would you ever leave?

CLIENT: Right.

THERAPIST: What would it take for you, do you think?

CLIENT: I feel pretty strongly that if Ivan was ever physically violent with me that I would have no choice, but that would be very difficult.

THERAPIST: He was physically violent with you, though. [00:16:56]

CLIENT: You're talking about the . . ? I understand that you've described that as an aggressive thing, which is still I don't know. I'm not even clear on what to think or make of it, but I mean if Ivan physically harmed me, which I don't think he would ever do but I have to say I didn't think Ivan would ever do a lot of these things.

THERAPIST: It doesn't sound like the way his personality works, loudly in-your-face being aggressive is never going to happen. It's more like he's taking a quiet path where he doesn't have to be noticed, without knowing that it's still aggressive or disowning the fact that it's still aggressive. I do think it is an act of violence to touch someone's body sexually while they're asleep without their awareness, especially in the context now of knowing how much you don't want this to happen. It's been 100% clear. It's taking advantage of your powerlessness to take something without permission from your body. You're saying if it were to become above ground and he would hurt you, hit you, maybe rape you so you're consciously awake when that's happening, that would feel like that's where you'd draw the line. You're still questioning what if these subtler versions happen although some of them are not so subtle [] (inaudible at 00:18:47) actual formal overt physical abuse, would you ever leave? What comes to mind about it? [00:18:57]

CLIENT: First of all, I don't believe that Ivan would ever do what you just described, the conscious violence. I don't believe that would ever happen. I don't think that's who he is at all. As bizarre as it sounds, I don't think that what Ivan has done was meant in an abusive way, although I completely understand that it's wrong and aggressive and inappropriate. I understand that, but I don't know that what Ivan did makes him like the person that would do it consciously.

THERAPIST: Yes. It's very different. I agree with you.

CLIENT: And I don't know if that's a good or bad distinction, but I don't think he's like that and I'm left with my own thoughts to guess why. That's part of my **biggest frustration** now, which means there is **no clear way to react**, but I don't think it's to gain power or control over me, which is what I would think would be a motive of someone who wants to abuse their partner. [00:20:07] I don't feel like Ivan is struggling for that. It is really hard to figure it out when in one instance you're very clear that it's abusive, it's aggressive, it's violence. In other conversations we've talked about it and it's been clear not clear but Ivan has said "I just want to be close to you" and you said he probably doesn't know how to voice that. Dr. Bourd has said it is a delusion in which he is thinking that this would be okay, but it's not. Those are very different descriptions.

THERAPIST: So let me actually clarify the language that I'm using. I do not mean that he is intending to be abusive. If we're talking about what is in his mind, the intentionality I think is exactly what Dr. Bourd and I guess Dr. Farrow agrees could very much be wanting to be close to you. [00:21:09] This is what we talked about, that he wants something but is afraid to do it above ground, so he just is trying to get it in a way that doesn't embarrass him and maybe, in his head, could be not hurting you then. "No one gets hurt if she doesn't know about it. I just want to be close and this is the only way I know how." When I'm talking about it being abusive and aggressive and an act of violence, the effect of his behavior is a violent one. He's unaware of it being violent. I don't think he's trying to be violent. I don't even think he's trying to get power over you. In fact, it's quite the opposite. He's trying to sort of not have enough power over you as a conscious waking self to say "This is what I want to do. Where are you?" Sort of negotiate it with a full person who has power next to someone else who has power. [00:22:00] So it is not the same as overtly, consciously being abused by somebody. I only want to continue to be clear that the effects, what it actually is even though he doesn't know it and that's not what's motivating his abuses. Do you know what I mean? Delusion and I think pseudo-psychotic states are helpful terms because they describe not somebody who is pervasively psychotic at all. What being psychotic means is not being in touch with reality, not having adequate reality testing. The loudest, formal diagnosis is someone who is seeing someone and hearing things that aren't really there, right? That's not Ivan. He's not anything like that. He's not a psychotic. He does not have a psychotic disorder. All people in healthy, [] (inaudible at 00:22:55) states can find themselves in a place that is like pseudo-psychotic places. [00:23:00] Giving a brief example, someone who you love tremendously dies and you literally can feel convinced for an hour that that didn't happen, right? That massive amount of denial of reality where you are convinced that person is still alive, that's the kind of minor, almost ordinary example of pseudo-psychotic states that can happen in ordinary people. When we're talking about that kind of state, where Ivan can

find himself in a bubble where he's convincing himself and is convinced of something that is not reality. He can be in touch with reality testing in all the rest of his life, but in this area he convinced himself that this was a way that he can be closer to you. And I believe that he actually, in the moment, believed that. I don't think he's thinking, "I'm hurting her." I don't think he's thinking, "This is violent." He's only feeling, "I want to be close to her and this is a way of being closer." [00:24:02] What's psychotic and that means not in touch with reality about it is that it's not. He's wrong. It's not a way of being closer to you at all. In fact, it's a violent thing to do towards you because you're not awake. But he thinks it is in the moment. I think the reason why, again Dr. Bourd is saying I'm going to use this word that is going to scare you and probably Dr. Farrow, is that it's trying to sort of shake that bubble, like Ivan, you're not getting it. You're deluding yourself. People delude themselves, right? Again, delusional. He's not saying he has a formal delusional disorder, right? Not by any stretch of the imagination does he have that. People delude themselves about things all the time. You're applying to college and you think your grades are better than they really are so you're assuming you're going to get into a top school and you're shocked with the reality when you don't and you realize "Oh, I've been deluding myself this whole time." Convincing yourself of something that actually, in reality, is not true is what he's talking about, but I think they're trying to use a language to say to Ivan that you really are not in touch with reality in this place when you crawl into bed. [00:25:09] We've got to help you wake up to reality, even in bed, because you're losing it a little bit in that kind of context. I think that language can be helpful, then, because it makes it really real and serious and helps to say let's pull reality into the bedroom, even into the bed at 2:00 in the morning. Keep in mind this is not going to bring you closer to her. It is, in fact, going to push her away. I think the more they're trying to sort of poke holes in that delusional bubble, the more it will sort of deflate and he'll have reality there, too. So I think that's probably why, technically, the reasons for some of the language, not just to scare you into thinking this is worse than it actually is, but just trying to describe that this is what it is and this is how we help you come back to reality around it. Does that make sense? [00:25:57]

CLIENT: It does help. It's just, I will say, been a lot to take in since we got married to learn that Ivan not turning off the stove and not locking the door, that he has ADHD, and that's okay. But to learn that he really does have depression and it's not just that he's down sometimes, that he's really kind of drowning in shame and guilt a lot of the time. Or now to learn that him doing these things, the assaults are the result of him fooling himself, tricking himself, into thinking that this is a way to be close. It's bizarre and it's a lot to take in.

THERAPIST: It's not how you saw him when you got married, in a way. It's really getting to know the complexities of him and it's been a lot.

CLIENT: It has. And learning that it's been with him for a long time is also a lot and I admit it makes me unbelievably furious with his parents and so resentful because it wouldn't have had to be like this for us. [00:27:06] He could have gotten help a long time ago and we wouldn't have had to have these issues, not that those things go away, but he could have done a lot of this hard work and benefited from it a lot sooner. It is a little hard from my perspective purely, it is hard to sit and think about the websites, for example, and think this is what it looks like. It looks

like he was advertising to have an affair and it looks like he was looking for other women and then to hear his explanation of "I just wanted to imagine those things with you. I wanted to facilitate the fantasy of you. I wanted those things only with you. I never wanted anyone else." It's all kind of bizarre and hard to take in. [00:27:59] And if I sat down with one of my girlfriends and said, "Yeah, things have been rough. Ivan is on these websites, but it's okay. He was only thinking about me." It sounds crazy. Or if I said, "Yeah, I've been really upset this week. Ivan is touching me in my sleep inappropriately, but it's okay. He's just having this little state." It sounds very bizarre and very far-fetched and I think it's a lot for me to take in.

THERAPIST: I just want to say, as you're talking and imagining these conversations, you keep tacking on "but it's okay" in a kind of sarcastic way. You don't think it's okay. Just because we're describing this delusional bubble and I'm saying that I don't think it's as bad as maybe it sounds, like he doesn't have a formal psychotic disorder at all, it doesn't mean that it's okay. [00:28:58] You need your husband to be in touch with reality all the time, not some of the time, and you need him not to slip into kind of bubble states where he just is sort of passively trying to do something in a quiet, deluded way. It's not okay. But it also then isn't maybe the worst case scenario either. Do you know what I mean? And that's the thing. Again, there is this really weird middle ground of trying to get to know very complicated parts of his psyche that you didn't necessarily know what they were in the beginning. What do you do with this? It would almost be easier if it were just perfectly okay or perfectly not okay.

CLIENT: It feels like it's very clear that what he's done is not at all okay in any way, but then his explanation makes it different from what it looks like on the surface and it's just hard to take all that in and trust it and believe it because I see a pattern of Ivan lying and avoiding to get out of trouble. [00:30:04] How do I know that that's not what a lot of this is? I'm trusting Dr. Bourd, obviously, that he would see through something like that, but it's just a lot, I think, to ask of someone to not only accept that it happened and be willing to move forward, but then on top of it I'm supposed to try to roll up my sleeves and listen to these explanations and really get to the root of it and be supportive of that process and patient.

THERAPIST: It is a lot, Ramona. And Dr. Farrow said so much so that some people would not want to stay. Sometimes it sounds like you make your own [interests and conflicts] (ph?) about do I tolerate this and be patient around it and keep working on it, given what's happened, or is that just too much to ask of me? And make it more like an interpersonal debate, as though someone is telling you that you need to just be patient and then you say to that person that it's a lot to ask of someone after all I've been through. I don't think any of the three of us, unless I'm wrong about them, are telling you that you need to sit and wait and be patient. Nor do I think any of us are telling you that you need to get out the door right now. We don't know what you feel and what's right for you. We can tell you averages and statistics, but that doesn't mean that's the right answer either. We can tell you what we think is going on with him. You're the one left then with what do you do inside yourself with it? "This is what's going on with him? He gets into this bubble where he denies reality and can hurt me, even though his intention is to get close to me." If that's what's actually happening, what do you do with that? [00:32:04] Is that something you want to keep working on or not? Is what you get from him as a partner worth fighting for still

or not? And I think you are in conflict about that. Do you know what I mean? It's like one side of you is saying, "I want to keep working on" and another side of you is saying "But this is too much to ask of me. How can I possibly keep working on it?" And another side of you is saying you're not going to leave no matter what.

CLIENT: Which is a really scary, sad thing to think. And no one is telling me that I need to put up with this, but I do take my vows to Ivan very seriously. I don't know what it sounds like to a lot of people, but I'm not necessarily here because I made a promise to Ivan and I can't break a promise to a person, even if they break their promises to me. I'm here because I made a promise to God and I view marriage as more than a legal union and we get tax breaks and we live together. [00:33:05] There's a personal decision that I decided, this very serious thing, and not a light commitment. Ultimately, it's not just promising to spend your old days with someone, so it's hard because I want to take that very seriously. But I also don't want it to come at any cost because that might not be very ethical or very honoring to the original intent of the promise.

THERAPIST: It does come at a cost, right? Anytime you commit your life to another person, there will be downsides.

CLIENT: And there should be. That's fine.

THERAPIST: It's a question of how great a cost was intended, even in God's eyes, for example. [00:34:03] Marriage is an institution to be respected as a promise that you're making before God. Is the assumption at all costs? If you had a child he was beating, for example.

CLIENT: I don't believe that at all, but I do believe that it does mean the difference between moving in with your boyfriend and girlfriend and getting married does mean that when things go wrong you don't just walk out the door. You don't just pack up. You don't just break up. And when your spouse is having some serious issues which, I guess, that's an umbrella to put this stuff under, you don't just say, "Good luck with that. I'll see you later." But I don't know that you also are obligated to stick around indefinitely and put up with things with no limits. [00:35:00]

THERAPIST: Maybe one of the things you're saying then is that there has been so much improvement that the side of you that feels like this is worth fighting for maybe has even grown. The parts that have been great in the last three months really are great. They're just as real as what he did in this one time. Those have really happened. It does take time, though, to sort of see if this thing will continue to happen, will you continue to get hurt and violated, just by Ivan learning about this part of his mind more in therapy? Can it change. This is one of the big bumps in the road right now.

CLIENT: In the past three months when things have gone so well, I felt like we had started to really have a relationship again, but I also realized how much I had missed Ivan as a friend because we had a lot of positive time together, obviously, or we wouldn't have gotten married. [00:36:11] It was just great. It was just really wonderful.

THERAPIST: What do you enjoy about him when it's been good?

CLIENT: We share a meal together and that's great and we talk about our days and it's just great to talk with Ivan. He knows me genuinely very well and that's wonderful to have a close friend that you know and that knows you really well, down to the order you like your salad, just the little things. But also someone who makes you laugh that you enjoy. One of my favorite things is when Ivan really laughs really hard, even if it's at me. It's so nice. Or we have things that we both like that we enjoy doing together. We played a game of chess the one night. The friendship things that are part of the relationship are just really nice. Just to lie up on the couch and watch a funny TV show. [00:37:09] It's just really nice. Decorating our Christmas tree together. Ivan makes fun of me because I can't reach the top. I don't know. A lot of things and it's not all just inconsequential. It felt very positive and I remember thinking to myself that maybe I didn't realize how permanent marriage was when I got married. But I'm also glad that when things went so terribly that I didn't immediately leave him because I would have missed out on all this. I maybe didn't realize how permanent that would be as a solution either. I felt good about that, but now I find myself wanting to, obviously, turn the clock back and go back to those three months. [00:38:01] It's really hard and I feel bewildered and unsure of how to really react to this recent thing.

THERAPIST: It's hard for [] (inaudible at 00:38:11). There is a little moment [where you may be able to] (ph?) feel compassion for Ivan in this moment and your wish to turn back the clock if you could, if you might, these are the kinds of things about undoing reality, really wishing and wanting to be in a place where you missed him is another version of that kind of psychotic fantasy and trying to get to pretending this isn't here. I think that's what he's grappling with, too, given some of the ways he's hurting you more. That's the kind of thing in your past you're saying "how do I let myself know this happened and not have it ruin all of reality?" because it doesn't. [00:39:01] It's just as real that laughing together, cooking together and he knows how you order your salad. He's been coming home on time and picking you up to give you rides places. Those things are really real. How do you trust, as you continue to talk about this incident, what he says about it, what he's learned from it and what he will try to do. We might even need to have a joint conversation, Ramona, for about what you might need to know he is going to do the next time he has the urge to do that because I would guess he then struggles with urges. It might come up from time to time. It might have come up even before then that he has had an urge to do that. Maybe he stopped himself. Right? What does he do to get clear? It's like if he were an alcoholic or something and you don't necessarily want to leave him just because he's an alcoholic; but you're saying I demand that you're sober if you want to be with me. So what are you going to do the next time you have an urge when you drive by the liquor store? [00:39:59] Trying to get both of you more and more talking about this really happened and how do we deal with it? How do we make sure that it doesn't happen again? Because you're worth it to each other. This is like neither one of you is wanting out from the other person.

CLIENT: No. The saddest thing is that Ivan, as much as he knows, he says "I just want to be close to you. I really just want to be with you and I know that you deserve better than to be treated like this." It's so hard to hear that. I was confused or interested by Dr. Farrow saying that

maybe there was a reason . . . I mentioned that that night we had a really nice night and then we had a conversation at the end of the evening and we talked about some of the physical contact and what it would mean to move forward and what I really needed to make sure that things were still moving forward and how that could be possible. [00:41:02] Ivan talked about how he was so hopeful and felt really good and she said, "I'm not blaming anyone, but maybe that was a trigger for it or that maybe it wasn't a coincidence that that was the night that it happens." And I don't understand.

THERAPIST: I'm not sure I followed the "I'm not blaming anyone."

CLIENT: She was saying talking about moving forward with your physical, having that type of conversation, could have been part of the reason why it happened that night, but I'm not blaming anyone for having that conversation.

THERAPIST: I don't know what she would have meant, but I don't know if you remember me saying to you I think it's probably not coincidence that it happened the very night you had that conversation. I don't mean that it sort of makes it less of an offense, that Ivan's excuse was that, really, he was thinking you were heading in that direction. No. I mean actually the opposite, that in some ways it might have been a version of self-sabotage. [00:42:02] The very night things are feeling hopeful about having real sexual intimate contact soon maybe not that night but you're getting there. You're talking about it. You're having a more intimate conversation about it than ever before. That's a real intimate thing to do with each other. Did he get scared? Did he feel ashamed? Did he feel worried that he was pressuring you? And so he reverts back, he regresses back to this little pocket place rather than really doing the work of keeping it above ground between you.

CLIENT: Maybe. But is that because he's afraid to keep trying because it might fail? Does he sometimes do the self-fulfilling prophecy where he makes sure that it fails so that he doesn't have to worry worry worry that it will?

THERAPIST: I think these are good guesses. He's done a lot of **self-sabotaging** things. [00:43:02] He's used to living in a state of self-chastising. That's kind of where he lives. So the idea that he could have sex with you one day and it doesn't have to be something you have to feel guilty over that's foreign to him. It could actually be a good thing that you both enjoyed that was mutual? That's not where his mind lives. His mind lives in a place of shame and guilt, shame and guilt, shame and guilt. And consensual sex between two members of a married couple, to have that be allowed and allowed by you, could feel disorienting to him almost. Do you know what I mean? So he goes back to this familiar thing. It could be that it titillated the urge very strongly and he slipped in his capacity to keep being patient with keeping it above ground. Do you know what I mean?

CLIENT: Yes, and that's something I raised in the session. It has been seven months since we've had sex and I would feel that a man and a woman might react differently to that, not that

what Ivan did would ever be appropriate, but was it like a kind of passive refusal? [00:44:08] I don't know. Ivan says no.

THERAPIST: I think the more you can talk to him and ask him about "what was it like for us to have that conversation about being more physically intimate? What stirred in you?" Was he aroused? Was he so excited that he couldn't control himself? Did it make him feel guilty? Did it make him feel ashamed? Did it make him feel like he was going to hurt you soon because you were going to have sex and, really, he thinks that you don't want to? The more you can talk about what he assumed and then to be able to say to him, "Let me tell you what was on my mind. This is what I was feeling." Just to talk about it might help clear the air some. And again, ultimately, it's his responsibility to keep on top of whatever comes up and keep holding onto the reality that it's harmful to you if he does that again. [00:45:05] We'll stop for now. See you next week.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How are you?

CLIENT: **Anxious and depressed.** I guess I'm thinking I'm starting to sound like a broken record because that's been my feeling for the past few weeks and I'm wondering what I should be doing to work on that.

THERAPIST: You haven't mentioned depressed the last couple of weeks.

CLIENT: That's true.

THERAPIST: This is the first time you're mentioning that.

CLIENT: I think it has been there to some extent and I'm just noticing it a bit more this past week.

THERAPIST: Where do you notice it? What do you notice?

CLIENT: I've just been **working more** and part of it is that this project is really due soon and it's a lot. A part of it, I think, is **avoiding and I can focus my anxiety** and avoid dealing with that and do it at work.

THERAPIST: With Ivan?

CLIENT: Yes. I think channel it there and I don't have to get worked up about it. I worked 8:30 to 10:00 on Friday so I was really tired.

THERAPIST: Oh, my goodness. [00:01:02]

CLIENT: I've been working long hours.

THERAPIST: Are you getting paid for this?

CLIENT: I'm probably not going to get paid for most of the overtime because I'm salaried.

THERAPIST: That's a little crazy, though. That's what they're expecting you to work?

CLIENT: No, but it needs to get done. I was understandably tired so I slept in on Saturday and I realized that I just didn't want to see anyone or do anything or be bothered. Part of that could be normal and healthy if you have a really long week.

THERAPIST: If you worked until 10:00 on Friday. (chuckles)

CLIENT: But part of it is definitely I just don't want to even anything. So that was hard. And then over the weekend my sister came over to hang out and at one point she said, "How are things going with Ivan?", which was surprising because she's been kind of avoiding the topic for a long time because she has made it clear that she's very, very angry with him. [00:02:03] It was uncomfortable and I just said, "Things have been going really well and then Ivan did something that kind of set us back, and that's been tough." She asked two different questions and I said I really didn't want to get into details and she figured out that he had done that again. She was very upset (sighs) with him, but also kind of confronted me. She said, "I don't want you to become like this. This is typical that the man will do this. He'll change and it won't happen again. It's not as big of a deal as you think," defending it. She said that she was very concerned that that was my response and she said she felt like people would brush off their family members and not tell people about it because they didn't want . . . So that concerned me and got my attention because part of it is probably true. [00:03:06] Then I feel like I'm back to square one with not knowing how to react to what Ivan did, given what you've had to say about it and what Dr. Farrow has had to say about it and what Ivan has had to say about it minimally. I found a point over the weekend I got frustrated with Ivan because he's not always on top of the conversations, the scheduling, and he has not been doing the journaling. It just feels like the three really not small. They are significant things that I'm asking of him, but I think they are more than fair. If he's not following through with those consistently, I think it's hard because it's already maybe not right for me to be saying we should try to deal with this again. [00:04:02] But then if he's not willing to even fully . . . then I feel like a fool. I'm starting to really hate myself and I'm not feeling good about it and it is this kind of bizarre situation because on the one hand I still feel just a little bit left over of the like I'd like to have dinner with him tonight and talk about our days and hang out and I'd like to have that. Then on the other hand I'm thinking, "Maybe I can't stay because maybe I can never feel safe." And it's so bizarre. I understand how bizarre that sounds. (sniggers) I feel so flooded with disbelief and confusion that I don't get it. Sometimes that anxiety just gets really intense and then I start thinking, "So what if the websites weren't what he

said they were? What if that's the real thing and not the . . ." (sighs) [00:05:08] It just gets to be too much and I've noticed that I can't be in the apartment without some kind of noise.

THERAPIST: Meaning?

CLIENT: Like the radio or an old TV episode on in the background.

THERAPIST: Or else what happens?

CLIENT: I don't know. I'm too anxious and I think I don't want to think about it. I don't want to be alone with that. Even if I fall asleep I have to have noise, and that's starting to feel more acute because I'm realizing I'm getting out of the shower and I had the radio on. (chuckles) I'm going into the bedroom and I have to turn something else on.

THERAPIST: Because you're anxious of your own thoughts you mean?

CLIENT: I think I want a distraction.

THERAPIST: From what you were thinking, in other words. [00:06:01]

CLIENT: Right, so that I'm not left alone to obsessively think about it; but also because I think I feel lonely. I feel alone. I feel alone with how I feel about the situation. I feel alone in marriage, in a sense. I feel just kind of insecure, almost like emotionally shaky inside right now, just bewildered and I need some kind of comfort.

THERAPIST: Some kind of company almost to soothe you.

CLIENT: Yeah.

THERAPIST: Ramona, I get what you're saying that that is a sign that something really unhealthy is happening inside; but on the other hand I also just want to applaud you, in a way. I know that sounds strange to say, but it's a kind of coping strategy that actually is a good one to have if that's part of what's helping soothe your anxiety. It's so much better than if you go drinking or cutting or starting to hate yourself completely. [00:07:06] These are the much more dangerous things. If the radio keeps you company, I think that's wonderful. It's an adaptive thing to be trying right now, while it also is a signal of how alone you are feeling and how anxious you feel when you're alone and overwhelmed by it. Foremost, it sounds like you feel more alone with Ivan. Rather than having you there on the same page and being your company in life, in your day, in the day-to-day, it feels like you don't trust him again.

CLIENT: It just feels so hard. I guess I feel like with what Ivan had done before, this most recent thing, I felt like the conversations and the couple's counseling, that those are going to be, obviously, really, really essential like my working here. [00:08:06] But also just time, putting time between what happened and that feels like the clock just keeps starting over every single time

and it's starting to feel like how can it get to be the last time? Definitely, if it can't get to be the last time, this is not sustainable.

THERAPIST: You're so right. For one, this puts you back, if you remember how you felt the first time it happened. In some ways, you're doing better than the first time it happened because I think you've done a lot of work around what it means. You understand it more. You have more awareness of your own feelings, but yet it does bring you back to that state of really not trusting him again. I think it's also hard in another way, even if your coping might be better and a little different from the first time, there is a way this is harder because the first time it happened, you had this feeling of okay, I'll start to try to build trust and maybe if enough time passes and it hasn't happened again, I could really trust him again. [00:09:12] But now that it's happened again, it does have the feel of why would I trust the next time, then? This much time lapsed and it happened. How do I know it's not going to happen again? Your trust gets a little bit degraded in its potential. Do you know what I mean? I think it's exhausting, like how much can you go back inside your heart and reopen it back up to trying to learn to trust again? How many times can you do that?

CLIENT: Especially if this is what happens when Ivan feels like we're on the brink of really succeeding; then any efforts to succeed are futile. [00:09:59] I realized after the last session when you asked me what my limits needed to be or what I felt like they would ultimately be in saying that being raped or physically or violently abused, **I don't feel good about myself for saying that**. I don't feel good about that at all.

THERAPIST: [Tell me more] (ph?) What do you mean?

CLIENT: This **shouldn't have to be that extreme**. I don't know. I guess it's a difficult balance. (sighs) It shouldn't have to be that extreme to say that it's not okay and lately **I'm realizing what does it mean to say that it's not okay**? To say that it's a limit? To say that it's too much? Does that mean that if this happens again I will leave you? Is that what it has to mean? Does there have to be an ultimatum like that? It doesn't feel quite fair because I really don't feel like I want to get divorced. [00:11:01]

THERAPIST: No one does.

CLIENT: I feel like the feelings are kind of forced. It's so hard because I told Ivan I feel like he has so much control over how I feel. I feel like I can work as hard as I can at anxiety or depression and anyone who has this done to them is going to probably feel some kind of anxiety and probably going to feel down. I hate that he's able to do that to me.

THERAPIST: Ramona, it's been a couple of weeks now since it happened. How has he responded? Has it felt like he's taking accountability for it? In other words, are things right back on track with extra apology and ownership, or do you feel like there are other ways it's slipping, too. For example, you're saying he hasn't been scheduling conversations. For a while that was happening. [00:12:03]

CLIENT: They are scheduled. They're on the calendar, but if I get home at 10:00 and we haven't had one, Dr. Farrow has been real clear that it's his job to reschedule. Something like that. Or when 8:30 rolls around and we're both home, it's his job to say, "Let's sit down and talk." He hasn't been as on top of that.

THERAPIST: In the last few weeks? Wasn't he for a while?

CLIENT: Yes, he was. I don't know. I will admit, I'm sure, I put a strain on that if I'm not home like around 6:00 or 6:30 like I was before, but he's also not pushing it. And the journaling, I'm feeling pretty short of patience when he's like . . . [00:12:59]

THERAPIST: And what is that?

CLIENT: Dr. Bourd said that he really needs to sit and write and try to let the [problem] (ph?) sink in and try to work on how to express it. I told Ivan that felt very important to me and I really do need those answers if we are going to move on, so I made that request. He said, "I'm going to journal every day. I'm not going to miss another conversation." He makes these kind of extreme promises which sound good, but maybe aren't realistic. I'm not asking for perfection, but he's mostly just not journaling at all. A conversation is missed and I'm saying "you know, we missed that one," so that doesn't feel great. In fact, I said, "Maybe you need to move out again if you're not." I felt like it wasn't me saying it. I felt backed into a corner where it's like enough and I'm saying over and over "it's enough, it's enough, it's enough." "No more, no more, no more" and no one is paying any attention. I feel like it was almost an attempt for me to get his attention, something extreme; but maybe also something plausible because there does have to be a limit. [00:14:11] I felt really uncomfortable because Ivan just said, "I'm not moving out again if we're together. I'm just not," which felt like a threat but then he also said . . .

THERAPIST: That's how he said it?

CLIENT: Yes. "I'm just not. I'm just not moving out again if we're together." And then he said, "I really want to be here. I want to be with you. I want to work on things. I'm not going to abandon you. I'm not going to leave you." So it had two different tones to it, one being kind of like "no matter what I do, I'm not leaving." That's how I heard it; maybe that's not how he meant it. The other one being "I know you push away when you're hurt. I'm not going to leave you. I really do want to work on it." (chuckles) Very different tones. [00:15:01] And then the next day I told him I was very scared by that and he said his intent was just to say that he wanted to be there to work on things and if what we ultimately needed was for him to move out he would do that again, which I guess feels okay. But it also feels horrible because, again, I don't know if anyone appreciates it, but I don't want Ivan to move out. I don't want to get divorced. I don't want to sleep in separate rooms.

THERAPIST: Of course, you don't.

CLIENT: But I don't feel like I have a choice and it doesn't feel great.

THERAPIST: How are you?

CLIENT: I'm just really sad about it. I just feel wronged and it's so hard to wrap my head around it and I hear myself saying to my sister, "I don't want to go into details, but what happened was different from what happened the first time." And I'm thinking that on the one hand, from what you and I have discussed, it's true. [00:16:04] It is somewhat different and Ivan is struggling with it and you can't make a big change overnight. But on the other hand, I feel like a fool. I hear myself saying that and it almost sounds like I'm defending it.

THERAPIST: I don't actually think it's that different. We don't know the first time around if he was struggling in the months before he did it. It wouldn't surprise me if he did. I think what's different is that overall in the context there have been tremendous improvements. Do you know what I mean? This is a little hard to know because you eventually told him that you were awake before you had a chance to see what would happen next. It wasn't that he stopped himself and rolled back over.

CLIENT: And I don't know. He said, "I wouldn't have," but I don't know. [00:17:00] And with the websites, he was like, "I wouldn't have," and I'm starting to feel like I don't know and that is terrifying.

THERAPIST: Yeah. You don't trust him.

CLIENT: It doesn't feel possible.

THERAPIST: Oh, I don't see that as something like just your issue. He hasn't built trust in himself that anyone would trust him right now. It's really sad, Ramona, and you just must be so devastated inside.

CLIENT: I'm sad, but I'm also just so angry and so confused.

THERAPIST: And what are you angry about?

CLIENT: I'm so furious. The other day, my mom was on the phone and she was like, "How is it going?" I said, "Things are going really well, but then something kind of serious happened." She said, "Well, we all backslide sometimes." She's been very sharp with me before because she is like, "You tell me that it's not appropriate for me to talk with you about your dad's affair." [00:18:03] It feels absolutely, positively horrible. And then his dad it was before his dad knew because Ivan evidently told his parents again what happened but before he knew, there was no contact after Christmas until he texted and said, "We're all going on our bi-annual vacation to Montana to see extended family. We hope you'll join us." (sighs) And then his mom, after they supposedly knew, I know she sent an e-mail and I literally got a panic attack. I refused to read it because the title was something about "visiting". They don't get it. I got so upset at Christmas

because his dad, in private, said to me, "I understand that Ivan overstepped boundaries that you had agreed to as a couple," and I just felt like . . . I would never hurt his dad, but I was so angry I wanted to yell at him or I wanted to something because I was like **how dare you minimize, normalize, diminish what he did**, the severity of it and make it sound like it's a quirk particular to our relationship. [00:19:14] I was just so furious. (sighs)

THERAPIST: This is a lot of what I wondered, Ramona. How much of your getting depressed is actually kind of stuffed inside your anger. You must be furious. Have you gotten angry at Ivan? Has that come out as anger?

CLIENT: I did one night.

THERAPIST: I don't mean being mean to him and screaming, yelling, cursing your head off, but telling him you're angry.

CLIENT: **I told him how angry** I was and how much I felt like he just took everything away and how unfair it felt, how cruel it felt, truly just cruel, to have such a great experience and then he just is . . . [00:20:01]

THERAPIST: Everything you've been working on, he threw away. You must be furious.

CLIENT: I don't know what I'm supposed to do. **I don't know how to move forward**. I don't know if I should be moving forward. I don't know. The only thing I feel is true is that I don't want to make any decisions when I'm in an emotional state like this.

THERAPIST: And I don't even know. Even moving forward, the way you describe it, it's almost like a decision to move forward. Moving forward might happen, but it will come from the ground up as a natural thing, if that's kind of where it evolves. I don't think there is a prescription to move forward. What's really important is that you know and can feel what you feel and take care of those feelings and respect them. [00:21:04] Do you feel angry right now?

CLIENT: Yeah.

THERAPIST: What are you feeling when you feel anger in your body?

CLIENT: What do you mean?

THERAPIST: Where do you feel it?

CLIENT: **In my chest**.

THERAPIST: In your chest. I know it sounds strange to ask, but is there a fantasy that comes up about screaming at someone or yelling or hitting or punching or breaking windows?

CLIENT: No.

THERAPIST: Nothing comes up like that?

CLIENT: When Ivan actually did it to me, in bed I had a fantasy. I just wanted to kick him as hard as I possibly could. I just wanted to. And I don't think I would ever do that. (sniggers)

THERAPIST: There is a huge difference between a fantasy and an action. I don't actually think you would do that. I don't actually think you would hit him. You could have a fantasy of stabbing him in the heart and would never do that. [00:22:03] These are fantasies that are sometimes expressions of anger that allow you to actually get closer to the feeling and kind of respect and honor the feeling because you can notice what the flash is, what the image is that accompanies the feeling. Do you remember where you wanted to kick him?

CLIENT: Yeah. I wanted to kick him in the groin. Absolutely. I was so red-hot furious. The thing is, when we sat and talked I didn't raise my voice. I didn't swear. I didn't get any anger out that night. I don't think I really even cried that much.

THERAPIST: Did you communicate in words that you were angry?

CLIENT: That night? I don't know. I said something to him like I felt like I was wondering if he just wanted to end the marriage, but I didn't communicate disappointment. I don't think I said "I'm really angry." [00:23:01]

THERAPIST: Again, I'm speaking to the part of you that started the session today saying, "I'm depressed and I'm anxious and I kind of need some help with that." I think, Ramona, there may be a way inside this experience over the last few weeks that you've gotten triggered of stuff from your childhood. Really understand where someone, another person, has really betrayed you in what they promised or said they would do in the role they are supposed to mean to you. It pushes you into a kind of traumatized state to fight or flight self-protectiveness. When, as a child, you tried to fight, you tried to fight, you tried to fight, but it also didn't go very far. The fleeing into a kind of anxious preoccupation and self-loathing was another coping mechanism for how traumatized you were, how angry you were sort of turn it all in on yourself. [00:24:04] And I wonder if a little bit of that is happening. As you've talked about it with me over the last two sessions and then today, you've been very measured and calm talking about it. That's not to say that I think you should be losing it or punching my window out at that extreme, but I kind of have this feeling like where are your feelings about this? This is horrible.

CLIENT: It is, but I tried to explain to my sister it feels a lot like what I experienced growing up. For example, the week at school when I found out that my parents just spent everything that was in my college savings, which they didn't even put in there, they couldn't even really explain what they spent it on. I could have had a breakdown and I could have not gone to class and I could have sobbed in my room all week and I could have told everyone under the sun that would listen. I could have done that, but then I would have been behind on classwork and they

would have been able to affect that. [00:25:02] I would have made a scene in front of all my friends and they would have been able to take away some quality time with them. It feels like and it still does with my parents like whatever they do, and now it feels to an extent with Ivan, whatever they do, you just have to keep going. You just have to take it. You just have to keep going. You just have to . . .

THERAPIST: That's what I'm worried about when you say "should I just be moving forward," kind of like "okay, I just have to take it. There is nothing I can do about it. This is who they are. They're going to keep doing this and I just have to keep taking care of myself and move on, plug on." That's the part that, I think, is the old triggered state that you don't quite know right now that you don't have to take being treated like this. I don't mean that that means for sure you should get divorced. I don't know that, but the part that doesn't know that you should actually not be treated like this and you don't have to take it. You do not have to stay with someone who is going to keep doing this to you. [00:26:03]

CLIENT: But what does that even mean? I've said to my parents and I've said to Ivan, "This isn't okay. I want this to stop. This can't happen again." It doesn't necessarily have any effect. I do see that there is supposed to be a difference. With your parents they're your parents. You kind of have to make the best of whatever their choices are and decide to live with it in some way, but with your spouse you made that choice. It doesn't feel that simple,

THERAPIST: With your parents, you have a long history of trying to get through to them and you know that nothing works, right? In a way, right, with them it is what it is. It's not going to change and there, the self-protective mechanisms for you become more like how do we protect Ramona so she doesn't keep getting drawn back into hoping it's going to be different? So she doesn't go home and try to fix everything, hoping it will be different and then in the process destroying herself? [00:27:05] They're still your parents. I don't think you're ready to divorce them as parents, by any means, but they're not going to be who you want them to be. A partner you do get to choose. There is obviously a very meaningful, weighty, moral, ethical choice. I think if it weren't for you, Ramona, you would have already been out of there, so of course you are taking that part of it extremely seriously, but he's also not your parents. You can't get rid of your parents being parents, whether you like it or not. Do you know what I mean? Even if you divorce them as parents and never see them again, they're still your parents. That's the part as an adult that I think you don't quite know yet. You don't have to tolerate this happening anymore. It might mean that if you said to Ivan, "This cannot happen again. If it happens again, I cannot stay in this marriage." [00:28:03] [If he never did it again] (ph?) I don't know what would happen. What I do know is that he's not your parents characterologically in a way, because he's already shown that when you've said "these things need to happen," he's actually done a lot of them. His capacity to be reached and changed is much bigger than theirs.

CLIENT: Maybe. I've thought about what would happen if I said, "If this happens again, I will leave you because this is unacceptable and I don't feel safe in my own bed with you." What if I don't mean it and what if I do mean it or he perceives that I mean it and he does it again to

make sure that it ends because he's terrified of failure. But as a result, he's terrified of finally making the progress. I feel like that could push him to it. [00:28:59]

THERAPIST: It could. I totally follow all your lines of thinking and that could make you say "okay, I'm not going to say that yet because I want to give him some more time to work on it some." But it also means what does that mean if you're married to someone where you say "if you assault me again" and he assaults you again, that's kind of crazy. Do you know what I mean?

CLIENT: I do. I do, but honestly it feels kind of crazy to be working with Ivan and trying to make progress and really getting to understand why he made a website saying he was looking for a discreet relationship with a female and trying to wrap my head around the fact that he wasn't interested in having an affair and wanted a fantasy of having sexual relations with me. That feels crazy, even if it's really true and even if it's what he's experiencing. That feels crazy and I guess I'm worried how far I'll go down that road. [00:30:01] Emma said, "I think you're worried about him, like you need to take care of him."

THERAPIST: Like you want to save him?

CLIENT: Yeah, but also like what would happen to him if you left him or the fact that he has needed so much support and care around getting some of these things addressed that are years and years overdue? I do feel bad for him in a lot of ways.

THERAPIST: You care about him, Ramona. You don't only hate him and only feel rage.

CLIENT: I don't hate Ivan at all, actually. I just have hated what he's done to me. It's so bizarre. That's why I say I feel like two different people, kind of. I'm not having a crisis of personality (chuckles), but I'm sometimes feeling like when I think back on those two or three months when we had such a really good experience in your marriage and even if it was baseline, it felt like the best thing in the world. I was reminded of how much I enjoyed dating Ivan in the first place and being with him in the first place and being friends with him, getting that back. [00:31:06] So sometimes I still feel like I want to hold onto that.

THERAPIST: Which is understandable.

CLIENT: Other times I feel like this is crazy and it is too much and my sister said, "You need to understand that you have worked hard and you have tried and you didn't just give up."

THERAPIST: Do you ever picture dating other people?

CLIENT: (pause) I don't know. When I look at my friends, like if I were single, if I wasn't married, that that would be a possibility for me, but I have also thought that if Ivan and I got divorced that I couldn't see that happening, at least not for many years. I couldn't see dating anyone or getting married again. [00:32:01] Not having children I could see that that might not happen because I don't feel like I could go through this again, not that everyone goes through this.

THERAPIST: You are also a different person, Ramona. This is just the person who you are today and what you can know about yourself, what you know about your history, what you know about what the red flags are in other people. I actually think you're much more aware, even in your relationship with Ivan. If it lasts and it works, it's going to be a better relationship than it ever was because of what you're now aware of. You're working on yourself and getting him to work on himself and I think that's what's maybe hard to trust will actually carry over. You bring that with you. [00:32:55] The question of could you find a relationship where you are not triggered by this and you still get to have fun days with [the man that you end up with] (ph?). In a way, that's actually not a lot to ask. I'm not talking about madly, madly in love, but just a friend who [can spend time with you who doesn't just love you.] (ph?)

CLIENT: It's just hard because I love Ivan and I want to be with him, but it's hard to say that because I don't want to be with him when he does those things and I don't know if it's possible to be with him without him doing any of those things.

THERAPIST: It would be much easier if you hated him. This is so complicated and tortured for you because you can love him. You love a lot of the things you've shared and then he treats you this way and it makes it hard to just enjoy. [00:34:00] One of the things I would guess is you can get anxious, Ramona, about needing an answer today about what to do. You know when you say, "Should I just be moving forward?" I think there is a kind of urgency for an answer about what to do that makes you even more agitated and worked up and even despairing about I don't know what to do. I don't know what to do. I think giving yourself more permission just not knowing what to do and to have that be okay because I think if you did any one thing right now it would be premature and be filled with bad feelings, including leaving him. Do you know what I mean? It's horrible and devastating that you're back in this place, from where you were, where I was saying the same thing to you. The name of the game right now is just letting it wait and letting yourself absorb and get in touch with your experience because you cannot know tomorrow or a week from now what you want to do, how you'll feel, how it will evolve, what you'll see, what signs you'll continue to see in one direction or another from him. [00:35:15] You do need the respect of yourself for having time to let yourself keep sensing yourself and knowing the experience. Does that make sense?

CLIENT: Yeah, it's just hard.

THERAPIST: I wonder if you've been journaling at all and if doing that a little bit more would be helpful again?

CLIENT: I did last weekend. Throughout the week I pretty much have gotten home in the evening and eaten and gone to sleep, which I think I am avoiding not maybe consciously, but I am. When I did, it helped. It helped.

THERAPIST: I would really encourage you to keep doing that and even do a little bit each day, like if you're sitting on the train. Two sentences or something. What's the feeling you're feeling

that day? What's the thought? Kind of getting that on paper and getting more in touch with your experiences so your feelings aren't getting shoved under the rug while you're working until 10:00 at night. I'm also a little concerned about your work schedule and hopefully this is going to be temporary, but I think there might be ways that as much as it can feel like a distraction from what you're wanting to push away, it could also then prolong the waiting period to be so, so busy that you don't have time to even breathe or think or have downtime or practice good self-care. I don't know what you're doing for relaxation times, an overt space where Ramona is taken care of in a way that has nothing to do with Ivan and issues. You need an hour where you're doing yoga or meditating or watching a dumb television show and not thinking about this and just practicing self-care, restorative self-care. [00:37:09] It doesn't sound like work is allowing you much room for that. Do you know what I mean?

CLIENT: Yeah, that's true. It's sad, but it's also nice. I don't know how to describe it. But when I do work until late, Ivan comes and picks me up and he's made dinner and he wants to hear about my day and is like "you must be exhausted." It's like what was happening before is still happening and it's just really hard to . . . yeah.

THERAPIST: How do you feel when he does that? Does it feel good or do you feel like "I'm really mad at you. This feels awful and uncomfortable that you're being so nice." [00:38:03]

CLIENT: It feels good. Sometimes I just want to avoid him. Like he made lunch for me the one weekend day and I just wanted to not eat with him. (chuckles) I was like, "I really appreciate that you did this, but I just need space and I just don't want to . . ."

THERAPIST: You said that to him?

CLIENT: Yeah, I told him I just need some time to myself but I feel kind of guilty because I don't want to push away his efforts. I can't say "I want you to make efforts and work on this" and then say "I'm so angry at you I don't want to acknowledge any of your efforts." But sometimes it also scares me because I'm like "what if he's pretending things are back to normal?" I guess I just don't know how to really describe what happened or how to really respond to it.

THERAPIST: The more you, in couple's therapy and in our conversations, can name, just name what you just described so that he can hear it out loud, too, it's going to be so helpful to both of you. [00:39:05] For you to be able to say "I so want you to keep up your efforts. It's really important to me. And then at the same time I'm having a conflict about it because there are some days where I feel so hurt and mad still that I do want some time alone. I don't want to send the message to you that I want you to stop trying or that I'm backing away, but it is important to me sometimes to not just have lunch because we're so used to having lunch. I have a lot of feelings to work on." Just naming that with him so that he knows you're in conflict about it. Ramona, I think you're doing the right thing by honoring and trying to think about what you're feeling and trying to respect it and follow it, including sharing lunch if it feels good that day to share lunch. You don't sound like you're forgiving what happened if you share lunch right now. Keep journaling. Keep trying to get the space. [00:40:00] I think it's really important, even if it's

just on the weekends, that you have some time that is downtime that is not thinking about Ivan maybe even not with Ivan. Do you know what I mean? Doing something that is a massage or a pedicure or yoga class, something along those lines that is taking care of Ramona, carving out some time that's for you.

CLIENT: It's hard.

THERAPIST: I don't want you to start getting degraded. You need resources and reserves to be able to have the perseverance to pursue this incredibly emotional and difficult [life] (ph?) that you didn't ask for and didn't want.

CLIENT: Well thank you.

THERAPIST: I'll see you next week. Journal. If you want to send me anything, that's great. I will [definitely let you know as soon as I know about the 10:00 and 7:30.] (ph?)

CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Are you still submitting?

CLIENT: I'm sorry?

THERAPIST: You're still submitting for the healthcare reimbursement?

CLIENT: I never was.

THERAPIST: Oh. Oh, no, no, I don't mean to the insurance for the sessions, I mean you need the receipt for getting your co-pays back, in other words.

CLIENT: Yes. Because for the flex dollars I can get pre-tax, so yes.

THERAPIST: Okay.

CLIENT: Thank you.

THERAPIST: And let me know if there's any problem based on... So?

CLIENT: I'm not sure where to start.

THERAPIST: What's top of mind?

CLIENT: Oh, I guess I'm just feeling anxious and... I'm feeling like we had kind of a tough session with Dr. Farrow this past week.

THERAPIST: How so?

CLIENT: So the time we saw her before that she had said... we had been talking about the assault, we had been talking about everything, and at the end of it she said she was very impressed with how well we were doing communicating with each other, and doing a really good job of talking about a really difficult subject in a really healthy or a productive way. And then we didn't see her the next week because of it was basically like a snow day. And I actually worked from home. And then this past week we saw her and we started off by just talking about how the homeworks were going, the conversations, and I said I felt like I was stuck, that it was something I talked about with you, and... Anyway, she ended up encouraging me to try on-"try on," her words-what it would feel like to be divorced, what it would feel like to get a divorce. Which is kind of difficult to hear and a little bizarre thing to be encouraged to pursue, in my mind. Obviously it's just my perspective. [2:00]

And then she talked to Ivan about how he felt stuck, and he talked about a number of things. But he also talked about how he had been experiencing kind of... what he had described before, but kind of his... I mean, for lack of a better description, kind of like an existential crisis, where he feels like his experience doesn't matter and only other people's perception of him does. Which is why he felt like letting people feel good about him being in grad school was a better choice than letting them be so disappointed and so unhappy if they knew what actually was going on. Which he acknowledges doesn't make sense, but had been his experience before.

THERAPIST: Although I have to say, that's a very defensive way of putting it, because he's denying that actually the person he's protecting when he tells other people what they want to hear...

CLIENT: Is him.

THERAPIST: ... is him.

CLIENT: Right.

THERAPIST: And he's not doing that to like prioritize your experience.

CLIENT: Exactly.

THERAPIST: [laughs] Okay.

CLIENT: And we've talked about how it's exactly the opposite of what his [whole? 3:06] is.

THERAPIST: Yeah, yeah.

CLIENT: But he talked a good bit about that, and that was excruciating for me to hear. Because I've heard it before, and it's just like nails on a chalkboard. Because it's like... I guess in my mind-this is just in my mind-I feel like everyone at some point... you know, certain times in your life you feel like, "Oh, I..." you know, in the scheme of things what I'm doing isn't the most important thing in the world. And, you know, my legacy might not... You could think like that. I mean...

THERAPIST: Mm hm, every person could.

CLIENT: Exactly. I mean, and I feel like it might be healthy to, you know, have that thought once in a blue moon. Billions of people in the world, how important are you? But having it be a passing thought once in a blue moon that might be motivating, or might make you feel a little down, would be different from, I lie about failing in grad school for years because I'm so insignificant that my real experience doesn't even matter. [4:00]

THERAPIST: Just so I understand, as he's talking about that in this most recent session, is he talking about grad school again, or just feeling that now in life right now?

CLIENT: He was talking about how that happened in grad school, but how until the past... he said up until the past few months that had really been hard for him to break that thinking. Even though he said he understands intellectually that that's nonsensical, it has been hard for him to break out of that pattern. And that he says he and Dr. [Bourd? 4:37] have been really working on that in the past few months, he feels like he's been able to overcome it a lot, but it's still there to some extent, but he's able to kind of silence it. So...

THERAPIST: What it was was a feeling that he's been working on it and it's changed. Okay.

CLIENT: But that was unclear to me, and I think to Dr. Farrow, in the session, that it was a past thing and not a this is still going on. Which is part of why it was unbearable for me, because it's just hard for me to validate and hard for me to take in to... you know, Ivan's able to do these... some of these things that have horrific consequences for me, and obviously ultimately for him, because he can't get past thinking that he is a bunch of atoms in the middle of a huge universe. It's like insane. And I told Dr. Farrow that was really hard for me to take in, and she's like, "Well, then maybe it is time for you to leave, you know, if it's really hard for you to take that in." Which is obviously I think would be hard for anyone to hear.

So Ivan and I had our scheduled conversation later that day and he explained that it wasn't a present thing, that he had been experiencing [it] in the past. And that felt more bearable for me, but it's still hard. And it was hard to hear her say that.

THERAPIST: There's something that you're also picking up on, in that it was not clear as he's talking in the session...

CLIENT: It wasn't. [6:00]

THERAPIST: ... that he was talking about the past.

CLIENT: Exactly.

THERAPIST: And I don't think... In other words, you and Dr. Farrow sound confused.

CLIENT: Exactly.

THERAPIST: Because there's something you're picking up on that is still present.

CLIENT: Well, he says... he's like, "I thought that was clear. Sorry if I didn't make that clear but that..." So it sounded like we were both confused on what he was saying but... that was hard.

THERAPIST: Yeah. I can't know what's in Dr. Farrow's mind to interpret her for you.

CLIENT: Oh no, I'm not asking you to.

THERAPIST: I know you're not, I'm just sort of saying... as I say, I have no idea if this was in her mind or not, but sometimes couples' therapists will bring up if things are feeling stuck the idea of envisioning staying together forever, the idea of envisioning getting divorced, and really, really trying on what that looks like, what that feels like internally, as almost an exercise. Not as a like, really you should start thinking about getting divorced. And that sometimes can get brought up as an exercise, with the intention that probably if you picture it you won't want to do that. Do you know what I mean?

CLIENT: Mm hm.

THERAPIST: And that sometimes when people walk themselves through that it's only then that they start realizing, yeah, I don't want that, that's not where I am at all. So I don't...

CLIENT: No, and she said something to that effect. She said, "Sometimes when couples start to think about it they're like, no, I would never want to get divorced."

THERAPIST: Yeah.

CLIENT: Or she's like, "Maybe it's time for you to start thinking what feelings come up." And I told her I had to some extent. And to be honest, I feel... I don't know, I feel a little defensive of it, but a thought that does come to mind is relief. Not at getting divorced, but at knowing that I would definitely never be assaulted again, I would definitely never, you know, be lied to or betrayed to again. I would never... you know, have to deal with that again, or, to be honest, like his crazy parents. Like it's unkind. It's unkind to put it that way, but the thought of not dealing

with all that stress, and not going to couples counseling every week, and having scheduled conversations, and trying so hard to get over it and forgive and move on. Of course not having that in my life sounds appealing, but I imagine anyone who had experienced that would... if you could take that away it would feel relief, it would be a relief. [8:30]

THERAPIST: Sure, sure.

CLIENT: But I realize that's what I would feel relieved about. I wouldn't feel relieved about not having dinner with Ivan every night, or having all the good parts of the relationship, which obviously I guess people go to couples counseling if they want to preserve the good parts and work on the difficult things.

THERAPIST: And people stay together when they feel like the good outweighs the bad.

CLIENT: Which it's hard to feel right now, it's hard to gauge. Because I was feeling that way for those three months. Definitely I was feeling like I don't...

THERAPIST: Like nobody else had [overtalk].

CLIENT: Exactly.

THERAPIST: Yup, yup.

CLIENT: And I wasn't even to the point where I was like, Ivan and I will be old and gray together. I was definitely at least feeling like in the short term we could keep building on that, and we could get to that point again. But since this happened again it's felt like such a restart. And I told Dr. Farrow it felt almost worse than like going back to square one, because if something's bad, and something bad happens, and something else bad happens, like that's different from something... a lot of really bad things happening and then a lot of good time, and then something else bad. It just feels worse. It feels cruel. [10:00]

So I've been trying to think about that, and I had a very serious conversation with Ivan on Saturday where we had one of our conversations and I told him, like, "Do you think... do you honestly feel... like you're working on so much within yourself right now. Could you do that better if you weren't also trying to deal with a relationship?" What would each of us be doing with all that energy and that time and that emotional space if we weren't trying to tackle all these struggles. And I felt... it was so difficult, because Ivan just said, "I love you with all that I am, and all I want is to make this work." And I believe him. I don't believe that Ivan's intent has ever been to... has ever been malicious or intentional... like that he was cognizant of the impact it would have when he did it. Not that that makes the outcome okay, it obviously doesn't, but...

THERAPIST: So what happens inside you as you hear him say that?

CLIENT: It feels like the old Ivan. You know, it feels like what I liked about him from the start, it feels about... I guess it feels comforting. I would imagine any spouse who heard their spouse say, "I love you with all that I am," like that would feel good. Of course it feels good. It also does... it feels a little sad, because it's always hard-at least this has been my experience with my parents and with Ivan-it's hard when someone tells you they love you so much and you're so important to them and yet their actions just don't match that, that's really hard to take.

THERAPIST: That's why I think it's really complicated, but I can see how remote you feel as he says that. And that you actually probably are picking up on that, there's a genuine feeling he's having for you as he's saying that that is so powerful and so real and so what you loved about him in the relationship to begin with. And yet you're trying to say at the same time, is that enough, that he can say those words? And even mean those words right now. Is that enough to stay? Is that enough to make this marriage feel happy? Enough for me? [12:20]

CLIENT: And that's what I expressed to Ivan. Because I said, I think... you know, lots of people love each other. That doesn't mean that their marriage is healthy, or that their relationship lasts long-term. And there's a lot more to it than that. You can be madly in love but not be able to live in the same... the same place, I suspect.

THERAPIST: Or you can be madly in love and be really cruel to each other. You know? I mean, it's actually more the norm that someone... a batter or a... you know, a husband who batters a wife will on a good day say, "I love you more than anything," right. That is actually not normal if that's not getting said. That's part of how the make-up part happens that convinces the woman to stay again, right. That is real, it's not fake. And yet there's another part that's really complicated and just as real.

CLIENT: I guess that was happening with Ivan.

THERAPIST: We don't know. He's not beating you, I don't mean to say that's happening. I think that's what you're trying to figure out, is how much is there that's really good that outweighs what isn't okay. You know. And you are trying to not eliminate either one and really keep yourself open to all the parts. That the version in the battered wife that would happen that you're trying not to do is the wife forgetting he's done this ten times before, and every time he says I won't do it again, every time he does it again. Right. That's when it becomes as much her dilemma as it is his. And I think that's why you're saying this is harder this time now, because you are aware that he did this before and might do it again. It hasn't been ten times either. [14:15]

CLIENT: No. And I don't want to defend Ivan, but I guess I also want to know what you think with... I guess I feel like when a batterer-if that term is actually used-when they, you know, abuse their spouse it is with, you know, intent to have power or control over them, or it is with the intent to be violent or be aggressive, it is... like that's part of the intent, and to know... like to exploit their fears or their weaknesses. And the intent might matter. I know that what Ivan has done is abusive, but I don't know that he goes into it wanting power and control over me, or wanting... or

feeling violent towards me or aggressive towards me, or, you know, wanting to hurt me. Not that that... I'm not saying that that makes the outcome okay in any way, shape or form.

THERAPIST: No, of course the intent matters. It matters a lot even. It's really important actually what his intention was.

CLIENT: But I think it's different maybe, and that maybe Ivan is not a batterer.

THERAPIST: And I'm not saying that by bringing up that example. Just so you know, I'm bringing up kind of an extreme example about what... it's certainly possible for people to do harmful things to another person they also love a lot. And in fact, that's actually part of ordinary marriage. If we take it to the really, really less extreme, people... like if something slipped out when you're mad that you don't mean and it's kind of a mean thing to say to your spouse, right? That's ordinary. And you still love them. It doesn't mean you don't love them, right. [16:00]

And I think that that's what is happening. That feels like, okay, that mean thing you just said to me is minor relative to everything we share. And you're trying to figure out where are we on this spectrum. We're not here. What he did is more than this. What's enough where I feel like all the good is... like the scale's just tipped enough that this is worth it for me? And I think what's hard about it is it's a moving target right now. Like up goes three months, it was like this, right? Good was way up here. So now he's done this thing where it pushes it a little bit more like this again, and you don't know, like is it going to keep tipping back in this direction? What happens even if a year goes by and he does the same thing? And now you could actually say-if I'm his therapist even I'd say-"Wow, that's huge progress, he didn't have a slip in the behavior until a whole year later." Right? If you were trying to give up drugs and alcohol or something like that, that would be tremendous improvement. But yet for you that's also something that, what does it mean that this could potentially happen again, even if it's five years down the line? You know?

CLIENT: That's the other thing, I don't want to be... I want to be realistic, and I want to allow Ivan to be human. I don't... It's hard, because given what Ivan's done I feel like the bar is actually higher than it would be normally, because like I just... I couldn't tolerate anything like that again. And if we, you know, work super hard and in five years it happened again I would feel unbelievably devastated. And my hopes of it never happening again just would become kind of laughable.

THERAPIST: And yet it's hard, you know, [noise]... if he's an alcoholic, and he goes to AA, and he gets into treatment, and he's sober. It is so common for people to do well, do well, do well... have a slip. Do well for even longer and have a slip. Do well for even longer and have a slip. That's their Chinese word for make changes that stick. That's also part of, you know, him being towards this side, is that he's actually done a lot. He's been changing a tremendous amount in a relatively short amount of time given a lifespan of being in a different way. That's very real.
[18:15]

CLIENT: It is. And yet, I don't know, I guess I feel alcoholism is a disease, and you need [to be] biologically disposed to it, you can... And I know that outcomes of that can be so, so hurtful to those around you. But what Ivan is doing, I guess I just feel like I can't... I can't sleep in the same bed with him again if I feel like it could happen.

THERAPIST: Yeah.

CLIENT: And worst of all that I could not wake up. I can't do that.

THERAPIST: It's scary about this particular behavior maybe because there's a chance it could happen without you knowing about it.

CLIENT: Well, yes. And it's also like... I don't know, I can't explain it exactly, but that night when we went to bed and we were both relatively happy and feeling so hopeful and excited that things were moving along, and relief to go to bed like that. And to wake up like that, it just feels... I feel like I don't have control, and that he's able to just take it all away, you know, within a half hour. I don't like feeling like that.

THERAPIST: One of the things maybe you can [almost?], Ramona, is if I say something that like sort of has a flavor of being more on this end of the spectrum you'll want to see it this way, if I say something that has a flavor of being more on this end of the spectrum you'll remind me and us and yourself. But really this actually is not the same as being an addict. And I think just to notice that in yourself. I think that probably happens with Dr. Farrow too, if she says, "Well, try on getting divorced," the part of you that says, "No, that's a terrible idea" will get louder. And if she says, "I definitely think you should stay," then probably the part of you would say, "Are you kidding me, after what he's done?" That you are really, really deeply ambivalent in your own self right now about what to do with this, where you are. You feel feelings that make you feel like you want to stay and keep working, you feel feelings that make you feel like this is crazy. And they're both yours. [20:30]

And I think the more that I can help you own your conflict about it, and that Dr. Farrow can help you own and know your conflict, that just gets inter-personalized. If I take up one pole you're going to take up the other, and if I take up this pole you're going to take up this pole. Do you know what I mean? That actually both poles are inside you. And it's almost easier for a fraction of a second if I take up one part of it, because then you know the other part and you can feel it very strongly. And vice versa, it's hardest to bear both parts inside yourself.

CLIENT: I really don't know what to do on a daily basis, I really don't know what to think or feel, I feel so confused. And before it happened I was still confused and still ambivalent, because three months is not that long. But now it's like I can't see like two feet ahead of me. I don't know. I feel scared and... Like sometimes I feel like I'm so at peace with parting ways with Ivan. That it could be healthier, that I think of like what would I be doing with my life if I weren't working on this or dealing with this. And I did some journaling and the thoughts came out that sometimes I... I don't know, I feel ashamed of it. But sometimes I look at other people and if they're close to my

age and I see that they're married or they're not married I think like, well, maybe they have to deal with this. Not this, necessarily, but they have to deal with problems too. They have to... you know, they have that level of responsibility or complication in their life. [22:00]

Not that everyone who's married... I know that not everyone who's married is dealing with this. Or I look at someone who isn't married, especially a lot of the fellows that I will like work with, and they're, you know, becoming surgeons and they're whatever, and they're not married, and I think they're so successful. They probably couldn't do what they do if they were tied down or dealing with this kind of drama or stress or however you would phrase it. Like what if I can't move forward because I made this choice? I wouldn't have to be married, you know? I'm young. Sometimes I blame myself. And I think the saddest thing is I feel like it has nothing to do with our age. That's not what Ivan's been going through or dealing... like that's not really a... I don't feel like that's indicative of him...I don't think that's what that is about.

THERAPIST: I wonder what you do picture, Ramona, and I just so you know, in terms of that conflict, this does not mean I am recommending, espousing whatsoever that-but when your mind drifts to that side of the conflict, what do you picture not being together, what does that look like to you?

CLIENT: It feels scary. But if I think about it in a very abstract way I think... you know, what if I would... what would I do with all that energy, all the energy that I put into stressing and worrying and... I know it sounds silly, but going to couples' counseling every week for... we've been seeing Dr. Farrow for over a year. I mean, like...

THERAPIST: Isn't that silly?

CLIENT: It's a lot.

THERAPIST: [unclear]

CLIENT: And having special conversations, and just working on so many things, working, working, struggling, struggling, struggling, struggling.

THERAPIST: Mm hm. [24:00]

CLIENT: Like where would I be?

THERAPIST: And when you say scary, what comes to mind about what's scary about it?

CLIENT: I don't want to get divorced. And in my gut I don't feel like it's really possible for me at this point. Which is also scary. And then sometimes I think: but I don't have to make a life or death decision today. If in another year Ivan is still doing these things I can choose to move on.

THERAPIST: It's important though, because I think to the degree that you actually when it boils down to it feel like, I just couldn't leave him right now, I couldn't.

CLIENT: No, it's not that I... I don't know if it's that I couldn't, it's that I wouldn't. Right now I feel like I'm still in a very emotionally like hot state. It's still very recent.

THERAPIST: Yes.

CLIENT: And I also think back on... I don't know if it's dumb or whatever, but in those three months when things got to be so consistently good over and over, and we were still having these good old conversations about the stuff...

THERAPIST: Yes.

CLIENT: ... it still felt like the positive time was outweighing the negative, it still felt like if all this positive time continues and continues and continues at some point the bank will be balanced, as it were. And I thought, I'm so glad that I didn't just divorce him. You know, even if I would have felt justified in the moment because what he did was horrible, I'm so glad that I stuck around and gave it somewhat of a chance. Because, while marriage can feel like the most permanent thing in the world when something horrible happens, and you can feel stuck, I was thinking, you know, I didn't maybe realize divorce could also be... you know, it would be so permanent.

THERAPIST: Mm hm.

CLIENT: And not just a way of saying this is unacceptable, I have limitations, I don't want to deal with this. It's saying more than that. It's saying, I don't want all the positive stuff with you either anymore. So that has crossed my mind, that it would probably be unwise to make a hasty... not a... [26:10]

THERAPIST: Mm hm. Mm hm. Because there was so much change in those three months, it sort of... that's another part that gives you... it's one thing. Let's say for example nothing really happened, he wasn't making an effort, no conversations, not picking you up, not dinner, et cetera, and then this happened, you'd be in a very different place I think.

CLIENT: Yeah.

THERAPIST: So that's not what happened either. So it does sound like you're just... you're in aware in a way that you need time right now.

CLIENT: I do. But it's kind of... So Ivan has been very vocal about wanting to really make efforts, and like willing to do things. And I finished my huge project very late Friday night, and so Ivan's like, "Why don't I take you to dinner Monday night and we'll celebrate that you don't have to stay late every night anymore, and you don't have to..." And it was so hard. And I still haven't really said much about it, because it's so sweet and thoughtful and exactly the type of thing that I had

wanted, but it's also so terrifying, because if I do that I feel like what if he's getting the message it's okay? Or what if I am being a doormat, or what if I am being that... you kind of drew a parallel earlier to the, "I love you, here are flowers, I'm so sorry I beat you." It's not the same thing, but what if that's the type of thing?

THERAPIST: Well, what do you think, would it be? Going to dinner tonight?

CLIENT: I don't know. It's so scary. I know that sounds bizarre, that going to dinner with my husband is scary, but...

THERAPIST: No, no, I understand completely.

CLIENT: It's like... it's hard to let him back in.

THERAPIST: Yeah.

CLIENT: Yesterday my friends had a get together, and I debated over and over, like, should I take him, should I not take him? What should I do? [28:00]

THERAPIST: Mm hm.

CLIENT: What do I tell my friends if in, you know, two months he assaults me again and I decide I have to leave him and they're like, "But you were just at our get together for the Super Bowl like two months ago with him." Those are the types of things that go through my mind. But then I also thought, you know, if I'm going to "try on" getting divorced mentally, what if I try on having the good three months back mentally.

THERAPIST: Mm hm. Mm hm.

CLIENT: But it was kind of nice.

THERAPIST: He was?

CLIENT: Yeah.

THERAPIST: That side is just as important. The question too is what do you picture staying together? What does that feel like? Just staying together and saying you're going to work on it. How do you feel about it?

CLIENT: It feels scary. I did tell Ivan then. In the couples session I did say like that I felt pretty clear that if he ever assaulted me again that I would have to leave, that it wouldn't be a choice for me really, that I wouldn't have a choice.

THERAPIST: You said that?

CLIENT: And it felt like I didn't completely believe myself. Because it's just so hard. I don't know how to explain it, and I'm obviously exceptionally confused and ambivalent about the whole thing, but it's so hard to turn that switch. Like the night we go to bed happy and hopeful, and boy, those things were terrible, but we are really getting on track, waking up and feeling like I'm wasting my time.

THERAPIST: Yeah.

CLIENT: It's so hard to flip that switch. And I'm worried, could I do that? So that feels... But it also feels a little bit safe. Because I'm like, well, if I agree to work on it and Ivan does that again I don't have to keep working on it, I don't have to keep putting myself through this. [30:00]

THERAPIST: Mm hm. The heart doesn't work with [sutures?]. When you say it's so hard, it just doesn't do that. And people try sometimes, when people like impulsively get divorced, they're trying for the switch that wasn't there, and that's why they later realize, "Oh, what did I do?" You know. I think it is your [health?], Ramona, that you're trying to keep everything there and know that even... even if he did it again, you still might need time internally in your heart to let that sink in and let the consequences of it sink in and to evaluate the scale. Do you know what I mean? I just don't think... I think you're saying I'm not sure that if he did that tonight, tomorrow you would say, okay, we'll get out. That is a kind of switch that then it... it's almost pretending that there are no loving good feelings. Getting divorced, if people get divorced in a healthy way, is really, really painful work. Because there were feelings that brought two people together that don't all go away usually. You know, in rare situations they do. But it's a kind of scale that's going like this, which means there's still a lot of good feelings. So I think you're being honest with yourself. But you're also trying to say to him, "I want you to know how important this is that this not happen again."

CLIENT: Mm hm.

THERAPIST: Which I think is a really important communication for him to hear. How did he respond? Does he get that?

CLIENT: Yeah. But that scares me a little, because I feel like... I thought he got it before. I thought it was even unspoken, you know, very understood. [32:00]

THERAPIST: Mm hm. So what... I also wonder what happens then if you say to him, "Okay, last time I thought you got it. Can you explain to me why this time you really get it?" Like what does he have to say to that? Convince me that now you really get it, because I thought so before.

CLIENT: That's the thing, it's so hard. Because now Ivan'll say, you know, like, "I get it." Or he'll say, "I'm telling you the truth about this." And I'm like, what does that mean? Our trust has been broken again. So it's like... he could... you know, it's great if it happens as long as, "I mean it, I mean it, I get it." It's not... it has to be backed up.

THERAPIST: Well, yes. But you know how people can say something and you get it, and then they can say it a slightly different way and then you really feel like that's a person who gets it. Do you know what I mean?

CLIENT: No.

THERAPIST: It's like imagine you're talking to somebody who's in a level 100 class in college and they really get the subject matter-right, for that level they really get it-but then you talk to them when they're in their senior year and they're deep in the subject matter, then they get it so much more deeply in a way that you really think they're an expert in that now where they weren't freshman year, even though they may have gotten an A in the class and they really got it for that level. I can imagine he thought he got it, he said something pretty convincing, but you're trying to also listen for what... like what is he now understanding this time around that he didn't get before? Can he articulate what the difference is, and what he understands better now than before? Do you know what I mean? Or if he's saying the words that are identical to what he said before, that feels like there's no change, it's really hard to trust. But you're trying to sort of hear like what does he now get that he didn't understand before. You know what I mean?

CLIENT: Mm hm.

THERAPIST: And that may be a question for building more trust in the couples' therapy, to see what he would say to that. In other words, not just leave it at, "I get it, I get it. I promise you I get it. I'll never do it again." Like what do you get differently now, Ivan? Help me understand how you understand it better than before. [34:15]

CLIENT: Something else that comes to mind when I think of staying and working on it-I feel like I've mentioned this before, but every time I hang out with my friends and my friend Gary is there I feel guilty. Because I always enjoy talking with Gary, and I always enjoy hearing that he's working on his Ph.D., and he's working full-time. I mean, he lives by himself, he's like very much of a bachelor. But he's responsible, he's on time, he's organized, he's mature. He's got it together. And he's not, you know, like the perfect... perfect man in the world, and Ivan has a lot of qualities that Gary doesn't.

But I always feel guilty for enjoying talking with him about like whatever studies he's working on, or whatever is going on in his class, like I always feel guilty for enjoying that so much. I guess there's a part of me that wishes that Ivan was like that. And I feel... like I feel very guilty for feeling like that. And I almost feel, not that I'm betraying Ivan, but like I shouldn't feel that way about someone else.

THERAPIST: For even having an idea or thoughts or feelings about someone having something you wish your spouse had you feel guilty?

CLIENT: Yeah. And that doesn't sound extraordinary to me.

THERAPIST: No. I mean, even if none of this happened that could be happening anyway, Ramona. Do you know what I mean?

CLIENT: Right, but I would still feel guilty or feel like I needed to feel guilty. But the truth is, deep down I don't know how... I feel like Ivan probably knows this, but even if Ivan had never assaulted me, never done any of that... and I get that part of the reason why he's working at Subway is because he... like his life is kind of consumed with working on these huge, huge things that have been issues for many years. But I would never be satisfied with him being satisfied with these things, whatever that makes me. I would never... if Ivan was content working at Subway until he was in his 80s, like I would just never be satisfied. If it was his life's dream and that he was passionate about it and that was truly all he ever wanted to be, you know, like that would be very different. But it bothers me, him leaving grad school and not... not ever, you know, thinking about transferring those courses and finishing some kind of program, or starting a new one, or even just like volunteering or interning somewhere to do something with his education. It bothers me deeply.

And I worry that that makes me a snob, or it makes me judgmental, or critical, or superficial. But it's how I feel. I actually feel... like I do wish that... You know, that everyone has to get their Ph.D. and do research full-time and what my friend does. But I wish there was something in between at least that Ivan did. And I totally... on a very realistic logistical level I would not encourage Ivan to go looking for a new job right now. Like if he's really going to work on his stuff it's a lot. But ultimately I would feel more attracted to him and I would feel proud. Not that I'm not proud... you know, not that I'm like ashamed that he works at Subway, I'm not. But... I don't know. Does that make any sense? [38:00]

THERAPIST: It does make sense. I mean, I think you arrive at probably one of the most important settling point feelings is feeling that you would be more attracted to him as a partner if he were doing something maybe more similar to what you're doing. I don't mean the field, but kind of peer education-wise. Or peer maybe even ambition and interest-wise. And we talked about that a while ago, that if Subway were his dream job, and he really wanted to manage a store and maybe become an owner, that that would feel so much more attractive than feeling like this big... a kind of default because nothing else worked.

CLIENT: Right.

THERAPIST: Sort of seeing your spouse, wanting to see your spouse as a competent driven person...

CLIENT: Right.

THERAPIST: ... is part of what's attractive to you. And there will be other people where that's not important to them in attractiveness. So I don't... I think this isn't... it's not so much value judgment as much as who you are and what feels important to you, Ramona. And you're

allowed to have that as yours. You know what I mean? [pause] When you say this is a lot of work right now, do you mean like appointments? Is that what you're talking about?

CLIENT: Yeah, that's part of it for sure. You know, it sounds silly maybe to you, or to Dr. Farrow, but, you know, taking that much time. I guess that could take like four hours a week, if I count like traveling and... just to do therapy. And I'm young.

THERAPIST: Oh, I'm not talking you, I'm talking about him though.

CLIENT: His appointment?

THERAPIST: Yeah. When you say I wouldn't want him to make changes right now.

CLIENT: Oh. No.

THERAPIST: Because he's so wrapped up in [overtalk]. [40:00]

CLIENT: Well, I mean he... Yes. I mean, he goes to see Dr. Bourd once a week, he sees Dr. Farrow once a week, he sees Dr. Bellamy every few weeks. And he's supposed to be journaling and scheduling conversations for his doc. And like he's making dinner every night and like doing his half of the chores, and I know that...

THERAPIST: So that feels like that's actually taking on a lot for where he's been?

CLIENT: Well, I know that that's supposed to be baseline, but for Ivan going from, you know, "I slept 15 hours a day in grad school and failed out," to, "I make dinner every night, I do my chores, I'm working on these deep character things that have been with me for over ten years. And I'm working on my marriage, and I'm holding down a relatively full-time job in a leadership position," that that's never happened to him before. That's... he was relatively...

THERAPIST: Yeah. Yeah. [inaudible] And how attracted you are to him then, and how proud you feel or don't feel about who he is-[I mean, that's based on you?]-is another thing that goes into this scale, right? You know, if that was the only problem, but he was... you know, maybe became like the person who cooked and cleaned at home, right. And so he was taking up a kind of family responsibility for your unit that you felt like that's something that tips the scales back. Do you know what I mean? Like that I can feel proud of that, I can feel taken care of, I can feel he's being responsible, even if it's not to an employment, it's to our home.

CLIENT: Well, and even him do[ing]... maybe I read too much into it, but him taking on all of that makes me feel like the more he's getting it together the more he could have the capacity to get out of Subway and get into something career related.

THERAPIST: Absolutely. Absolutely. So you're just kind of letting that realm of feelings exist in this scale right now. And you are aware I think of what's hard about it is the scale's just kinda

like this at the moment, there are lots of different factors. And maybe even each day and each conversation can tip it a little this way or a little that way, depending on how it goes, and you're trying to accrue more and more data over time about how it feels. What you can do is keep honoring having your feelings and being... like noticing them and thinking of them is important, all of them. Good, bad, angry, happy, they're all really important. We can stop. I will see you next week? [42:30]

CLIENT: Mm hm.

THERAPIST: The... did I ever hear...

CLIENT: I got your e-mail.

THERAPIST: I didn't hear back from you, right?

CLIENT: You didn't, and I'm sorry.

THERAPIST: Nope, that's okay.

CLIENT: I just [overtalk] on your e-mail. So I guess I'm wondering, I agree that not skipping would be a great idea given everything, but I'm wondering would you have any other mornings. Simply because I am thinking of being lazy and not getting up at 5:30 on my day off.

THERAPIST: Sure. No, I understand. I do not, because I'm away Wednesday, Thursday, Friday.

CLIENT: Oh, I see. So Tuesday's your only full day?

THERAPIST: Tuesday's a pretty full day until 3:00. There is a chance I will have a Monday late afternoon appointment, but I don't know about that for sure. I don't know if that would make any difference.

CLIENT: Late afternoon, meaning?

THERAPIST: Four o'clock.

CLIENT: I could leave... yeah, I could leave... yes, definitely.

THERAPIST: Okay, that would be better if it were open?

CLIENT: Yeah, that would be wonderful.

THERAPIST: Okay.

CLIENT: But it is a couple weeks away, so I don't know...

THERAPIST: It is a couple weeks away. And that's why I can let you know when I know that. Do you want me to assume then we will not do 7:30 if there isn't anything else?

CLIENT: I guess if there is nothing else then I think that's what I need to do.

THERAPIST: Well, it's up to you. You shouldn't need to do that because I think you need to be here, or if you...

CLIENT: No, no, I'm agreeing with you that I need one, but I guess I'm... like is that trying to be lazy, just because I've been working 60 hours every week and I'm tired.

THERAPIST: You're [unclear] exhausted.

CLIENT: It's okay. No, [unclear] there.

THERAPIST: Ramona. Ramona, that's legitimate. It's like this [scale?], go to therapy, get to sleep, these things are important. So if you want to keep thinking about it. You don't have to tell me exactly right now, I'll let you know as soon as I know about the 4:00.

CLIENT: Yeah, whenever you would know that would be ideal I think. So...

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: You got my . . ?

CLIENT: I did.

THERAPIST: And everything makes sense?

CLIENT: It looks like it, yes. Thank you.

THERAPIST: What's on your mind?

CLIENT: I guess a few things. Overall, things have been going pretty well and we had a productive, helpful couple of sessions last week.

THERAPIST: That's good.

CLIENT: Some things are going really well. I spent most of Saturday with my friends and that was nice. Ivan, in fact, went over with me and hung out with them. [00:01:06] My really good

girlfriend from grad school's boyfriend lives with her, and he and Ivan got together to play games and one of their other friends joined, so that was good for him. Thursday and Friday, Ivan was having a pretty rough time saying he felt really down and he felt like he was thinking about hurting himself and just felt really disappointed in himself. Thursday, that took kind of a different shape that was difficult for me to respond to, but good maybe. A lot of times, Ivan has slept most of the day or coped in different ways.

THERAPIST: When he's feeling like that?

CLIENT: But on Thursday, he went to the gym, he watched a couple of documentaries, he got out. It sounds bizarre and is bizarre, but his uncle has wire to make chain mail, something to do with your hands. [00:02:01] He did that and that's kind of how he spent a good portion of the day while I was away.

THERAPIST: A much healthier coping method than sleeping.

CLIENT: Yes. I don't know if I did a great job of responding to that because, on the one hand, I told him it sounded like a much better way to cope than curling up and sleeping all day. On the other hand, I felt a little frustrated because I had a super long day on Thursday. I was gone for over 13 hours. The one thing Ivan was supposed to be doing this week was faxing his loan forms because he got behind on renewing his payment plan and has been making payments, so he really needed to do that and he didn't do it on Thursday because he did these other things. It was tough because I wanted to be encouraging that he found more adaptive or healthy ways to deal with feeling like that during the day. [00:03:06] But on the other hand, I felt like that was a long day, a long time that he had and I didn't quite know how to find room to also say, "I get that and it sounds like it was tough and you dealt with it well. At the same time, you still really need to take care of this one thing that's been put off for a really long time."

THERAPIST: How about that way?

CLIENT: (chuckles) Because I kind of said that to some extent. Ivan knows that to some extent. It's just hard because, maybe it's just my perception, but it feels like if I say anything negative about him just taking the day to relax and do fun things and go to the gym and do all these really great things – that sounds like a good day, in general, and a good way to cope – it feels like I'm saying how dare you relax? You are so overdue on this form that you've got to do this.

[00:04:02] I don't want to do that and I've told Ivan I don't want to actually talk about his form with him at all. It's his form and he should just be doing it. I don't want to slip back into the pattern where I mom him and he resents it and both of us are angry and it's still not done. On Friday, I got home and he was kind of down. I asked if he had faxed the form and he was like, "They asked me to stay late at work. I really needed to stay late to do the deposits, but I did call." He showed me his phone and he called at like 4:15 or 4:30. Eventually, what came out was because I had said, "Wait a minute. I thought you said you called them the other days and it doesn't look like they're here." He was like, "Well . . ." Eventually he came forward and I tried to tell him it's always better to tell me the truth and we'll deal with it, rather than avoiding it or hiding

it. [00:05:07] That's always going to be a worse outcome, no matter what the truth is. He was like, "Well, I did call. When I told you that I called a couple of times earlier in the week, I really did, but I got put on hold," which is what happens when you call a loan company. You do get put on hold. It's a painful process. He was like, "I hung up because I was seventh in line." I was like, "Yeah, there is a very big difference between saying 'I called.'" Obviously the other person would believe that you spoke to someone and actually had a call versus saying I called and, basically, you dialed. (scoffs) So I told him that I was really glad that he told me the truth. I tried to go back over our steps. I was really glad that you told me the truth, that I really appreciated that, that I understood that it was difficult. [00:06:02] I have spent a very long time on the phone with a loan – it's very aggravating that you do have to wait a long time; that I sympathized. Then I also did just say, "But I'm really disappointed that you lied because I would have much rather that you had told me. Even the day it happened, instead of just saying 'I called,' just tell me." "Right. I know I can't just hang up, but that's what I did." So we talked about that and I told him that I sensed that there was maybe more and he was staring at the floor and, obviously, struggling. Eventually he said, "I lied. I wasn't asked to stay late. I volunteered to stay late. I found myself feeling really, really down and I was thinking of hurting myself so I called my dad from the store and he said that I should stay with people and do whatever I needed to do to feel a little better; so I volunteered to stay late." [00:07:05]

THERAPIST: And you were still working?

CLIENT: I was at work.

THERAPIST: You weren't at home anyway?

CLIENT: No.

THERAPIST: It's funny that he would like about that. That's a really adaptive thing he did.

CLIENT: I even said, "You could have called me at work." He was like, "Well, I didn't want to worry you. I didn't want to make a problem for you and for you to be disappointed. I didn't want to bother you at work." And I said, "You know, it's true. Maybe I don't know. It depends on the day. I couldn't necessarily drop everything and leave or drop everything and spend a lot of time on the phone, but I could have at least suggested that you stay late at work or I could have – anything." I think he's definitely doing some things that are a lot more healthy to cope with it, but I am sad that he's still feeling that down sometimes. [00:08:04] Ironically, it's just kind of hard because the things that he's feeling down about seem to largely be he realized the loans were pretty disappointing. He's put it off for so long that they started withdrawing from his account a huge amount because he just didn't do the income-based repayment plan; so they will just eventually start charging you. He was overdrawn on his account. It's hard because I think he feels really terrible about that and he feels really down about it. But then it's hard because it kind of feeds itself maybe? I will say I gave him a lot of credit then on Friday because I sat with him and hugged him and just put my arms around him. I told him I loved him. I told him I was really sorry that he was having such a rough day and feeling so down, but that maybe he should just

shoot Dr. Bourd an e-mail telling him he's feeling really down, even if it's not going to do anything until he sees him on Tuesday. Just to be able to do that. [00:09:12] I was really proud because after that, I sat with him for a while and then after that he was like, "I'm going to go online and do some of this form and get some of the numbers from our tax return."

THERAPIST: Wow.

CLIENT: So he really did Friday and I even offered – we didn't do our taxes yet, but we have most of our forms. "Do you want me to sit down? We can do the numbers like we did last year." He was like, "No, this is really my responsibility. If I need this number for my form, I'll do it." I was really impressed. I eventually fell asleep in the chair (chuckles) in the living room and when I woke up, he had come back from printing off more of his form and preparing it and he brought pizza home. [00:10:00] It was later in the evening, but we were going to have a date on Friday and then it kind of got taken over by him finally doing some of this. But that was really nice. To my knowledge, he finished the form over the weekend and now he is going to fax it and that's great. It's just hard because I want to really, really acknowledge when he is making huge changes like going to the gym and doing that type of stuff, as opposed to sleeping all day. That's really huge, but I guess I don't want to always be looking for a place to critique or always be critiquing, but I also want a place to say, "If you feel really down about doing the form or if not doing it is causing consequences like you being overdrawn, this really needs to happen; and I'm disappointed that you lied." [00:10:56]

THERAPIST: And yet, Ramona, the way you're describing it to me – and I don't know if this is how you were feeling it and expressing it to him in the heat of the moment – but you really sound like you genuinely feel both sides. In other words, a year ago, in the beginning of our starting to work together, what I think would have happened in this kind of circumstance is that you might have known intellectually "I should make sure he knows I'm happy he did not fall asleep all day." But the thing that would have been most alive for you emotionally would have been rage and frustration and disappointment, so that the thing that he would feel from you is that. The way you're talking about it right now, it just doesn't feel that way. I feel that you feel disappointed and that you are frustrated, but I don't feel like as you're talking about it, that that is the only thing you're feeling. I think you're also feeling excited and proud of him that he would pick some of these more adaptive things. [00:12:01]

CLIENT: It's huge.

THERAPIST: You actually feel that.

CLIENT: It's really huge. It's a big, big, big change for Ivan and I, at least, feel good about the part of me that was able to do that. "Thank you for telling me the truth. I want you to keep understanding that whatever it is, it's always going to work out better if you just come to me and tell me the truth and then we work on it and deal with it together."

THERAPIST: That's a big, big, big change for you. It's not just that you're saying that and giving lip service, Ramona. You sound like you get it and you feel it. You do know it's so much better than he told you the truth. You do know that what he did was so much better than sleeping, and that's enormous for him and you can also feel really disappointed that he still didn't get to the form. And you can say to him, Ivan, this is a place where it becomes a self-fulfilling snowballing prophesy because if you just get to that form, the very thing that's creating you feeling down would go away." [00:13:06] I just hear you holding the complexity of his action and not just seeing it as black or white. If I see that and feel that, I'm absolutely imagining he must, too.

CLIENT: I hope so. I do wonder. I say how I really appreciate it and I'm glad that he told me the truth and I understand that he's having such a tough time and I'm sorry that he's feeling that way and, of course, I want to be there to support and encourage him doing healthy things for it and getting help for it. And then following it with "I am disappointed that you lied to me. I wish you would have told me the truth in the beginning." Or even, "I am disappointed that it's not done yet. It really needs to get done." What I said to him last night was, "How do you want to take care of dealing with it? Because I don't want us to get back into that cycle." [00:14:01] It feels good for me. I don't know how it feels for him to still hear the "I'm disappointed that it doesn't happen," but for me I feel a lot better about saying it crystal clear; just "I'm really disappointed that it doesn't happen" versus getting really angry or expressing inappropriate criticism. And I don't feel like I need to when it's so clear. I'm just saying I'm really disappointed in that. It's not a big, drawn out thing.

THERAPIST: There's another way of putting it, I think. You're also not as drawn deeply into a kind of [transfer instinct] (ph?) towards Ivan, where he is your parents disappointing you once again exactly, so that the only thing you can see is red towards him. [00:15:00] You're holding onto who he is as Ivan, which is actually really disappointing, in some ways, and making huge changes that are really hard for people to make and some people go through their whole lives without making. I think you're seeing him more just for him, with his complexity. The reason I think he must hear this change in you is that he responded by doing his forms. In other words, it isn't good for him or you if the only thing you did was cheerlead the changes he made. That's what his parents have done and it actually has not served him at all to have no one saying "awesome on these fronts; here are the parts you still need to work on." Right? They never did that part for him and it has destroyed his capacity to face difficult things. It's known that he's become extremely avoidant and you're trying to say "I'm not going to avoid the fact that this is still here, but I'm also not going to trash you because of the fact this is still here," because there is so much more going on than just that, too. [00:16:10] I think the fact that you held compassionately and lovingly both sides – even the criticism was held with love. The way you're saying it right now is really very constructive. You're trying to say, "Here is my reaction to it and I really think [that we're seeing a good step] (ph?) to get to this; and me, too. I'm in this, too. It's our money." He goes and does it – on his own, without being mad.

CLIENT: No, he is making a lot of big changes.

THERAPIST: And so are you.

CLIENT: I hope so. The fact that he did fun stuff or the gym – that's not necessarily fun – but he did that type of stuff instead of sleeping, I realize part of my reaction was, "Wait a minute. I've been working. I worked a long day today and you're doing this." [00:17:04] But then the other part of it was that it did feel different, what he actually did during the day. Even though he didn't do the form, it was different than sleeping all day and I was reminded of . . . I guess with my mom it could sometimes feel really, really tough because I would be really angry if I was the one doing all the work and she would usually spend the day in bed or spend the whole day in her PJs or whatever; because at some point you get angry, even if it's genuine that your parent has depression and really doesn't feel like seeing anyone or doing anything. You feel some compassion around that, but I guess to a point, for most of my growing up I didn't understand what depression was and that it was a legitimate thing because she would never speak about it or acknowledge that it wasn't just "I don't feel like doing anything." [00:18:12] It was a lot more serious than that. I guess that's how it would feel or look to me as a child. It would feel like "I don't know what's happening. I just know I'm doing all the stuff and my mom is in bed." It makes me angry eventually. I told Ivan I think I've been triggered by that sometimes because it doesn't sound compassionate, but I guess I don't like the way my mom's depression has affected me or her. Of course, I don't like seeing her live that lifestyle, but I also have hated a lot of the impacts it has made on me and I wish, again, when I think of it, it seems very non-compassionate, but I wish she wasn't. [00:19:01] I wish she wasn't depressed. I'm kind of angry, but it's taken that form. A lot of times I wish that Ivan wasn't or I wish I never was.

THERAPIST: I think you're hard on yourself. You keep saying "I know this isn't compassionate, but I wish she weren't depressed or she did get out of bed." I just don't think that's not a compassionate thing to say, Ramona. It would have been good for her and you if she got out of bed.

CLIENT: I know, but it's just hard sometimes because (pause) I guess it's hard to say I'm really worried about someone for having this medical condition, mental health state. I'm really compassionate and worried and supportive, but at the same time I hate everything about it because it affects me in such a way. [00:20:04] Even in my mind I could draw an analogy to if both your legs were in casts and you had to lay in bed all the time, your significant other or your family wouldn't be angry that you had both your legs in casts, but they could eventually be angry that they picked up all the slack and did all your stuff for you. So I don't know if it's fair or not, but I definitely felt that.

THERAPIST: Yeah. I think it doesn't just break down like that. Here's what I want to say about it: if both your legs were in casts, they would eventually heal, right? And it's time-limited. If she had a severe form of diabetes and, therefore, couldn't move around much and she would get very hypoglycemic very quickly, so she sat. [00:21:05] Yes, it's a medical issue, but there are things you can do to help it so that you can live a more functional life. Do you know what I mean? The same goes for any mental illness, including schizophrenia, a very, very 100% biological condition. You can go get treatment if it is so interfering that you can't take care of your children or your home. For medical issues, for mental health issues, there are things you can do to help

yourself and to make it better and there are ways of not doing anything so that it stays exactly the same. In other words, let's say the cast example and you do have to have your family, for the time being, pick up the slack because, even if it's six months or three months, even, you're in casts. If your mother were then saying, "Ramona, I so realize you guys are having to do more. I can't do my share and I'm sorry for that. [00:22:04] Let's see what I can do from a sitting position. Maybe there are things I can help out with that are stationary activities." So she was demonstrating an awareness of what she wasn't able to do and knew she was going to physical therapy to help get her legs healed as quickly as possible; you would have such a different experience.

CLIENT: I know, but it's really, really, really hard to approach. At least for me, it's been really hard to approach her about any feeling, any impact that it's had on me. Really hard to approach her about her getting any type of help or support, even if it's completely well intentioned, even if it's as small as seeing a neighbor down the street so that she's not completely isolated all the time. It's not well received. It's received as a criticism. It does not go well and it's really difficult because I think a part of being depressed is not even wanting to get help, necessarily. [00:23:05] That can be a part of it, so it's just really hard.

THERAPIST: [] (inaudible at 00:23:12) A lot of people with depression seek help.

CLIENT: I'm not saying they don't; I'm just saying sometimes for me . . . It seems to clearly be for my mom. It can affect motivation and can affect something as simple as finally picking up the phone and going and doing it.

THERAPIST: Yeah, but look what you've done with your depression. (pause)

CLIENT: I had help. My mom actually took me to my first appointment ever.

THERAPIST: You got yourself here. You got yourself to Dr. Paulaner?

CLIENT: I don't know. I'm not trying to make Ivan all about my mom, but I just think sometimes I'm aware that I can be reactive towards that because that would be scary. [00:24:10] I can be reactive, in my mind. I didn't get really upset with Ivan, but in my mind I did get scared that he lied, even though he technically called. But he knew as well as I did that that was a half-truth.

THERAPIST: I know that it seems like it's splitting hairs, but it's a little bit important that it was actually not a lie. It's misleading.

CLIENT: Yes, it's intentionally misleading. It's dishonest. It is different from saying he called and not having called at all.

THERAPIST: As far as the range of offenses, it's a little bit less than having overtly lied that he did something that he actually didn't do.

CLIENT: It is, and it's not a big betrayal and it's not even something that I would categorize as – I mean, it's not okay. It's not okay, but within a marriage of what you've tried to describe as normal disappointments that will happen inevitably, I could live. [00:25:08] I could live with something that small. I'm not saying I should or I want to or that it's okay for Ivan to lie in any capacity, but it does trigger a little bit the emotions from the other lies; but I am aware that it's not the same and that he's working on it and that it's not a linear change. Anyway, that process that we went through felt good. Sunday he was pretty organized. He said, "Let's go to church. I really want us to do that." And that was great. We had lunch together. He went over and played video games with the guys and then we had dinner together and we had our scheduled conversation. In the afternoon, we had spent some time sitting together before he was getting ready to leave and it was nice. [00:26:05] I asked him how he would feel about kissing for a little while, and it was really nice. And then in our conversation in the evening, he said, "I feel bad. I worry that even if you're initiating or that you're agreeing, I feel a little like you're just doing it because you think it's important to me or that I need it or you're worried what I will do if you don't." That felt like a really important conversation and we got into it some and I admitted to him that it could be scary for me and that I actually do worry, to some extent, if I don't do certain things, what will happen?

THERAPIST: One of the things you can say to him [] (inaudible at 00:26:48) that side of it is your responsibility. For example, if you are doing it because you're only agreeing to it or only initiating because you're worried, that's not his problem as much, Ramona. [00:27:08] That's actually your choice and your thing to work on, then, here with me; and he doesn't have to feel guilty for your choices. That's your part. So to just be able to say, "If I do that, Ivan, I'm going to work on that and I'll talk to you about it, but it's what I'm doing. It's what I'm bringing to the table then. It's not your responsibility to take care of that part of things."

CLIENT: He has expressed that he feels really bad for wanting that, for expressing any interest in that.

THERAPIST: Why? (laughs)

CLIENT: I told him I think we've both had some negative experiences, but that he does never have to feel guilty or ashamed or embarrassed or like he's done something wrong or immoral because he wants physical contact with me. [00:28:01] That's actually really healthy and it could be a really great, healthy part of our relationship and I'd like us to work towards that.

THERAPIST: How about in you, Ramona? Your own guilt; your own discomfort?

CLIENT: I think part of it comes from . . . I don't know. I guess I don't know, but I know I grew up with absolutely zero discussion about physical intimacy. Emma and I came from the stork, (scoffs) which is absolutely just none; which is bizarre considering my dad is a veterinary surgeon and my mom was a nurse. I was never comfortable discussing anything like that, very conservative, conservative people. I'm sure they grew up never discussing it either, but it was

never discussed until the affair and then I learned and heard more about the affair than I ever would have wanted to know. [00:28:58]

THERAPIST: So that's the first time that the idea of sexual context came into your relationship with your parents with words.

CLIENT: Absolutely.

THERAPIST: Ahh. Which is really difficult. Think about the first time it gets acknowledged is in a context where it actually is something that was destructive.

CLIENT: Right. It is immoral. It is something you feel guilty and ashamed about. It is disgusting. It is destructive. It is this horrible, horrible thing. Then I also grew up watching my mom sleep in different rooms of the house and refused to sleep in the bedroom with him.

THERAPIST: Anyway? Before the affair?

CLIENT: Yeah. On different occasions, she would sleep on the couch. That was a long period of time.

THERAPIST: How come? Because they were fighting?

CLIENT: Yes. I don't know all the details, but I know sometimes he would try to bargain and try to get her to sleep in the bed again and they would have discussions about that, arguments about that.

THERAPIST: You would hear these conversations?

CLIENT: Yeah, I heard some. (chuckles) [00:29:58] Obviously, when she was sleeping in the den, library, sleeping on the couch, sleeping in other places, I guess it didn't occur to me to worry. My parents don't sleep together; something is really wrong. I knew things were wrong with the relationship, but it also never occurred to me that that part was healthy or important or completely without guilt or shame. And it didn't help that I, I guess, was that type of person who would sit in the back of health class and be like none of this really matters to me and I'm not planning on having sex for years. I'm not interested. Some of my other girlfriends would do that, too. We were in high school and we weren't planning on having sex in high school, which might be unusual today, but I had no interest. So I obviously didn't discuss it with my friends. Same thing in college. [00:30:57]

THERAPIST: How about if we forget sex, formal sex for a time? What about other parts of boys, crushes, kissing – did that come up in friendships or with your parents?

CLIENT: In my friendships, yes. I had boyfriends and we would make out and that was fine and good.

THERAPIST: [] (inaudible at 00:31:16) And that was good?

CLIENT: Yeah.

THERAPIST: That didn't feel like you were doing something wrong?

CLIENT: Sometimes it did. Sometimes it did.

THERAPIST: But sometimes it didn't – or it always did?

CLIENT: It always felt like something to be just a little embarrassed about or guilty about or something very private that you wouldn't acknowledge in public necessarily.

THERAPIST: That's so sad.

CLIENT: It is what it is, but I'm just saying I don't know as I ever saw it as something that could be really embraced.

THERAPIST: Healthy.

CLIENT: Yeah. And I think if it's a taboo subject for a really long time and it's something that shouldn't even be crossing your mind and shouldn't even be something you discuss, let alone do, obviously, you don't flip a switch when you get married and it's now this wonderful, healthy thing that we can do. [00:32:12] It doesn't. And then Ivan and I had a pretty strange experience on our honeymoon and we just never really, I guess, had gotten good at incorporating that into our marriage. Part of it could be just natural. When we were dating we would date, even if it was renting a movie. We would naturally end up making out or kissing or holding hands or snuggling or whatever. But it would stem from having a positive experience, getting to talk a lot and, also, the absence of all the responsibilities that now we share. [00:33:00] So when we were dating, we never would have argued about Ivan's loan form. So many of these things just wouldn't have ever been on the radar.

THERAPIST: And in the beginning – dating and making out on the couch – even though there might have been a slight voice of this being something not to talk about or that has some uncertain feelings about it, did it feel good? Would you enjoy it?

CLIENT: Yes. Yes. Absolutely. Yes.

THERAPIST: It didn't feel like it was what you were supposed to be doing?

CLIENT: No. It didn't feel like an obligation. No. It was mutual.

THERAPIST: How far did it go physically before sex? In other words, before getting married? Was it only making out? Did you ever take your clothes off?

CLIENT: (laughs) No, we never took our clothes off.

THERAPIST: All the bases – touching each other's bodies? No?

CLIENT: Ivan would touch my breasts. [00:33:58]

THERAPIST: On the inside?

CLIENT: Sometimes. Actually, did that ever happen? I guess very, very, very rarely.

THERAPIST: How was that?

CLIENT: It was nice. It was great. I mean, Ivan and I have enjoyed having physical contact with each other. It didn't go further than that.

THERAPIST: It's really important, even going back to that point, because that's the start of sexual intimacy, right? Kissing, touching breasts, just touching alone before you're getting to [] (inaudible at 00:34:30). Up to that point, you were both experiencing it as a fun thing to do. It felt good, right? So something about bringing in intercourse or that somehow it turns uncomfortable or was there a point after your [], which I know was really difficult, then in the next year did it get better? [00:34:59]

CLIENT: It didn't, and I always hoped that it could. But then with the stress – in that winter, Ivan stopped his construction job and started his restaurant job. And then there was a period where he didn't have a job and wasn't working 40 hours a week, wasn't helping with the stuff around the apartment; and then eventually finding out about seminary and it just felt like so much was going on. I've never figured out how to – I guess now I'm starting to – but how to integrate something like . . . I don't know. It always felt like having physical intimacy or even agreeing to a date or suggesting something like that would have been pretty much saying, not that it's black and white, but yeah oh, you just told me you lied about grad school for years? Oh, okay. Let's go . . . [00:36:01] That just never would have worked and we might now be at a place where I hope it's all in our past and we can keep talking about it and working on it, but that we can also keep moving forward. I'm not completely sure. Something I've talked about with Ivan was that I would really like for him to be able to sleep in the bed and that would be great. But I'm also really scared. I don't want that to happen again, so what do we do? Does he even think of something with Dr. Bourd If he starts to feel that again, does he get up and walk around? Does he go write about it in his journal? Does he go sleep on the couch for the rest of the night? What do we do just so that doesn't happen again? Something I guess I wanted to ask you: it is bizarre, probably. [00:37:00] What would happen if Ivan and I continue to do what we did before it happened the last time and continue to build up having positive time and build up levels of having some physical contact? What would happen if then we continued having more physical

contact or even started having sex again? Would Ivan still feel tempted to do that? Or does it come out of almost a desperation that he's ashamed of, like he's ashamed of even wanting or thinking about wanting that or halfway about it and it's really, truly never happening? If that wasn't the case – I'm not saying it's my fault or his fault . . .

THERAPIST: It's a good question because I hope I can respond in a way that I'm going to convey what I'm thinking. [00:37:59] If you were to reach the point in your relationship where the two of you were having regular sexual intimate contact that you were both enjoying and felt healthy and integrated, even alongside being annoyed at each other for things and disappointed in each other for things, but having enough positive that it feels like sex is something that you want to do with each other part of the time, I would think that the part of him that was doing it the way it's come out, in a more assaultive way, that would have already been taken care of anyway. How do I explain this? I don't think it's just that okay, Ramona, if you finally get comfortable and you say, "Okay, we can have sex twice a week" or something, that that means that it's all in your court to change this part of him. I think it's as much if not more his responsibility that there is something in him that is conflicted about getting to have a good sexual relationship with you. [00:39:03] That has nothing to do with you. You can be saying yes and doing it and if he still feels like "I'm bad. This is bad for me to want." That part of him would still make him avoidant of doing it in the aboveground way, whether you want it or not. So that's the part that I think is more actually more important for both of you is how you keep working individually on understanding why this got such a bad rap and how to continue and allow this to feel like a really good thing that couples share with each other that is just a further, the most intimate extension of feeling close to someone. It's sharing your bodies. It's as close as you can get and shouldn't be happening if you're not feeling close and all there is, is anger, but if there are moments of a close, intimate evening that land in getting even closer like that. [00:40:07] So that's what I think is the thing that is probably generating it, more than just simply saying . . . I guess I'm just trying to say to you it's not just "oh, if he would only come around, then he would stop doing that." Do you know what I mean?

CLIENT: Yeah. I guess I'm trying to continually think of how to move forward and move towards that. I think maybe it's something that he and I should discuss with Dr. Farrow. We both feel bad and ashamed of this and really it's something healthy that we have nothing to feel bad about. What do we do about that?

THERAPIST: I think it's a great topic, even just by bringing it up with each other. You are implicitly saying when you bring it up "I don't think this has to be so bad." So if he starts hearing you say "what's our hang-up about this?" that that alone can start helping him ease this punitive, very critical voice in both of you about this part of being in emotional contact. [00:41:12] I think just talking about it would start to help that part of him lessen, too. (pause) Even if you ask him [jokingly, "What do you think it's so wrong?"] (ph?)

CLIENT: I think we both kind of have a grasp on that. His dad is a pastor, which doesn't necessarily mean anything, but his dad, before we got married, asked him, "Is it getting hard for you and Ramona to not have sex? Is it hard to wait? All of our friends, including the bishop, had

sex before they got married and they really regretted it; and we waited." And I'm glad that Ivan and I waited and I don't think that, in itself, has to be a shaming thing but it felt like . . .
[00:42:01]

THERAPIST: That's the thing about it, I don't think waiting has to be shaming or has to make sex a bad thing. I mean it can, but it doesn't have to.

CLIENT: It did for us somehow.

THERAPIST: And it did for you. And that's the thing I think you both have to get more at because a parent can talk about waiting or encourage waiting in a way that really upholds the sexual encounter as a really beautiful, miraculous and special thing that you could be so excited to share with someone when you're married. But there is a way that you somehow didn't get that message. Something is going awry in the waiting part, as though it's something so shameful that you just have to put it off as long as possible or something. (pause) In your family, did your parents talk about waiting?

CLIENT: No. It was assumed, understood. So many things were assumed and understood.
[00:43:01] They also never talked to us about not drinking underage. They also never talked to us about not smoking or not doing drugs. At one point, my mom told me about a story. She was engaged and was so sure that they were getting married and had sex with him. And then she found out that he was writing to someone else and broke it off and it was devastating.

THERAPIST: When did she tell you this?

CLIENT: Maybe I was in high school. But never "sex is really a healthy, wonderful part of a relationship" or that physical contact is. These are things that are really okay and good to do as a high-schooler dating and these are things that are really special to wait for. Again, my parents just never would talk about that in any way, shape or form.

THERAPIST: They only talk about it as something they regretted. This is the other side of it. I think there is a really different side of it. [00:44:04] There is the angle of what you're being taught about it; but there is also the angle of how, then, is sex quietly being conceived of and dealt with in the family? For example, the fact that Ivan's parents are talking so much about it with him or the story that your mother is telling you. I know you're in high school, but your mother, still, at that age telling you the story about having sex with someone and then regretting it; it's a little inappropriate. I say that because that can also give you kind of "ugh." If you're the adolescent girl hearing your mom talking about having sex with someone . . .

CLIENT: It's not like she mentioned anything. She just said it happens. But it also is kind of bizarre because, for example, she was 41 when she had me and she and my dad miscarried between Emma and me and she tried to get pregnant for like a year and a half. [00:45:02] She was like, "I tried everything. I was so determined. We wanted another baby so badly." Ironically, even then it's not acknowledged that sex is part of trying to have a baby and a normal, healthy,

wonderful thing for two people to do. I guess I haven't heard it in a positive context and certainly, even now, I have a co-worker who will openly at lunch talk about sex with her boyfriend. She's worried that they're no longer having sex like 20 times a week and is that bad? And I'm like oh, my gosh. (both chuckle) None of my close friends outside of her would ever talk about it or acknowledge it and I was just kind of like you don't do that. It's a private thing. So I don't know.

THERAPIST: So even just any attempt at being so taboo can't be spoken about at all. There is some hidden message that it is shameful [] (inaudible at 00:45:59) into words; instead of that it's private and that you can choose to share private parts of yourself when you're comfortable. Some of these most special parts of a person – like bodies. It's a really complicated a development teaching kids, for example, that you don't go around naked. How do you teach that message without making a child then feel ashamed of her vagina or her butt or that these are very special parts, instead of so bad that we must hide them from society. Do you know what I mean? It sounds like a really [helpful] (ph?) conversation for the two of you. That, alone, is starting a new kind of intimacy, to start talking about it together. You're breaking old patterns. Have a nice weekend.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: It's snowing again.

THERAPIST: Ah, yes.

CLIENT: It's kind of pretty, though. (laughs)

THERAPIST: Never ending winter. How are things?

CLIENT: I guess okay. (pause)

THERAPIST: You always hesitate to get started.

CLIENT: I'm not sure where to start. It's a broad question.

THERAPIST: I know, in a way, it may seem like an aside that it's hard to start and then once you get into it, you get into it; but I was thinking about it last week, actually, that there may be some small layer in here starting or we need to start that has to do with whether or not you can have what you would want and have your experience and come in and get to be yourself and just take that space for yourself with wherever you are. [00:01:13] Do you know what I mean? That, I think, plays out with Ivan a little bit; like do you have the right to just have what you need and want to be really important and front and center all the time, instead of quietly waiting, waiting, waiting to see if he will do it and then letting it out or it explodes later. Not more but . . . I wonder what it is like for you, for example, just to come in and start.

CLIENT: I don't know if it's a weird analogy, but it sometimes feels like, for example – and this doesn't really happen – but if I did have a really bad day at work and my sister called and was trying to talk, I would be like, "Oh, my day was fine. How was yours?" [00:02:06] Because I wouldn't want to be like, "Oh, I had the worst day ever and not listen about her day or take over the whole conversation and be negative.

THERAPIST: That's so interesting; even with your sister.

CLIENT: I think especially with her. This sounds critical of my mom, but we've both experienced what it's like to have a conversation that's really one-sided, that's really negative, and it's really hard, even when you love the person. It can be draining or it can be hard to listen to. It can feel really negative.

THERAPIST: So for both of you listening to her?

CLIENT: Yeah. Individually. Sometimes that's hard. It's not like we don't want to give space to whatever legitimately is not going well, but sometimes it's nice to talk about what's going on with the other person; what's going on with you. [00:02:58] And it's nice even if things aren't going great to not have a really negative conversation. If it's something really serious that's one thing. So sometimes I feel a little bit guilty about that and I don't want to come off as depressed or negative or a Debbie downer.

THERAPIST: Even here. (laughs)

CLIENT: Which is bizarre because, clearly, I'm seeing you because I have depression anxiety, although sometimes I worry I also give you the wrong impression because, obviously, my focus in here is that portion and so you might not hear about all the positives unless I'm really cognizant of it because that's not a problem. I'm not coming to you because of that (chuckles), if that makes any sense.

THERAPIST: It does make sense. I think there are ways, then, that you and your sister – sometimes she shares this, too – but you're talking about a kind of identification with your mother, in a way, meaning that there is a fear of ever being like her in that respect. [00:04:04] So what may happen is that you guard so much against that that it becomes hard to just be yourself. Your mother complained and vented and was negative so much that you never had the experience of just getting to be natural and spontaneous wherever you are. Do you know what I mean?

CLIENT: I think I do, but I think as a child, in theory – I don't know – but in theory, you would play a more selfish role. If you come home from school and your mom had a terrible day, you would expect, as a child, I guess, to be able to completely take up the whole space in the conversation with how bad your day was and your mom be really sympathetic, as opposed to, as an adult, the two-way of "you had a rough day; my day wasn't so great either" or "actually, this went really

well for me." And that didn't really necessarily happen. [00:05:01] Well, it maybe did, but in the reverse sometimes.

THERAPIST: Yes, exactly.

CLIENT: And I just don't want to be like that. As bizarre as it sounds – and it's not a reflection on you, it's really me – sometimes I have thought obviously I'm dealing with depression and anxiety, I feel bad that you start your Monday morning like that. And clearly you went into this profession because you're very good at handling it. You're capable. It's not any doubt of that, but I feel bad burdening or starting off the week, you know?

THERAPIST: It's really an identification. It's as though you're making me feel what you felt as a child. Do you know what I mean?

CLIENT: I never thought of it that way.

THERAPIST: In other words, you could be the mother coming in and venting and spewing and negative and I could be feeling like . . . Again, I know this is not a conscious thought, but the quiet fantasy is that you almost need to protect me the way you were not protected. [00:06:07]

CLIENT: I think it's hard to figure out as a normal boundary. Even with my sister sometimes, if she has a really bad day, sometimes she won't tell me at all because she's worried that I will worry about her; that I'll call her the next day and be like, "How are you doing?" so she won't tell me or she'll be like, "Come hang out with me" and she'll de-stress that way. But she won't tell me that anything is going on. More or less lately in the past few months I've started to do that somewhat with her, especially since telling her about what happened with Ivan, that that weighs so heavily on her and she was so worked up and she was so worried about me. She was really intensely feeling so much pain, so sometimes I've tried to be like, "No, nothing is going on. I'm fine." She gets worried and worked up because she's like, "I don't know if you're telling the truth. How do I know you won't tell me if something . . . But you'll tell me if something is really wrong?" [00:07:03] So it's hard to figure out that boundary and I'm sure it's different with a sibling than it is even with a friend.

THERAPIST: It's different with a sibling, sure, and yet, you both have this history now that you share where there has been a kind of sharing from someone you love that was too much, that pulled you both into a kind of caretaking role of your mother, setting yourselves aside and taking care of her. In other words, then there is a risk that you could do that with each other, too. Like if she tells you're having a bad day, you could set yourself really aside and be worried about her and taking care of her and ask how she's doing; and then she could do the same thing towards you because you haven't had the histories to be the kid who has had a really bad day. And maybe mom sometimes has had a bad day because parents are humans, right? But to have an experience where mom says, "I had a really lousy day. I'm so sorry I'm in a bad mood. It has nothing to do with you. Tell me about your day." [00:08:08] And trying their best to kind of set that aside so you don't have to worry so much about mom's subjectivity. You can kind of take it

for granted that you know when she has a bad day, she's still going to be mom. That didn't happen for either one of you. You had to get really worried and preoccupied with her mind and kind of set yourselves aside. So I think there is the risk of doing that with each other and that's more of what you're trying to find a balance with her. How do we be sisters and really hear each other's intimate, personal lives and also not feel like it's our job to be overly worried and concerned? You're going to both be okay, too. You don't have to be as worried as you were as children.

CLIENT: It's really hard, especially for Emma and I, I think, because she really took the role of my mom a lot, which I think older sisters can do naturally, to some extent. But from 14 on, she really took the role really intensely. [00:09:01] My mom would always be like, "She has a mom, Emma. Don't." It was very legitimate, I think, because it really wasn't coming from my mom. Not that my mom was a bad mom, but there were things that weren't happening and Emma really filled that roll. So sometimes now I feel like she goes to the extreme and she will barely say anything. She's very, very reserved because she worries. She takes herself out of it, puts herself aside, to make sure that I don't worry about her or follow up with her or that I don't feel like I could tell her if I had a bad day if she did, too, because I'll be so worried about her or preoccupied. We've talked about that and she knows that.

THERAPIST: You have?

CLIENT: Oh, a lot. And she definitely won't, unless it's really affecting her physically, she won't tell my parents – especially my mom. She doesn't want to be judged. She doesn't want to be criticized. [00:10:01] And I think she feels like there is not a lot of space for it which, sadly, I think is often true. I know she does this, too, I'll even try to protect her in a second-hand type of way. This past week I did get upset. I was planning to talk to you about this anyway because I was on the phone with my mom. That's fine, but at one point she brought into the conversation how my dad forgot their very first anniversary and every year she tells me how he forgot or there was a year when I reminded him like, "Oh, that's coming up, isn't it?" or "I can't remember, is it the second or the fourth of March? I can never remember." And she yelled at me that I mentioned it beforehand, that it was like a reminder to him, even though that wasn't my intent to save him. It just gets really uncomfortable. It's not my business and I could never even ask them how their anniversary was. [00:11:03] I could never even call them and wish them happy anniversary because that would start a huge fight. I feel uncomfortable sometimes if my dad does stuff for Emma and I. Like he sent us both flowers for Valentine's Day. It doesn't matter, but the company he used has a lot of missed deliveries around the weather, so I was like, "Dad's really bummed because they didn't get her." That was so sweet and thoughtful." She was like, "Mine didn't get here either." I was like, "Oh, I'm sorry to hear that." She was like, "That's because he didn't send me any. He wouldn't send me any flowers." I'm like, "I'm really sorry." Of course I'm sad that he didn't. It sounds like he maybe didn't get her flowers and I'm sad about that, but I don't want to feel guilty or like she's jealous.

THERAPIST: It's [vicious] (ph)? towards you.

CLIENT: I don't think she means it that way. I think she is hurt and it comes out that . . . I don't know what the goal is. [00:12:02]

THERAPIST: Ramona, it's as though you don't exist as her daughter in that space. She's so caught up in her own mind venting, spewing, angry. She's not thinking about what this is like for you to hear or whether it will hurt you or whether it is good for you.

CLIENT: No, I don't think so. And since she lost her mom, which is still very much at the forefront of her mind, I think it might have been that conversation "and my mom makes it this way." We were talking about a recipe and I didn't correct her, but it's just really hard for her to accept and it's been years. We all miss all of our grandparents. All of our grandparents have passed away. She would talk with her regularly and she was very important to her and I think, because there was so much role reversal with us growing up, it just never got corrected or adjusted. [00:12:59] It never got acknowledged that we should share in ways that our parents shouldn't with us because they're our parents, not our adult equals, if that makes any sense. Even if we're all adults now, it doesn't mean that we should be privy to everything.

THERAPIST: That's the part that also, just to say to you, has a layer of aggression that may be completely unconscious for her, but it's beyond just oversharing. In other words, she could have said to you, "Wow, my feelings are so hurt because dad didn't buy me flowers." But there is a way she says it that's really aggressive. Do you know what I mean? The way it comes out is even beyond not holding your mind in mind. There is something really cruel about it towards him and, unconsciously, towards you and towards Emma that I think is harder to grasp, in a way. [00:14:09] It's as though she's quietly destroying your getting flowers.

CLIENT: Which is bizarre, because if there is one thing they've always both said, like the only thing they've always agreed on, is how much they love us and they're so grateful; but it almost is. My dad would never say anything if my mom did something like that for Emma and I and then didn't do it for him. He's also very different. I don't think she necessarily thinks about it or realizes it like "boy, she's going to feel horrible if I say something like 'my flowers didn't get here either' because he would never send me any." I have seen him give her flowers over the years. It's not like (sighs) . . . And it's not completely fair to make it equal.

THERAPIST: No, it's not. [00:15:04]

CLIENT: To my knowledge, she barely sees him, barely speaks to him, sleeps in my room, has made my room her bedroom.

THERAPIST: She can have separate feelings about being extremely mad at her husband or unhappy with her husband or hurt; and that would have nothing to do with your getting flowers. In other words, it doesn't feel like she could still be simultaneously thrilled that her husband, your dad, bought you flowers. Do you know what I mean? It's as though that can't be good, then, if he didn't get them for me.

CLIENT: It's almost like a jealousy.

THERAPIST: Which makes you feel guilty.

CLIENT: It feels horrible.

THERAPIST: You are being used as a kind of pawn in the middle.

CLIENT: It feels horrible, especially because Emma and I have never asked him to send us flowers or expect him to – any of it – and when he just does it it's so thoughtful, especially since he does work like crazy and that he took time to do that is just really, really sweet; and it really gets soured. [00:16:00] It's really hard because in that situation I always think about it and replay it in my mind later. It upsets me. I do feel guilty, of course, and I do feel like, "Oh, I'm so sad that they didn't end up having a good anniversary. Thirty-one years is a long time. I wish they would work on . . ." I wish so many things it's hard not to think about it and get preoccupied with it, especially when you're dragged into it.

THERAPIST: Especially when she's making you get preoccupied with it. That's the point.

CLIENT: I can't tell you how many times I've tried to appropriately say, "I love you both. I want the best for both of you, but I really don't want to be in the middle." And I don't think she ever realizes she's putting me there, even though it's glaringly obvious. With comments like that, I don't think she thinks about it that way or realizes it. It sounds bizarre, but I think there is an element of control to it because I'm pretty sure if she talked to her cousins or one of my grandmother's siblings, she wouldn't talk like that. [00:17:04] It's not appropriate and I think she knows that on some level. She might say like, "Oh, Adam forgot," but I don't think she would bash him verbally because . . .

THERAPIST: Only to you. Only to the most inappropriate person to which to bash him.

CLIENT: I never know what to do in that situation because I have, like I said, said "please leave me out of it" or "I'm really sorry it happened." (sighs) And it never changes, so there is not much to do except to accept that, if I'm going to call her, I have to be prepared that that can happen and to not react to it. So I didn't get worked up and say, "I'm going to call dad and be like why didn't he . . ." anymore. There was a time when I would which I think, to an extent, is what she wanted. They would use us, kind of, to get to the other. That's the most I can do. But whenever I get off the phone, I really am upset and it does sting. [00:18:05]

THERAPIST: It makes sense then, Ramona, that it's hard for you at some level deep inside you that that is not now it feels to me being with you.

CLIENT: Oh, no. This is your profession.

THERAPIST: I just think intellectually you know that, but the point is that where your heart lies, where the feelings lie, there is some anxiety about your taking up space then with your own mind, with your own anger, with your own frustration, your own sadness, your own depression. It could feel like it's hurtful to the other person, the way you were hurt over and over – and still are to this day.

CLIENT: Not even just hurt, but that's a pretty typical conversation with my mom. She'll talk about the pets and who has a cold or who just got groomed and whatever; and I get angry because we're on the phone and we're talking about them instead of . . . [00:19:07]

THERAPIST: They're more important than you.

CLIENT: They're more important.

THERAPIST: Why would you not get furious at that?

CLIENT: But that's like . . . So that can be . . . Whatever. And then she'll go through my great aunts and uncles who are in their 80's and late 90's, very old. "They have health problems." Of course they have health problems. It's not that it's not sad, but they're at that age and she'll go through who is having surgery and who is in the hospital and whose spouse is worried to death. It's not that I don't care. I do, of course. I know what it's like to have a conversation that's one-sided and really depressing; and it's hard. It's hard, especially when you're calling at the end of the week and you just want to talk about what's new or what's going on. [00:19:57] It's also hard because, for her, that is what's new and what's going on because she doesn't leave the house and she doesn't interact with people. It's really sad and I wish I could change it. Anyway . . .

THERAPIST: It's like you're coming to terms with the fact that this is the way she's going to be; and I know you sort of have made terms with it for a long time when you say, "I don't know what else to do. There is not much else to do because I've said this to her and it just doesn't change," that she is going to keep being her and doing what she does and doing the manipulations and the tricks and maneuvers. So the only thing left, if you can't get through to her, the other part of it is having you continue to protect you inside you. How are there ways that you could have a conversation that's really, really triggering this old stuff and let it go, not have to become preoccupied with it. [00:21:07] For example, what we're talking about with you and Emma: can you talk to each other about your days and really feel deep empathy for each other and be there for each other, as needed? But also not have it be that Emma, for example, could get so preoccupied with worry for you because she feels responsible for you somewhat – and you towards her, too – because you're not. You're both adults now and that actually is a remnant from your history, from your childhood for both of you of being overly responsible for the sake of another person in a way that's not good for you. It's actually not good for you that she feels overly responsible for you at this point – and you for her. It's really good that your adult sisters. You really need each other in that way, but not adult parents to the other one. [00:22:00] [I think it's really good for you to be here and that we are able to talk about this, having you] (ph?) come

in in a place where it's really important for you to be wherever you are, including depressed and anxious or down or furious – or good. It could include all the positive feelings and just being yourself. That's a kid coming home from school. It's hopefully not a bad day every day, but there are bad days. How do you get to be there? How do you get to be when something good happens? And just trust that it's really important for you to be where you are and that it's safe to do that. I think that's the "you" that's still kind of unsure – is it okay or do I have to be preoccupied with where my mind is or something? Or do I not want to hear this today because I'm in a bad mood? Do you know what I mean?

CLIENT: For what it's worth, I have felt more able to tell Ivan how I feel in an appropriate way.

THERAPIST: Great. I've heard it from you, Ramona. [00:23:05]

CLIENT: The only thing, I will say, is that we have these little conversations and we had one in which I wanted to talk with Ivan about how we can work on him feeling comfortable with confronting me and even himself in a really healthy, aboveboard way; that I'd love to hear, in an appropriate way, if he's super annoyed that I – whatever – fill in the blank. And I said, "What's something that you feel that you'd like to – what's an example you can think of?" And he said, "Sometimes your constructive criticism feels more critical than constructive," and part of me just shattered inside because I felt I have been working insanely hard to be actually very constructive, very gentle, very appropriate. Even just feeling really empowered listening, like, "Thank you for telling me that you lied. I also feel really disappointed, frustrated, angry" and that being okay. [00:24:01] And also they're both true. On the other hand, we talked about it a little bit and I said, "Ivan, sometimes I hear you repeating what I said or you think it's what I said and I hear you criticizing yourself and I don't know how to change that thought." We were having dinner the other night and he put a lot of pasta on his plate, some pasta on mine with some asparagus and I was like, "Ivan, you don't have to just have pasta for dinner. Have some of this asparagus. I don't want to have to have the whole tray." Part of me was thinking Ivan has gained a lot of weight back and, really, (chuckles) three cups of pasta is a really bad dinner for him, but I was saying it in such a way like "I don't have to have all of it." Ivan was like, "Well, you're telling me that I shouldn't eat all of this pasta." I was like, "That's not what I said. I think you're critical of it and you're saying that's what I'm always saying or that's exactly how I'm phrasing it." So that's something, I guess, that we're working on.

THERAPIST: Even if you are minorly critical. For example, if it's in your mind – three cups of pasta is not a healthy dinner for anyone to have. It's not a balanced diet and being a little bit conscious of that and concerned about him, that doesn't mean you're being hostilely critical. It can't be that what needs to happen is that you have no criticism of anything because that's not being a human being.

CLIENT: I talked with him a little bit more about it and I said, "I think that's what you've come to think of when you think of not being criticized; it's not hearing anything, whether it's appropriate or not, and that hasn't been very helpful to you. And I actually really do love you, so I do want you to be healthy and I do want you to eat a balanced meal. I'm sad, actually, that someone

didn't say that to you sooner because I think it's a lot more loving than 'I don't want to hurt your feelings so, please, do whatever you want.' [00:26:04] So I feel like we're making some progress there.

THERAPIST: That's huge.

CLIENT: But it's really tough.

THERAPIST: You're trying to sort of say, as he says this about you, it's such a lovely moment when you're able to say, in a way, "Maybe that's true that there are still remnants from my approach as kind of hostile critical instead of constructive. I've been working really hard on it and I actually think I've made some significant changes, but I'm open. I'll keep listening for it. At the same time, Ivan, I feel like the thing that I'm hoping you keep working on is that any even constructive feedback" he thinks, "I think you experience as hostile criticism. So this is where we kind of meet. We're trying to find our way together. " Actually, having constructive criticism is an extremely loving thing, but he is filled with so much self-loathing, I think even when he hears constructive criticism it gets violent inside himself towards himself. And that's something that he has to work on. [00:27:08]

CLIENT: And I did. I felt a little okay because I was like, "Actually, Ivan, I would like you to notice, even if you're not feeling it, the trash really is overdue and so is the laundry and I haven't said a word about either of them. I stopped criticizing. I even mostly never ask and wait for it to happen," because it eventually will happen and he's getting better. Also, there is a part of me that realizes it's not worth arguing over, especially if this week he did five – well, maybe not quite five (laughs) – but he did things on his to-do list without being asked that were really important and he took care of some stuff all on his own; and that's really huge. It doesn't mean that it doesn't matter if we don't have clean clothes or not, but it's big.

THERAPIST: In the grand scheme of things, it is so much more important, in a way, than if the trash is overflowing. [00:28:00] This is, I think, one of the things that happened in your childhood, Ramona, is that the big things that really matter were so not happening for you as children that you naturally became preoccupied, even with some of the smaller things – like everything that was not in order became important. If you had an experience where the big things like seeing you and loving you and putting your mind first were happening, the overflowing garbage, even if that's something that your parents needed to work on still, would not have felt as important inside. Do you know what I mean? It was sort of like, "Okay, so it overflows one day." That's not world disaster.

CLIENT: It feels like what I can control is of paramount importance and what I can't control has to be less important, even if it's really the most important because I go crazy sometimes. (chuckles)

THERAPIST: The garbage is even something you could even go just take out and you could actually then fix the problem. You can't fix their minds. [00:28:59] You can't change who they

are, but you can take the garbage out. And I think as things have been evolving with Ivan where he is taking responsibility for his part of things in his own mind – and there are parts of his mind that are clearly changing because of the big things that he has been approaching – then the garbage starts to feel like it's not quite as important as it used to be. It's still important; it's part of the daily tasks of living and you might still get irritated by it and it still remains an issue. You wouldn't be the first or last couple for whom it happens that the garbage and laundry are things people fight about, and yet it's not the level of importance inside as it was as a child.

CLIENT: I've also tried to take your advice sometimes when I look at "oh, the recycling is overflowing." Last night I was really tired and I left dirty dishes in the sink and I didn't switch out the dishwasher. It can happen. It's not the end of the world and it doesn't mean that it won't happen the next day. It's okay.

THERAPIST: That's right. Even seeing where you, yourself, has made a decision to let something go is really like, "Okay, humans do that, if we're averaging." [00:30:04] So a lot of the time taking care of it, he's actually being – it's pretty decent. And then a little forgiveness for yourself then can come in where you decide "I'm too tired tonight. It's not the end of the world if I don't do the dishes tonight. I can do them tomorrow."

CLIENT: It was really nice. We had five of my friends over yesterday and we got take-out and we watched Hitchcock movies and we just had a nice get-together. People stayed for a long time.

THERAPIST: Ivan was there?

CLIENT: Yes. It was really nice and he helped out with it. It was really nice.

THERAPIST: It sounds great.

CLIENT: Yeah, it was fun.

THERAPIST: Have you done that kind of thing before, having friends over?

CLIENT: Yes.

THERAPIST: But it felt calm?

CLIENT: It felt pretty good. I will say – but I felt really good about the way we talked about it – I did feel like I ended up spending most of my Saturday cleaning the apartment, getting everything ready, and Ivan worked Saturday afternoon and evening. [00:31:04] He hadn't really done a lot of cleaning during the week so I pretty much ended up doing almost all of it and I was like, "You know, I feel a little triggered by that," because I literally had a couple of nightmares Friday night or Saturday night. I was at my parents' house and people came over and I was so embarrassed and ashamed and humiliated. It wasn't clean and I never could get it done. It was

very realistic, although this is why it never happens. I just said to him, "You know, I think you've been doing all the cooking and I do almost all the cleaning. Why don't we think of ways to split it up more so that neither of us feels like we're doing all of one thing?" Even that felt good, but I was aware that that could feel repetitive for me.

THERAPIST: It's really important. Did you say that you just talked to your mom? Was it in there somewhere? [00:32:00]

CLIENT: It wasn't long ago. It was a couple of days ago.

THERAPIST: Okay. So before you had people over? And as you're dreaming about this?

CLIENT: We didn't talk about the house at all.

THERAPIST: It doesn't even have to be concretely talked about, the house, but even the house as a metaphor for the amount of cleaning up of messiness and other people's crap that you had to do in order to survive. Do you know what I mean? That's like a stripping and cleaning is that the house is a metaphor of your family. There can be shame about bringing people to a messy house if you're feeling like what's inside us is messy, what's here is not good. There are things that we need to be hiding. [00:33:02] I'm sure, for example, your friends coming over, it wouldn't be the end of the world to them at all if it weren't as clean as you probably got it.

CLIENT: No. No. But now I'm really self-conscious about it and I sometimes catch myself really intensely cleaning something; and I think it's because I had to. Our house really was that dirty. Our apartment really isn't. I don't have to (scoffs) scrub the floor on my hands and knees. I can just take a mop over it. It's not that dirty, but I guess I'm stuck in that a little bit.

THERAPIST: It's such a sign of just how much anxiety you were sitting with as a kid, Ramona, like the kind of almost OCD personative quality – try and get it clean; try and get it clean – when, in fact, what you are trying to get clean is the family. [00:34:03]

CLIENT: Right. For me, though, it also felt psychologically cleansing if even a thing.

THERAPIST: Yes. Yes. That's what OCD is, right? The feeling I go wash my hands and, if I make sure that they're extremely clean and I've cleaned them ten times with soap and water, there is a kind of cleansing of something internally – temporarily. It doesn't last, but it can feel like something is clean and pristine and in order inside.

CLIENT: But I guess sometimes I can think if you were to have an argument and, at the end of it, you can fix the argument or fix the outcome, but in my mind it feels different if the argument takes place at my parents' house the way it was or if it takes place in a really clean environment, which I know is bizarre and it sounds super weird to verbalize it, but it feels like at the end of the day, if you could square things away with the argument you could also not feel like your life is a mess or your house is a mess. [00:35:06] Even if things are relatively okay, I can feel like if I go

home and the apartment is really neat and tidy like it is right now, I feel less stressed and I don't feel guilty relaxing. I actually feel like I can't enjoy relaxing at all if the apartment is a mess. I feel like ugh, it's a waste of time to even try to relax.

THERAPIST: You clean, in a way, and get things clean as a strategy to manage your anxiety.

CLIENT: Right. I think it's the same like if I'm going to have this problem with Ivan and this problem with my family, but I'm going to get A's while it's happening or I'm going to clean the apartment or the house while it's happening. At the end of the two years I'll at least have my degree, even if whatever happens with Ivan. I'm not going to let him take that away from me or I'm at least going to have my apartment in order. [00:36:06] I'm not going to let someone take that away from me. I can control what I can and, to some extent, I feel really good about that strategy because if it hadn't been, I would have eventually gotten out of that house, but I might not have been able to do as well in college or go onto grad school or whatever if I hadn't kept myself going with those mechanisms.

THERAPIST: Absolutely. As far as defenses are concerned, it's one of the most adaptive defenses, right? It really is better than the defense of sticking your head in the sand. It kind of leads to some more adaptive steps in life. The part that's really important about it – everyone needs defenses, Ramona. There is anxiety in life. We can't take away having anxiety. People have job interviews. They have things that are on the line. They have death coming. Life is filled with anxiety that we use defenses around all the time –even at the end of a good psychotherapy you want to have some defenses. The difference is when you think your defenses are the right answer versus being able to say what you're starting to say: this is what I do to manage my anxiety. It doesn't mean that it's right all the time, but it's a part of what soothes you. That takes the edge off of the hostile part of criticism towards your parents – or towards Ivan, even, around some of this stuff. The way that he manages anxiety is not as adaptive, but it's also just the way he manages anxiety. His way of dealing with things not going well and being messy is to put his head in the sand and that's how he gets rid of the feelings. That way produces more problems in the long run. [00:38:00] Your way gets things more in order, but they don't have to be in as much order in order for things to be good. If you ultimately still want them in so much order, more power to you. This is where it just becomes individual differences, too, but it's different than recognizing that as an individual difference versus the absolutely right answer and that it has to be this thing in order to relax. The loosening that happens when you get to say "I'm going to still relax tonight, even though the dishes aren't done. Let's see if I can just do that and have life still feel okay – really get into this movie and enjoy it." (pause) You're smiling.

CLIENT: Do we have any time left?

THERAPIST: Five minutes. [00:39:03]

CLIENT: There is something else that was on my mental laundry list of what I kind of wanted to ask you about today. This is another random aside, but after Valentine's Day, Ivan was like, "I want to make Friday night date night, even if we just eat dinner together and watch a movie or

we go out. I think I should plan that for at least a month and that would be really nice." So Friday night I got home and he made a really nice dinner. He rented The Great Gatsby, which I love, and it was really nice. So he's doing that and that's really sweet. He still hasn't written anything, but that's really sweet. There was another night where he and I had dinner, because he's making dinner pretty consistently, and I was like, "Why don't we read together for a while? Why don't you sit here on the bed with me?" And that was nice. [00:40:00] Then I was like, "Ivan, what would happen if we tried to both sleep in the bed tonight?" because I am getting to feel more and more like I would like him to sleep in the bed. It's almost like I'm looking for an excuse, like he's always dragging out a blanket and a pillow to the couch.

THERAPIST: That's starting to not feel right sometimes?

CLIENT: It doesn't feel right. This may sound bizarre, but it bothers me on a certain level; like I wipe down the couch Sunday because he had slept on the couch and my friends are coming over. I keep doing that and it reminds me of times when I cleaned up my mom's bedroom area on the couch in the living room, which was horrible. That's not a good reason for him to sleep in the bed – because it's messy or because it's a reminder of that, but I'm feeling more and more safe with him. It's definitely more in a friendship mode' but I feel good about that, regaining a lot of trust and having good times together, even if we're not making out. [00:41:04] Sitting on the couch together and holding hands or just sitting close, I felt good about it. But then I was a little unsure, so he slept under the covers but over the sheet and I was like okay, I feel good about that. I feel a little more safe and we agreed to that. It seems silly, but it's also still scary, even though we were comfortable and sitting there reading together. I woke up in the middle of the night and I just realized his hand had brushed against my back. I had my back to him; I sleep on my side. He was sleeping on his other side, so we kind of had our backs to each other. I felt his hand on my butt and then up to my back. I woke up to that and I kind of panicked, because I was like, "What's going on?" He was half awake, he said, and he said, "I just remember pulling my hand away. I don't even remember . . . I think I was just moving around." I genuinely got worked up because I was like – I don't know. What if my back hadn't been to him and I just feel paranoid. [00:42:06] I was also impressed because he immediately stood up and I was like, "What are you supposed to be doing in this situation?" and he named off three steps that he and Dr. Bourd had developed, questions that he's supposed to ask himself, including "what are the consequences of doing this?" – things to bring him into reality. I was actually very impressed because, not only did he just wake up and kind of recite those immediately, they were at the top of his mind, he said he was tossing and turning for hours. He was like, "I knew what a big deal this was and was just wanting it to go well."

THERAPIST: He knew what a big deal it was just to even be in the bed, you mean?

CLIENT: Right.

THERAPIST: So it was hard to fall asleep, almost, because of that?

CLIENT: That's what he said. I think I went right to sleep. [00:42:59] So I got scared. I got spooked by that, so since then he's been sleeping on the couch again. But I keep going back to thinking that I'm a really big fool and absolutely nothing has changed and this is just another version. It's going back to the way it was. Or he really did just move around in the night and it's not horrible. I would like him to sleep in the bed.

THERAPIST: Is she saying he was asleep?

CLIENT: He was saying that he was half awake. He was saying, "I was only even half-awake enough to realize that I was pulling my hand away. I don't even remember putting my hand anywhere. I just remember pulling it back."

THERAPIST: And you felt it on your butt?

CLIENT: Yeah.

THERAPIST: The palm or like a finger?

CLIENT: He was sleeping like this and this happened sort of, but then he immediately pulled it . . . He did immediately pull it away and it kind of went up to my back. So it seems like a very legitimate explanation but, of course, I can't tell the difference between paranoia and . . .

THERAPIST: It's so hard anyway because people rolling around in the middle of the night could end up in all sorts of limbs accidentally in your sleep. [00:44:07] I think it's more a matter of what is he knowing or saying about it inside of himself. That's what you're trying to trust. It felt like you had a sense of it being accidental or like a hand was being pulled away?

CLIENT: It was definitely getting pulled away, I think. He was like, "All I remember was realizing quickly where my hand was and pulling it away. I don't remember putting it there." And I said, "I honestly couldn't tell. I could make an equal argument for it feeling like it was put there intentionally versus unintentionally." I really can't tell and I feel like I'm too . . .

THERAPIST: And you could imagine him pulling it away? Let's say he's asleep and all of a sudden he wakes up and goes, "Oh, shit." (both chuckle) [00:45:00]

CLIENT: Or I can imagine him going through the same thing and being like, "I'm not doing this again." So that's why I . . . But it has been two months and it doesn't feel quite right and I do want to build things up, even if we're not ready to have sex yet, which I don't know that we are. I would still like for him to be able to sleep in the bed.

THERAPIST: I don't know if you've asked him this, but I would be curious that night if, as he was lying tossing and turning, was he aware or even, at some point later in the night after he woke up, I would be interested to know if he at all felt tempted to touch you. Did that come up? Did he have to use the skills? Do you know what I mean?

CLIENT: That's a good question.

THERAPIST: Because that will also give you kind of a guidepost about – I don't know if he would admit it even if he was – but it's still worth asking. How prominent was this that he was dealing with it? I can imagine that the decision "you can sleep in the bed," given what happened last time how close you're getting. [00:46:01] When I'm being close, is that triggering something more for him? I would just be curious what his response to that would be as part of your trying to continue to understand and build trust on.

CLIENT: But it's not necessarily a good idea to just let him start sleeping in the bed again?

THERAPIST: I want to get more data about what happened first. Again, even if he is going to say, "Oh, no, no, no. That was nothing. I was half asleep." I would still want to know: did it come up? What was it like for you lying there? Were you tempted? What was keeping him awake, for example? It is a big deal, but I would still be curious: what was so much of a big deal inside him that it was keeping him awake? Do you know what I mean? And you'll feel that out. Even one week at a time, you can keep coming in and talking about what feels right. I think what's important, Ramona, is that you're listening to your inner self – even including that your inner self said "let's try it tonight" is really important. [00:47:04] And then if the next night felt like "let's not try it tonight; let's kind of regroup and talk about this a little bit," you can keep doing that day by day and doing what feels like it's appropriate to where you are.

CLIENT: Okay.

THERAPIST: All right? See you next week.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Where are you?

CLIENT: I guess okay. I guess I felt more depressed and anxious this past week, or for part of it.

THERAPIST: In some context?

CLIENT: Ivan and I are having our scheduled conversations and I guess we've talked a little bit more about the – I don't know if we talked about it, but it touched on the general thought of the websites and the lists and stuff. In our past session, Ivan wanted to talk about communication. He pretty much just talked about one example with Dr. Farrow and she said it was helpful to her. [00:01:00] I felt like it was very unhelpful to me, but if it was helpful to her then, hopefully, it's ultimately helpful to me. It was more of a dialog between her and Ivan.

THERAPIST: What was the gist?

CLIENT: He used the example of Thursday when I came home and he had borrowed my iPad and he hadn't asked, which wouldn't be a huge deal, although it would be nice if he had asked. He also went to my desk. He got it out of its box. He took the computer into the kitchen and said, "Oh, I just wanted to look up a recipe." I had made a comment to him that, given what's happened with you using electronics in general really inappropriately, I don't know why you would want to put yourself in that position to do something suspicious or less than above board. [00:01:59] And if it were me and I were in Ivan's shoes, I would want to be over the top transparent because I could see how damaging it was to be just the opposite. Ivan didn't get that.

THERAPIST: And so "suspicious" meaning using your iPad without telling you, you mean?

CLIENT: Well, yeah. And it looked like it was. He just wanted to pull up a recipe and he didn't want to use his phone, and that's fine. He could have sent a quick text message and said, "Mind if I pull up some recipes on your iPad?" What he was actually doing with it wasn't the problem, it's just like why would you do that? It's so easy and his response was, "I have trouble with time management. I didn't want to waste time by texting you." And I said, "Well, if the goal was to be super-efficient, when I got home the iPad is out. But you had two vegetables out on the counter. You didn't make the whole recipe as a result of not texting. That wasn't going to slow you down with those 30 seconds and that's just not . . ." [00:03:01]

THERAPIST: And you, typically, because people are very different about this, you guys would not share?

CLIENT: Before, I don't think it would have been an issue. And before I might have been like, "Just be careful with it." But now, yeah. Now, to me, it should be more than obvious that he needs to be not borrowing something and using it hours when he's home alone and he's not even . . .

THERAPIST: Just because it feels like it's behind your back?

CLIENT: Well, yeah. I admitted in our session that I was being really cognizant that I was being a jerk, but I said, "Ivan, I feel like this is elementary-school level of courtesy. Just ask before you use something." I know that that was rude and it's not okay, but I just felt frustrated because, again, I thought it was glaringly obvious that after everything he has done, why put any doubt out there? [00:04:04] And in general, it would maybe just be nice before you use someone's . . .

THERAPIST: Unless that isn't your pattern. Do you know what I mean? That's what I'm saying. Some couples, if their pattern is what's yours is mine around some things like that, it wouldn't. That's what I'm trying to clarify. Your pattern has been that he would absolutely need to ask. That's one of those things that feels like it's sort of your possession. Yes?

CLIENT: Yeah. I guess we did share before. He had his own laptop and then it broke; it crashed. It may or may not have been because of the websites he was on; and so he has just had his phone and he has been pretty dramatic about "I don't even use the Internet now." There was no need for him to use my stuff before, which is fine. It's totally fine. If he wants to look up a recipe, I really don't care. [00:05:01] It's just – why? It's so silly.

THERAPIST: From what's happened, why not check in with you first?

CLIENT: It would have taken ten seconds to have sent that text and I would have been fine with it. I might have been a little uneasy, like do I really know what he's doing? But that's how it's going to be for a good long time.

THERAPIST: And you really don't know what he's doing, thinking that he would be looking at websites on your iPad? Because that would be so dumb of him.

CLIENT: It would.

THERAPIST: (laughs) And traceable.

CLIENT: It would, but we've kind of gotten to the point where not a lot is out of the question, so I don't know. It's just frustrating because it's so clear to me and Dr. Farrow said she just doesn't get it, for whatever reason.

THERAPIST: She was seeing it with you in that way?

CLIENT: That's what she said to both of us, that it seems really intuitive to me. Ivan just doesn't get it because it felt like the session was almost – not a waste of time and that it didn't matter; it wasn't helpful to him, but to me it was like this is so obvious. Why are we spending time talking about this? [00:06:04]

THERAPIST: It sounds like what may have been helpful to her, though, is that she's getting the level of what he might not intuitively get; it's understanding. Do you know what I mean? It's like an example of that coming alive, where she thinks it's really obvious, too, and doesn't get why he doesn't get it and then your experience around that part of things.

CLIENT: And it's not like it was that big of a deal, but Ivan used it as an example of communication or miscommunication.

THERAPIST: Which is not what it is.

CLIENT: Yeah. I'm not even sure if that's what it is.

THERAPIST: It's not like I said something and you misunderstood what I said, so you reacted this way; and then I misunderstood what you said. That's not what you're talking about.

CLIENT: No. Nope.

THERAPIST: It's not a communication issue.

CLIENT: It's like all that he wanted to talk about and I did feel a little bit frustrated because I wanted to talk about what happened the time he tried sleeping in the bed. [00:07:03]

THERAPIST: Ahh. [00:07:04]

CLIENT: So that got put off another week. And, honestly, I don't know if Ivan even goes into the session with almost like a mental post-it, like these are topics from the week that we should really digest or think about or consider bringing up. I don't mean this to sound rude, but I don't think his thoughts are that organized. That's part of what we struggled with.

THERAPIST: And yet, his thoughts can still be unconsciously defensive, like that might be easier to talk about than what happened in the bed.

CLIENT: I'm sure. But it's frustrating.

THERAPIST: That's the way he's sort of trying to fill up the space.

CLIENT: Yeah, and I wonder about that.

THERAPIST: Again, not on purpose. I don't think consciously.

CLIENT: Nope. I don't think it is, but it's still glaringly obvious to me, so I just said, "Next week I would really like to talk about that." And, in fact, we had another – I think it was since my last session with you. It was another night where he tried to sleep in the bed. We agreed on that. I said, "How do you feel about that? Let's try it, just as long as you understand that you stay on your side. We need to take it very, very slow." [00:08:05] And we did and it was okay. Ivan didn't do anything, but I just woke up at 2:00 in the morning. I had to go to the bathroom and I was kind of scared. I just woke up and I was kind of scared; and Ivan was rolling around and tossing and turning a little bit. He was breathing heavily and I'm not sure why, exactly. I was really scared and I didn't want to move and I was worried what was going to happen. And I didn't want to get up to go to the bathroom because I didn't want to wake him up because I was afraid that if I woke him even a little, that could lead to . . .

THERAPIST: To what?

CLIENT: I mean, when he is obviously awake and I'm not, that bad things have happened.

THERAPIST: It's not like you're waking up and finding him tossing and turning and get anxious that he's been more awake than you had. Is that what you mean?

CLIENT: I don't know. Yeah. I don't know.

THERAPIST: That's not what got triggered?

CLIENT: And I just don't want to wake him more. [00:08:59] It's not like he did anything in that night that made me . . . I just felt that way.

THERAPIST: It's a kind of PTSD reaction, a hyper vigilance for that happening again, even when it's not happening or even when there is a sign of something that was similar but that could be totally innocent – like simply tossing and turning meaning that he is more awake than you are and could trigger the fear of wait, was he really awake? Was he doing something while I was asleep?

CLIENT: Yeah, and I don't know. I don't know. Ivan seemed to be pretty asleep and I eventually went to the bathroom and I came back and I thought this is ridiculous. I've been awake for over a half hour. I can't sleep. I'm going to go sleep on the couch. So I just said, "Ivan, I'm going out to the living room. I don't know why, but I'm just really scared." And he was like, "No. I'll go sleep on the couch. It's not a problem." So he was very understanding about it. He didn't complain to me about it at all, and I felt bad. But I also felt relieved, in a way, because at least nothing happened. [00:10:01] I could have been scared for no reason or I could have been scared because . . . But either way, nothing happened. (sighs) So last night I tried it again. He tried to sleep in the bed again and it was fine. I woke up at like 3:00 or something in the morning because I felt something across my lap and I freaked out. I looked over and I couldn't tell – it was too dark to tell where he was and what was going on, and then I felt horrible because it was Eloise who ran across my lap in the night. I felt so horrible. And he actually wasn't even in the bed, so I went out to the living room and there he was. He was like, "I didn't want to wake you. My alarm is going to go off at 4:00 and I didn't want to wake you." Even that, I'm noticing I'm really worked up and scared. But I'm also noticing that even if I'm really upset about some things still, which I will be, I'm going to be upset about those things for a while, probably, he can't sleep on the couch indefinitely because of that. [00:11:06] Nor can he sleep on the couch indefinitely because I won't know that it's not going to happen again because there is no way to know.

THERAPIST: It is a PTSD reaction, Ramona. Do you know that?

CLIENT: No.

THERAPIST: Do you know what that means?

CLIENT: No. I don't, really, because when I hear that phrase, and I know you've applied it to me before in other aspects, that I have a lot of symptoms. It sounds so extreme. Again, I always think of someone coming home from war and they wake up in the middle of the night and they're yelling or screaming or even hurting their wife in bed because they just have PTSD.

[00:12:01] And it sounds very dramatic for me to have that applied, even if it's true, so I just sometimes feel bad about that.

THERAPIST: Of course there are greater and lesser degrees of symptomatology in that range. I don't even know if I took out DSM, do you meet full criteria, necessarily. It's less important, as much as just trying to convey the concept of when people have a traumatic-based reaction. Basically, what we consider trauma is when the body, the self, is exposed to something that threatens bodily integrity or safety or threatens life of the self or of another person. So, for example, if you witness a murder or witness somebody getting beat up, it's something that is so frightening that it's overwhelming to the system to kind of really metabolize and integrate because there is so much frightening feeling associated with it. [00:13:04] One of the things that can happen when you've borne witness to something like that to yourself or another person is you then become hyper-vigilantly watchful for the same thing happening again. This is what's funny about PTSD: in some ways, it's an adaptive mechanism that kicks in, where, when you've been in a situation of danger, your body is now preparing itself more to make sure the dangerous situation doesn't happen again. But as a consequence, one of the things that can happen is then you can read danger signs when there aren't actually danger signs because you're that much more hyper-vigilant. That's all I mean. I think that degree of hyper-vigilance and fear, when you're describing waking up in the middle of the night and feeling scared, a kind of panic reaction going on, then I think one of the basic things that helps is repeated exposure to something and the experience that it doesn't happen this time around; it starts to break the association that's causing the fear reaction. [00:14:16] So you're trying it again and trying it again and sort of, hopefully, building upon new learning experiences that it gets safer and safer to do that. It's hard. It is one of those hard things because you're not conscious the whole time to know exactly that it's not happening.

CLIENT: Yeah, and I'm afraid I won't wake up. And I know I'm kind of setting myself up or I'm up for failure, but I'm kind of afraid that if he starts sleeping in the bed consistently and this goes on for a long time, how do I know in six months, in a year, in two years, that it won't happen again? How do I know that it's ever . . . ? [00:15:00] So I did; I had the conversation you suggested with him about what happened that night and he said, "I wasn't really awake. All I remember was pulling my hand away. When I was tossing and turning I was just thinking about what a big deal it was that you were letting me sleep in the bed and how I felt like I really wanted to make sure it went well and that you felt safe. And I was feeling bad about what I had done before." And so he was pretty clear it wasn't temptation or a thought thinking about that, so I felt good about that.

THERAPIST: That's helpful to know.

CLIENT: And he went over the steps he and Dr. Bourd kind of established. I think there are three questions he's supposed to ask himself to bring himself into reality.

THERAPIST: So he has a real system in place if it does come up.

CLIENT: And he didn't clarify. I don't know if he's supposed to get out of bed, if he has that thought at all, but he has questions he's supposed to ask himself. I mean, that feels helpful, but I'm just scared. [00:16:01]

THERAPIST: Maybe it would be helpful to you to clarify that if he has that thought, he'll get out of bed, for you to say that. (pause)

CLIENT: I guess we talked about some of it more. Friday night we had a scheduled conversation. We got into the websites a little bit more because every time I think about them, I'm still so upset. Ivan described something he hadn't before. Dr. Bourd had told him it could be, and I don't really understand it completely, but if Ivan is under a lot of stress for whatever reason – if it's internal stress, if it's about his job, if it's about working on the marriage – that sometimes that can push people into depersonalization; and that maybe when he was making some of these websites and fantasizing, it was actually a way to think about me or be closer to me or, ultimately, achieve that; that it was almost like watching someone else do it. [00:17:13] It sounds bizarre to me and I don't understand it or know if it's valid. I guess Dr. Bourd brought it up so it has some validity. He said they didn't talk about it a lot and he said Ivan never asked about it again because it freaked him out, but that it's bad and a delusional state. And now these questions that he's supposed to ask himself are designed to bring him back into reality.

THERAPIST: Depersonalization is a feature of trauma, too. It's a kind of state one goes into where you're a little bit disowned from your own personal stuff. [00:18:02] Do you know what I mean? There's not a sense of me inside my body, inside my life, inside my experience; but sort of standing upside yourself almost. It's in the spectrum of dissociation. It's the self getting broken up into pieces. In the experience of doing it, it cannot feel like it's a wrong thing to do because he's not attached to his waking reality-based self of the forest, of his life. It's sort of like if you think of being caught in the trees, one part of you, but not having all the rest of you there in mind. I think some of what matters is that you greet it with there is something in his own experience that's kind of led to that separating parts of himself out so that he could get into a kind of bubble state where he's not thinking about reality. [00:19:12] Did he resonate with it?

CLIENT: That's the thing, I'm not sure if I know. I'm not sure if he knows. He does say it's not something he thought through. He used the phrase "the thinking part of me was completely disgusted by this" because I did bring up what you had raised, that he could be very disgusted with it; but there also could be a part of it that was appealing to him and that could drive him to do more. He said Dr. Bourd described it as a subconscious compulsion. Again, I'm kind of getting lost in these phrases, the technical terminology, and I don't know how scared to be or not be. [00:20:04] I just know from my perspective, I guess it got boiled down in our conversation to (sighs) I'm still so worked up when I think about those lists and those profiles. I think they haunt me. And then when I come back to the whole asking him a few times, "I would really like to hear something positive from you," I feel like in the past year these really loud things have been rejections or kind of angry confrontations that weren't confrontations, but were really aggressive, even if Ivan didn't consciously – and I feel very confident that he didn't consciously – think of it as an aggressive thing towards me or a rejection necessarily. So I basically said that the

absence of that now, it's not continuing to happen, that's good, but I would also like there to be the presence of something positive. [00:21:03] I would really feel good about hearing that. And Ivan consistently doesn't and eventually I said, "Why is it so hard to write something?" He's like, "It's so difficult and now that I've written all of these really horrible things, writing itself feels like it's bad and I can't and it's just difficult. I feel like now that you're asking me or telling me that you would like it, then it's not my idea so I can't do it right." And I felt fed up and super frustrated; and maybe that is or isn't fair to Ivan, but I just felt like (sighs) the explanations are feeling obscure and abstract and bizarre. To have you make all those profiles and the list, how do you do all that and then say, "But I never, ever thought about even thinking about having an affair. It's not what it looks like. I'm just having trouble writing something nice to you because it's difficult." [00:22:04] And I started to really feel down and depressed and not feeling good about myself and thinking that maybe I'm just a pretty big fool because I can't imagine many people scratching their heads over the pattern. It could be really obvious. And I don't know Dr. Bourd, but I'm guessing he wouldn't lead Ivan to believe that some of these explanations are really valid if, in reality, he was just planning to have an affair for a few months. But it still feels horrible. (pause)

THERAPIST: It would be easier, I'm guessing as you were talking about this, if it were just really clear that he was planning on having an affair, in a way. Do you know what I mean? [00:22:58]

CLIENT: Yeah. I've even said to him, "Ivan, if everything is what it looks like – which it's getting harder and harder to believe that it wasn't – fine. Go. Do your thing. Do whatever and just let me have some peace," because it's so difficult to try to keep up with all the really intricate explanations and trying to cope with that and hold in mind that my husband really did create this profile and he also says he can't write something positive because it's difficult – but he really loves me. It feels very bizarre.

THERAPIST: Yeah. Yeah. What if, just as an exercise for a second, what if he did come in and say, "All right. I need to come clean with you. The whole thing really was about me getting tired in this marriage and I really was thinking about having an affair. I was so unhappy." What if that's what it was? Would that be the end for you? [00:24:01]

CLIENT: I think I would need some time to process that before I could decide.

THERAPIST: Figure it out. I ask that more because, as much as the fantasy that if it were that, it sounds more straightforward, I don't know if it would be. People come into couple's therapy, for example, all the time actually after someone has just had an affair even. There are a lot of feelings, but it doesn't actually always – or even in the majority of times – mean that they're going to end the relationship. It means they have a lot to work on to figure out why the affair happened and what was going wrong and what wasn't getting communicated and the accountability to be taken. I don't know if, for you, it would mean not being together.

CLIENT: I don't know if it would; and I don't think I would buy it. I would be very surprised and I don't mean to be the complete fool, but when I say, "Ivan, look at this. All of this adds up and

now you can't say something positive about me." [00:25:06] I don't really believe that. I actually, as bizarre as it sounds, knowing Ivan, (scoffs) I actually do believe that it's very complicated and very (sighs) bizarre.

THERAPIST: So, Ramona, that's so important that you're saying that right now because, in a way, you're finding your own opinion about this is that it isn't as straightforward as he was just having an affair. There is a side of you, in other words, as I'm using this language and you're hearing Dr. Bourd's language and all this terminology around this stuff, is that part of you is getting frustrated with that because it feels so confusing and maybe even abstract and "I really just want to know what's happening." But there is another side of you that, when I say "what if it were just this?" you're kind of clear. I kind of know Ivan. I don't think that's what it is. I think it is complicated. [00:26:02]

CLIENT: It's just weird for me because from the very beginning, Ivan was always just very, very devoted, very committed to me, and so that's why discovering the profiles are very bizarre and not at all like Ivan; and further upsetting because it happened, actually, after we had gotten into couple's counselling, so it feels like why are we even going?

THERAPIST: When you say "very devoted to me all along," what are you thinking of?

CLIENT: Maybe it doesn't matter. Ivan was very persistent in getting me to date him. Ivan had never asked anyone else out before. He had dated some people, but not because he had asked them. He was very, very persistent. Ivan took Chemistry as his basic science class because I was taking Chemistry that semester and he wanted to be my lab partner. He wasn't, but he just really wanted to get to know me.

THERAPIST: Really into you. [00:27:00]

CLIENT: He wanted to get to know me, even if we were just going to be friends. And every time I told him, "I just want to be friends for now," he didn't give up. He would be like, "Let's still hang out sometimes." He's just very much like that.

THERAPIST: And then how about after you were married? Did that last in the first – that feeling of being devoted to you, was that there?

CLIENT: That's the thing, I don't think I ever viewed Ivan as someone who would ever be unfaithful, but I didn't, I guess, feel as . . . In the beginning my friends were almost like, "I feel like he's just putting you on a pedestal. You need to go out with him for a little bit or hang out with him so he gets to know you as a person and you can have a real relationship where he's not idealizing you." And so that was good. [00:28:00] I don't think Ivan ever got to amazing at characterizing my faults, but he got to know that I am just human and normal and anything like what he thought. But then when we started out, I guess I felt like it almost went to the other extreme. Instead of him thinking, "She's just the best thing ever. I've got to find a way to date her. I want to bring her flowers all the time," it went to him having trouble even getting a job,

having trouble helping with the apartment. But I don't know that that was a reflection on me. I don't know, but that's where he was at because (sighs) he was so depressed. He was sleeping 15 hours of the day at school and it had nothing to do with me. He was just very depressed and hadn't been forced to take on a lot of responsibility before then, so I guess I felt less respected or loved. [00:29:00] But I don't know, again, that that's Ivan's intention.

THERAPIST: You know, I think one of the things that is so complicated about these sets of experiences is that I think there is a way, Ramona, so much of what's happening inside him has so little to do with you, actually, even when he's writing his list, the websites. And I mean this in a way, not that it has to do with someone else, like actually wanting to have an affair, I just don't think that's where he was. That would mean really being in reality; and there is so much of what you describe that doesn't sound like he's in reality as he's thinking about all of this. But I think the idea that it really has to do with wanting to be closer to you doesn't make sense. That's not in reality. That's not how you get closer to people, right? [00:30:06] That's kind of a crazy thing to think. There is something that feels like his own early stuff getting played out, in some way, that actually does have little to do with you and, unfortunately, you're the one who bears the brunt of it. For example, he strikes me – I remember the one session where I met him – as someone who has a tremendous amount of rage, deeply, deeply, deeply unconsciously; and probably connected to his relationship with his parents and some aspects of what happened there and what didn't happen and neglect. Various things that have to do with his early life, including the fact that what got constructed in his family was that there was no room to get angry, right? So what happens when one is not allowed to have any anger at anything, is all of this anger, then, of the actual insults that happened that could have been ordinary. [00:31:05] No families are perfect. And being able to say, "This really hurt my feelings when you did this, dad," and work it out and feel like you've been heard, rather than getting stuffed under the rug, the insults get expressed and then they go away because you've addressed them. He has probably a mound of things he's actually unconsciously angry about, furious about, but it's not allowed in his character to get expressed. So I can imagine the perfect woman is a kind of displaced, very dissociated bubble place where he starts to express some of the angry feelings that I think are actually not meant for you. A few are, right? The level of him feeling like "you're criticizing me," for example. He could feel like that is humiliating. "I don't like the way that you talk to me," and some of that is for you. [00:32:00] But I think most of it or the deeper and deeper layers of how he never got to have help at managing his internal emotional life, including his being angry, so he doesn't get to talk to you in a way that actually is helpful and communicative and effective for you as a listener. Imagine somebody who goes and becomes an avid boxer as a kind of displacement way of taking out all of this aggression and then going into your relationships and saying, "No, I'm not angry." Right? It's kind of like a place where a lot of these bad feelings came up and I think are still unconscious for him. Does that make any sense?

CLIENT: I guess maybe.

THERAPIST: What is your reaction?

CLIENT: Part of it does. In the list, when he's like, "Someone who doesn't think that a gathering of 12 family members is large and I've been overwhelmed." "We're just going to have a couple of family members over' and it's like at least a dozen people and I feel overwhelmed." [00:33:10] He never told me he was that angry about it. I wish he would have, so I guess for that, it's like the typical Ivan doesn't confront, so he sits down and is like, "I really wish . . ." because he's angry that I don't. That makes sense to me.

THERAPIST: But?

CLIENT: But there are a lot of things on the list that I am; characteristics that I do meet. And then there are things on the list that are like (sighs) sometimes he will describe some of what he wrote as self-punishing or he wanted to make himself realize how good he had it or he was trying to remind himself that he was being really stupid about being mad at me, which I think it would be stupid if he got super mad at me over me being overwhelmed about a large family gathering. But it wouldn't be stupid for him to be like, "Hey, I wish you didn't complain if it's a really big family gathering." [00:34:03] Just voice how that feels for him. One of the things on the list was "wants to have children." That was particularly hurtful, obviously, to me. He was like, "Every time I read that on the list, I would just sob because I only ever want to have children with you and that's so . . ."

THERAPIST: Can you describe it for me? He wrote, "I want to be with a woman that wants to have children?"

CLIENT: Just on the list of children, looking for a woman or whatever.

THERAPIST: A woman that wants to have children, which you do.

CLIENT: In theory, yes.

THERAPIST: But you've never talked about not wanting to have children?

CLIENT: Right. That's the thing, there are a lot of things on that list, like "knows how to play a musical instrument."

THERAPIST: That you do have.

CLIENT: Yes, and so it's like a mix. There are some things that I can see he's very angry about. There are some things that he likes about me, like the weird height thing. He's like, "I don't want to be reminded of you, but I also never wanted to have it." His list of what he was going to do after I left him or whatever and how he was going to move to New Orleans and have a house with two dogs. [00:35:07] He was like, "I wrote that to punish myself, to realize that I would be so alone and I would have nothing and it would be empty and I just want to spend my life with you." It's very hard to wrap . . .

THERAPIST: It doesn't make sense.

CLIENT: It's very hard to wrap my head around all of it and I can't figure out what is or isn't (sighs), especially with the profiles because he always does, and it sounds like . . . "I just wanted to fantasize about having a physical relationship with you" is what he says. And I think, to a large extent, he's very angry that that wasn't part of our relationship, like he never felt like he had the way to say that because he always comes back with "I didn't deserve to bring it up. I knew why it wasn't happening. I lied to you so many times that of course it's not happening, but I'm still really angry that it's not and I still really want that; but I feel ashamed and guilty that I even want that because it must be horrible." [00:36:03] So it's just like . . . (sighs) It's really hard and I always come back to, "Ivan, how did you not think about thinking about having an affair when you're literally on a website clicking 'looking for a discrete relationship?'" He's like, "I didn't think about it. I just had to click a few things to get done with it and it was only a few minutes. I wanted to have something exciting with you. It wasn't until that picture popped up that I was brought into the reality of what I was doing and then I was disgusted and shut it down." It's just really hard. I don't know how to get to a place where I really understand what happened and he really understand what happens and I can feel secure.

THERAPIST: What you're saying, Ramona, is you're struggling right now – and probably for a while – with how do you wrap your mind around how complicated it actually is? [00:37:03] Not only is it not straightforward, but it's really, really complicated, what was happening inside of him. That's really hard.

CLIENT: I just want to get to the place where I understood what happened and it doesn't just come from Ivan, that it's actually kind of validated by you maybe or Dr. Bourd, because at this point I don't really trust him to . . .

THERAPIST: What he's saying.

CLIENT: When he says that he did it as a way, like it was a pop-up and then he followed it and he just really wanted to fantasize and really wanted to think about that because he feels like he can't talk about it and he doesn't deserve it – all those things – that's not legitimate.

THERAPIST: I think a lot of what he's saying is legitimate. I think when he says it like, "I was really just wanting that with you," there is a layer of that that's not legitimate because he is still defending against something. [00:38:01] Here is how it goes or, at least, how I'm imagining it. I don't know that I have all the right answers yet either; we're still trying to figure this all out together. Forget all the lingo. The best way of describing it is Ivan can very easily get into bubble pockets where he can eliminate a lot of reality. Again, we talk about being the ostrich sticking its head in the sand. That's its own form of pocket, basically just going here, and I can ignore that I have to pay my taxes and this bill is overdue. I don't even have to pay attention to any of that. So as a defense mechanism, he uses that a lot – moving into a bubble where he can push a lot of reality outside. So the website, for example, I think he has the capacity to do that, to get into a bubble without actually thinking about it. He's not actually looking like, "Oh, I'm married. I'm

going on a website that says . . ." He's not thinking about the reality of that. [00:39:04] It's kind of an impulse and it gets into a place where he's into thinking about reality. I think as soon as he thinks about reality, he's filled with shame and self-loathing and disgusted in himself. I think that's very real. The problem is that what he wants in that bubble is still dissociated some, although hopefully, less so over time because he's talking about it now, from reality. What we would want is that what he wants in that bubble is sort of getting to be part of reality, like all of that to be part of his waking self, and the things that he brings to the relationship with you.

Two things, at least in his history, sound like they got put into bubble compartments: sex and aggression. I think of aggression sort of broadly speaking – getting angry, even self-assertion, confronting someone about something. Sexual things: there was a taboo – I'm pasting broad language on this – in his family, against either one of those two being a healthy, ordinary part of human relatedness. [00:40:08] So they had to go underground and the only place they could exist – because they do exist in people. People have sexual feelings. People get angry at people. You can't just erase that part of us. It has to get repressed deeply underground and it continues to exist. It doesn't stop existing just because your family thinks it's not okay. It's not practiced inside him to be a part of his waking reality itself, so it can come out in these bubble pockets. I think the list became, in this way, a kind of bubble place where he gets to have both sex and aggression; and it also has a kind of idealization of sorts. I don't think, in the moment, he's saying "have two dogs and be alone." I don't buy that part, that that fantasy was about self-punishing. There could be a layer of it that's self-punishing. [00:41:03] I don't want to eliminate that part because I think it's complicated, but there can be a way that he could still be living in idealizations of people because he didn't get to deal with disappointments, frustrations, angers at other people, in loving, good, healthy relationships as a child. It's not integrated. People can remain in idealizations and devaluations of you and of himself. There is a moment, there is a way he is devaluing parts of you because it's not integrated inside himself to manage his own disappointments in himself. There is so much shame that is intolerable. He sticks his head in the sand. So part of what I think you're trying to do is kind of be more and more healthy, ordinary people who are disappointed in each other sometimes – both of you – and who get angry at each other sometimes and have sexual feelings for each other sometimes. [00:42:02] These are all part of having a full adult relationship. I think he's getting less and less vulnerable to those bubble pockets because of the things that you're talking about now directly. These parts of himself are coming into conscious waking life. The more that happens, it doesn't remain a bubble pocket anymore, hidden underground. It just doesn't. It's part of his life so he will be thinking about these feelings in the context of reality more. (pause)

CLIENT: So the bubble pocket you talk about around the website, where he said he was looking to have sex, when he says, "I was in a delusional state where I thought I could fantasize about having sex with you and having that in our relationship," and he acknowledges that it's delusional because, clearly, that website has nothing to do with me, is that . . ? [00:43:01]

THERAPIST: That makes sense to me. In other words, I think in his reality waking life, it is his hope, in one way, to have all of that, to share all of that with you – including even getting angry at you. That's a healthy thing that he wants to bring that into the relationship. I think he's terrified

of bringing both realms into the relationship. I think the idea of sexual feeling in you is terrifying and it also brings shame because of the judgments of his family. There may be ways what he was doing was projecting onto you that the problem is you that you don't want to have sex, and I don't think that's true, actually. I think part of it is true, but as much, he has his own inhibitions. Look at what happened, for example, when you actually are starting to get closer and closer and closer? [00:44:01] He goes and destroys it because of his inhibitions – not yours. I think the more he is coming into a place of owning "wait, I have just as many issues around sexuality as you do." It's not actually your fault. You have your issues, too, but these kind of play off each other. So what's deluded about the state you're asking about on the website is that it's as though in this state he can convince himself this is somehow a way of bringing both worlds together. He is actually having a kind of sexual experience with you, sort of trying, thinking that these are coming together, instead of knowing actually you're totally keeping them separate. You're not doing this with Ramona. You're not talking to her about it. Do you know what I mean?

CLIENT: I do. **I get confused** because the way in which he did it, it obviously looks like it's completely about other people. [00:45:01] It actually looks like he's completely rejecting me and wants nothing to do with me, let alone a physical relationship. It actually looks like he would rather have an intimate relationship or part of a relationship with a complete and total stranger; so it feels very rejecting and just the opposite of what he's saying he wants. I want to make sure that I'm not buying into that if I'm a fool to think that any man who gets on a website and clicks that he's looking for casual sex in a discreet relationship, that there isn't a part of him that is attracted to that. And that's what terrifies me because, for me – and maybe this is something that I would need to work on; I don't know – but I feel that in order to continue to move forward, I have to believe that when Ivan says he never wanted to have an affair, he just has a lot of issues with confronting aggression and sex, but that he wants to have a way to get angry with me and have a way to have physical relationships with me, I want to know that that's what that is. [00:46:06]

THERAPIST: Yes. And what I think it is, is somewhere in the middle of what your worst fear is and what you're describing, so here is where I put it: when you say it could look like he is really attracted to someone else, I don't think he's really attracted to actually wanting another relationship with someone else. I think he was, at least at that time, terrified of having the woman I love, who is my friend and my life partner and the woman I have sexual experience with, being the same person.

CLIENT: But does that mean pursuing someone else?

THERAPIST: I don't think it necessarily does in his case, in that he's only sort of incorporating the sexual feelings in a bubble fantasy. [00:46:58] It's hard for me to see Ivan actually going through with it.

CLIENT: No, I don't. I don't believe that Ivan would ever do that to me. I actually think he couldn't live with himself if he did.

THERAPIST: I think he would come into reality. Even as you start to make a phone call or something, it's not about reality to him. It's a bubble.

CLIENT: But then my question is: I can't believe that Ivan, for him, that would be the worst self-punishment. But then I wonder if it's a fantasy of what if I could have this? No judgment, no problems, no responsibility. If the idea of it is appealing because he insists, "Even the idea of thinking about having an affair is disgusting to me. All I wanted was an outlet. It popped up and I just really thought wow, I really want to fantasize about having this with you because I can't even talk about it with you, let alone have it;" if I am a fool to buy into that; if any other woman would be like (sniggers) "I caught you making a profile. You even put your right age." [00:48:03] I don't want to be a fool.

THERAPIST: It's complicated. We have to stop for today. (inaudible at 00:48:16)

CLIENT: Would it ever be a good idea to have – I don't know. That was a very long time ago that Ivan came in. Would that be a good idea or a bad idea?

THERAPIST: You know, I think it's an idea to talk about, to figure out whether it would or wouldn't. I can't say that I immediately have a judgment about it without understanding more about what you hope for or want. One of the really important things if you ever consider doing that in your mind – and this is something to think about before next session if you want to talk about that more – is what your hope would be, what the aim would be here, in a way that's different than the aim of couple's therapy. [00:48:57] Here, at this point, I am your individual therapist.

CLIENT: Right. And I'm not looking to have couple's sessions with you at all whatsoever in any way, shape or form. But my thought is that you know me because you are my individual and I value – I don't hear what Dr. Bourd says through you or Dr. Farrow at all whatsoever. I hear very, very small tidbits from Ivan and I would like someone, your thoughts about what's going on with him are "here is something in between."

THERAPIST: Let's come back to it, if you want to do that, because we have a lot to talk about if that would be helpful in some way.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: It's cold out there. (laughs)

THERAPIST: Yes. Mid-March, no less.

CLIENT: Just when you think it's over. (pause) I think things are going relatively well. I'm noticing I'm still feeling, (inaudible at 00:00:31) the depression and anxiety at times. I'm noticing the

anxiety particularly at work, if I feel like I don't have a lot of immediate to-dos on my list or at night when I want to go to sleep and I just feel really flooded. I'm having a lot of nightmares, which is kind of destructive and I'll wake up and I'll be up for like an hour or so in the middle of the night because I'm just all in my mind. [00:01:03] I'll even try to turn on the TV so that I have to fill my mind with something else, but it doesn't always work.

THERAPIST: What are the nightmares? Do you remember any of them?

CLIENT: Yeah. I remember some of them. It would help if I journaled, but I had one about the house, about my parents' house. It was very weird. Every Thursday morning I have this meeting with my bosses, global surgery fellows, and it's at 7:00, so it's before work starts. (sighs) For whatever reason, the meeting was happening in the upstairs of my parents' house. It sounds silly – I guess a lot of dreams do out loud – but I was terrified. I was humiliated. I was mortified because they were in the upstairs of my parents' house – all these fancy surgeons – and I couldn't get to the meeting because I was downstairs in the dining room and we were having a meal and my mom cooked. [00:02:08] I remember thinking it's a big deal and I can't be rude. I need to be thankful of it, even though I'm really upset. And I was so embarrassed. I remember my sister and I – I don't know if my sister even talked – (sighs) but I got upset with my mom about her comment about the Valentine's Day flowers, how she didn't get any from my dad. It's really bizarre.

THERAPIST: This is in the dream?

CLIENT: Yes. And I was really embarrassed because everyone was coming downstairs and were halfway to the door and, not only did I not make it to the meeting, but they heard me arguing and I was so embarrassed because of the house. That was one dream. I know – it's very bizarre; (chuckles) but it was a dream. [00:03:00]

THERAPIST: Not a dream, exactly. I think it's [the same in your dream.] (ph?) When you say nightmare, were you at all terrified in the dream ever? Or did it feel more like a nightmare of embarrassment?

CLIENT: That's the thing, I think it was terrifying.

THERAPIST: It was? Exposed to them?

CLIENT: Yeah. It's hard to explain because I think to most people it sounds like, "So your co-workers saw your parents' house when it was messy? How is that terrifying?" But it's not like that.

THERAPIST: I can just imagine, actually, how that would be terrifying in your experience. I was just asking – you didn't describe it so much in that way when you were first telling it. It sounds like it was a kind of really anxious dread about what they saw and what was going on.

CLIENT: It was just beyond humiliating. Yeah. I know that with a lot of these nightmares I'm waking up and I'm sweating and I'm worked up. (pause) [00:04:03]

THERAPIST: Also let me just be clear I understand: you felt you had to stay at dinner downstairs . . .

CLIENT: I have no idea why.

THERAPIST: . . . because your mom had cooked a nice meal?

CLIENT: We were all sitting down to eat.

THERAPIST: All, meaning your family?

CLIENT: Yeah.

THERAPIST: No one else?

CLIENT: No. And I get that it's really bizarre, but that's how dreams are sometimes.

THERAPIST: Things get a lot more bizarre than that, Ramona. Don't worry. (chuckles)

CLIENT: So that was one; and then I had another that had something to do with the house. I don't remember a lot of that one. Then I had a nightmare close to a week ago. I ran out of time when I told you I was feeling really, really down because I keep going over – and I think it's still something that weighs on my mind – but this whole thing of me telling Ivan that I would like him to write or even say something really positive about me. [00:05:02] I really want some reinforcement or – I don't know – something to feel good about; and that I started to really I know it will probably be all or nothing to positive thinking. Even though I understand it can be very complicated and for him now, with writing, he kind of feels like he can't do it and it's starting to feel like maybe it adds up. Maybe it is very black and white. Maybe all the websites on the list were indicative of him not loving me so there isn't anything nice to write. I had a nightmare where I found out that he was in love with someone else and she actually existed and I really found out about her. Her name is Lucy, which is bizarre. So that was one. I really remember next to nothing about it, but I was really scared and upset. I think that's pretty clear where that comes from. [00:06:05] Then I had another nightmare. (chuckles) Then, again, it doesn't make any sense.

THERAPIST: That's okay.

CLIENT: For some reason, I was being held upside down and it was after I went to class. It was like an elementary-type school class and I don't know how old I was, but it was very basic, very low-pressure, and I couldn't answer the questions and I couldn't figure it out and I couldn't get it and I couldn't get it.

THERAPIST: Like with something that the teacher was doing at the board?

CLIENT: No, I was being asked questions within the course and I don't know if there were really other people. I think there were other people in the class, but I couldn't figure it out.

THERAPIST: And you weren't understanding?

CLIENT: I couldn't answer the questions and I don't know why. And then I looked in the hall or something and was being held upside down. I don't know why. [00:07:02]

THERAPIST: By whom?

CLIENT: I don't know. But everything I learned was going to my head, which doesn't make sense, because the whole point of the dream was that I wasn't retaining anything and I wasn't learning anything. I think that one is pretty obvious because I've been pretty consistently – I don't know if worked up is the right term or phrase – but worried that now that I'm out of school I'm losing things or I don't know what I want to do next or I'm sometimes doing projects at work that aren't really meaningful to me or challenging and afraid that I'm losing. So I think some of these are really crystal clear.

THERAPIST: There is a transparency, in a way, that they're not so strange that they're far away from your daytime experience, and yet I still wonder that there has been a chain of not-so-good dreams and a kind of anxiety, dread, terror dreams, even where, in a way, Ramona, there is kind of a common thread about a part of yourself that you feel really insecure about. [00:08:17]

CLIENT: Yes, and I am aware of that level of insecurity, even as I fear . . . I feel really unloved by so many of the things that Ivan has done and I just want him to write something to me. And as clear as it is that he's going out of his way and doing some really difficult things and making lots of efforts, I still have this insecurity and this disappointment and this sadness my husband doesn't love me; I think this sadness that I'm not very important to my parents, even though . . . It's complicated. Or in a week when my sister has had a really long week and she suggested hanging out, but I think she's probably too tired, I tell her, "You know, let's not," because I'm worried that she's too nice to say she doesn't want to hang out. [00:09:13] That's not what's happening, but I'm scared of it. The same thing with my friends – if they're not as in touch one week, I feel this insecurity and sadness and this kind of pulling back into the self-critical, self-dislike, hate, which doesn't feel good, obviously. It has me feeling anxious and down, so I'm not sure where to go with that because I don't (sighs) want to slip. I felt so good about a lot of the work you've helped me do to get out of that mindset.

THERAPIST: You know it's a vulnerability, Ramona, so it will ebb and flow, especially when certain things happen. [00:10:02] There is a way you're waiting for something in writing from Ivan that kind of increasingly has become something that's hanging in the air between the two of you and maybe every day that passes, it's starting to generate this anxiety. What if he doesn't

love me and he has to say this positive? I know you don't probably intellectually know that that's true, but the feeling of waiting and wanting and hoping and each day there is nothing, I think that pulls you back more to those feelings. Again, it's an opportunity to get to know more about them and where they come from. There has to be so much self-loathing that's starting to just eat away and gnaw at you in your childhood. [00:11:03]

CLIENT: I don't know. I don't know. Right now I think I'm starting to be aware. I feel like this is part of depression, really – personalizing or magnifying things. So even though Ivan cooked dinner Thursday night, and Thursdays I always have a long day, he made a little footbath for me; just doing a lot of sweet or thoughtful things and showing that he's trying. It's still there so there is a disconnect.

THERAPIST: When you say "still there" you mean feeling that way towards him?

CLIENT: Yeah. Or even with my friends. My really good girlfriend from grad school is talking about how she and her boyfriend might move because she hates the weather here and they're from Arizona, that area, and they really want to go back. [00:12:05] And she's like, "The culture here, people are just so snobby," which I mean (laughs) it can be true in different parts of the city, I guess. I just felt like it was personal at me. I took it so personally like, "She's going to leave and we're not going to hang out anymore and I'm not going to see her anymore. If I stay here and that's how everybody really is, what does that say about me?" That's so not what she was saying, but I just felt really sad and I also felt kind of insecure. Like I said, I'm thinking that I'm really personalizing. Or like if Emma has a really long week and she is still willing to hang out, but she acknowledges that she's had a long week I'm like, "Maybe she doesn't want to hang out." That's me, so I need to . . . [00:12:57]

THERAPIST: You're recognizing the cognitive distortions and I think you know how to challenge those. [00:13:04] Maybe just that you're aware of them starts to work a step to disable that that's actually not personal, what she's saying, at all, but I'm making it personal for some reason. Or you're magnifying the things that aren't getting done from Ivan, perhaps, but not really, and dismissing it, despite all the positive, loving things that he's doing towards you in forming the global assessment of whether he loves you or not. There is still, at the dynamic layer of what you're talking about, something that comes out in your dreams, Ramona. There is something about when you say "personalizing," I think, that is an enormous process that was set in place when you were a kid and it comes up in your dream. For example, you have these surgeons over for a meeting, your work meeting, and you are mortified to the point of dread and terror at what they will see about you when they come into the inside of your home. [00:14:14] I think there must have been (inaudible at 00:14:19) of how your home looked, what your parents were incapable of doing, that you had to internalize as meaning something about you. In other words, if you had a friend over and they saw the house, would they judge you?

CLIENT: It's a really hard thing. It's a really hard thing because I honestly grew up never having friends over because it was terrifying, embarrassing, humiliating; and it wasn't as simple as

telling my parents, "I really want to have people over, so can you clean up the house?" [00:15:00] It just wasn't like that.

THERAPIST: I totally get that that didn't happen and you've said that before. I think the point is that you were already drawing a conclusion inside yourself that your friends would then think less of you. In other words, when someone feels mortified, it's a kind of personal mortification. Do you know what I mean? Instead of feeling like, "Yeah, look at my incompetent parents. What's wrong with them, but this has nothing to do with me? I would have the house clean if I were the parents here," which, of course you couldn't think. You were the child. Of course that is personalized in a way in development. Do you know what I mean? It starts to feel like it's some representation of a part of yourself.

CLIENT: Right. And maybe I'm stuck, but it still feels that way because, at a certain age, even at a really young age, there was an extent of a certain amount – even if it was really small and it grew and grew and grew – of what I could do. [00:16:00] And there is something really different between a middle school or an elementary school kid and a high school or a middle school kid in which you can say . . . [00:16:07] As a teenager, if I were living at home and my parents never did any cleaning and my friends came over and I said, "You know my parents don't clean the house. It's not my fault. This is how it is." I could do something about it – maybe not all of it, but I still feel stuck in it not being my responsibility, but also not being something that I couldn't do anything about. So it still feels like a reflection on me. In theory, if you went over to someone's house and you found out that their parents didn't take care of it, you would feel sad or worried about them or concerned or maybe even . . . I don't know. But I think as a kid you would be like, "I don't want to hang out here. Wow, this is what you're really like and you present something completely different at school." [00:17:05]

THERAPIST: Again, I totally get that as a kid, those are kind of safe judgments to be assuming that other people are making, right? Kids don't know better. Other kids wouldn't know better. An adult might walk in and say, "Wow, this is neglect of these two girls. What is going on in this household?" and not, at all, put it on you. Even as teenagers, Ramona, at that point, that's when they need help from parents who have slowly been teaching them how to take on more and more responsibility based on the parents having been responsible parents. You didn't have any of that. (pause) I think the point is there may be ways, as much as we're talking about – I don't know how to explain this – there is this side of you that feels maybe Ivan doesn't love you, there is another layer that when you say, "What if I'm with him and he has limitations? Is that reflected poorly on me?" [00:18:11]

CLIENT: It's really scary for me and I think it's part of what drives the . . . Right now I just constantly feel like, "What am I going to do next? Am I going to go back to school? How long am I going to work here? What's my next job going to be? When am I going to earn more money?" and feeling like I'm losing everything. "Right now I'm not accomplishing anything. This is terrible. I'm surrounded by a lot of these people who are surgeons." (sighs) My boss is an MD, DMD, MBA. (both chuckle) He's a crazy overachiever, so sometimes it's really easy to feel like might be part of the nature of the job to feel that I've not gotten very far. [00:19:00] But I think part of it

is sometimes, too – I don't know; it sounds really bizarre – but feeling like Ivan needs more time and needs more of something to figure out what he wants to do. And as much as there is nothing wrong with him working at Subway, it doesn't feel as okay for me to be okay with where I'm at if he's also really okay where he's at. And he is at a very different place from where we both thought he would be.

THERAPIST: Let's see if this makes any sense. Again, there may be a kind of overt part of what you're talking about, Ramona, which is simply that you're getting re-triggered back into self-loathing, a real sort of formalized self-loathing. There may also be ways – you know how we talked about as a kid it was a coping strategy for you to blame yourself for things that were not your responsibility because, at least, then it was in your control. [00:20:11] So I have to wonder if there isn't also, alongside the self-loathing, a part of you that's also getting stirred up about "is it okay that Ivan is (inaudible at 00:20:22). What's wrong with him?" or "is it okay that he works at Subway?" In fact, he's not in the same place as you developmentally. You've gone on and gotten your Master's degree. You've graduated. You now have a job in your field, after having graduated from (inaudible at 00:20:42). So your own criticism and wondering "is this good enough for me?" I think sometimes has been staring you in the face because as a kid you couldn't really sit in that place. There was nothing you could do. [00:21:00] You can't just criticize your parents and decide, "Okay, I'll go get a new set of parents because I don't think these ones are good enough." Right? So you blamed yourself. You turned a lot of the things that you were disappointed in, but you were turning that back on yourself as a way to control it. I wonder if there is not another kind of layer of that – the things Ivan is not doing, you're slowly turning it inside and internalizing it as your problem. Do you know what I mean?

CLIENT: Maybe. It's hard because sometimes I'll really (inaudible at 00:21:35) after months and months. Since he's started working at Subway, I've stopped asking him to apply for a new job because he has taken a lot on his plate and he really is working very hard on personal goals and working on our marriage. I mean, he's now the type of person who is now making dinner every night and picking me up from the T and doing his share of the chores. [00:22:08] He has really done that, so it's great and I know a job search is stressful. I don't want to ask for everything and not get anything, but it's really hard sometimes because . . . For example, next month he's going to have eleven days off. He has no choice. They're remodeling the store and he's going to have a lot of days off. He's like, "Ramona, why don't we go away somewhere?" This sounds wonderful because we have never gone anywhere together outside of our honeymoon. I would love to, except my thought is, "Ivan, if you have eleven days off, this sounds like a wonderful opportunity and kind of a stress-free – not stress-free – but an ideal way to sit down and do some informational interviews or fill out some applications or brush up your resume or even start volunteering on the weekend somewhere." [00:22:57] It's hard because I want that really badly for him and he told me the other day, "I just really want to focus on our marriage right now. I feel like I can't take on . . ." and it's tough because of course that's what I want to hear.

THERAPIST: It's a part of what you want to hear. You would also like to hear him say, "And I'm also going to be working on my career."

CLIENT: I said, "Ivan, be careful because I think there could be a lot of very legitimate reasons to put off a job search or put off even building your resume outside of this now." Just like that, he's been at Subway for a year and he never intended to stay that long. I said, "Just be careful because I think by that reasoning, you could go a few more years, which wouldn't be the end of the world, but at some point if you do want to apply for something different or you do want to go back to school, they might wonder why, if you're really passionate about this, you've been working in the food and beverage industry." [00:24:01]

THERAPIST: And not just for his future prospects, also be careful because this impacts the marriage.

CLIENT: And it's getting to be (sighs) kind of a touchy point when we go for groceries and we're trying to take turns buying groceries every other week because now our accounts are separate and he gets really aggressive. The other day, he literally pushed me out of the way like, "No, I'm paying for this." I feel horrible because I'm sure he feels kind of emasculated. I'm sure he feels like he's got to prove something. But then I figure, "Ivan, if you pay for this, can you make a loan payment this month? Will you have enough to pay Dr. Bourd? You have to think about that." And he's like, "Well, I won't, but . . ." And it's just hard because it's uncomfortable for both of us. It's really uncomfortable for both of us right now that I earn . . . It's just uncomfortable. [00:24:58]

THERAPIST: I think this is a layer of what's getting presented in your dream about "am I stuck down here with my embarrassing family?" With Ivan, with the things that embarrass you about him, while these surgeons are upstairs in their meeting – this division of worlds somehow. Then alternatively, "If I choose to stay, what does that say about me? Am I not that great or not that lovable?" That comes up in your other dreams, too. And I'm not saying from that that that is exactly what it means, that Ivan is actually just like your family, but I think that it's a lot that gets stirred for you about fearing the same thing is happening; you're going to be stuck inside this embarrassing house and not be able to feel proud and like you want to make Ivan publicly known and that he's someone that you feel good about. And that then you, yourself, is someone you can feel good about. [00:26:03]

CLIENT: Sometimes I think it's not. Maybe it does have to do with Ivan, but sometimes I think on just feeling embarrassed and kind of ashamed that I married at a relatively young age. Twenty-five isn't the youngest thing in the world, but we've been married a couple of years and I just think back on getting married at 23 and I feel kind of embarrassed and ashamed. Sometimes it's almost like I don't want to tell people that I'm married now, not because I'm trying to pretend and not be married, but because I don't want to be thought of as a stereotype, like someone who leaves high school or college and gets married right away and has children right away. Not that there is anything necessarily wrong with that, but a lot of people here would look down on that very, very partially. And that's not me. [00:26:56]

THERAPIST: It sounds like you might worry about looking down at yourself partially.

CLIENT: Yeah, for getting married.

THERAPIST: Like what? What is your own judgment?

CLIENT: For getting married at too young an age, for being immature, for not accomplishing a lot as a result, for being naïve, for not being as prepared.

THERAPIST: Not accomplishing a lot as a result – you mean like (crosstalk at 00:27:20)

CLIENT: Now I'm married, so I don't need to do anything.

THERAPIST: And too young means too young to know what was really good for you?

CLIENT: Yeah, just too young to be married, like young and immature or looking at some of these people, like at work, who are on their way. They're already surgeons and they're not married and they don't have families and they don't have time for them. Some of them are married and they do have families and they don't have time for them, but thinking, "Wow, they put years in building up things before they even thought about having that type of lifestyle." [00:28:00] Secretly, I think sometimes I worry, "What if I don't get to go back to school if I want or need to because I got married?" Ivan couldn't handle it. Sometimes I'm terrified, "What if I had children before I was 30?" I would be terrified of that. Not because I don't ever want to have children, but because they'll be partially judged.

THERAPIST: I really have to wonder how much, when you bring that up about other people, how much is simply you pulling back inside yourself that these are your own harsh judgments.

CLIENT: To some extent it is, but then there are times . . . And, again, I think I personalize it to a certain extent. There is a girl I work with who is fresh out of college. She is younger than me by three years. (laughs) Not much younger, but it feels like a lot younger. It feels like we're in a much different place. She dates and whatever, but she was like, "Oh, I assume people got married young because they wanted to have babies right away." [00:29:02] And I was so humiliated and embarrassed and pictured myself (laughs) in like a little House on the Prairie type of scenario, like that's all I would ever do with my life because I got married young and I was just so (sighs) ashamed.

THERAPIST: You could hear her comment as a positive thing, not as really a negative thing. You immediately take it negatively.

CLIENT: It sounded judgmental. I don't know. Or like my really great, close friend from grad school. She and her boyfriend lived together and he actually proposed a few years ago. She would have been roughly our age, I guess; like when we got married, roughly around there when he proposed. Her parents did not approve. They still don't approve of him. They don't like him. He treats her great, so I don't know why. The point is that at one point he made a comment and it was not, I think, meant to be how it felt, but he was like, "Crazy kids, getting married

young." [00:30:04] He just said something like that and he was like, "No offense, Ramona." I just felt so judged and I felt kind of angry because they kind of have the same lifestyle that we do; we're just married. (sighs) So I think some of it is personal, as I said, but sometimes it also feels . . .

THERAPIST: It's not to say that there aren't going to be people out there who, for whatever reason inside themselves, have a judgment of that; but there are just as many people . . . I know people who have gone through medical school, have their career trajectory, and sit in a tremendous amount of regret because they are now past the age of having children or it's going to be difficult to have children. They haven't even found a relationship and really, really regret the way that they did things and could feel envious of you or envious – look at people with their own projections of "I wish I had done it that way." [00:30:59]

CLIENT: That's kind of the sad thing that bugged me about that comment because I felt like it maybe was a kind of sour grapes type of comment because he obviously did want to marry her, and now he doesn't because her parents won't allow it or whatever.

THERAPIST: Totally.

CLIENT: But then sometimes I think about it and I'm like, "But maybe they're smart because after what Ivan did, if we were Kevin and Helen, maybe I would have left because all it would mean was moving and you broke up with your boyfriend." Not to diminish that that can be devastating, but it's different from getting a divorce. So sometimes I just feel like I'm too young. My gosh, I'm 25 and I'm going to couple's counselling with my husband. That's crazy. I bet nobody who is 25 goes to couple's counselling. That's how it feels, like I'm too young to have those problems. [00:32:03]

THERAPIST: I think that's the heart of the matter. You are struggling, in a way, looking at the dissidence and wondering if you regret them. Is there something you wish you had done differently? And I think the more, Ramona – you know we used to talk about how you could externalize one half of a debate and then hold the pole to argue against the other half and part of reincorporating both sides because they actually are both yours? It's not that they aren't out there, too. People could judge you for getting married young. People can and will judge people for getting married too old. People judge people for marrying the wrong person. You could find anyone who is going to have any judgment on any decision you make. Good for them. People have transferences. It's not saying that their judgments will be great. Here, this example of your friend is a good example. He is judging based on his own history of rejection. That's why he's judging. [00:33:02] That's the root of it. His judgment has nothing to do with you, even though he's making it, in his mind, have something to do with you. It has nothing to do with you. What does have to do with you is what you think. Do you know what I mean? There are just as many people who get married at 23 who feel like they made a great decision and feel comfortable with it or have some regret, but some feeling of "thank goodness I did." Or are totally regretful and get divorced. I think you're just trying to find what your experience is, what your feelings are about it, whether you regret it.

CLIENT: I think I don't regret it, but I'm scared. I'm scared that we've had some really significant problems. I'm scared that I didn't know some things about Ivan when we got married. Sometimes I look back and nobody told me that I didn't have to take full credits, like take Biochemistry and study for the DRE's and apply to grad school and register for grad school and plan a wedding all in the same year. [00:34:09] Nobody told me like, "Ramona, it's okay that you love him and you want to get married. You don't have to do it this year. He'll still be around next year." I wish someone would have said that to me. That doesn't mean that I regret marrying Ivan, but I just wish (sighs) (chuckles) . . . I feel like I always have so much pressure and it's like what's the next thing? That's how I keep going or keep afloat, even if things are really bad at home or things are really bad with Ivan. I can still look back and say that I finished school or I got the job.

THERAPIST: That it may have actually been a kind of symptom, in a way, to get married so urgently, of your being so driven forward.

CLIENT: Right. It's like the next thing that I have to keep accomplishing.

THERAPIST: The next goal, then the next goal. A marriage can be a kind of "okay, check that off. Did that. Planned the wedding. Had the wedding." [00:35:02] It's not a calm, content place for it to come from.

CLIENT: Sometimes I'm scared because we're young now and I just worried that people change. So far, I've seen some really not-good changes in Ivan, but I've also seen some really amazing changes in him that I didn't think were possible at a certain time; and I feel really good about that. But for whatever reason, the depressive thinking, I worry, "What if he doesn't stop working at Subway? What if he never writes a note? Is that really okay?" even if I say, "I understand; it's just a note." It really bothers me. (pause) [00:36:04]

THERAPIST: I think you're feeling disappointed and scared. What if this disappointment stays? What if this part of him doesn't change, even though there is a lot that's been changing? You have often talked about what if you're here and he's been here in development and he does a lot that catches him up, but he's still here. What is enough that's good enough for you to feel that this is worth keeping? And what is not enough?

CLIENT: That's the thing lately that I find myself thinking. I said this to Ivan. Since the last assault, since we've been really working back and we're building trust, I feel like we've restored so much of the friendship and I feel wonderful about that. [00:37:00] I really look forward to spending time with him. We spend time together, a lot of positive time together, and I love it. But of course, (chuckles) because this is what I do, what if we don't sleep in the bed again? What if we don't ever have a romantic part of the relationship again? What if – fill in the blank.

THERAPIST: What do you think? What if you didn't have any sexual contact? Is that what you were referring to?

CLIENT: Yes. I think there is a lot more to the romantic part of the relationship than just physical stuff, but I think I'm just as scared that it will happen than that it won't. Dr. Farrow told me to stop trying to have him sleep in the bed because she said I'm making it worse. She said all the times I woke up and I was scared, "it's PTSD and you're making it worse," so now I feel frustrated because . . . [00:38:03] (pause)

THERAPIST: Because you like to move forward?

CLIENT: Yeah. And I even said to her in the sessions, I think it's important that we talk about the really big things – and bringing up in the session that I felt like Ivan was really avoiding other things, it did not go well, but I said nothing personal with her, (scoffs) but I don't want to be in couple's counselling forever. My goal would be for us to get to a point where we would be . . . (laughs)

THERAPIST: Of course. That's not personal.

CLIENT: Right. And to me, in my mind we do need to check things off the list that we've talked about it. We move forward; we resolve; Ivan does move into the bed again. We eventually have sex again.

THERAPIST: She may have just been responding – I had communicated that you had been having some pretty intense anxiety and, I think, PTSD-like symptoms. I think I called it that in a communication to her, but I didn't say that I felt that that meant that you shouldn't keep doing it. [00:39:06] It sounds like she's worried that you may be kind of masochistically putting yourself back there too early or something. I don't have a strong opinion about whether that's what's happening or not. I think you're experimenting and you would like it to work. And I think if you feel, Ramona, like "it is working for us and I want to try it again," you should be able to say that to her.

CLIENT: I just worry that if I don't try – I'm going to be scared, but if I don't try, I'm still going to be scared. It's just that at some point, it has to happen.

THERAPIST: And there is as much fear of it actually going well and becoming more intimate or romantically involved is just as scary as not, is what you were just saying. They are both sides of what if you both move forward in your developments together? [00:40:04] Who are you, then, as a couple? You've known this for a while. What happens when that changes? It's a different level of intimacy. (pause) You know your own feelings about am I good enough? Will he love this person? Will he hurt me? Will he be attracted to me? All the different kinds of anxiety about getting closer to someone.

CLIENT: And I think the idea of functioning that way as a couple is scary to me and, again, I come back to – this part, I feel, is definitely unfounded – to thinking I'm too young to have that type of a relationship with a man. He's my husband, but it feels like I'm too young to be having

that part of my daily routine and part of my life and not be embarrassed or ashamed, to be confident about that. [00:41:07] That I know other people don't feel.

THERAPIST: It's so interesting. It's so important, like it almost feels like it's a part of you that isn't the age you are. You're talking about "did I get married too young?" I don't feel like I'm ready for this yet.

CLIENT: Yeah, it's like a little girl at her mom's heels. (chuckles) That's kind of the image I get.

THERAPIST: And that place is not going to feel very good.

CLIENT: That, I know, is bizarre because I feel that having sex at 25, people don't consider that too young. No one would.

THERAPIST: Yeah. I mean, forget other people, whether they think it's normal or not. [00:42:04] There is something you're noticing about how that range of your self-experience doesn't feel your age. When you say it, I'm curious how your little girl feels the subject, even the pre-teen sense of yourself.

CLIENT: Which is bizarre, because in other areas I think I have pretty high expectations or am pretty rigid.

THERAPIST: And sort of a precociously mature sense of competence and self, almost too adult, before you were even adult.

CLIENT: And that that's almost the expectation, the standard, not something extraordinary.

THERAPIST: There are ways, Ramona – we have to stop – but so much of you lived in a kind of anxiety and a hyper-competence, hyper-independence, hyper-taking care of things, hyper-adult-like state. [00:43:04] One of the things that happens when that has to happen in a family because things are not getting taken care of by parents is that other parts of you can remain underdeveloped. Because the other parts had to so overdevelop, that takes up a lot of psychic space. So this other part, where it's more about a relaxed bodily enjoyment, a physical enjoyment, pleasure, relaxed pleasure – there was no room for that as a kid. I don't mean sexual, but I mean the kind of subtler, quieter versions of that being on a continuum of experience. There was no room for that, so it makes some sense that this would be an underdeveloped area. Maybe it would be helpful for me to just drop a clarifying line to Dr. Farrow and say I don't think your only experience with this is just something to say where you're coming from now, but maybe it's something that would help if Ivan would talk about it and talk to each other more.

CLIENT: Perhaps.

THERAPIST: Okay.

END TRANSCRIPT